DRUGS AND CRIME PREVENTION COMMITTEE

INQUIRY INTO THE INHALATION OF VOLATILE SUBSTANCES

FINAL REPORT

PARLIAMENT OF VICTORIA

DRUGS AND CRIME PREVENTION COMMITTEE

INQUIRY INTO THE INHALATION OF VOLATILE SUBSTANCES
Final Report

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Functions of the Drugs and Crime Prevention Committee

The Victorian Drugs and Crime Prevention Committee is constituted under the Parliamentary Committees Act 1968, as amended.

Parliamentary Committees Act 1968

Section 4 EF.

To inquire into, consider and report to the Parliament on any proposal, matter or thing concerned with the illicit use of drugs (including the manufacture, supply or distribution of drugs for such use) or the level or causes of crime or violent behaviour, if the Committee is required or permitted so to do by or under this Act.

Terms of Reference

Terms of Reference

The Governor in Council, acting under section 4F (1) of the Parliamentary Committees Act 1968 and on the recommendation of the Premier, by this Order requires the Drugs and Crime Prevention Committee to inquire into and report to Parliament on the issue of inhalation of volatile substances for the purpose of intoxication. In particular, the Committee is requested to:

1. examine factors contributing to the inhalation of volatile substances;
2. review the adequacy of existing strategies for dealing with the inhalation of volatile substances;
3. consider best practice strategies to address the issue of inhalation of volatile substances, including education and voluntary initiatives;
4. consider options to reduce the incidence of inhalation of volatile substances and identify factors in order to prevent first time inhalation of volatile substances.

In conducting the Inquiry the Committee is to have regard to:

a. approaches taken to this issue in other Australian and overseas jurisdictions;

b. such other legislation, reports and materials as are relevant to the Inquiry.

Under section 4F (3) of the Parliamentary Committees Act 1968, the Governor in Council specifies the first day of the Autumn 2002 Parliamentary session as the date by which the Committee is required to make its final report to Parliament on this matter.

18 April 2001

Chairman's Foreword

This Inquiry commenced in response to what was perceived as a serious, though not epidemic, form of substance abuse among younger Victorians. There was little knowledge about the extent of the problem or ways to manage it. The Committee undertook this task with no indication as to how the Inquiry would unfold.

As a result of the Committee's *Discussion Paper* published in January of this year, the Committee was forced to manage ensuing and ongoing media interest, at the same time as attempting to identify solutions to the main issue.

Although it was disappointing that the focus was shifted to one very small part of the overall Inquiry, the intense media interest enabled the Committee to publicise the Inquiry to a wider audience, which resulted in consultation with considerably more sectors than expected. While a large degree of the feedback concentrated on the specifics of the media campaign, thankfully many individuals and groups with whom the Committee had contact were able to provide advice that otherwise may not have been forthcoming.

However this certainly did not simplify the task of the Committee. While the media and the general public were concentrating on one issue, the Committee had to ensure that the agenda was broadly focussed in order to cover all aspects of the Inquiry. I am very pleased that all Committee members put aside prejudices and philosophies in order to reach conclusive outcomes.

The Committee does not purport to have all the answers to this complex issue. However, due to the extensiveness of the consultations and the level of research the Committee engaged in, by both utilising its own resources and examining carefully all the available information, the *Final Report* is the most comprehensive of its kind produced in Australia.

It is therefore crucial that if beneficial outcomes are to result from this Inquiry the Committee's final recommendations must be initiated in full. There are several essential requirements for successful outcomes to result from these recommendations.

First, any response to volatile substance abuse, and arguably any form of substance abuse, must be led at a national level. Substance abuse in the twenty-first century is borderless and coordination must start at the national level, as the Committee learnt from international examples.

Second, the States must adopt national protocols and implement State-based coordinating committees to ensure that the resources provided fully meet their intended purpose. The time for competition between State governments, and their agencies, must stop.

Finally, although the Committee's recommendations in regard to changes to legislation, education, research, partnerships and programs for specific groups are based on the best possible information available at the moment, ongoing research must be conducted.

It is appropriate to thank the hundreds of individuals, community and government agencies and other groups who assisted with this task. While it has been an exhaustive process, each and every contribution has been valuable.

In particular the Committee and I would like to express our gratitude to the Committee's own staff for their outstanding contributions; Ms Sandy Cook for directing the research programme, Mr Pete Johnston for drafting most of the report, Dr James Rowe and Ms Chantel Churchus for their research and contributing chapters, Mr Stuart Ross for his statistical analysis and Ms Michelle Heane for her administrative support.

I trust that those who read, report on and interpret this *Final Repor*t will do so understanding how difficult this work has been. The people who are affected by this tragic and often misunderstood form of substance abuse deserve the support of those in a position to bring about constructive changes.

Cameron Boardman

September 2002

Recommendations and Explanatory Memoranda

Qualifying Statement

Volatile Substance Abuse is not a new phenomenon, but as this Report makes quite clear, it is a most under-researched one. As such, to a certain extent the Committee is 'flying blind' in making recommendations to address this particular form of substance abuse. There is virtually no quantitative data indicating the incidence and extent of the problem in Victoria. Nor are there many qualitative research studies that give an idea as to who uses volatile substances, how they use them and most importantly, why they use. Medical research that focuses on treatment for volatile substance abusers is almost non-existent.

It is therefore difficult to confidently predict that any strategies recommended to address volatile substance abuse will be successful. This Report is an observation of best practice facilities or strategies employed in other states and countries, in addition to the evidence given to us from experts associated with the field in both academia and the community.

The Committee is of the belief that this Report is one of the most comprehensive of its kind written. It is hoped that it will serve as a catalyst for much needed research into this most neglected of substance abuse issues.

Statement of Principles underlying the Recommendations

1. The Committee believes that there is no 'one size fits all' response to volatile substance abuse. It is an extremely complex problem that requires a coordinated multi-faceted 'all of community response'. Such a response requires commitment and participation at Commonwealth, State and Local levels. It will involve input from and partnerships between the government, private and community sectors.
2. The Committee notes the totally inadequate level of research that has been undertaken in relation to volatile substance abuse. Such research is fundamental not only to understanding the problem but also in order to develop comprehensive policies, programmes and practices to address it.
3. In formulating these recommendations the Committee acknowledges that volatile substance abuse is a problem for both young people and adult users. Many of our recommendations will be applicable to both groups. Nonetheless, the Committee recognises that primarily it is a form of substance abuse associated with young people and many of our recommendations will be targeted accordingly.

4. 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.
5. The Committee believes that in addressing a young person's use of volatile substances, strategies should not focus on the problem primarily as a drug issue. Where appropriate, interventions need to be culturally sensitive, gender specific and tailored to take into account a range of individual needs and user profiles.
6. The Committee considers that it is essential that partnerships be established at the local level between relevant stakeholders concerned about or affected by volatile substance abuse.
7. The Committee acknowledges that children in state residential care are some of the most disadvantaged, troubled, and marginalised young people in Victoria. Many of these children use inhalants. Such children have specific needs and require special and intensive services.
8. The Committee acknowledges that when addressing the issue of volatile substance abuse among Indigenous communities, any response must be culturally sensitive and specific to the needs of those communities. The Committee believes that ideally such strategies should be developed and implemented by or in partnership with Indigenous organisations, agencies and community groups.
9. The Committee suggests that, wherever possible, policy and programme development regarding volatile substance abuse be informed by the views, opinions and input of young people.
10. While the Committee acknowledges the importance and desirability of freedom of the press, it also recognises that the way the media reports volatile substance abuse has significant impact. In particular, irresponsible reporting of the subject has the potential to promote 'copycat' behaviour, stigmatise and demonise the young person and encourage the commencement and/or continuation of the behaviour and should be avoided at all times.

Specific recommendations

Recommendations for a National Response.

1. The Committee recommends that a National Steering and Co-ordinating Committee be established to coordinate inhalant abuse prevention and treatment policy and activities.
2. The Committee recommends to facilitate such a Committee, the Attorney General for the State of Victoria propose the establishment of

such a Committee at the next meeting of the Standing Committee of Attorneys –General.

3. The Committee recommends that the role of the national body be primarily to co-ordinate national responses and strategies for addressing volatile substance abuse across all Australian states and territories as outlined in the Explanatory Memoranda attached to these recommendations

Interim Recommendations for State Intervention

The Committee recognises that volatile substance abuse is an issue that requires urgent attention. As such the following recommendations provide for immediate proposals to address volatile substance abuse in Victoria.

Recommendations with regard to the law

4. The Committee does not recommend that volatile substance use be criminalised. The creation of an offence pertaining to volatile substance use is unlikely to be effective and could be counter-productive.

5a. The Committee recommends that comprehensive legislation dealing with the civil apprehension and detention of intoxicated persons and related matters should be enacted. The Committee recommends that the model outlined for a new *Public Intoxication Act* in the Committee's *Final Report* of the Inquiry into Public Drunkenness (June 2001) be adopted. The provisions for a new *Public Intoxication Act* are attached in Appendix 1. In particular, the definition of 'drug' in such an Act should include: 'a volatile substance capable of intoxicating a person'.

5b. The Committee recommends further that police be given power to seize and confiscate from an apprehended person any intoxicant including a volatile substance product, and any instrument, article or receptacle associated with volatile substance abuse including, but not restricted to, plastic bags. A police officer should also be able to seize an intoxicant, including a volatile substance, and any instrument, article or receptacle associated with volatile substance abuse from a person who is not an apprehended person if in the judgement of the police officer the person is using or is likely to use the substance or product for a purpose of intoxication and/or graffiti.

5c. The Committee recommends

i) That a police officer may seize an intoxicant, including a volatile substance, and any instrument, article or receptacle associated with volatile substance abuse from a child who is in a public place if:

(a) the child is consuming or inhaling the intoxicant; or

(b) the officer reasonably suspects that the person or child is about to consume or inhale the intoxicant, and

(c) the officer reasonably suspects that the child is likely to become intoxicated if the intoxicant is not seized;

(d) the officer reasonably suspects the instrument, article or receptacle is likely to be used for the purpose of volatile substance abuse.

ii) The intoxicant, instrument, article or receptacle may be seized even if the child is not intoxicated if the officer reasonably believes it is being used or will be used for the purpose of volatile substance abuse.

iii) The officer may destroy the intoxicant.

iv) This section does not prevent an intoxicant that has been seized from being seized under another written law or under a legal process.

Recommendation with regard to supply reduction

6. The weight of evidence received by the Committee does not support the introduction of age restrictions with regard to the sale of certain volatile substances particularly, spray paint cans. Nonetheless significant interest groups, including Victoria Police and sectors of the Indigenous community, did support point of sale restrictions. Some groups remain equivocal, including the Victorian Department of Human Services. They argue that such bans can only be one part of a multi faceted strategy to address volatile substance abuse. There are clearly strong and persuasive arguments on both sides of this debate that merit further consideration. The Committee was therefore unable to reach a definitive position. The Committee recommends that the proposed National Steering and Coordinating Committee undertake further investigation into introducing mandatory age restrictions on the purchase of volatile substance products including cans of spray paint. The Committee recommends that such an investigation incorporate an evaluation of the South Australia's anti graffiti legislation.

Recommendations with regard to research and evaluation

7a. The Committee recommends that a research programme and agenda to address volatile substance abuse be developed. This should be undertaken by the proposed Coordinating Committee outlined in Recommendation 8a.

7b. The Committee recommends that all publicly funded programmes that are established to address volatile substance abuse have a requirement for evaluation to determine their effectiveness.

Strategic frameworks for an all of community response

Recommendations with regard to state-wide services

8a. The Committee recommends that a state committee, known as a Volatile Substance Abuse Coordinating Committee, be established.

8b. The Committee recommends that a person be appointed as a Volatile Substance Abuse Coordinator for the State of Victoria.

8c. The Committee recommends that an Emergency Services Protocol be developed by a Volatile Substance Abuse Coordinating Committee and should be implemented for use by police, ambulance services and the response network.

8d. The Committee recommends that a state Volatile Substance Abuse Coordinating Committee should at all times undertake its duties in coordination with the principles and guidelines established by the proposed National Steering and Coordination Committee.

Recommendation with regard to local initiatives

9. The Committee recommends that local government in conjunction with local stakeholders be encouraged to develop a Youth Inhalant Response Network to respond to solvent-related issues. Such a network would be comprised of youth, health and drug and alcohol service workers who are specifically trained to deal with volatile substance abuse. The network should be based on a protocol agreed to by existing local community agencies. The Network should work in tandem with the Emergency Services Protocol recommended by the Committee (see Recommendation 8c).

Recommendations with regard to education

10a. The Committee recommends that teaching about volatile substances as drugs should not be included in the mainstream drug eduction curriculum. Rather, volatile solvent education should be provided in the preventative context of Occupational Health and Safety.

10b. The Committee recommends that specific education programmes to address volatile substance abuse may be appropriate and should be considered for young people who are already regular or chronic users of volatile substances. In the school context such education programmes should be taught outside the general classroom and conducted by trained experts in the field.

Recommendations with regard to information and training provision

11a. The Committee recommends that, for the most part, education training and information provision with regard to volatile substances are most usefully developed for groups other than children and adolescents. These groups should include:

- Teachers and school support staff;
- Parents and parent groups;
- Police, ambulance officers and other emergency personnel;
- Youth, social and community workers (including culturally appropriate education strategies for those from Indigenous groups);
- Drug and alcohol service workers;
- Residential care workers;
- Doctors, nurses and other health workers;
- Local government staff, particularly for those working in areas such as recreation, parks and gardens and amenities;
- Journalists and media representatives.

In particular, these groups and individuals need to be thoroughly informed of the nature and consequences of volatile substance abuse. They should also be trained or advised of appropriate ways of assisting a young person who appears to be intoxicated through volatile substance abuse.

11b. The Committee recommends that relevant professional bodies should examine the adequacy of current training on volatile substance abuse and should determine the basic details of knowledge on volatile substance abuse appropriate to their professions.

11c. The Committee recommends that in-service and multi-disciplinary training on drug issues include volatile substance abuse. Within training and education programmes for personnel working in the field, instruction should be provided giving accurate and comprehensive knowledge of harm minimisation policy and practice.

Recommendations with regard to tailoring responses for specific groups

12a. The Committee recommends the establishment of an Intensive Therapeutic Interventions Support Service.

12b. The Committee recommends the establishment of youth specific specialist substance abuse services, including residential treatment services.

12c. The Committee recommends that there be a Review of service provision for those young people who having turned eighteen years of age can no

longer receive assistance or participate in programmes designed to assist them with their volatile substance abuse.

Aboriginal and Torres Strait Islander specific recommendations

13a. The Committee recommends that specific culturally appropriate training and resources on solvent abuse issues be provided to Indigenous alcohol and drug workers.

13b. The Committee recommends the need for Indigenous specific holistic healing centres to be funded to adequately cater for the specific cultural needs of Indigenous communities with regard to substance abuse issues as described in this Report and the Committee's previous Report into Public Drunkenness.

13c. In particular, the Committee recommends the urgent establishment of a holistic healing centre that specifically addresses the needs of and is established for Indigenous young people.

13d. The Committee recommends that the development and funding of Aboriginal and Torres Strait Islander specific leisure facilities, including youth, sport and recreational clubs and programmes, be extended in order to provide structured activities that will engage young people, enhance their self-esteem, promote Indigenous culture and tradition and develop a sense of community.

Recommendation with regard to the media

14. The Committee recommends that a voluntary Protocol be developed on the reporting of volatile substance abuse modelled on the guidelines pertaining to media reporting of suicide outlined in the Committee's Report. The International Federation of Journalists (IFJ) guidelines on the reporting of children should also be taken into consideration.

Recommendation with regard to product development and modification

15. The Committee recommends that government and private industry continue to explore the possibilities for the development of safer spray paint products. In particular, it recommends that the Victorian Government through its Solvent Modification Feasibility Study liaises with private industry and the Australian Paint Manufacturers' Federation to facilitate and expedite any proposals and projects associated with reducing the harmful effects and consequences of volatile substance abuse through the inhalation of paint products.

Recommendations with regard to funding

16a. For an all of community response to address volatile substance abuse it is imperative that adequate funding be provided for:

i) The establishment of a Coordinating Committee on Volatile Substance Abuse;

ii) Initial establishment and ongoing costs for the Office of Coordinator of Volatile Substance Abuse;

iii) Local initiatives centrally coordinated through the Office of the Volatile Substance Abuse Coordinator;

iv) Research and evaluation initiatives coordinated through the Office of the Volatile Substance Abuse Coordinator;

v) Training programmes coordinated through the Office of the Volatile Substance Abuse Coordinator; and

vi) Provision of a resource centre and clearing-house within the Office of the Volatile Substance Abuse Coordinator to collate resources and disseminate information on Volatile Substance Abuse.

16b. The Committee recommends that funding be provided on a triennial basis wherever possible for appropriate community projects and programmes.

Explanatory Memoranda for Committee Recommendations

The following detailed information explains the background to and justification for our recommendations. Where relevant, the chapter number associated with the recommendation is also provided. Further material outlining the reason for the recommendation is to be found in the associated chapter and Part I, the concluding Part of the Report.

Strategic frameworks for an all of community response (Chapters 21–23)

The Committee is of the belief that it is necessary to recommend the development of a strategy to provide help for volatile substance misusers and their families within a framework which builds on existing and largely generic community resources.

This framework should be built on an understanding that local responses to volatile substance abuse must be locally determined.

Most importantly, any strategies to address volatile substance abuse must at all times be informed by the best available evidence in the field.

Recommendations with regard to a national response

The Committee believes that a National Steering Committee should be established to coordinate a national response to volatile substance abuse prevention, treatment, policy, regulation and activities. The role of the Committee could include but not be restricted to:

a. Ensuring a national inhalant abuse prevention and treatment priority agenda at the Commonwealth level. This should include consultation and coordination with states, research organisations, community-based organisations and manufacturers and retailers of abusable products;

b. Advocating for funds and resources for inhalant abuse prevention, education, intervention, treatment and research; and

c. Designating inhalant abuse as a national issue.

The National Steering Committee should include representatives from:

- Department of Health and Ageing;
- Attorney-General's Department;
- Department of Education, Science and Training;
- Department of Housing;
- Department of the Treasury;
- Department of Immigration and Multicultural and Indigenous Affairs; and
- Other appropriate bodies.

Recommendations with regard to state wide services

The Committee believes a State Coordinating Committee on Volatile Substance Abuse should be established.

Such a Committee should consist of membership from key state and local government departments and agencies, non-government and private organisations including but not restricted to representatives from Indigenous and youth groups, and industry groups.

The role of the Committee should include but not be restricted to:

a. Planning a comprehensive overall response to address volatile substance abuse in Victoria;

b. Liaising with federal and state agencies, manufacturers, retailers, professionals in the field, community agencies and media;

c. Establishing a volatile substance abuse clearing-house and resource centre;

d. Disseminating information with regard to volatile substance abuse;

e. Developing and coordinating training programmes on volatile substance abuse;

f. Developing and coordinating a research agenda on volatile substance abuse;

g. Assessing and providing funding for programmes, research and evaluation relating to volatile substance abuse;

h. Developing a protocol in liaison with media representatives on the reporting of volatile substance abuse issues;

i. Overseeing media liaison between the Office of the Coordinator of volatile substance abuse and media representatives;

j. Facilitating the formation of a network of Parent and Family Support Groups;

k. Liaising with and supporting local government and community agencies to establish Youth Inhalant Response Networks as outlined in Recommendation 9;

l. Developing an Emergency Services Protocol as outlined in Recommendation 8;

m. Auspicing research with regard to all facets of volatile substance abuse, including quantitative, qualitative and medical research;

n. Developing with the assistance of relevant authorities or agencies, clinical protocols and guidelines for the treatment of volatile substance abuse; and

o. Giving direction to and servicing the requirements of the Office of the Coordinator of volatile substance abuse.

The Office of the Volatile Substance Abuse Coordinator

The role of this person should include but not be restricted to:

a. The Coordinator's primary role of implementing the directions of the Coordinating Committee as outlined above;

b. Identifying available resources and gaps in service delivery in order to plan a response to volatile substance abuse at both state and local levels;

c. Identifying key personnel and agencies in the community who have expertise in dealing with volatile substance abuse in order to establish a comprehensive referral and resource network;

d. Implementing a mapping exercise to establish the current levels of services available to support young people, parents, families, community workers and other professionals;

e. Identifying best practice initiatives and assessing their applicability to other local communities; and

f. Establishing a clearing-house for the collection and dissemination of information, resources and other materials pertaining to volatile substance abuse.

It is suggested that such a position be located in a Department that has responsibilities across a wide range of Ministries, for example the Department of Premier and Cabinet or the Office of the Children's Commissioner, should that position be established.

Emergency Services Protocol

The protocol would determine procedures for referral in relation to a range of incidents. A typical protocol would encompass the following:

- Guidelines whereby, following initial attendance at an incident, police or ambulance personnel would determine the necessity for calling another emergency service;
- Procedures for referral to the network by emergency services and concerned community members;
- Expectations of the network in terms of responding to non-criminal or non-medical needs and calling emergency services;
- Clarity in relation to the standards of care to be provided by each party.

The protocol would free-up police and ambulance services, ensure an appropriate duty of care is observed, and provide a framework within which the most appropriate service is accessed by an inhaler.

Recommendations with regard to local initiatives

The Committee believes that it is crucial that partnerships, strategies and programmes are developed and implemented to meet the specific needs of local communities in relation to volatile substance abuse.

These partnerships would ideally include some or all of the following stake-holders:

- Local government
- Retailers and suppliers
- Police
- Schools
- Youth Agencies
- Health Networks
- Parents and Families.

The Committee suggests that local communities give consideration to developing the Midland Community Development Model, with appropriate adaptations for local needs, to address volatile substance abuse as outlined in Chapter 22 of this Report.

Recommendations with regard to the law (Chapters 10 and 11)

The Committee does not believe that the creation of an offence penalising volatile substance abuse is warranted. Expert evidence suggests such an offence would simply result in more children being exposed to the criminal justice system for what is essentially a health issue. Nonetheless, the Committee understands and sympathises with the frustration of Victoria Police in dealing with the issue of volatile substance abuse. A civil apprehension scheme similar to those in Western Australia and New South Wales is therefore proposed.

Recommendations with regard to supply side measures (Chapter 15)

Although the Committee has recommended that the question of restricting certain volatile substance products to minors be referred to consideration by the proposed National Steering Committee, a range of supply reduction strategies can be put in place in the interim without the need for legislative regulation. The Committee would endorse the following approaches:

- The Committee does support voluntary supply reduction and regulation strategies being developed and implemented in close consultation with the community, including retail associations.
- The Committee also suggests that consultation with relevant authorities should be undertaken to determine the feasibility and appropriateness of placing warning labels on volatile substance products.
- The Committee also encourages retailers and suppliers of volatile substance products wherever practical to appropriately secure volatile substances, for example by placing them in locked cabinets, storing them behind counters or in view of the register or sales person.
- The Committee supports the work of the Australian Retailers Association and the Hardware Association of Victoria in establishing Codes of Practice for the retail industry with regard to addressing volatile substance abuse. The Committee recommends other retail and industry organisations consider implementing similar initiatives.
- The Committee endorses the Victorian Department of Human Services initiatives with regard to supply side regulation. In particular, the Committee supports the implementation of the Responsible Retailers Campaign and Traders' Pack as outlined in Chapter 15 of this Report.

Recommendations with regard to research and evaluation (Chapter 26)

Without restricting the generality of the proposed research programme, the Committee believes that the following matters need to be placed on the research agenda as a matter of priority:

a. Comprehensive data collection with regard to the nature and extent of volatile substance state-wise abuse in Victoria. Such data should include a focus on both local and state-wide trends;

b. The ongoing collation and analysis of data with regard to deaths occurring as a direct or indirect result of volatile substance abuse. The research methodology used by Dr John Ramsey and his colleagues at the St George's Hospital Medical School, London, is suggested as a suitable model;

c. Qualitative research into the patterns and culture of volatile substance abuse, particularly among disparate groups of young Victorians;

d. Qualitative research into volatile substance abuse among adult Victorians;

e. Research into the deliberate inhalation of volatile substances for the purposes of intoxication in the workplace;

f. Research into the feasibility of further product modification of volatile substances and volatile substance containers;

g. Medical research into the effects of volatile substance abuse and any specific treatment modalities that could be used to address it; and

h. Due to the specific attributes, characteristics and antecedents associated with volatile substance abuse the Committee believes that generalist substance abuse treatment programmes may not be appropriate.

The Committee also recommends that privately funded programmes to address volatile substance abuse be encouraged to evaluate their success or otherwise.

Specific strategies and programmes

Recommendations with regard to tailoring responses for specific groups (Chapters 10 and 23)

Volatile substance abuse affects a number of discrete and distinct groups. Therefore strategies appropriate for young Indigenous people, for example, may not necessarily be suitable for non-Indigenous young women or those who may inhale volatile substances in an industrial workplace.

The Committee also believes that such strategies should take into account a range of interventions including but not restricted to:

- Family support and other networks of care
- Education
- Housing and accommodation
- Mental health
- Recreation and leisure
- Employment
- Income support
- General health
- Counselling.

Recommendations for children and families

The Committee urges the government to pay due consideration to the recommendations contained in the Report *When Care is Not Enough*[1] as outlined in Chapter 23 of this Report.

In particular, the Committee supports the recommendation outlined in the *When Care is Not Enough* Report to establish an Intensive Therapeutic Interventions Support Service. The Committee acknowledges the funding set aside in the 2002 State Budget for this purpose.

The Committee recognises that it is unrealistic to require generalist services, particularly those caring for children, to manage young people with chronic drug issues, including chroming. Wherever possible, children who use volatile substances should not be placed in programmes, services and residences with children who do not use. Therefore the Committee strongly endorses the establishment of youth specific specialist substance abuse services, including residential treatment services.

The Committee suggests that the Office of the Coordinator of Volatile Substance Abuse, in liaison where practical with local government or regional authorities and community agencies, develop support groups with access to grief and other forms of counselling for parents and family members affected by volatile substance abuse.

Recommendations related to mental health

The Committee acknowledges the expert evidence that suggests young people may often inhale volatile substances to self-medicate mental illnesses. The Committee suggests that as a matter of urgency increased funding be allocated to youth mental health services including but not restricted to:

- Youth outreach services, including street outreach programmes;
- Family support services;
- Crisis Assessment Teams;
- Research into the links between volatile substance abuse and mental health issues;
- Appropriate treatment services including day and residential programmes;
- Appropriate Residential Services and programmes for those young people in state care.

1 J. Morton, R. Clark & J. Pead, *When Care is not Enough,* Consultants report on behalf of the Department of Human Services Victoria, DHS, Melbourne.

Recommendations with regard to education (Chapters 16–19)

The Committee welcomes and endorses the approach taken by the Department of Education and Training in FACE that 'volatile solvent education should be provided in the preventative context of Occupational Health and Safety. Young people should be taught about the appropriate use of chemicals, alerted to the hazards, and equipped with strategies to prevent or reduce possible harm. Direct reference to volatile solvents as drugs should be avoided'. As is the case in England, the Committee would encourage the participation of experts such as fire fighters and health and safety officers in such programmes.

The Committee believes, however, that interventions targeted at the regular or chronic user be conducted by trained experts in the field.

The Committee also suggests that messages about hazardous substances and chemical safety should be reinforced by safe practices at home, cultivated through information provided to parents.

The Committee is concerned that there appears to be considerable confusion surrounding the concept of harm minimisation and the related issue of harm reduction. Therefore the Committee believes that it is essential that accurate information with regard to harm minimisation be disseminated to appropriate groups, including policymakers and politicians, media, teachers, parents, retailers and manufacturers of volatile substances, doctors and health workers.

Recommendations with regard to product development and modification (Chapter 24)

The Committee acknowledges the excellent work being undertaken by the members of the APMF, particularly Barloworld, in developing safer spray paint products in the context of volatile substance abuse. The Committee encourages the continuation of such work with the support of and in liaison with appropriate state and federal bodies, including the CSIRO.

The Committee also suggests that an Industry Forum auspiced by the proposed volatile substance abuse Coordinating Committee be established. Such a forum would include representatives from the paint, adhesive, sealant, aerosol, automotive after care and associated industries and organisational groups.

The Committee believes that it would also be useful for a chemical analysis to be undertaken of the contents of cheap imported spray paints to determine whether they should be brought under stricter controls.

Recommendations with regard to the media (Chapter 25)

The Committee recognises the valuable role the media plays in disseminating information on important issues and its contribution to social policy debates.

However, the Committee urges the media to report volatile substance abuse sensitively and responsibly. In particular the Committee urges that the media:

- avoids publishing or presenting 'how to primers' on volatile substance abuse;
- avoids targeting particular ethnic groups in its coverage of volatile substance abuse;
- does not identify particular young people or their families without their express and informed consent.

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PART A: Introduction

1. Scope of Inquiry – History and Background

My 16 year old daughter is slowly dying, her memory is fading, her sight, hearing, lungs, kidneys, bone marrow and liver are being damaged. Her blood oxygen is being depleted and this can directly induce heart failure. This can also cause death from suffocation by displacing oxygen in the lungs and then the central nervous system, causing breathing to cease. Her personality has changed.

Her system is slowly being poisoned.

She buys a can of paint legally from a store, sprays it into a plastic bag and breathes the fumes deeply into her lungs.

She doesn't notice the paint stains on her mouth and hands. I do.

My beautiful daughter is a "chromer".

The girl I gave birth to 16 years ago is killing herself.

And I cannot stop her, help is too far away, hands are tied, this practice is not illegal.

I can no longer sit back and allow this practice of our youth to continue.

I would like to have it made hard for these children to destroy their lives or kill themselves. As the law stands at the moment it is not illegal for cans of paint to be sold to minors.

According to authorities, it is not a drug, BUT she has all the hallmarks of a drug addict, no longer at school, roams the streets day and night, is in trouble with the law, is destroying our family. Everything is locked up so it doesn't 'vanish'. She has no respect for herself, others or their property … I have been on an endless merry-go-round for 18 months trying to find assistance for my daughter...[2]

2 Submission from a concerned mother to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, May 2001.

The above quote was received from the concerned mother of a young woman who inhales paint for recreational purposes. This letter was tendered as a Submission to this Inquiry. The desperate concern that this woman has about her daughter's condition is self-evident. During the course of this Inquiry the Committee has become aware that her concern is not an isolated case.

The deliberate inhalation of volatile substances to achieve an intoxicated state is a serious problem that is increasing throughout the world (World Health Organisation (WHO) 1992). It is by no means, however, a recent phenomenon:

> Vapour inhalation [for pleasure] has a long history, dating back to the rituals at the Oracle of Delphi, where priestesses induced trance by inhaling the vapours from crevices in rocks. There is a distinct thread of mysticism, prophecy and 'worship' [connected to] vapour inhalation in all cultures, and incense and other aromatic materials are still used as part of worship in a number of religions (Re-Solv 2000, p.6).

In the nineteenth century, nitrous oxide ('laughing gas') was commonly used for its intoxicating effects, often by prominent figures such as Coleridge and Roget. The inhalation of nitrous oxide became popular at genteel 'sniffing parties', particularly by women. By the early twentieth century, chloroform and ether were being inhaled for their intoxicating properties, the latter being used as a substitute for alcohol in Germany during the Second World War (Merill 1978; Birdling 1981).

In more recent times the deliberate sniffing of inhalants has become viewed as being almost exclusively associated with children and adolescents. Deliberate sniffing of glue from model aeroplane sets was being reported in the 1940s. In the 1950s children were arrested in the United States for the inhalation of gasoline (petrol). In the 1950s a wave of publicity followed an article in a Denver newspaper on glue sniffing, with subsequent warnings about the practice in other newspapers and on television. Ten months later it was reported that Denver had a huge problem with adolescent glue sniffing (Re-Solv 2000, p.6). This incident raises an important issue that is still relevant. Does publicising the practice of inhalation, even with the positive intention of educating the public as to its dangers, in fact encourage the practice? This is a vexed issue that will be discussed in detail in a later chapter of this Report. By the 1960s the practice of glue and petrol sniffing had spread across the United States. By the 1970s these practices were evident in the United Kingdom, Europe, Australia and New Zealand.

Inhalation of volatile substances is now practised worldwide, although its manifestation varies between different countries and within them. For example, in Britain the problem is largely restricted to the inhalation of butane from gas lighter refills. In Australia, petrol inhalation is still a huge problem among Indigenous communities in remote parts of the country:

> Historically, the use of petrol as an inhalant was largely confined to areas in the Northern Territory and in central Australian communities. Qualitative data suggests that petrol sniffing has occurred in some indigenous communities since the 1970s[3]… The use of petrol and other solvents as inhalants has largely been documented to occur among young indigenous people in remote geographical locations. However, recent reports have documented localised petrol sniffing 'outbreaks' in certain rural areas in Queensland, New South Wales and Western Australia, where it has not previously occurred (Western Australian Drug Abuse Strategy Office 1998, p.1).

In Victoria and the cities of Australia, however, the inhalation of vapours from spray paint, known as 'chroming', seems to be currently the most popular form of inhalation.[4]

The method and type of inhalation also appears to vary over time. Glue sniffing was popular in Britain and some parts of Australia during the 1970s and early 1980s but now appears to be less favoured. These differences and variations and the reasons for them will be discussed in more detail in Chapter 4.

This Inquiry

On 18 April 2001 the Governor in Council referred the following terms of reference concerning the inhalation of volatile substances and related issues to the Drugs and Crime Prevention Committee.

Terms of Reference

The Governor in Council, acting under section 4F (1) of the *Parliamentary Committees Act 1968* and on the recommendation of the Premier, by this Order requires the Drugs and Crime Prevention Committee to inquire into and report to Parliament on the issue of inhalation of volatile substances for the purpose of intoxication. In particular, the Committee is requested to:

1. examine factors contributing to the inhalation of volatile substances;
2. review the adequacy of existing strategies for dealing with the inhalation of volatile substances;
3. consider best practice strategies to address the issue of inhalation of volatile substances, including education and voluntary initiatives;
4. consider options to reduce the incidence of inhalation of volatile substances and identify factors in order to prevent first time inhalation of volatile substances.

---

3 Although some research has documented inhalant abuse, particularly of petrol, as occurring as early as the 1950s in some Central Australian Indigenous communities, see for example, M. Brady, 'Petrol sniffing among Aborigines: Different social meanings', *International Journal of Drug Policy* vol. 2, no. 4, 1990, pp.28–31.

4 See S. MacLean, 'Social meanings of inhalant misuse in Victoria', *VicHealth newsletter*, 2001, p.16. This information was also conveyed to the Committee in submissions from a variety of Victorian government, non-government and research organisations.

In conducting the Inquiry the Committee is to have regard to:

a. approaches taken to this issue on other Australian and overseas jurisdictions;

b. such other legislation, reports and materials as are relevant to the Inquiry.

Under section 4F (3) of the *Parliamentary Committees Act 1968*, the Governor in Council specifies the first day of the Autumn 2002 Parliamentary session as the date by which the Committee is required to make its final report to Parliament on this matter.

Background to the Inquiry

The background to the reference in part stems from concerns expressed to parliamentarians from members of both Indigenous and non-Indigenous community organisations and representations as to the extent and seriousness of chroming or inhalant abuse in their communities. In particular, the issue has been raised by the Victorian Regional Aboriginal Justice Advisory Committee with respect to the deleterious effect and impact 'chroming' is having on Koori (Aboriginal) youth in various areas of Victoria. It must be stressed from the outset, however, that the problem is by no means restricted to Indigenous youth. Indeed, at least in the non-rural areas, the inhalation of volatile substances is predominantly a practice of non-Indigenous youth.

These issues regarding volatile substance abuse are present in each of the Australian states. Some of the major common concerns have been comprehensively expressed by the Western Australian Working Party on Solvents Abuse in a recent strategy framework. Although this report does pertain to the situation in Western Australia, the same concerns have been expressed in various forums and by groups and individuals in Victoria:

Concerns about solvent abuse

Solvent abuse is of particular concern because:

- Solvent abuse primarily occurs amongst very young people as well as some older, disadvantaged adults;
- It is the fourth most abused substance by young people;
- The products containing solvents are inexpensive and available;
- Solvents are toxic;
- Accidents and regrettable behaviour occur while intoxicated on solvents;
- Sudden sniffing death can occur from first time abuse of solvents;
- Associated community problems include family and social disruption from theft, truancy, vandalism and other delinquent behaviour;
- In some Aboriginal and Torres Strait Islander communities, petrol sniffing has resulted in immense community, family and individual tragedy;

- Sexual abuse and other forms of exploitation of solvent abusers by adults, including through supply of solvents, is of special concern, particularly given the age and vulnerability of those being exploited; and
- Children of young parents who are abusing solvents are at high risk of neglect and abuse (Rose 2001, p.2).

A comprehensive report into volatile substance abuse produced by the British Advisory Council on the Misuse of Drugs (ACMD) makes the important point that in addition to the risk to the individual:

> VSA raises problems for families, schools, communities and for society at a national level. A young person might try VSA because of the influence of his or her peers: this can lead to experimentation spreading across whole groups of young people. The anxiety experienced by parents if they discover that their child is abusing these substances and the anguish parents suffer if their child suffers injury or death as a result cannot be overstated. There is also a cost to society from the interruption to a young person's education if their abuse of these substances leads to deterioration in performance or absenteeism and from the costs of treating health-related problems. The unpredictable nature of outbreaks of VSA makes planning a response on the part of local services particularly difficult. Both schools and their localities may pay a heavy price if their reputation suffers as a result of being branded a "problem" area. While the majority of volatile substance abusers are not violent or aggressive, it seems clear that accidental self-harm may at times be a serious problem from VSA (ACMD 1995, pp.16–17).

In the course of this Inquiry the Committee received a submission from Dr Susie Allanson, a clinical psychologist practising in Melbourne. As a Masters student in 1979 Dr Allanson completed a thesis examining volatile substance abuse among child welfare department clients in Victoria. It is ironic, not to mention disturbing, that in the covering letter to the Committee Dr Allanson states:

> … Although [my thesis] is more than twenty years old. It appears that many of the issues around solvent abuse have not changed.[5]

From Dr Allanson's thesis one can see that in 1979 the following issues and debates were apparent:

- The consequences (psychological and physical) of long-term abuse of volatile substances;
- Whether volatile substance abuse leads to other forms of drug taking;
- The short-term dangers of volatile substance abuse;
- The concerns of police and law enforcement officials as to how to effectively deal with this problem;

5 Correspondence from Dr S. Allanson, Clinical Psychologist, sent to the Drugs and Crime Prevention Committee, 22 January 2002.

- Appropriate education and prevention strategies;
- The role of the media in reporting volatile substance abuse; and
- The inadequacy of research and data collection in this area.

As this Report will make quite clear, these issues are still unresolved and are still being debated in the policy arena today.

Following the announcement of this Inquiry, the Drugs and Crime Prevention Committee has been contacted by the Coroner, the Chief Magistrate of the Children's Court, the Victoria Police Drug Unit, shopkeepers and traders, youth and community workers and several concerned parents and individuals, such as the mother quoted at the start of this Chapter. All expressed their concerns and emphasised the necessity for information upon which to base urgent interventions.

This concern is not restricted to Australia. In 1995 the British Home Office felt the problem had reached such alarming levels that it should commission a specific report on volatile substance abuse by the Advisory Council on the Misuse of Drugs (ACMD). The ACMD believed that such a separate report was justified because:

> [o]f the apparent extent and gravity of problems associated with VSA, the generally younger age range of misusers, the wide range of everyday household projects which can be used and the general tendency for VSA to receive less attention than other forms of substance misuse. And, whilst we recognised that many of the basic principles behind the recommendations in our report would be relevant across the range of substance misuse problems, we felt that some of these distinctive aspects of VSA merited specific attention (ACMD 1995, p.15).

Some definitions

Before this Report discusses the issue of volatile substance abuse in depth it is useful to set some definitional parameters that will form the basis of this Report.

Volatile substance abuse (VSA)

Following the lead of the British Home Office's Report by the Advisory Council on the Misuse of Drugs, *Volatile Substance Abuse*, the Committee has decided to use the term 'volatile substance abuse' or VSA throughout this Report, unless a specific context warrants otherwise. Volatile substance abuse has in turn been defined as 'deliberate inhalation of a volatile substance to achieve a change in mental state' (ACMD 1995, p.14). The reason for the use of such a term is its inclusiveness and wide-ranging scope. More popular or specific terms such as 'glue sniffing', 'solvent abuse', 'inhalant abuse' or 'chroming' do not completely capture the breadth of the substances used or the methods employed to use them. It also reflects the fact that VSA includes the use of substances that are not solvents, paint or glue. Where the context of the discussion requires the use

of a specific term such as 'chroming' then such a term will be used. It should be noted, however, that there are problems associated with the use of the term 'chroming'. Not the least of these is the tendency for such a term to 'glamourise' the behaviour. The difficulties with the use of the term 'chroming' are discussed further in Chapter 11. The term 'abuse' is used to distinguish 'intentional inhalation' from 'accidental inhalation' of fumes by legitimate users – usually in an industrial setting (Rose 2001, p.6).[6]

While volatile substance abuse is distinct in many ways from other forms of substance misuse, the following statement from the AMCD is generally true:

> [I]t affects the senses and, as with drug misuse, can cause harm to the individual directly or indirectly. It tends to attract younger misusers and the means are more readily available … For all these reasons we believe it merits consideration … as a subject taken on its own, but certainly considered within the broader context (1995, p.14).

This is a statement with which the Committee concurs.

Volatile substances

Research to date has been hampered by arguments as to what precisely constitutes a volatile substance, and the numerous methodologies employed to record the extent and effects of their use. A simple and workable definition, however, is that volatile substances are those which give off vapours or gas at room temperature and are capable of producing an intoxicated or psychoactive effect.[7] A more detailed discussion of the types of products that contain volatile substances and their chemical properties is found in Chapter 4.[8]

6 The Committee's brief is primarily to discuss intentional volatile substance abuse. Where appropriate, however, it will canvass the issue of inhalation of volatile substances in industrial or workplace settings (see Chapter 10)

7 A legal definition as to what counts as a volatile substance is given in Chapter 12.

8 A comprehensive list of volatile substances is also found in Appendix 2.

2. The Inquiry Process

The work of the Committee

The Committee has embarked upon an extensive research process in order to canvass the issues and receive input and information from as many individuals, agencies and organisations with a stake or interest in the issues raised in the Terms of Reference.

In conducting the Inquiry the Committee has undertaken an extensive review of the literature on volatile substance abuse in Australia and overseas, has called for and received submissions from the community, sought expert opinion, undertaken various research projects, visited various organisations and facilities, prepared a *Discussion Paper*, spoken to key stakeholders, held public hearings, travelled to New South Wales, Western Australia and New Zealand and had meetings with the key stakeholders for volatile substance abuse in the United Kingdom and the United States. The Committee has employed a variety of processes and methodologies to produce what it hopes is a truly comprehensive picture of volatile substance abuse in this state and beyond. This process is detailed below.

Discussion Paper

The Committee prepared a comprehensive and detailed *Discussion Paper*, which provided an overview of the current law, policies and programs in Victoria and other Australian and overseas jurisdictions and highlighted the scope and complexity of issues to be addressed. The *Discussion Paper* raised specific questions to be addressed and invited community response. The *Discussion Paper* was circulated widely. A copy was placed on the Committee's web site.[9]

Written submissions

Calls for written submissions were published on 7 July 2001 in the *Herald Sun* and *The Age.* Further calls for submissions were published in both the *Herald Sun* and *The Age.* after the *Discussion Paper* was released in January 2002. Print media and radio interest also alerted the public to the Inquiry. Letters inviting

9 In all, 1,150 hard copies of the *Discussion Paper* have been distributed and 991 copies have been down-loaded from the Committee's web site as of May 2002.

submissions to the Inquiry were sent to all local councils and shires in Victoria and key government and non-government agencies in Victoria and interstate. In all, the Committee has received 137 written submissions.[10] These submissions came from a broad range of individuals and government and non-government organisations.

In addition to these submissions, the Committee has taken into account a number of reports, documents, correspondence and formal and informal discussions with a range of key stakeholders, experts in the field and young people, including former and current users of volatile substances, when reaching its conclusions.

Public hearings

The Committee conducted public hearings on 9 and 30 April 2002 and heard evidence from 28 witnesses. These hearings were held in Melbourne.[11]

Overseas and interstate visits

During the Inquiry the Committee travelled both overseas and interstate to gain information. The Terms of Reference for the Inquiry required the Committee to have regard to approaches taken to this issue in overseas and other Australian jurisdictions. While on its study tour in London in July 2001 the Committee met with Mr Keith Hellawell QPM, UK Anti-Drugs Co-ordinator, members of the All Party Parliamentary Group on Solvent Abuse and representatives from the major organisations dealing with volatile substance abuse (VSA) in the UK, including the leading charity dedicated to the prevention of volatile substance abuse, Re-Solv. These representatives have formed a partnership and meet regularly to ensure that a coordinated approach is taken to volatile substance abuse in the UK. The group analyses current research findings, develops policy and identifies best practice models for VSA prevention and treatment. In Washington the Committee spoke to Harvey Weiss, Executive Director of the National Inhalant Prevention Coalition and gained materials and information from the National Institute of Justice and the Office of National Drug Control Policy.[12]

In April 2002 the Committee travelled to New Zealand to discuss with key government and non-government agencies the policies and practices which had allegedly lead to a dramatic decline in VSA since the mid-1980s. The Committee would like to thank Sandra Meredith for the invaluable assistance she has given with regard to making arrangements for meetings with government and non-government organisations in New Zealand and being so generous in sharing her expert knowledge of the area.

10 For a list of the submissions received by the Committee see Appendix 3.

11 For a list of witnesses appearing at Public Hearings, see Appendix 4.

12 A list of the representatives spoken to in London and Washington is provided in Appendix 5.

One of the main purposes for travelling to New Zealand was to visit Maori holistic healing centres. Indigenous groups in Victoria have long been requesting funding to establish similar centres in Victoria. The Committee was extremely fortunate to have Mr Peter Hood, Member of the Aboriginal Justice Advisory Committee travel with the Committee. Mr Hood provided advice on the appropriateness and possible effectiveness of various Maori programmes for Indigenous communities that are currently struggling to deal with volatile substance abuse in Victoria.[13]

The Committee also visited Western Australia in April 2002. Western Australia is considered by many to be at the forefront of policy development in relation to VSA in Australia and has instigated a raft of policy reforms, which were of particular interest to the Committee. Many of these policies and programme developments in Western Australia have been developed by Mr Jon Rose. The Committee is grateful to Mr Rose for his expert advice and assistance to the Committee.[14]

The Committee also sought the views of the key national organisations representing the views of paint and aerosol manufacturers, retailers and hardware stores and the National Industrial Chemicals Notification and Assessment Scheme. The Committee met with representatives from these organisations based in Sydney in April 2002.[15]

Local visits and inspections

The Committee held meetings with key organisations in and around Melbourne and attended Forums including those organised by the Aboriginal Justice Advisory Committee and the Koori Solvent Abuse Working Group.[16] This enabled the Committee to conduct informal meetings with a range of individuals and representatives to gain their views on specific issues related to the Inquiry. These visits also provided valuable insights into the excellent work of various community and government organisations.

Additional witnesses

In order to gain expert opinion and complement the information and testimony received from witnesses at the public hearings, visits to various facilities and information gained from submissions, the Committee periodically invited expert witnesses to address it regarding a range of pertinent matters and issues.[17]

13 A list of site visits and representatives spoken to in New Zealand can be found in Appendix 6.

14 See Appendix 7 for a list of representatives spoken to in Perth.

15 See Appendix 8 for a list of representatives spoken to in meetings in Sydney.

16 A list of local meetings and forums attended is provided in Appendix 9.

17 For a list of expert witnesses invited to speak to the Committee see Appendix 10.

Research projects undertaken by the Committee

There is a disturbing lack of both quantitative and qualitative research being undertaken in the area of volatile substance abuse and there is also a lack of coordinated and meaningful data collected. The Committee has therefore undertaken three exploratory/pilot research projects in an attempt to provide some greater understanding of volatile substance abuse and the impact it has on young people, their families and the community. The projects were as follows:

1. An analysis of mortality from VSA in Victoria 1996–2000

The Committee sought the assistance of the Victorian Coroner's Court and Victorian Institute of Forensic Medicine to identify the files of people who had died of volatile substance abuse related deaths. A quantitative and qualitative analysis of the materials contained in the respective files was then undertaken. The Committee is most appreciative of the help given by the Coroner, Mr Graeme Johnstone and Professor Olaf Drummer.

2. An analysis of ambulance attendances, hospital admissions and emergency department attendances

In order to gain an understanding of the impact of volatile substance abuse on morbidity the Committee sought data from two primary sources. The first was data collated by the Melbourne Metropolitan Ambulance Service and Turning Point Drug and Alcohol Centre. The second was from hospital emergency ward attendances and admittances. This data was compiled by the Health Data Standards and Systems Unit within the Acute Health Division of the Victorian Department of Human Services. A quantitative analysis was undertaken of this data.

3. Review of Victorian Children's Court Child Search Warrants

Information was extracted from Children's Court Child Search Warrants. These files contain reports detailing the use of inhalants by children and young persons. A descriptive analysis of the data was undertaken so that the Committee could gain some understanding of the number of young people sought by warrant during the period under review and the demographic details of the group. In addition, some qualitative data was drawn from the files to provide greater insight into the lives of these young people. The Committee thanks the Chief Judge of the Victorian Children's Court for facilitating this research.

The Committee is most appreciative of the time, effort and valuable contribution that all the individuals and organisations have made during the progress of this Inquiry. The submissions, visits, public hearings and research projects have provided valuable knowledge and insights into what has turned out to be an extremely complex issue.

3. The Need for a Multi-faceted 'all of community' Response

Volatile substance abuse, as with many areas of drug misuse, is a complex phenomenon. More complex indeed than the Committee would ever have thought prior to commencing this Inquiry. The Committee agrees with the exhortation of d'Abbs and MacLean (2000) that when something has a complex mix of causes and contextual factors 'the findings themselves should not be considered in isolation from those broader contextual factors' (2000, p.v).[18]

The Committee also generally agrees that any discussions of volatile substance abuse and recommendations emanating from them need to be aware that a *range* of interventions (including primary, secondary and tertiary approaches) will need to be implemented to successfully address the complexity of the issues. There is no 'one size fits all' or shortcut way of tailoring solutions to this area. This concept of a multi-faceted strategy is discussed at length in Chapter 27.

Suffice to state at this introductory stage that the Committee would very much embrace interventionist strategies that address the three variables developed by Zinberg (1979, 1984) as 'drug, set and setting'. D'Abbs and MacLean (2000) summarise Zinberg's approach well:

> By these [concepts] Zinberg means: the pharmacological-toxicological properties of the substance (drug); the attributes of persons using the substance, such as personality and physical health (set); and aspects of the social and physical environment in which consumption occurs (setting). No intervention strategy is likely to ameliorate [volatile substance abuse] and the problems associated with it unless it addresses each of these factors, and the interrelated effects engendered by them. This does not mean that a single program must attempt to bring about change in all three domains, even if it could do so. However, it does mean that any intervention strategy, of which particular programs will form a part, must begin by identifying the factors in each of these domains that shape the usage patterns and consequences of petrol sniffing in the community concerned (2000, p.v).

18 D'Abbs and MacLean state this in the context of petrol sniffing among Indigenous Australians (see discussion in Chapter 23.

As important as such theoretical formulations are, it is essential that they form the basis for well thought out and well funded policy developments. To this end the Committee would also endorse in general terms the principles for government programmes and principles recommended by the recently published report *Structural Determinants of Youth Drug Use* written by the Australian National Council on Drugs. Although not concentrating specifically on volatile substance abuse, the following recommendations with regard to young people and drug use prevention, education and treatment are apposite:

- Invest in core infrastructure. Spending on developmental health should be seen as a social investment, not just a benefit to individuals.
- Improve networks between government departments.
- Focus on the critical times in children's development.
- Monitor interventions and their outcomes to assist needs assessments and fine-tuning interventions.
- Adopt better practice in planning, utilising established methods such as those available in the field of health promotion. For example:
    i. Address the multiple risk and protective factors for youth drug use.
    ii. Have specific, measurable, realistic objectives.
    iii. Work at all levels of influence: the individual, the family, and the local and macro environments.
    iv. Take a long-term view – one-shot interventions are not effective (ANCD 2001, pp.x, xi).

The need to 'work at all levels of influence' is particularly important.

D'Abbs and MacLean argue that any interventions pertaining to volatile substance abuse require an 'all of community' response:

> The most successful strategies are initiated by the community, enjoy widespread community support and involve strong participation of community members. Interventions proposed by the community need to complement those undertaken by families, and family actions must be consistent with community strategies. Developing and fostering community cohesion and support for interventions is therefore critical in any [anti-petrol sniffing] campaign. Some communities have requested ongoing support to assist them in dealing with petrol sniffing, thus it is important to maintain the continuity of any intervention (d'Abbs & MacLean 2000, p.5).

The Committee concurs with this statement and believes this can be extrapolated more generally to all other forms of volatile substance abuse. The following Parts and Chapters of this Report will attempt to address why this 'all of community' response is so important.

PART B: The Nature Of Volatile Substance Abuse

4. An Introduction to Volatile Substance Abuse

What are volatile substances?

Volatile substances produce chemical vapours that can be inhaled to induce a psychoactive, or mind-altering, effect. Although other abused substances can be inhaled, the term 'inhalants' is often used to describe volatile substances, given their main common characteristic: that they are rarely, if ever, taken by any method other than inhalation. This definition encompasses a broad range of chemicals found in hundreds of different household products that may have different pharmacological effects. Like alcohol, all volatile substances act as depressants, even if the initial effect is to lessen inhibitions or act as a stimulant.

In Australia, around 250 products containing potentially intoxicating inhalable solvents have been identified in supermarkets, newsagencies and hardware stores. As a result, precise categorisation of inhalants is difficult. Different classification systems are used depending on the context (scientific, educational, legal etc). Indeed the classification of volatile substances has been an issue of some contention, particularly among scientists and medical officers. It has been argued that the inclusion of all forms of volatile substances under the one heading is problematic. Such an all-encompassing classification makes it difficult to plan education, prevention and treatment policy that differentiates between the different types of substances and the different reasons why (young) people may use them. For example, Beauvais and Oetting state:

> The study of the nature and extent of the use of volatile, psychoactive substances has been hampered by a confusing terminology. Widely disparate substances such as glue, gasoline, anaesthetic gases, and nitrites have all been discussed

> under the single rubric of 'inhalant abuse'. A classification scheme is proposed which differentiates users of substances such as volatile hydrocarbons (gasoline, glue, etc) from users of the anaesthetic gases and of the amyl and butyl nitrites. Since users of these three types of volatile chemicals differ on predisposing factors, level of dysfunction, and consequences of use, the former group should be classed generically as 'inhalant' users, while the latter should be diagnosed as users of a specific drug (Beauvais & Oetting 1987, p.779).

For example, the issues pertaining to paint inhalation or glue sniffing of an emotionally distressed young person 'in care' will be very different to those who 'pop' nitrites for the enhancement of sexual pleasure.[19]

Classifying volatile substances

It is important to bear classificatory distinctions in mind in terms of developing policy. The strategies required to address these disparate 'client' groups will also need to be differentiated.[20] As the Youth Substance Abuse Service has stated '[m]ost educational material regarding the harmful effects [of volatile substance abuse] ignores the distinctions between solvents and attributes to each and every one of them the potential ill effects of them all'.[21] This issue of differentiation will be discussed at length in Chapter 19.

One classification system lists four general categories of inhalants: Volatile solvents, aerosols, gases and nitrites (National Institute on Drug Abuse (NIDA) 2000).

Volatile solvents

Volatile solvents are liquids or semi-solids, such as glues, that vaporise at room temperature. They are found in a multitude of inexpensive, easily accessible products used for common household and industrial purposes. These include paint thinners and removers, dry-cleaning fluids, degreasers, petrol, glues, contact adhesives, plastic cement, correction fluids and felt-tip markers. Toluene and xylene are common compounds found in these products.[22]

Aerosols

Aerosols are sprays that contain propellants and solvents. These include spray paints, deodorant and hairsprays, insect sprays, vegetable oil sprays for cooking and

19 The term 'pops' refers to the snapping of the vial in which the nitrites were often contained. The user then inhales the subsequent fumes. It is not the intention of the Committee to discuss this form of inhalant abuse in detail, other than for a brief discussion in Chapter 10. For a discussion of 'popping' nitrites as a form of inhalant abuse, see T. Brouette and R. Anton, 'Clinical review of inhalants', *American Journal of Addictions*, vol. 10, no. 1, 2001, pp.79–94; R. French and R. Power, 'Self reported effects of alkyl nitrite use: A qualitative study amongst target groups', *Addiction Research*, vol 5, no. 6, 1997, pp.519–548.

20 Werry (1992) classifies the pharmacology of volatile solvents into three groups – Commercial source and function, Chemical compounds and Pharmacological effects (Therapeutic or Toxicological action). The first category is more useful for lay people and as a means of locating the source of supply for preventive programmes. The latter two categories are more useful for chemists, scientists and medical personnel.

21 Youth Substance Abuse Service, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001, p.2.

22 See Appendix 11 for a description of the properties and effects of these compounds.

fabric protector sprays. Pressurised aerosols used to contain halons and freons (fluorocarbon propellants) but now, subsequent to international conventions, non-ozone depleting propellants are used predominantly containing hydrocarbons or specialty gases. Substances from fire extinguishers (bromochlorodifluoromethane – BCF) have also been inhaled in the past. However, the possession of BCF extinguishers is now illegal. Even the abuse of salbutamol (Ventolin) by those prescribed inhalers for asthma has been noted in the past (Commonwealth Department of Health 1984, pp.19–20).

Gases

Gases include medical anaesthetics as well as gases used in household or commercial products, such as refrigerants. Medical anaesthetic gases include ether, chloroform, halothane, and nitrous oxide, commonly known as 'laughing gas'. Nitrous oxide is the most commonly abused of these gases and can be found in whipped cream dispensers.

Household gases include commercial products containing gas fuels such as butane cigarette lighters, bottled domestic gas and cylinder propane gas.

Nitrites

Nitrites are often considered a special class of inhalant. Unlike most other inhalants that act directly on the central nervous system, nitrites act primarily to dilate blood vessels and relax the muscles. While other inhalants are used to alter mood, nitrites are used primarily as sexual enhancers. Nitrites include amyl nitrite and butyl nitrite.

There is some debate as to whether nitrites should be incorporated into any classification of volatile substances. The British Home Office's Advisory Council on the Misuse of Drugs thought not:

> Unlike the products misused in volatile substance abuse, [nitrites] are not marketed as household products in themselves and they do not cause intoxication. As a result, measures to tackle the problem of volatile substance abuse would not necessarily be applicable to them (Advisory Council on the Misuse of Drugs (UK) 1995, p.15).

On the other hand, medical researchers Brouette and Anton in the American context state:

> The nitrites, though much less commonly abused than in the past, remain a concern. With their easy accessibility and potentially lethal effects, they are a category of inhalants that clinicians should continue to be aware of and include in their evaluations of inhalant abuse (2001, p.89).

The 'culture' of nitrite use as one aspect of volatile substance abuse is discussed further in Chapter10.[23]

23 Beauvais notes that nitrites are not included in the DSM-1V (the classificatory manual of psychiatric disorders) as volatile substances. Beauvais also believes that the two types of substance should be considered separately 'based on differences in both the neurochemical actions and on the clinical profiles of the users of these … substances' (Beauvais quoted in Texas Commission on Alcohol and Drug Abuse (TCADA) 1997, p.4).

Some chemical compounds in products, such as toluene, contain an almost pure volatile substance. Others, particularly in glues and adhesives, contain a combination of volatile substance in combination with other compounds. A comprehensive list of volatile substances classified according to both chemical properties and household name is attached in Appendix 2.

Volatile substances – Drugs or poisons?

A different argument relating to classification arises in the context of whether volatile substances should even be classified or at least referred to as drugs at all. This debate is predominantly centred around the issue of educating targeted groups about inhalants:

> The distinction being made between solvents and other drugs or drugs in general differ within the region and between varying sectors. Currently the Education Sector does not include solvents in the category of drugs and this is reflected in their drug education manuals where solvents are not mentioned. Solvents are categorised within the education sector as industrial chemicals and poisons and are covered in their Occupational Health and Safety (OH&S) Education. Within the education sector solvent abuse or misuse is not covered in mainstream education but targets young people at risk as identified. The reasoning behind this distinction is that non-drug users categorise them as an industrial chemical/poison and drug education tends to base their education on the premise that their audience is a potential user (this definition includes sample and experimental users) and therefore has a harm minimisation focus. Within this premise is the argument that not all young people are potential volatile substance users.
>
> The distinction between solvents and other drugs does not exist within many of the direct service delivery models dealing with solvent users. Within the service sector it is argued that the same principles need to be applied to solvent use as to all drugs that are mind altering. Solvents in this sense are categorised similarly to marijuana as a mind-altering drug which is not physically addictive yet psychologically addictive nonetheless. Solvents are included in the category of drugs and drug education for the purpose of allowing a prevention aspect, which is seen to be essential. By placing solvents in the category of industrial chemicals/poisons and incorporation of it into OH&S education assumes that we live in a society that understands what OH&S is. If solvents are categorised as an industrial chemical/poison and education is tailored to and targets current users, then ultimately there is no prevention strategy and some users will be missed.[24]

The Victorian Education Department has advised teachers that inhalants should be generally referred to as poisons and hazardous substances and education pertaining to them should take place in the context of occupational

24 Barwon Adolescent Task Force, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.2.

health and safety classes. This issue will be discussed further in Part F pertaining to education.

What is volatile substance abuse?

Volatile substance abuse is the deliberate inhalation of a gas, or of fumes released from a substance at room temperature, for the purpose of intoxication. These substances are lipophilic (fat-soluble), easily absorbed through the lungs and carried to the brain where they act to depress the central nervous system. Such rapid absorption results in the effects of the substance occurring within minutes. The term 'volatile substance abuse' (or use) is appropriate as it encompasses aerosol and gas fuel use in addition to glue sniffing and other forms of solvent inhalation (Rose, Daly & Midford 1992, p.7). Volatile substance abuse has been observed as having a 'cyclical nature' or coming in 'waves'. This phenomenon will be discussed in more detail in Chapter 11.

'Chroming' is the term used to refer to one specific form of volatile substance abuse. It consists of spraying (chrome) paint from an aerosol can into a plastic bag and then breathing in the vapours from the bag. Although there is no hard data to verify this fact, it would seem in Melbourne and rural Victoria that 'chroming' is the most popular and frequently used form of volatile substance abuse (MacLean 2001, p.16). Chrome paint is favoured because it is cheap and according to some youth workers young people also find it is less unpleasant in taste and has a higher degree of intoxicating substances than other products. A worker from MacKillop Family Services describes it thus:

> It's called chroming because the chrome paint is meant to have less bad taste, but they use any paint. Lately the kids have been going through all the colours, and they have different colour days, and they say different colours give different effects.[25]

The community agency Berry Street Victoria state that among its residential clients gold and silver chrome paint is particularly popular as these paints contain more toluene than other colour mixtures.[26]

A recent consultation with health and youth workers commissioned by the Victorian Department of Education indicated how a definite preference for various types of paint products is clearly noticeable among young chromers:

> Chrome is the first choice of inhalant. They also try butane and glue and basically anything that gives them a hit, but chrome gets them the most intoxicated and gives them the best hit (Welfare Co-ordinator, Secondary School, Northern Suburbs).

25 MacKillop Family Services, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, October 2001, p.4.

26 Berry Street Victoria, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.5.

> Young people are mainly using spray paint, with some preference emerging for leather/upholstery paint spray; it's stronger (Youth Outreach Worker, Dandenong).
>
> Chrome or black paint is the most common solvent used by our clients. There are differences in quality; even the colour alters the effect (Accomodation Worker, Geelong).
>
> Young people tell me chrome is a bit like 'whisky'; cheap chrome tastes toxic, while expensive chrome is 'sweeter and smoother' (Outreach Worker, Footscray). (All quotes cited in Bellhouse, Johnston & Fuller 2002a, p.9.)

In the United States, Fredlund's ethnographic studies of adult volatile substance abuse among the Kickapoo Indians resulted in similar findings:

> Kickapoo VSAs favoured silver spray paint though gold and clear were used also. These colours were said to have '*the best taste'* and produce the most desirable high. They used other colours only as a last resort, and they also favoured one brand of paint (Fredlund 1994, p.9).

The Committee met with a young woman named 'Julie' who had been a serious 'chromer'.[27] Julie gave the Committee a fascinating insight into paint inhalation and the importance of colour:

> *JULIE – We used to all chrome at least three cans a day, which is pretty bad. We used to last all day. I used to go home to my room, spray deodorant, everything, on me. The smell used to stay on me for weeks, and just, yeah.*
>
> *THE CHAIRMAN – Did you used to do anything else apart from paint?*
>
> *JULIE – No, I never tried anything else. I tried Impulse once, like sprayed a can of Impulse in, and it tasted like absolute crap, and I threw the bag away. I didn't really taste it really. I smelt it and thought, "Boy, that stinks" and threw the bag out. But other than that, it was always spray paint but it wasn't just chroming – it was purple, it was every colour except green.*
>
> *THE CHAIRMAN – Why not green?*
>
> *JULIE – Because green was the yuckiest colour; it was really foul tasting. All the others – when you are chroming you can imagine things you can't imagine when you are straight, like fire balls, fireball fights. You imagine like you get special powers given to you and stuff when you are chroming. It is all stupid. I mean, like one night I was taken by aliens. How stupid does that sound? All I had to do was look at a star and an alien ship appeared. Fireballs can get as big as anything. Like all you had to do was hold it in your hand like that and they*

27 Julie is a pseudonym used to protect the anonymity of the young woman who spoke to the Committee. The Committee admires the resilience and strength of character of this young woman and her mother who valiantly assisted her to 'get off the chrome'. Further insights into the world of chroming through the eyes of Julie and her mother are found in later chapters of this Report, especially in Chapter 11.

could be massive, you know. The colours, they all tasted like whatever you wanted them to. Like purple was grape and red was strawberry.

THE CHAIRMAN – What do you mean taste? If you are an alien, do you actually get a taste sensation?

JULIE – It is more your mind working than anything.

JULIE'S MOTHER – Hallucination.

JULIE – Yes, hallucination, and all that kind of stuff. Spray paint? What could you taste? It is gross.

THE CHAIRMAN – Is there any colour that you prefer to others? Any one you think has a more powerful buzz about it?

JULIE – Black was always the strongest colour; black and silver, always the strongest colours. The others are just colours that taste, you know. I mean, I haven't done anything for a year, so it is kind of all past, behind me, so a lot of it is – I don't remember.[28]

Community workers experienced in addressing volatile substance abuse have suggested volatile substance abuse involving paint inhalation should not be referred to as 'chroming'. To do so serves to glamourise and possibly encourage the practice. The Committee accepts and heeds this advice.

How are volatile substances abused?

Vapours from the volatile compounds are commonly inhaled directly from the container or, as with chroming, placed in a plastic bag from which the concentrated vapours are inhaled. The re-breathing of exhaled air in the bag causes anoxia (oxygen deficiency) which intensifies the effect (World Health Organisation (WHO) 1992, p.3). They can also be sprayed directly into the mouth from the container. A 'unique' form of administration is to spray the aerosol propellant into a balloon and then allow the balloon to implode inside the mouth (WHO 1992, p.3). Another form of administration is 'huffing'. Huffing consists of saturating a rag or cloth with the substance and holding it over the nose and mouth while inhaling.[29]

Whatever method of administration is used, as an earlier report has noted, it is of concern that most forms of administration are simple and do not require expensive equipment (Commonwealth Department of Health 1984, p.8).

Dinwiddie, a noted researcher in the area of volatile substance abuse, comments that inhalation as a form of drug administration can be favoured for the intensity and speed of the 'rush':

> Indeed, uptake is so rapid that the effect of inhalation can resemble intravenous injection in its intensity (Dinwiddie 1994, p.925).

28 Julie and Julie's mother in conversation with the Committee, 12 February 2002.

29 For a comparison of inhalation methods and their effects, see Appendix 12.

It is also an activity that can be shared and undertaken for long periods of time. Julie, the ex-chromer profiled earlier in this chapter, explains how chroming can take up her whole day:

> *THE CHAIRMAN – When you say you were doing three cans a day; how many times would that actually have been? How long would a chroming session go for?*
>
> *JULIE – We used to catch a train down to X suburb,*[30] *about 9 o'clock – we used to catch about an 8 o'clock train to X suburb. We used to wait for the shops to open, 8.30, 9 o'clock. 8.30, 9 o'clock, we would chrome to 3.30. The school train would go back.*
>
> *THE CHAIRMAN --Constantly? All day?*
>
> *JULIE – Yes. Go back to Y suburb, pick up everyone who had gone to school that day, go meet everyone, talk to everyone and then go do whatever, and we would then kind of all disappear again. Like, after you had met up with everyone, all of us would go back down to X suburb and all of us would start chroming.*

The attraction of volatile substances?

> *Sophie (15 years old) – Chroming is like a 1000 heroin rushes.*
>
> *Michael (15 years old) – It gets rid of boredom. Time disappears! … what seems like 15 minutes, turns out to be half a day.*[31]

The above quotes are taken from a submission to this Inquiry by Berry Street Victoria and reflect the views of some of their young clients. The comments reflect the reality that for some young people inhalant use is a pleasurable activity. This section deals solely with the intoxicating effects of inhalation for users. The more complex issues pertaining to why (young) people may use volatile substances are discussed in detail in Chapter 5.

The 'pleasant' physical effects of inhalation of most volatile substances are euphoria and an initial and rapid 'high' or 'rush' that resembles alcohol intoxication. Light-headedness and an anaesthetic-type feeling may follow. The Youth Substance Abuse Service state:

> Inhalants are depressants, but the lack of inhibition they produce creates a feeling of stimulation and excitement, delusions of grandeur and giddiness followed by a drowsy euphoria (www.ysas.org.au/drugs/chroming.html).

The added advantage is that most of these substances are inexpensive to purchase, can be easily stolen or are already accessible from the kitchen or bathroom cupboard.

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30 For reasons of anonymity the real name of the suburb has not been revealed.

31 Quoted in Berry Street Victoria, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances. August 2001, p.7. A representative example of case stories from other Berry Street Victoria clients is given in Chapter 11.

The community welfare agency, Anglicare, states that too often the pleasurable effects of 'chroming' can be underestimated in accounting for why young people may engage in what is for many people a particularly repulsive form of substance abuse:

> Sniffers report having control over their trips, and groups have reported that they can collectively control jointly experienced hallucinations. Hallucinations often have themes of power, of flying or swooping over territory – including taking symbolic possession of it. So these experiences can also be used to give at least an illusion of control and power which sniffers may actually lack in their everyday life.
>
> - Sniffing can be fun, a pleasant activity, especially with a group of friends.
> - Solvents can be an alternative to alcohol, particularly because solvents are cheap to buy or easy to steal.
> - Some young people like the excitement of sniffing solvents, perhaps partly because of the element of danger.
> - If adults are shocked by sniffing, that can be an attraction.
> - For some young people there is the attraction of playing with a new physical sensation. After all, there are whole businesses devoted to giving people weird sensations (such as the fairground industry).
> - Some may sniff because their friends are trying it.
> - Hallucinations or pseudo-hallucinations when sniffing can be interesting and exciting. Sniffers may be able to exercise some control over their hallucinations and use them as part of group activities. In this way hallucinations can be an exciting and sought-after part of intoxication on solvents.
> - Hallucinations can also be dangerous, unpleasant and frightening, but even these can be enjoyable (think of horror films) and allow youngsters to 'escape' – if only temporarily and only in their imagination – from the 'real world' with all its difficulties and conflicts.
>
> [In short] Among the poor, especially children living on the street, volatile substances offer some relief from the grimness of their lives.[32]

The effects of inhaling volatile substances

Physiological and toxicological consequences

> VSA is, for certain ages, a bigger killer than leukaemia, pneumonia and drowning combined, and that, for certain ages, it constitutes a significant proportion of all deaths (ACMD quoted in Ives 2000, p.2).

From the outset it is important to qualify the following discussion with some caveats.

32 Submission of Anglicare to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.10.

First, as the Committee has noted, there are a huge and varied number of products that can be abused for inhalation purposes. Therefore the physiological effects of each substance will be by no means uniform. This is particularly the case given that some products may be chemically pure whereas others may have unknown formulations.

Second, 'A variation in the physiological effects may occur according to the nature of factors such as age, personality, physique, and the particular substance inhaled, the quantity inhaled, and the length of 'sniffing' history' (Commonwealth Department of Health 1984, p.9). Other factors such as the duration of the episode or use, the gender of the user and the environment in which it is used also need to be taken into account.

Third, the effects of volatile substance abuse and their severity vary according to the method of administration used. It is generally agreed that direct spraying of substances into the mouth can result in the most serious physical consequences, while huffing (breathing the substance from a saturated rag) is relatively 'safe'. Nonetheless, some common physiological and toxicological effects can be posited across a wide spectrum of products and substances, although as shall be discussed later in this chapter there is no uniform agreement among the scientific and medical community as to the severity or duration of these effects. It should be noted that clearly the most drastic consequence of volatile substance abuse – death, including the phenomenon known as 'sudden sniffing death' – is dealt with in Chapter 8.[33]

Short-term effects

Although the psychoactive effects of inhaling volatile substances occur rapidly, they are of relatively brief duration. They last from five to 45 minutes after cessation of 'sniffing.' The initial effect may fade after several minutes, depending on the method of inhalation.[34] Nonetheless, the fat soluble nature

33 Of interest are some comments pertaining to sudden sniffing death reported in a recent study of volatile substance abuse among young people commissioned for the Victorian Department of Education (Bellhouse, Johnston & Fuller 2002a, 2000b). Educators and youth and health workers report that young people are expressing a certain level of scepticism with regard to sudden sniffing death:

'In spite of the risk of sudden death, many regular volatile substance users are sceptical. They have used many times, and have witnessed others using and have never observed or heard of sudden death:

"'The young people I see say sudden death doesn't happen; they've never had a fright and they've never seen anyone die (Alcohol and drug counsellor, inner suburban hospital)'"

(Bellhouse, Johnston & Fuller 2002a, p.20).

34 In Britain, where the predominant form of inhalation abuse is that of butane, the short-term effects of this form of volatile substance are very short-lived. In July 2001 the Committee met with Dr John Ramsey of St George's Hospital Medical School, London, and a leading expert on volatile substance abuse. He commented on the quick 'recovery period' for inhalers of butane products:

'I think the prime advantage to a youngster with butane is that you can leave school at 3.30, you can be bombed out of your mind at 4 o'clock and stone cold sober again at 5, now you can't do that with any other intoxicant. So as teenage intoxicant, butane couldn't be better designed really. It is in these convenient packs, 250 mls packs for a pound that you can carry around with you. You can get the gas out by clenching the nozzle between your teeth; it is the absolute ideal intoxicant for a 15 year old. That is the problem we have, I think.' (Dr John Ramsey, in conversation with the Drugs and Crime Prevention Committee, 10 July 2001, London.)

of the substances and the consequent storage of compounds in fat deposits, particularly in the brain, may 'lead to a prolonged effect on the level of consciousness even hours after the inhalation has stopped' (Western Australian Drug Strategy Office (WADASO) 1998, p.11). Continued inhalation may lead to increased intoxication, a state in which confusion, perceptual distortion and hallucinations may cause accidents or prompt aggressive behaviour (Cameron 1988). Recovery from the acute effects of intoxication is usually relatively rapid unless gross intoxication has been produced, but the rate of recovery depends on the volatility of the substance and the length of exposure. Petrol sniffers, in particular, have been documented as being subject to severe mood swings and extreme depression. Suicide attempts and suicidal ideation is not uncommon. These tendencies are compounded if petrol is used in association with alcohol (Ministry of Youth Affairs, New Zealand 1996, p.7).

There is also debate about what effects volatile substance abuse has on the unborn child. Some medical researchers do believe there is a 'foetal solvent syndrome', others are less sure. (For a discussion of the foetal effects of volatile substance abuse, see Tenenbein in Texas Commission on Alcohol and Drug Abuse (TCADA) 1997.)[35]

Other short-term effects of inhalation can include:

- Feeling of well-being
- Drowsiness
- Confusion
- Aggression
- Enhanced risk-taking
- Loss of inhibition
- Loss of muscular coordination
- Incoherence
- Vomiting
- Slurred speech
- Blurred vision (Crompton 1996)

Short-term effects can be divided into four stages:

1. *Initial* – Excited, dizzy, exhilarated, visual and auditory hallucinations, nausea;
2. *Early central nervous system depression* – Dullness, disorientation, loss of self-control, blurred vision;
3. *Medium central nervous system depression* – Drowsiness, lack of muscular coordination, slurring;

35 See also the discussion in Chapter 10.

4. *Late central nervous system depression* – Stupor, delirium, epileptic type seizures.

Increased risk for accidents

> One boy believed he got supernatural powers through chroming, that he could get under the white lines on the road and that if he looked at the moon and touched graffiti he became full of these powers and could do really frightening things.[36]

One of the clear dangers associated with the use of volatile substances is the risk for accidents to occur while in an intoxicated state. Some volatile substances may cause hallucinations and/or make the user feel very relaxed or sleepy. It has been reported that while under the influence of volatile substances some people have acted out fantasies, feeling invincible or impregnable. Injury and death can result from accidents sustained while in such a state.[37] Deaths not directly associated with the chemical properties of the substance may occur from injuries caused by falls or drowning when intoxicated, by fire or explosion when a highly flammable vapour ignites, or by asphyxia due to unsafe inhalation practices.[38]

One welfare agency has informed the Committee of its experiences with young people in its care who 'chrome':[39]

> Fatal injury due to accidents associated with volatile substance abuse occurs in a variety of ways, such as road accidents, jumping off buildings or other structures, falling or jumping in front of moving vehicles such as trains, or drowning. The effects the chemicals produce upon the brain, and also the location and ways in which the substance is used, can lead to fatal injury from accidents. Young people often use volatile substances at train stations, near railway lines or freeways, or on the roofs of buildings. Such places may be appealing to young people because they are isolated and out of the way of authority.
>
> There are other dangers associated with where they chrome: sometimes they do it on the roof or in train stations, and these are really dangerous places if they get spaced out.
>
> Volatile substances can produce hallucinations, feelings of self-confidence and ataxia (lack of muscular coordination).
>
> These can in turn lead to injuries or death to young people through falling off buildings, due to loss of coordination or hallucinating they can fly. Some may wander across roads and railway lines wanting to investigate something they

36 Staff member, MacKillop Family Services, in MacKillop Family Services, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, October 2001, p.9.

37 See Cameron 1988.

38 See Cameron 1988.

39 MacKillop Family Services, Submission to the Drugs and Crime Prevention Committee, Inquiry into Inhalation of Volatile Substances, October 2001, pp.8–9.

> can 'see' on the other side. Further to this, fatal injuries are also caused in road accidents involving drivers under the influence of volatile substances.
>
> We had one person on the roof for four hours, up very high on the edge, and we had the fire brigade and police and it was very dangerous, and he was going to jump, and there was nothing we could do until he ran out of chrome and started to come to his senses.

Long-term effects

Long term use of volatile substances may result in:

- Chronic headache
- Sinusitis
- Diminished cognitive function
- Ataxia (lack of muscle coordination)
- Chronic or frequent cough
- Tinnitus
- Chest pain or angina
- Nosebleeds
- Extreme tiredness or weakness
- Increased nasal secretions
- Red, watery eyes
- Depression and/or anxiety
- Shortness of breath
- Indigestion
- Dizziness
- Stomach ulcers (Commonwealth Department of Human Services and Health 1984).

Chronic users may also experience withdrawal symptoms and/or hangover effects. These may persist for several days and may be characterised by:

- Tremor
- Headache
- Nausea
- Vomiting
- Mild abdominal pain
- Loss of appetite
- Fatigue
- Muscular cramps

- Delirium (Commonwealth Department of Human Services and Health 1984).

In a review of the medical literature, Dinwiddie states that studies as to whether heavy users of volatile substances develop a tolerance to them is equivocal. However, in chronic users a 'withdrawal syndrome' lasting two to five days has been noticed. This is characterised by:

> Sleep disturbance, nausea, tremor, diaphoresis, irritability and abdominal and chest discomfort … and a syndrome resembling delirium tremens following cessation of use has been reported (Dinwiddie 1994, p.927).

However, Dinwiddie adds the following caution:

> [I]t is possible that most heavy users of inhalants use multiple classes of drugs thus calling into question the specificity of any withdrawal syndrome (Dinwiddie 1994, p.927).[40]

It has been argued that perhaps the most significant toxic effect of chronic exposure to volatile substances is widespread and long-lasting damage to the brain and other parts of the nervous system. For example, human pathological studies indicate that chronic abuse of volatile solvents such as toluene damages the protective myelin sheath around nerve fibres in the brain and peripheral nervous system. Other research has disputed such findings.[41]

The neuro-toxic effects of prolonged inhalant abuse include neurological symptoms that reflect damage to parts of the brain involved in controlling cognition, movement, vision and hearing. Cognitive abnormalities can range from mild impairment to severe dementia. Other effects can include difficulty coordinating movement, and loss of feeling, hearing and vision.

Inhalants may also be toxic to other organs. Chronic exposure can produce significant damage to the heart, lungs, liver and kidneys. Although some inhalant-induced damage to the nervous system and other organs may be at least partially reversible when inhalant abuse is stopped, many syndromes caused by repeated or prolonged abuse can be irreversible, although again there are conflicting views with regard to such findings. (See discussion later in this chapter.)

40 See also Fredlund 1994 and the discussion in Chapter 23. The concept of a psychological 'addiction' is canvassed later in this chapter. For discussion about the poly drug using 'sniffer', see Chapter 10.

41 See discussion later in this chapter.

Psychological and behavioural effects

> Chroming's addictive behaviour in the sense that a kid who wants to hide or run away from an emotional issue can do it instantly. They need it to mask the pain. It's not just social, like say marijuana.[42]

Most surveys suggest that only a small percentage of young people ever try volatile substances.[43] For example, a comprehensive survey done by the Western Australia Research Institute for Child Health conducted in 1994 found that of Perth's 12–16-year-olds, about 2.4 per cent of the sample had ever used solvents in the last year (quoted in Dear & Helfgott 1997). At the national level, the 1993 National Household Survey showed 6 per cent of males and 5 per cent of females (14–19 years of age) had tried solvents (quoted in Dear & Helfgott 1997).[44] Of those who do inhale volatile substances it is a short-term or experimental form of behaviour for most.[45] For those who do use chronically there is the possibility of psychological complications. Although volatile substances are not thought to be physically addictive, evidence suggests that chronic users may develop a strong psychological dependence (Gorny 1994 cited in MacKillop Family Services 2001). An earlier report noted:

> Some research has indicated that while the substances inhaled in solvent abuse are not in themselves addictive, the practice of solvent inhalation is self-reinforcing and tends to become habitual. It remains to be determined whether in cases of solvent inhalation there are physiological factors underlying the psychological needs of habitual users. Little is known about the patterns of use which would characterise the dependent user as opposed to other users or describe their relative numbers; nor is there information on the variations in response to the different solvents by different individuals (Commonwealth Department of Health 1984, p.19).[46]

Those who work with young substance abusers in the field have little doubt that there is a link between (chronic) volatile substance abuse and psychological dependence. In a submission to this Inquiry, MacKillop Family Services states:

> Volatile substances are generally not regarded as resulting in physical dependency. In some cases there are minor withdrawal symptoms such as headaches and irritability, but there are no symptoms on the same level as suffered when withdrawing from other drugs such as alcohol or heroin. However, research has established that psychological dependence upon volatile substances is possible. Psychological dependence usually occurs

42 Staff member, MacKillop Family Services, in MacKillop Family Services, Submission to the Drugs and Crime Prevention Committee, Inquiry into Inhalation of Volatile Substances, October 2001, p.9.

43 Conversely, some Australian surveys indicate that the problem is far more extensive (see Chapter 7). These contradictions point to the need for much more comprehensive data collation and research in this area.

44 Further information on prevalence is given in Chapter 7.

45 See discussion later in this chapter.

46 Cf the comments of Dinwiddie (1994) above.

> among chronic users, but not experimental users. This is likely to be linked to the chronic user's reasons for using inhalants, which are often long-term emotional and family problems. Our workers report that volatile substances provide the user with a way of masking the reality of their problems and pain.

The submission from Berry Street Victoria makes similar claims stating:

> A strong need to continue using inhalants has been reported among many individuals, particularly those who abuse inhalants for prolonged periods over many days, as many of Berry Street's young people do.[47]

There have been studies that have examined the link between solvent inhalation and neuro-psychological damage resulting in mood and behavioural disturbance. A series of Coroner Court findings in New Zealand have also commented on these findings. Of particular note is a case finding handed down in January 2002. In this case the suicide of a 53 year old man by stepping in front of a moving train was attributed in part to long-term exposure to chemicals during the deceased's 32 years as a printer and consequent 'neuro-toxicity syndrome' resulting in mental illness. The Coroner remarked in this case:

> What is clear on the evidence, however, is that the exacerbation of Mr F's depressive symptoms from 1996 onwards, together with the development of certain somatic symptoms, were related to the effects upon his central nervous system of neurotoxic chemicals … [Dr M] thought in 1999 that solvent induced brain damage might be contributing to Mr F's depression and anger and possibly also to his anxiety … Dr G speaks of an '*ongoing work-related solvent epidemic currently facing workers*' in various New Zealand industries. If he be right in so describing Solvent Toxicity Syndrome, so is Mr W [barrister] right in calling for a redoubling of effort in dealing with what is eminently a preventable condition, the effects of which can only be regarded as being most serious.[48]

While this case clearly concerns long-term inadvertent exposure to solvents[49] and is thereby distinguishable from many patterns of deliberate volatile substance abuse, there are nonetheless possible implications for the long-term user of inhalants for the purpose of intoxication.[50]

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47 Berry Street Victoria, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.6.

48 Coronial Inquest into the death of GJF. Findings of Coroner Evans, 28 January 2002, Wellington, New Zealand.

49 Other coronial cases from New Zealand have been reported in which the deceased were long-term *deliberate* abusers of volatile chemicals. In one such case the 36 year old man had high concentrations of toluene in his body, see The Inquest into the death of BRJD, 21 November 2001, before Coroner McElrea, Christchurch, New Zealand. In another recent case the 24 year old man was found dead with a plastic bag and a can of Rexona aerosol deodorant by his side, see Inquest into the death of MJC, 16 August 2001, before Coroner McElrea, Christchurch, New Zealand. Finally for an account of the death of a 15 year old girl who had died after inhaling from an aerosol can of air freshener, see Inquest into the death of RBB, before Coroner Matenga, June 2001, Hamilton, New Zealand. In all of these cases the issue of health warnings on the labels of aerosol products was raised. This issue is discussed in Chapter 15.

50 For further discussion of the psychiatric and mental health implications of volatile substance abuse, see Brouette and Anton 2001, pp.80-81; Beauvais and Oetting 1987 and the discussion in Part D of this Report.

The link between inhalation of volatile substances and the manifestation of antisocial and criminal behaviour is far more tenuous. Werry has argued that, as with other forms of intoxication that depress the central nervous system, the inhalation of volatile substances can facilitate a number of undesirable antisocial behaviours such as violent and sexual crimes. He does acknowledge, however, that there is no hard data to support this proposition in the case of solvents (Werry 1992, p.8). The links have been drawn much more starkly in Britain. Warren Hawksley, Director of Re-Solv, the British society for the prevention of solvent and volatile substance abuse, made the following comments during a meeting with the Committee in London in July 2001:

> We get a lot of crimes – not as in drugs where it is stealing to fund it [solvent abuse] because the products are easily available and fairly cheap – it is unusual, although we do occasionally get that. But I should think without checking the statistics we get something like five murders a year that are connected [to solvent abuse]. We had an 80-year-old Roman Catholic priest befriended and tried to help a solvent abuser and he murdered him in Albury last year. I think the most horrific was the case, in Belfast, of a 3-year-old girl, who was raped by a gang high on solvents. You can't imagine anything more horrific …
>
> [Solvent related offences] are nearly all public-order offences that are committed by people, but there is a terrific amount of it going on. I would say in the three years I have been there we are getting an increasing level of crimes being reported.[51]

In a recent Background Paper written for the Western Australian Working Party on Solvents Abuse, Rose (2001) makes the following observations on the links between delinquency and volatile substance abuse, drawing from the American experience:

> A study from the USA[52] showed people who abused volatile substances who were on probation had more neighbourhood gang activity, peer and parental substance abuse, intentions to engage in illegal behaviour, substance-related criminality and substance abuse than did their non-using peers on probation. In another study[53] from the USA which compared incarcerated adolescents with and without a history of VSA, higher rates of delinquent behaviour was noted in those with a history of VSA. Delinquent behaviour included earlier use of drugs, buying and selling illegal drugs, committing crimes while under the influence, committing crimes to get money to buy drugs, and threatening to hurt people. In addition they had more family problems such as running away from home, breaking rules, and fighting with parents.

51 Warren Hawksley, Director, Re-Solv in conversation with the Drugs and Crime Prevention Committee, 10 July 2001, London.

52 M.O. Howard & J.M. Jenson, 'Inhalant use among antisocial youth: Prevalence and correlates', *Addictive Behaviors*, vol. 24, no. 1, 1999, pp.59–74.

53 E. McGarvey, R. Canterbury & D. Waite, 'Delinquency and family problems in incarcerated adolescents with and without a history of inhalant use', *Addictive Behaviours*, vol. 21, no. 4, 1996, p.537–42.

A recent Report written for the Victorian Department of Education comments on the American and British academic literature available that examines links between volatile substance abuse and 'delinquency'. It makes the claim that such surveys and research have found not only a link between volatile substance abuse and delinquency: '[b]ut further suggests that VSU is categorically different from other drug use and that it has more in common with general delinquency than with general drug use ' (Bellhouse, Johnston & Fuller 2002a, p.26).

When the Committee met with representatives of the Western Australian police Service in May this year they testified to what they believed is a significant link between inhalant abuse and the manifestation of violent behaviour:

> Violent and bizarre. They do strange things. They will go into a shop and trash the whole shop for no point and an hour later not realise that they have actually done it. They will not realise why they have done it. They will assault police officers that under normal circumstances they would consider friends or consult with as a friendly police officer – that is, particularly with the juvenile aid officers – and yet when they are affected by solvents they are way off the planet and behaving in a really bizarre manner. That is why they need such special care when you apprehend them.[54]

The Western Australian Minister for Health, the Hon Bob Kucera, a former senior police officer, agrees with these views. He believes the capacity of police officers and other agencies to deal with people under the influence of inhalants is somewhat compromised by their often violent behaviour:

> They get a fairly savage but short high and they can become very violent. They usually are juveniles. It is difficult sometimes to be able to deal with them, because essentially most of the justice system is based on adult detention etc.[55]

While one does not want to dismiss claims such as these, in the Australian context at least there is simply insufficient evidence or research to be able to confidently posit a firm nexus between inhalation of volatile substances and criminal or antisocial behaviour.[56] Even the research cited in the Bellhouse, Johnston and Fuller report admits that the links are by no means conclusive.

On balance, one needs to be careful about drawing firm conclusions about the nexus between volatile substance abuse and psychological aspects. It is possible that some of the manifestations of behavioural disturbance among users are cause rather than effect. In other words, the chronic user may have a

54 Senior Sergeant Peter Browne, Officer in Charge, Perth City Watch, Western Australia Police Service, in conversation with the Committee, 2 May 2002.

55 The Hon. Bob Kucera, Minister for Health, in conversation with the Committee, Perth, 2 May 2002.

56 Of interest, however, is a manslaughter trial recently before the Supreme Court of Victoria. In this case the young defendants pleaded guilty to the manslaughter of an elderly woman. They have pleaded in mitigation that their judgement was impaired by their chroming practices. The presiding judge felt that there was insufficient evidence linking their chroming practices to the killing. The chroming therefore could not be used as a 'defence' or a factor in mitigation of their sentence.

behavioural disposition to use the substances rather than antisocial behaviour being a manifestation of such use:

> The picture of the adolescent inhalant-abuser drawn from the data shows that the inhalant-abuser appears to be an individual under pressure of many stresses, both psychological and environmental. While this form of drug abuse may temporarily reduce stress, undoubtedly the same form of drug abuse behaviours further alienate these individuals from society, leading to even more stressful situations (Commonwealth Department of Health 1984, p.18).

Debates over the consequences of inhalation of volatile substances

The physical and psychological sequelae of volatile substance abuse outlined above are by no means universally accepted by those professionals and others, including medical personnel, working in the area. This is particularly true with regard to the long-term effects of such abuse.[57] The Commonwealth Department of Health has written:

> Much of the concern aroused by solvent abuse is centred around the effects the practice may have on health. A good deal of what is written on the harmful effects tends to ignore distinctions between solvents and to attribute to each and every one of them the combined total of possible effects of them all. … [For example] The general belief that glue sniffing causes permanent brain damage appears to stem from isolated case reports. A study conducted into the medical implications of solvent abuse in brain impairment found no evidence of this. The researchers recorded that while some users showed temporarily abnormal electroencephalogram tracings, these reverted to normal when the solvent's effects had worn off (Commonwealth Department of Health 1984, pp.11, 13).

The findings over long-term damage to the brain have been particularly contentious. One comprehensive review of the literature that formed part of a submission to this Inquiry states:

> There is much debate as to whether or not the abuse of volatile substances results in irreversible brain damage. Some studies have reported that brain damage does not occur, others report that it occurs in chronic users but reverses after a period of non-use, others again report cases of irreversible brain damage occurring in long-term and chronic users.[58]

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. Studies have concentrated largely on industrial settings in which workers are exposed to

57 One medical researcher has gone as far as saying that when it comes to toxicology the 'mythology' about solvent abuse reaches its 'hysterical crescendo' (Werry 1992, p.7).

58 Submission by MacKillop Family Services to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, October 2001, p.6, citing S. W. Gorny, 'Inhalant abuse as an adolescent drug problem: An overview', *Child and Youth Care Forum*, 23 March 1994.

small amounts of volatile substances over an extended period of time (Chen et al. 1997; White & Proctor 1997). The results from such studies cannot be extrapolated to young solvent abusers whose use is characterised by inhalation of concentrated amounts of volatile substances over short periods of time. In 1995 the British Advisory Council on the Misuse of Drugs noted:

> Long-term studies of young people who have engaged in VSA are comparatively rare … there is a scarcity of reliable information on the long-term damage which young people may be doing to themselves through VSA (Advisory Council on the Misuse of Drugs (UK) 1995, p.49).

An earlier British study conducted in 1986 – The Strathclyde Study – found that there was no significant risk of long-term impairment as a result of solvent sniffing. What is significant is the fact that this is one of the most comprehensive studies of its kind ever undertaken worldwide. Dr Joyce Watson, the chief researcher, interviewed 788 individual solvent users and examined their medical histories. She noted:

> From [the author's] study of 788 individual glue users, it is clear that the risk of developing any impairment due to solvent abuse is small. When it does occur, there are many factors such as lack of oxygen or individual susceptibility which might act singly or in combination making it impossible to predict who might be at risk (Watson 1986, pp.147–48).

The difficulty in ascribing medical pathology to certain substances is further compounded by the fact that many products contain more than one solvent. The effects of solvent combinations are little understood. Certainly it would seem that glue sniffing in relative terms is a 'safer' substance to inhale than petrol or chrome paint:

> [Glue's] relative safety probably arises from the fact that its vapours are made up of various hydrocarbons lacking the complicated chlorine and fluorine compounds (fluorocarbons) which are found in some other products, which do seem to be more immediately toxic, and also from the fact that being solid, glue is not generally directly ingested in the way that aerosols tend to be. For this reason only the solvent vapours find their way into the air passages and lungs, not the substances meant to be left behind after these solvents have evaporated. Nor is glue a severe fire risk, as petrol can be (Institute for the Study of Drug Dependence 1981, p.2).

Although the above comments are fairly dated, more recent Australian research makes similar conclusions. A study conducted in Western Australia with regard to the sniffing of 'Kwikgrip' resulted in some interesting findings:

> There have been case studies, typically of heavy users, which provide clinical indications of the toxic effects of contact adhesives and toluene (a principal component). However, other large-scale studies of glue sniffers have failed to show any significant difference between sniffers and non sniffers, once social and economic variables are taken into account. The researchers involved have

> concluded that long-term neurological impairment from glue sniffing is rare and, when it does occur, is often reversible (Midford et al. 1993, p.634).

The reason postulated as to why this might be the case centres on the chemical make-up of adhesive products. Kwikgrip, for example, was made up of 53% toluene, 35% N-Heptane and 12% methyl ethyl ketone (MEK). Although toluene is more toxic than the other compounds, tests showed it to leak from the polythene bag at a far greater rate than N-Heptane or MEK. Toluene at no time accounted for more than 40% of the vapour cocktail.[59] After a few minutes its concentration fell rapidly, whereas the concentrations of the other less toxic compounds rose steeply:

> These findings demonstrate that toluene, the principal component in liquid Kwikgrip, is not necessarily the principal volatile substance inhaled under typical sniffing conditions. This information may go some way towards explaining why toxic effects associated with long-term exposure to toluene have not been demonstrated in the majority of glue sniffers (Midford et al. 1993, p.635).

Despite these difficulties and the academic differences of opinion, there are valid reasons for concern.[60] Experimental and industrial toxicological research indicates that, in some circumstances, several of the commonly misused substances can cause damage to tissues of the body including, as has been noted above, the brain (Rosenberg & Sharp 1992; Grasso 1988), sense organs

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59 However, Toluene has been noted to make significant contributions to renal toxicity and renal complications. (See Brouette & Anton 2001.)

60 The differences are held not only among the academic community but also between workers in the field. For example, the recent Report by Bellhouse, Johnston and Fuller note a distinct concern among youth workers that the dangers of volatile substance abuse may be minimised in some of the literature:

'The pamphlets are plain wrong You're not going to give them to young people. They give the wrong message and a false sense of security. Even the young people don't agree. They'll tell you the effects are worse than what the pamphlets say. Chronic users suffer from a clearly observable physical and intellectual deterioration, slurred speech, vomiting paint, hospitalisation, confusion, bleeding from the nose and ears – it's bad (*Accommodation worker, regional city*).'

'Chronic users are really marginalised – rarely or not attending school, some using six to eight times a day, by that stage on their own. There seems to be a stage where these kids' brain cells are really damaged – no obvious effects for a long time and then the deterioration in functioning is really rapid. Behaviour becomes erratic and aggressive and it is scary even for the drug workers (*Youth worker, outer suburbs*).'

'Little research is available to back up observations, but the effects are observable. Speech difficulties can kick in after three to four months for regular users; stuttering and slurring of words. Coordination is affected. Regular users with problems often become isolated from the group since they are too much trouble and an uncomfortable reminder of what can go wrong (*Outreach worker, outer suburbs*).'

'At least once a week a student would be rushed to hospital with an overdose. Many suffered a degree of brain damage with loss of language skills being the most obvious. Other damage was loss of limb use below the knee or elbow with weakened muscle tissue. Several students remained wheelchair bound. Almost all returned to sniffing as soon as they could, i.e. the overdose made no difference to their use (*Past employee, correctional institution*).'

'We had a prisoner arrive on crutches with a string tied from his wrist to his zip on his pants due to wastage of muscles from long term use of glue and petrol (*Past employee, correctional institution*).' (All quotes in Bellhouse. Johnston & Fuller 2002a, p.22.)

(Pryor et al. 1991; Hollo & Varga 1992), the peripheral nerves (Lolin 1989), liver (Ungvary et al. 1982), kidneys (Gupta, Van Der Meulen & Johny 1991), and the bone marrow (Tunek, Hogstedt & Olofsson 1982). It is probable that although some types of damage are recoverable, others, to a degree, will be cumulative with increased exposure and, perhaps, irreversible. Those substances that stay in the body for a long time may pose greater dangers of tissue damage than substances which are rapidly eliminated in the breath. For example, one report has noted:

> A further danger with volatile substance misuse is that some substances known to be abused contain chemicals which are more toxic than the solvent itself. A real and less visible danger may lie in the lingering and long-term effects from ingested chemicals or metals which the body is incapable of excreting, such as copper, lead, zinc or vinyl chloride. These chemicals may remain in the body, possibly to cause harm in later life, with such effects as cancer, chronic zinc or copper poisoning or gradual brain damage (Commonwealth Department of Health 1984, pp.12–13).

The long-term effects of exposure to lead are clearly of concern when applied to the sniffing or inhaling of petrol and petrol based products that include lead.

The Committee thus recognises that there is much academic and scientific debate as to the precise medical and social consequences of inhaling volatile substances. The Committee also acknowledges, however, that for many workers in the field, for the many individuals, parents and communities who know or love a young person who abuses volatile substances, such debates, if not irrelevant, are a diversion from their most pressing concerns – assisting young people to stop harming themselves by inhaling these substances. For example, the Committee has received a submission from the Victorian Regional Council of ATSIC expressing its concerns over the way in which chroming is affecting Indigenous youth in Victoria. It states:

> Though chroming is not addictive, it is particularly detrimental to people because of the immediate and serious nature of the damage it causes. It does not have to be addictive as even mild use damages the brain irreparably.[61]

While the assertion in this quote is probably not correct as a statement reflecting current medical knowledge, the Committee does appreciate and sympathise with the sense of frustration and anguish felt by Indigenous agencies with regard to the issue of inhalation of volatile substances. The Committee has had extensive meetings, deliberations and consultations with members and agencies of the Victorian and Australian Indigenous community. The issue of volatile substance abuse among Indigenous youth is discussed in further detail later in this Report.

61 Submission by the Binjirru and Tumbukka Regional Councils (ATSIC, Victoria) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, October 2001, p.2.

Social consequences of abuse for the user

An extensive Report by the Texas Commission on Alcohol and Drug Abuse (TCADA) was published in 1997 on volatile substance abuse (hereinafter the TCADA Report). This report drew from the research of the most prominent American and international medical and non-medical scholars working in the field of volatile substance abuse. While one would naturally expect for the most part that the physical sequelae of inhalant abuse would be the same worldwide, of particular note is the finding that the social manifestations of the abuse are remarkably consistent across cultures:

> Research results from four continents and, within the United States, from a number of different cultural contexts, are fundamentally in agreement (Oetting in TCADA 1997, p.15)

Oetting continues:

> The most general conclusion is that inhalant users are likely to be marginal in society. Inhalant use is highest in areas of poverty, prejudice, lack of opportunity, and dysfunctional family environment. Youth who are failing in school, showing lack of ability to meet the requirements of that environment, are also among those most susceptible to inhalant use. Inhalant users have friends who are also marginal; they are likely to be involved with inhalants, since most inhalant use is a group activity. Those who do move on to solitary use, however, are probably the ones with the most problems. With all these social problems, it is not surprising to find that inhalant users are also likely to have problems with school authorities, to be involved in criminal behaviors, and to suffer from emotional distress (Oetting in TCADA 1997, p.15).

The limited Australian research tends to support the above findings. Bellhouse Johnston and Fuller, drawing from the observations of experienced drug and alcohol counsellors, make the following comments:

> Most experimental users are in mainstream education.
>
> The major group of users are 12 to 16 year olds.
>
> As kids progress from experimental to regular use:
>
> - Support networks start to break down
> - Difficulties at home become exacerbated and young people spend less time at home
> - School performance begins to worsen with short term memory loss … truancy increases.
>
> Regular users are generally:
>
> - No longer in mainstream education
> - Males in groups (average 8 to 9) who are quite transient moving from locality to locality and introducing other kids to sniffing
> - A lot still live at home

- They have favourite meeting places, eg parks and railway lines (Cited in Bellhouse, Johnston & Fuller 2002a, p.29).

A recent Report commissioned by the Australian National Council on Drugs (ANCD) stresses the need to take the types of factors outlined above into consideration as part of the overall context of volatile substance abuse rather than instances of aberrant individual behaviour:

> Substance abuse is not an isolated behaviour. It is one of a number of risk behaviours including substance abuse, withdrawal from school involvement, unprotected sexual intercourse and delinquency, and psychosocial disorders, including conduct disorder, depressive disorders, eating disorders and suicidal behaviour, which share common aetiologies and which can co-exist and exacerbate each other (ANCD 2001, p.45).

Conclusion

Before concluding this chapter, it is worth briefly mentioning that in addition to the effects volatile substance abuse has on the individual and his or her families, as a phenomenon it also of course takes its toll on the wider society. Both the institutions of society (costs to the hospitals and health system, the criminal (juvenile) justice and welfare sectors) and the more intangible concept of the 'social fabric' are affected by this most distressing form of substance abuse.[62] The ways in which volatile substance abuse impacts upon society as a whole will be a constant theme that underlines all sections of this Report.

62 For example, in a recent Canadian study, the authors comment as to how non-using community members

'… might be afraid of inhalant abusers and their unpredictable behaviours. Others find the issue overwhelming and hope that it will disappear. Ignoring the problem may also be easier because many inhalant abusers are marginalised … ' (Coleman, Charles & Collins 2001, p.3).

This sense of ignoring it and 'hoping it will go away' may be particularly the case when the inhalant group is of a different racial, ethnic or cultural group to the non-using or host community.

5. Causes of Volatile Substance Abuse

David (17 years old) – "A total buzz! … Escaping to another world … you can escape to an imaginary preferred world."

Jane (15 years old) – "It's my life. I can do what I like."

Jamie (14 years old) – "I do it when I am bored."

Judy (16 years old) – "You can straighten out, and have a bunch of papers in your pocket of police charges, and not remember how you got them."

Adam (16 years old) – "Lets me pass the day inside my head, watching others watching me."

John (16 years old) – "It takes away the pain."[63]

Why do young people choose to use volatile substances?

The greater majority of young people who use volatile substances are simply experimenting. For them it will be an issue of curiosity that will often be quickly satisfied (Rose, 2001). For others, however, volatile substance abuse may be a chronic and debilitating pattern of behaviour with serious physical, psychological and social consequences. This may be particularly the case for young people from seriously disadvantaged backgrounds. Throughout this Report issues and factors pertaining to both these groups will be discussed.

This chapter will examine first the accessibility and low cost of volatile substance products and indicate that this is one of the main reasons why young people, particularly experimental and first time users, may find them an 'attractive' form of intoxicant.

It will then discuss the more complex causes as to why older, long-term and chronic users of volatile substances may inhale these products. It is argued that while there are some specificities pertaining to solvent use that might make young people (and adults) use them as a substance of choice, for the most part the reasons solvents are used are not dissimilar to the reasons that any drugs are used. This section will also briefly examine any particular factors that may

63 Quotes taken from clients of Berry Street Victoria in its submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.7.

contribute to solvent abuse by members of minority communities, particularly Indigenous communities.

The chapter then examines the protective factors that may result in young people either not commencing to use volatile substances or discontinuing use after initial experimentation. Strategies implemented to address volatile substance abuse must take these protective factors into account when they are being devised.

Finally, this chapter should be read in conjunction with Chapter 4 'An Introduction to Volatile Substance Abuse'. In that chapter a section entitled 'The attraction of volatile substance abuse?' outlines why some young people may find volatile substances a (superficial) 'drug' of choice, at least at first instance. While the 'attraction' of volatile substances is clearly related to this chapter, and it can be said to contribute to why young people may use, the more deep-seated and complex causal issues that help explain volatile substance abuse merit a discrete chapter.

Ease of access to volatile substances

Access presents few obstacles. This factor, combined with the licit or legal nature of these products, make volatile substances attractive options. The Berry Street community agency, in a submission to the Committee, noted:

> Inhalants – volatile solvents, gases and aerosols – are often among the first substances that young people use. This may be attributable to many factors, some of which include its low price, accessibility, that there is no 'dealer' required, it is simple to use and is easier than most other substances (including tobacco) for younger adolescents to access.[64]

This is supported by Werry (1992) and Rose (2001), who suggest that volatile substances present a more easily accessible alternative to alcohol and marijuana.

In 'The National Drugs Campaign Surveys' conducted by the British Health Education Authority (HEA) one of the questions posed to the sample of young persons was: How easy is it for you to obtain the [various] volatile substances? Commenting on the responses, the HEA stated:

> For most of those who had used in the past twelve months it [access] was easy … None of the users of glues, gases or aerosols said that they were difficult to obtain Aerosols seemed particularly easy to obtain; all the aerosol users said that it was easy to obtain them. This is not surprising, as there are many aerosol products in everyday use, and retailers are not so aware of their propensity for misuse (HEA 1999a, p.22).

Moreover, the HEA survey showed that many young people – if they did not steal the products – found them relatively inexpensive to purchase. In addition, even if there were legal restrictions prohibiting their purchase by juveniles, many young people accessed the products from friends or relatives:

64 Berry Street Victoria, submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.5.

> From where did they get the substances? … Most respondents obtained the substance from a friend, with large proportions buying from a shop. It is interesting that, while no users of gases, aerosols and 'other solvents' reported stealing them from a shop, a tenth of glue users said they had stolen this product (and were also more likely to have taken them from home). It may be that glues are harder to purchase because of shopkeeper's awareness of their potential for abuse (HEA 1999a, p.22).

When the Committee met with 'Julie',[65] a 17-year-old ex-'chromer', they were given a fascinating insight into why some young people may chrome and in particular the ease with which volatile products can be accessed:

> *JULIE – I wanted to try it because he [ex boyfriend] was doing it, so I tried it and enjoyed it and so it became the in thing. Everyone did it. Everyone used to wag school. We would all meet up at the station in the morning. We would all wag school; go down to Suburb Y. Easy as to buy and steal spray paint cans. Go into Clint's Crazy Bargains; they used to lose hundreds from us a week. Like, every week they used to lose hundreds because we used to steal spray paint cans; and we used to go to Safeway, take nearly all their plastic bags. We would have gone through a million rolls.*
>
> *THE CHAIRMAN – There is also talk about – and some shops already do it – they don't sell to young people.*
>
> *JULIE – Yep, so they steal them. It is not hard.*
>
> *THE CHAIRMAN – What about if you've got cans that are locked away in a cupboard somewhere?*
>
> *JULIE – That is when you start running around going to people out on the street, "Can you please go buy me a spray paint can? Can you please buy me a spray paint can?" That's what I used to do.*
>
> *THE CHAIRMAN – Do people do that?*
>
> *JULIE – Yep. I used to walk in the shop and down X Street and Clint's Crazy Bargains, and there were probably three stores that when all the chroming started – like the year 2000 – all the stores had – not all of them, but a few of them had – you are not allowed to sell them to people under 18. You had to have ID. I used to go into a shop in X Street, and they had them locked in their cabinet, and I used to go in. First of all they were on the shelf, then they put them in the glass cabinet, and I said, "Can I please get a spray paint can?" and she asked me if I had ID. I said, "I just want to spray my bike, you know. "Your bike? You want to spray your bike?" You want to spray just little things, and anyone would go in and ask for a spray paint can. They know you don't want it for that; they are not stupid. If they don't sell it to you, you go onto the street. It's only three bucks*

65 Her name has been changed for reasons of confidentiality.

– "Can you please go buy me a spray paint can?" and someone would say, "Yep, sure". That's how I used to get mine if I couldn't buy them. Or if I couldn't buy them and they were at the back of the shop, or if they weren't in the person's eye, or there was no camera there, I would grab two spray paint cans off the shelf, steal one and the other one would go back on the shelf. So originally it only looked like I had grabbed one off the shelf.

… Nothing will prevent chroming unless cans are not sold, which is impossible to do anyway; nothing will prevent it. It is too easy to chrome. All you have to do is walk into a Safeway, grab a Fresh Food bag. You can even use a fresh shopping bag that you bring your groceries home in. It is so easy to go get a spray paint can from somewhere. I mean, if you don't want to go to the shop, I am sure you would find one in the shed. I found one in the shed. I didn't need any money for it. Also if spray paint cans are not sold it would be impossible to stop chroming; it would be impossible.

COMMITTEE MEMBER – When you were saying you asked people on the street if you couldn't get cans, to go and get them for you, did you give them an explanation why you wanted them to do it, or did they just do it?

JULIE – People would just say sure.

COMMITTEE MEMBER – So they didn't even question your motives or anything like that?

JULIE – No.

As access to and experimentation with other drugs increases, the level of volatile substance misuse declines. Indeed, surveys record a steady increase in marijuana use with age at the same time as use of inhalants is decreasing (Higgins, Cooper-Stanbury & Williams 2000).

Many submissions to this Inquiry have stated that in their opinion volatile substance abuse is *not* the preferred method of intoxication for most young people. The Youth Affairs Council of Victoria (YACVic) state that young people are 'more likely to experiment with alcohol, marijuana and heroin if these are available'.[66] Youth workers who attended a forum on chroming organised by YACVic made the following observations:

'They want to get off. Chrome is not a drug of choice. If anything else is available they will take it above chrome. They tell us chrome tastes disgusting and they dry retch on it but they like getting off. It's just the most accessible drug.'

'I talk to them quite openly about chroming and I say "what can I do to help you get through this?" "Give me a stick of marijuana and I won't chrome any

66 Submission of Youth Affairs Council of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.11

> more." That's the standard response. They don't want to chrome. It's because it's accessible and they can.'
>
> 'It's very opportunistic in that way. It's a cheap alternative to get off your head.'
>
> 'It's probably a cheaper alternative when you don't come from a good economic background. And they know they will not get charged, it's totally legal.'
>
> 'Once they have the knowledge of it they think let's give it a whirl. Nick down to Coles and rack some plastic bags, then down the local 2 dollar shop for a couple of cans and there's your afternoon's entertainment. It's only a few bucks versus $25 for a deal of dope or $5 a pill on the street.'[67]

Sandra Meredith, a policy adviser with the New Zealand Department of Youth Affairs and expert on volatile substance abuse, agrees that most young people who use solvents would use other substances if it were not for issues of cost and accessibility. She also adds the important point that solvents are easily obtainable '*without parents knowing*'.[68]

Even with regard to adult chronic users of volatile substances, particularly in disadvantaged communities, cost and accessibility is one of the main reasons a product such as paint is so attractive.[69] In his study of Native American adult volatile substance abusers (VSAs) Fredlund makes the important point that:

> [T]he most important feature of their lifestyle is that it costs these VSAs only a few dollars per day to support their chemical dependency. Most necessities were acquired without cost. Free food was obtained from trash bins or from relatives, and clothing was taken from rag piles discarded by clothing recyclers. These people paid little or no rent and their transportation costs were negligible – they walked and/or hitchhiked. In many cases their children had been taken from them and their spouses had left them so they did not have families to support (Fredlund 1994, pp.7–8).

Availability, accessibility and low or non-existent cost are therefore essential aspects of why young people may use paint. However, this does not go far in answering the question of why young people use drugs. As YACVic state: 'while restricting access to volatile substances may go some way towards reducing chroming, it will do little to address the reasons why young people are using drugs'.[70] The answers to this question are many and varied and discussed in more detail in the next section.

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67 Youth Workers attending a Chroming Forum organised by Youth Affairs Council of Victoria, February 2002.

68 Submission of Sandra Meredith, Department of Youth Affairs, New Zealand to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.9.

69 Fredlund also notes that the female adult users would often trade sex for access to paint and/or beer (see Fredlund 1994, p.11).

70 Submission of Youth Affairs Council of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.11.

Expressing complex problems through volatile substance abuse

I watch myself waste away
In a world of only pain
I say to myself it will all be OK
But deep inside I know I'm going to die
People look as if I was scum
I get fucked over every day
My family shows no compassion, no love
My mind is a bomb
Ready to explode
At anytime, anywhere
I cry all the time
But people don't care
I take drugs to feel good
But even that don't work no-more
I remember when I was just
An innocent little girl
At least then people tried to care
Even then I lived with violence and crime
But I was happy
Now I live the rest of my days
Without love, without happiness
But with crime, violence, pain and
Fear. I just wish I weren't here ...
(Young person 1)

Fuck the drugs off,
The hard core ones
Not choof that's insane,
I'd go out of my brain,
It's just too hard to get the money,
So many things to do
It's just not funny,
Female prostitutes
Male jiggalo's all
Causing family fuides,
Ya mama hates you,
Ya papa never cared
What do people expect you to do?
Pretend all's well
Shrug it off not care,
Life sucks sweetheart
Suppose it isn't ment to be fair,
Fuck knows who makes the rules
Who ever does needs to be killed,
If that ever happened
God I'd be thrilled,
Homos and hoboes
Money's all the same,
It's a sick world we live in
But we've all gotta play the same game.
(Young Person 2)[71]

While this Report acknowledges that any period using volatile substances may be potentially dangerous, this section deals not so much with experimental use as medium to long-term or chronic abuse of these substances.

It is a simplistic truism to state that the causes of any type of substance abuse are complex. Allanson writes of the 'inherent multi-determinant nature of solvent misuse' (1979, p.44):

> There is actually no one cause of either drug use or drug abuse, but rather the phenomenon … is multi-factorial in origin, involving a complete interweaving of social and psychological factors, with perhaps an element of chance (Fort 1968, quoted in Allanson 1979, p.44).[72]

71 These poems were submitted by an outreach worker at the community forum on chroming organised by the Youth Affairs Council of Victoria in February 2002. They represent the views of two young 'chromers' who the youth worker had interacted with.

72 For a more recent review of psychological causal theories pertaining to volatile substance abuse, see Caputo 1993.

In the recent report *Structural Determinants of Youth Drug Use*, commissioned by the Australian National Council on Drugs (ANCD), a review of the relevant literature divided the reasons for use of drugs and other substances into *functional* and *symbolic* reasons:

- Functional reasons: a form of rebellion or sensation-seeking, providing pleasure, alleviating boredom, satisfying curiosity, facilitating social bonding, attaining peer status, or as an escape/coping.
- Symbolic reasons: expression of solidarity or to demarcate social boundaries.

> Spooner and colleagues' research has identified that different drugs tend to be used for different reasons by young people. For example, young illicit drug users tended to report that they used alcohol to have fun, but that heroin was used to deal with problems. The reasons a particular drug is used in a particular manner at a particular time in a particular setting will be complex and variable. It is necessary, however, to consider youth's reasons for use when developing policy and planning interventions. For example, more constructive ways of having fun, dealing with problems, asserting maturity than drug use might need to be provided (ANCD 2001, p.47).

Of those individuals who go on to develop a dependence or problematic chronic use pattern Dear and Helfgott (1995) have found:

> Of the few [young persons] who become regular or dependent users [of inhalants], many have major problems. These may precede use and could include environmental, psychological, family, or education problems. Regular or dependent users also tend to lack the support networks needed to deal with these problems (p.12).

Paul Hogan, Manager of Residential Services for the Victorian Youth Substance Abuse Service, explained the development of problematic drug use in the following terms:

> The majority of young people go through adolescence relatively unscathed and their families and the local community come out relatively unscathed. There is a small group – these young people are a part of that group – that have significant difficulties. Sometimes drug use is a symptom of the difficulties that they have already got. So I do not believe that when somebody who has a significant drug problem had their first drink or their first puff or their first injection they were making the choice to become a drug user. It is something that overtakes them and it is something that actually offers them something – perhaps a bit of a break from what they are running away from.

MacKillop Family Services makes similar observations with regard to the young 'chromers' in their care:

> Personal factors contributing to chroming are difficult to determine and deal with. Anecdotal evidence compiled in our study indicates that young people turn to chrome partly under peer pressure and, when chronic users, to mask pain.

> You could look at a young person's file and see how deterioration in family history leads to placement changes and a sense of abandonment and exposure to other kids who are chroming and it's been a part of his life ever since. In residential care there's always an element of kids introducing behaviours to kids who haven't done it before. A real chronic chromer with a strong personality will get other kids doing it, and the kids will drop off when that person moves on.[73]

Rose too associates higher rates of volatile substance abuse with family and personal dysfunction. He also states that 'There is a significantly higher risk of associated antisocial behaviour with those who engage with VSA as compared to non-abusers' ((2001, p.8). Rose cites Howard et al. (1999) who found that those who engaged in VSA reported a lack of family support and cohesiveness, low self-esteem, suicidal thoughts and lower perceived school ability as compared to non-users. This is supported by Dinwiddie (1994) who states:

> Whether from impoverished families or not, the family backgrounds of inhalant users have repeatedly been noted to be chaotic and disrupted, with absent or emotionally distant parents, physical abuse and antisocial behaviour by other family members being prominent findings (Dinwiddie 1994, p.930).

One of the most comprehensive research studies into volatile substance abuse found that there was a definite link between volatile substance abuse and family dysfunction:

> One of the more frequent research findings is that inhalant users suffer from serious family dysfunction. They are more likely to come from broken homes, from families with alcohol and/or drug problems, and from families that are marked by conflict and discord. Nearly every study that evaluated family structure found that inhalant users were more likely to come from homes where the primary family was not intact (TCADA 1997, p.14 and the references listed therein).

A submission from the North Melbourne–Flemington–Kensington Drug and Health Forum cautions the Committee not to view the causes of volatile substance abuse as occurring in a vacuum peculiar to that type of substance use:

> It has become evident that the reasons for the uptake of volatile substances are similar to the reasons for the misuse of licit and illicit drugs. Young people are chroming in an effort to deal with other negative issues within their lives. Many of the young people have presented with sexual and physical abuse, housing issues, and general social disaffection such as low self esteem, boredom, poor literacy skills, depression, and living in poverty.[74]

73 MacKillop Family Services, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, October 2001, p.14.

74 Submission of the North Melbourne–Flemington–Kensington Drug and Health Forum to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.2.

It is for these reasons that YACVic states: 'Simply restricting access to volatile substances will not address the reasons why young people are using drugs'.[75]

The general causal or contributory factors discussed previously are particularly relevant to children who are in residential care. A submission from the Juvenile Justice Branch of the Victorian Department of Human Services makes the following pertinent comments:

> The complexity in working with children and young people who have drug and substance abuse problems and who have also experienced abuse and neglect, cannot be understated. These children and young people present with increasingly troubled and multiple problems requiring intensive interventions that are youth specific, operating with a multi disciplinary approach in order to ensure more consistent, comprehensive and integrated interventions.
>
> Research findings have noted the high prevalence of young people and adults with substance abuse problems who have also experienced abuse and neglect. Other research indicates a self medication theory of substance abuse. Biopsychosocial risk factors that may influence young people to abuse substances have been well documented. These include previous experiences of maltreatment, social disadvantage, impulsivity, low social conformity, influence and association of substance abusing peers or family, and a lack of family and school connectedness.[76]

The association with volatile substance abuse as a form of 'self medication' is commonly noted in the literature, particularly for those children from the most disturbed backgrounds. American research, for example, has explored the issue of drug dependent individuals using specific drugs, including volatile substances, in order to self medicate to deal with emotional problems. Zebrowski and Gregory (1996), reporting on the work of Khantzian, comment that:

> [a]ffective difficulties often predate the onset of the drug use and when those states are appropriately treated with psychotropic medication, drug use declines and more adaptive behaviour emerges (1996, p.74).

Such research suggests volatile substances are used as a way to escape emotional and/or social pain or, as Rose (2001, p.17) notes, 'It may be a way of showing adults and others that they have pain – *'I don't care if it kills me, my life isn't worth living anyway'*.

This pain is reflected graphically in the views of one experienced Melbourne youth worker:

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75 Submission of Youth Affairs Council of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.3.

76 Department of Human Services (Juvenile Justice Branch) Victoria, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001c, p.3. For further discussion of the particular issues and needs pertaining to children in residential care, see Chapter 23.

> I cannot tell you the number of times at 3 o'clock in the morning when I have had discussions with ambulance drivers, police and my workers about exactly who and how we address an issue of someone who has just had five cans of chrome and is sitting an a roof completely stupefied by the paint, but audibly talking about pain and suffering around past abuse.
>
> We are all standing down on the ground looking up, feeling absolutely powerless and not knowing how to manage it. I know the intervention we have made around other drugs in terms of access and supply – that is, heroin – has not been effective in reducing the impact of that on marginalised people. I know that drug use and chroming is disproportionate in that there is a much higher rate of people in care and marginalised, poor, disadvantaged people who are using chrome, and there is obviously a reason for that.[77]

The association of drug misuse with dysfunction and deep-seated psychological issues is not to deny the influence of adolescent curiosity and rebellion in drug-taking activities of an experimental nature. Rose (2001) notes that the reasons young people engage in VSA will often be the same reasons why they will later use other substances: out of curiosity, for fun, to be part of a peer group and to challenge authority figures. He also notes that, because volatile substances are perceived as dangerous, the social status associated with risk-taking behaviour is attributed to their use. At a recent forum on volatile substance abuse organised by and for the Indigenous community of Victoria, one participant, a doctor, formerly with the Aboriginal Medical Service, observed:

> Why do people do it? They do it because they like it. It feels good, they have this feeling of euphoria, they feel intoxicated, they get excited, they feel part of a group, they are sharing something together. It is something shared like a cigarette. They can hand it around, that is part of the substance abuse ritual thing, it is a bonding thing for the peer group. They do it to shock adults.[78]

A study by Houghton, Odgers and Carroll (1998) found that reputation enhancement was more strongly associated with VSA than self-esteem or coping strategies.[79] Users of volatile substances identified themselves as both having and wanting to have a more non-conforming reputation, and as admiring drug-related activities. In this respect the 'self-presentation' of the volatile substance user was seen to offer the individual the means by which to induce others to credit them with a particular social identity (Houghton,

77 Mr Simon Lenten, Anglicare, Evidence at the Public Hearings of the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, 30 April 2002.

78 Dr Malcolm Dobbin, Indigenous Forum on volatile substance abuse, 17 August 2001, Transcript, p.17.

79 However, the issue of low self-esteem, particularly when coupled to issues such as family dysfunction and parental rejection, should not be ignored. For an anecdotal account of one young girl's struggle with both these factors and how that led to her 'huffing' for the first time, see D'Angelo 2000, pp.8–9.

Odgers, & Carroll 1998). The authors also found that chronic users had a higher status within the group.[80]

Earlier research with regard to volatile substance abuse found that while the experience of poverty and powerlessness may be one of the contributing factors, the practice cuts across social classes. Some findings from New South Wales school surveys – admittedly dated – indicated that:

> [l]evels of sniffing vary from school to school and regardless of social class, area or system of the school. Children who often go out at night and who are inclined to be truant from school are more likely to be involved in sniffing, and those students who receive a large amount of money … from their parents – as opposed to having a job – are more likely to be sniffers.
>
> However, the single most important factor in the use of solvents is the child's perception of the danger of the practice. A student who is sceptical or unaware of the risks of injury or death from sniffing solvents or aerosols is more inclined to be a sniffer. This may imply a preparedness to accept the risks of sniffing as part of the activity. It may reflect bravado or ignorance or both (Commonwealth Department of Health 1984, pp. 6–7).[81]

The question of 'ignorance ' is an interesting one. For example, Beauvais (1997) states that solvents are not considered by many young people to be a form of drug abuse. He states: 'In our work we have often heard young people say, "No, I don't use drugs, but I do sniff once in a while"' (Beauvais 1997, p.104). In February 2000 a series of focused discussion groups with young people who chrome and their families was conducted by the Gippsland based LaTrobe Valley Drug Reference Group (LVDRG). One of the facts that emerged was that for some young people who chromed ignorance was indeed 'bliss'. The lack of knowledge of young people with regard to the deleterious effects of chroming was summed up in the words of one respondent: 'If it is harmful then it would be illegal'.[82] While the views expressed in the LVDRG discussion groups cannot be generalised or extrapolated to other communities, Indigenous or non-Indigenous, this survey is instructive for its insight into the reasons why one group of Koori adolescents may use volatile substances:

> Young people reported that they took up Chroming as a drug of choice. That is, it was seen to be a drug that was not illegal, was very cheap to purchase, and was very accessible and available to the young people.

80 The comprehensive Strathclyde Study conducted by Dr Joyce Watson has been referred to previously. As a result of her extensive interviews she concluded that peer group pressure was the single most important factor leading to volatile substance abuse (Watson 1986, p.2). Other academics, although not necessarily rejecting her findings, have placed less emphasis on the significance given to peer group pressure.

81 Class or perhaps more accurately socioeconomic position, however, is not an insignificant factor when it comes to having access to material resources that might in certain circumstances substitute for chemical forms of intoxication, for example, membership of sporting or recreational clubs. See Chapters 22 and 23.

82 Submission of Latrobe Valley Drug Reference Group to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.3.

> The young people commented about the drugs that if it is harmful, then it would be illegal. It made the young people feel great, and relieved their sense of boredom. Ultimately, it was felt that this helped to remove some of the sense of isolation, dispossession and rejection as a result of stolen generation issues (passed down within families).
>
> For family members and professionals it was felt that a lack of connectedness to family, lack of supervision of young people, as well as positive peer pressure, brought about a positive response to being involved with chroming. It was also observed that a need for positive, older role models was an important aspect of resolving the crisis, especially male role models.[83]

Victoria Legal Aid believes even if inhaling was to be made a criminal activity, criminalisation is 'unlikely to figure highly in [adolescents'] decision making processes'. In other words, criminalisation would be likely to 'increase the number of young people in the criminal justice system without any corresponding decrease in use'.[84]

A survey of young people by the Sunshine Chroming Awareness Program (SCAP), based in the western suburbs of Melbourne, found that boredom and a lack of activities for young people in Sunshine was the overwhelming reason given for why the respondents inhaled paint (SCAP 2001a, p.3). In a separate report SCAP stated that while these findings are skewed towards young people 'with a range of identified issues', other anecdotal evidence supports these findings. The report argued that:

> Understanding the underlying factors and real meaning of the term 'boredom' could assist in developing strategies. Boredom may arise from a range of factors including:
>
> - lack of employment (or employment prospects)
> - poor self esteem
> - lack of appropriate alternative activities
> - relationship difficulties
> - homelessness
> - loneliness
> - sense of disconnection/alienation (Sunshine Chroming Awareness Progam 2001b, p.16).

The City of Casey, based in the outer southern areas of Melbourne, has observed similar factors. In their recent *Youth Strategy* the risk factors that lead to substance abuse, including volatile substance abuse, are noted. These include:

- A 'lack of things to do' and places to 'hang out and go to for fun'

83 ibid.

84 Submission of Victoria Legal Aid to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.2.

- Poor public transport [Casey, centred on the locality of Cranbourne is at the very extremities of the Melbourne metropolitan zone]
- High unemployment rates among teenagers.[85]

The City of Casey notes further that the issue of boredom and a related lack of strategies to address this is felt most at particular times of the year, such as school holidays.[86]

The concept of 'leisure boredom' has been well theorised. Patterson and Pegg have examined the links between leisure boredom and substance abuse in Australia, particularly in rural regions:

> Boredom has been conceptualised as a state of under-stimulation, under arousal, lack of momentum or a lack of psychological involvement associated with dissatisfaction in the task situation (Brissett & Snow 1993; Larson & Richards 1991).
>
> American studies have found that leisure boredom is related to detrimental behaviours such as delinquency, extreme sensation activity and alcohol and drug abuse (Caldwell & Smith 1995).
>
> Rancourt (1991) examined motivations and expectancies associated with drug and alcohol use. She found that the most important motivation for substance use was the need to relieve boredom by seeking out a stimulating sensation. Changes included improvement in mood, enjoying oneself more and, with alcohol consumption, finding things more pleasurable (Baum-Baiker 1985) (All quotes cited in Patterson & Pegg 1999, p.26).

Patterson and Pegg state further that the issue of leisure boredom is particularly problematic in areas where there is a high degree of 'spatial disadvantage'. In other words, where young people have limited access to pleasant and high quality physical leisure environments there is a higher likelihood that they will become involved in risk taking behaviour.[87] A recent report by the Australian National Council on Drugs (ANCD) stresses this factor:

> The physical environment is a significant determinant in young people's quality of life in terms of opportunity for leisure and recreation, social integration and participation … freedom of mobility, health and identity construction.
>
> Recent research on young people in local environments has indicated that the neighbourhood, which once served as a resource for recreation and leisure, no longer supports or provides stimulation for young people … This trend is particularly evident for young people who are spatially disadvantaged through living in urban fringe or rural locations (2001, p.16).

85 Quoted in the Submission of City of Casey to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.6.

86 City of Casey, Submission to the Drugs and Crime Prevention Committee Inquiry into the Inhalation of Volatile Substances, February 2002, p.6.

87 A study of volatile substance abuse in East Sussex, England revealed that the area which recorded the highest percentage of abusers had 'an almost total absence of recreational and social facilities' (Faber referred to in ACMD 1995, p.27).

The need for programmes and facilities that offer young people meaningful and constructive leisure (and risk-taking) opportunities and the related issue of social capital are discussed in Chapter 22. It should be noted at this point, however, that while the issue of boredom may be of particular importance in addressing the needs of the experimental user, it is perhaps less of a contributing factor to why the person with a chronic problem uses. Among chronic users truancy from school is a common feature, so the issue of school holidays is of limited relevance. As YACVic states:

> Although recreational and educational opportunities can be useful in preventing substance inhalation, several workers report that chronic users tend to 'chrome' once activities have ceased: '*young people do engage in recreational programs and then they chrome at night*'.[88]

Similarly, issues pertaining to poverty or disadvantage may have a clear connection to the use of licit and illicit substances and drugs. For example, some children may not have either the scholastic nor monetary resources to experience pleasant:

> 'mind trips' not reliant on chemical intoxication, e.g, sex, vicarious living through books, exciting sports requiring costly equipment or club membership fees (Allanson 1979, p.130).

Nonetheless, while such a lack of material and other resources may be a partial contributory factor as to why *some* young people may use volatile substances they are not a sufficient causal explanation. Other factors pertaining to emotional pain and stress are equally if not more important.

So far this analysis has posited that there may be commonalities of cause (family dysfunction, boredom, poverty etc) across various substances used for inhalant intoxication. There are, however, some substances that are abused for quite discrete reasons and that are apposite to a particular context in which they are used. For example, anthropologist Maggie Brady writes that the 'meanings' of petrol sniffing among outback Aboriginals are not necessarily the same as those non-Indigenous substance users, particularly in the cities. She writes that for some young Aboriginal people petrol sniffing is 'an expression of power and control in an otherwise powerless situation' (Brady 1992, p.31).

D'Abbs and MacLean, in their more recent review of petrol sniffing across Australia, make similar observations:

> The most common explanation for substance misuse in Australian Aboriginal communities is that it is an illness or addiction which occurs as a consequence of the cultural disruption (particularly to family structures) caused by colonisation and dispossession … For instance Divakaran-Brown and Minutjukur (1993) argue that petrol sniffing must be seen as part of a process of social deterioration. In this analysis petrol sniffing is a malady which besets

88 Quoted in the Submission from YACVic to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.10.

> lonely young people who have experienced family breakdown or lost important care givers (2000, p.10).

The reasons given for volatile substance abuse among Indigenous youth, as with non-Indigenous youth, are complex:

> Some researchers believe that where parents are unavailable due to alcohol, cards or cultural or community business, young people are more likely to misuse petrol or other substances. Craighead (1976), writing about petrol sniffers from an island community off the Arnhem Land coast, reported that sniffers believed that they were not being looked after properly at home and that their parents did not seem to care about them. Wright (1998) asserts that sexual abuse and family violence are contributing factors in some instances and McFarland (1999) notes that young people have been reported to have been sniffing petrol to block hunger pains.
>
> Osland (1998) found that sniffers tended to be isolated from other young people in the community. Many sniffers in the communities she worked with came from families which had experienced a breakdown of traditional roles and responsibilities and/or lacked power and status in the community, and some sniffers had no parents alive. *The petrol sniffing group can come to replace family for young people involved*. Others have referred to sniffers as the 'street kids' of their communities (Stojanovski 1999, p.7). Stojanovski lists peer group pressure, experimentation, boredom, neglect, loneliness, hunger and sadness as reasons for petrol sniffing … (d'Abbs & MacLean 2000, p.11) (Committee's emphasis).

Certainly racism, social inequality and cultural and economic deprivation have been argued to increase the likelihood of substance abuse, including volatile substance abuse, particularly among communities that are undergoing substantial cultural change. (See Caputo 1993; Fredlund 1994; d'Abbs and MacLean 2000; Bellhouse, Johnston & Fuller 2002a, p.26 and the references cited therein.)

Many culturally appropriate programmes that seek to address volatile substance abuse among the First Nations People in Canada are designed and premised on 'the underlying belief that one of the main causes of solvent abuse for First Nations People is a loss or separation from traditional identity and spiritual health' (see Beveridge 1998, p.2).[89]

But there are also instrumental reasons why certain populations may use volatile substances. Fredlund commenting on volatile substance abuse among Native American communities states:

> The poverty of the Kickapoo population, of course, articulates the fact that spray paint is a relatively inexpensive high. What is more rarely appreciated, however, is that spray paint has a very significant abuse liability. Kickapoo users enjoy huffing spray paint and identify several positive attributes of the

89 For a discussion of similarly culturally appropriate programmes in New Zealand, see Chapter 20.

> experience. Paint reduces hunger, the degree of one's intoxication is (at least theoretically) easy to modulate, and inhaling spray paint sometimes produces visions. For some [users] paint represents not just a low budget high, but also a 'good high', one many [users] prefer even where alternative intoxicants are available (1994, p.28).

Fredlund states that chronic volatile substance users preferred paint because:

> [u]nlike beer, one could control the 'high' by adjusting the rate of huffing. If the user was getting too high, he or she could simply put the transfer container down for a few minutes and start huffing again to maintain a desired state of intoxication where he or she felt good but did not stagger. This state of intoxication could, at least theoretically, be maintained for many hours … [Another] informant explained another aspect of paint intoxication seen as advantageous by [users]:
>
> "*It only takes about an hour to sober up after you stop using paint" That's good when you have something to do because you can get high in the morning, and get things done in the afternoon*" (1994, p.15).

Fredlund's informants also recognised a qualitative difference between being high on paint and drunk on alcohol:

> One person explained, "*Alcohol makes you numb but paint changes the way you see things. The world doesn't look the same when you're high on paint*".
>
> When asked how paint was different, he responded, "*Well you see patterns on things … if you look at somebody's face, you see things on it. Sometimes it looks like you are drunk on paint but you don't feel that way. You see things sometimes – like in a vision. That's what's best about paint*" (Fredlund 1994, p.14).

The issue of and connections between race, ethnicity and volatile substance abuse are discussed further in Chapter 10.

Before concluding this chapter it is necessary to examine the protective factors that may prevent people from continuing to abuse solvents or that prevent them from commencing use in the first place.

Protective factors

Rose argues that the reason 'experimenters' may grow out of the behaviour are complex but include some naturally occurring 'protective factors' that 'need to be maintained or enhanced particularly given the ease of availability of solvents' (Rose 2001, p.19). Some of these protective factors include:

- solvents are seen as 'gutter drugs' by most youth;[90]
- societal disapproval including disapproval by peers (positive peer influence);
- solvents are generally not advertised or glamorised by media;

90 The concept of solvents as a 'gutter drugs' and the peer group opprobrium this may attract is discussed extensively in Chapter 11.

- fear of harm of VSA, particularly brain and organ damage;
- short-term effects mimic permanent brain damage which may reinforce this fear;
- unpleasant smell which is also easily detectable for many (but not all) products;
- effects can be frightening and disorientating;
- headaches, nausea and irritation to eyes, nose and mouth; and
- other drugs such as alcohol, tobacco and marijuana tend to displace solvents as young people grow older (Rose 2001, p.19).

Rose argues that any interventions which diminish the power of the above factors 'may unwittingly do more harm than good' (Rose 2001, p.19).[91]

Bellhouse, Johnston & Fuller claim that:

> Perhaps the most significant protective factor against widespread volatile substance abuse is the disdain shown for the behaviour by the vast majority of young people (2002a, p.39).

Conversely, however, the authors make the salutary point that if a young person becomes a regular or even chronic user of volatile substances, there may come a time when the gutter drug loser status itself becomes a risk rather than a protective factor:

> The user risks being labelled and may feel there is little option but to stay with the losers. In some instances, the gutter-drug status can even become a badge of honour; a source of identity and pride.
>
> Consultations with health workers reveal the following:
>
> "*Regular chromers are often out of school, work and home. When developing any drug habit, a young person enters a drug sub-culture. They stop seeing their non-drug-using friends. Who young people mix with is an important part of the equation when determining behaviour.*"
>
> "*For most young people, inhalants are a gutter drug. And for some young people that's the attraction. Some young people want to be marginalised; they want to be different. It's part of developing their identity. Some young people are into 'grunge'; they wear their inhalant use as a badge of honour*" (Bellhouse et al. 2002b, p.23).

In addition, unlike with cigarette smoking or alcohol, there is little public glorification or emulation of this form of substance abuse. Although, as Bellhouse et al. warn, this protective factor can be threatened by inappropriate educational programmes or media campaigns (2002b, p.22).

91 For a similar list of 'protective factors' see also Barwon Adolescent Task Force, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.5.

Conclusion

The above protective factors must be taken into account in developing and implementing any programmes seeking to address volatile substance abuse.

An important caveat therefore with which to conclude this chapter is to note that any discussion pertaining to cause must recognise that an analysis of contributing factors must be adapted to the substance and the population in question. As with all drugs, Rose states the experience of volatile substance abuse is dependent on three key interacting factors:

- *Individual factors* (age, gender, beliefs, previous experience, mood, psychological factors, etc)
- *Drug factors* (dose, type of substance, method of administration)
- *Environmental factors* (family, friends, cultural context, etc) (Rose 2001, p.13).

Any policy development with regard to volatile substance abuse should thus recognise and take into account these variables.

PART C: The Extent Of The Problem

Overview

While the prevalence and magnitude of volatile substance abuse (VSA) should not be over-estimated, neither should it be viewed as insignificant. The issue of volatile substance abuse has been overshadowed in recent years by justifiable concerns surrounding a rapid increase in the availability and use of heroin and by accompanying debate as to the merits of various policy responses. However, the Committee has been made aware of growing concern that the use of volatile substances is increasing and, as such, is an issue in urgent need of address.

The introductory chapter in this Part gives a brief overview of some incidence patterns of volatile substance abuse in Europe and the United States. With the possible exception of Britain, data collection in European countries on volatile substance abuse would appear to be as insufficient and haphazard as it is in Australia. This may be because the problem *is* less significant in these countries. Alternatively, it may reflect a lack of appropriate and comprehensive data collection and research methodologies that fail to reflect the true levels of incidence.

Chapter 7 examines the extent of the problem in Victoria by reference to available prevalence data. It also examines the methodological difficulties involved in obtaining accurate figures on incidence and prevalence across the state.

Chapter 8 analyses the issue of inhalant related morbidity and mortality. Levels of inhalant-related mortality and morbidity are the primary indicators of the human costs of volatile substance abuse. Mortality rates are based upon data gathered through the Victorian Coroner's Court and the Victorian Institute of Forensic Medicine. Morbidity information is derived from ambulance data collected by the Metropolitan Ambulance Service and Turning Point Drug and Alcohol Centre.

Finally, this Part briefly discusses some data collected from the Children's Court of Victoria as part of an exploratory study to gauge levels of volatile substance abuse among young people, often in state residential care, who present to the Children's Court in both civil and criminal matters. As stated, this research is rudimentary and exploratory. Further research is required to present a more in-depth analysis of the available data.

6. A Snapshot of International Data[92]

The United Kingdom

Richard Ives, an acknowledged expert on volatile substance abuse not only in Britain but also internationally, has stated that notwithstanding the fact that many people in Britain consider volatile substance abuse is less common in Britain nowadays '[s]urveys conducted during the 1990s show that as many as one fifth of all teenagers have experimented with volatile substances' (Ives 2000, p.5).

Moreover, the British Health Education Authority (HEA) has estimated that volatile substance abuse has killed over 1000 young people in the 20 years to 1999 (HEA 1999a, p.1). Currently in Britain it has been stated that there is on average 'more than one death every week associated with VSA' (HEA 1999a, p.62).[93]

These figures are somewhat alarming. Britain, however, is at least fortunate in that it has a number of government, university and community organisations conducting both quantitative and qualitative research on volatile substance abuse. The Health Education Authority, the Alcohol and Health Research Centre and in particular Dr John Ramsey of the St George's Hospital Medical School in London are renowned for their work in the field. St George's Hospital Medical School especially makes a valuable contribution to the study of the phenomenon through its collection and analysis of yearly trend data on volatile substance abuse prevalence and deaths associated with it. As shall be discussed in this and later Parts of this Report, this is a facility that is sorely needed in Victoria.

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92 This chapter focuses predominantly on developed countries such as the United Kingdom and the United States. This is not due to any ethnocentric biases but simply a reflection that there is an insufficient lack of data available with regard to volatile substance abuse in countries in Africa, Asia and South America. For a very rudimentary overview of the issue in these continents, see http://vsa educari.com/aroundThe World/index.htm

93 The HEA is basing its figures on Taylor et al. (1998) and the work of St George's Hospital Medical School, London. It states:

'Deaths reached a peak in 1990 with 151 deaths; thereafter they declined until 1994, but increased in 1995 and again in 1996 (the most recent year for which data was available) (HEA 1999a p.51).'

Notwithstanding this research, or maybe because of it, it is difficult to get an exact measure of prevalence in Britain because of the multiplicity of surveys that have been conducted in Britain rather than one coordinated survey. Studies designed to estimate prevalence have taken the forms of general population surveys, school surveys, selected population surveys, household surveys, self reporting studies, British Crime Surveys, The Alcohol and Health Research Group Studies and diverse questionnaires. All of these surveys have the limitations, sampling difficulties and methodological problems that are discussed in the context of Victorian data in the next chapter.[94]

A recent report published by the European School Survey Project on Alcohol and other Drugs (hereinafter ESPAD) revealed that for 1999 in the United Kingdom the prevalence of volatile substance abuse was still a serious issue. The results were drawn from a questionnaire that asked: 'On how many occasions (if any) have you sniffed a substance (glue, aerosols etc) to get high?'. ESPAD states:

> The *lifetime prevalence* figures for Ireland (the highest rate of lifetime prevalence for Europe and the United States) show that 22% of boys and 21% of girls have experimented at some time. UK figures are low in comparison with 14% of boys and 17% of girls having used solvents. These figures rank the UK in fifth place (behind Ireland, Greenland, USA and Malta) (ESPAD 2001, quoted in Re-Solv 2001a, p.1).

However, the 'prior 12-month prevalence' figures are somewhat different to the 'lifetime prevalence' figures. In this section of the survey ESPAD reports that 63% of Irish and 48% of British young people surveyed had used solvents within the previous 12 months. Some limited findings from this Report also reveal that most young people sniff solvents to get 'high' as substitutes for drugs that are less easily available (ESPAD 2001, quoted in Re-Solv 2001a, p.1).[95]

Another useful source of prevalence data is the biennially produced British Crime Survey (BCS). Although it has all the methodological problems associated with self-report surveys, it has the benefits of a large base of respondents from which to draw. In the most recent published survey based on 1998 data, over 9,500 respondents completed the questionnaire. The report summarises its findings as follows:

> In 1998, two per cent of the BCS sample said that they had 'ever taken glues, solvents, gas or aerosols (to sniff or inhale)'. Reported use 'ever' in the younger age groups is much higher than among older people (HEA 1999a, Supplement p.1; see also Ramsay & Partridge 1999).

Table outlines the age distribution of those who had reported ever using

94 For example, the HEA points out that in conducting drug surveys researchers need to be aware that some children may not necessarily consider solvents such as used in aerosols as drugs and therefore under-report such use (HEA 1999, p.5).

95 These figures differ from earlier ESPAD surveys based on 1995 data. In this survey the United Kingdom had by far the greatest lifetime prevalence figures for the European Union countries surveyed (the United States was not counted in this survey). This survey showed a lifetime prevalence of 20% for both boys and girls of children surveyed compared to the next highest figures of 12% for Swedish children (15% boys, 9% girls) (see HEA 1999a, p.49).

Table 6.1: Percentages by sex and age group who have 'ever taken' volatile substances

Sex	Age						
	16-19	20-24	25-29	30-34	35-39	40-44	45-49
Male	11	7	8	4	1	1	1
Female	3	5	4	1	–	–	–
All	7	6	6	2	1	–	–

Source: Based on Table B2 in Ramsay & Partridge 1999, cited in HEA 1999 Supplement, p.2.
Note: – signifies less than 0.5%

Compared to the previously published BCS in 1996 these figures show 'a potentially worrying increase in reported "ever use" by males in the 16 to 19 age group' (HEA 1999 Supplement, p.3).

Finally, a longitudinal study of over 2,500 young people's drug use in two regions of Northern England (Aldridge, Parker & Measham 1999) gives some additional insight into the problem in that part of the country which traditionally has had the greatest prevalence of volatile substance abuse.

Two cohorts of young people (aged 13–15 and 15–17 years respectively) were surveyed in 1996, 1997 and 1998. Allowing for attrition of the participants it was found that the prevalence of volatile substance abuse 'was considerably higher than found in the British Crime Surveys' (HEA 1999, Supplement p.4):

> Researchers administered questionnaires to classes of pupils without the teacher being present, and attempted to obtain responses from pupils who were not present in school on the day the questionnaires were administered …
>
> Up to a fifth of the young people in this study had tried volatile substances. While less than three per cent (2.7%) of the older cohort in the follow up survey (conducted when most were 16) had used volatile substances in the past month, as many as 6.5% of the younger cohort (when aged 14) had done so (HEA 1999, supplement p.4).[96]

Table 6.2: Prevalence of VSA among respondents in the 'longitudinal study'

	Percentage Younger Cohort (13- to 14-year-olds)			Percentage Older Cohort (15- to 16-year-olds)		
	ever	past year	past month	ever	past year	past month
Year One (age 13 or 15)	13.3	9.2	4.0	18.2	10.0	4.2
Year Two (Age 14 or 16)	20.2	13.1	6.5	17.8	8.2	2.7

Based on Tables 4.6, 4.7 in Aldridge et al. 1999 in HEA Supplement 1999, p.4.

96 For a discussion and analysis of these findings, and particularly the ambiguities of the findings, see HEA Supplementary Report 1999, pp.4ff.

The above findings are selective. A detailed analysis of the various British findings and surveys is beyond the scope or ability of this Report. Interested readers are advised to read the various reports produced by the Health Education Authority in this regard.[97]

One is on 'firmer ground' when it comes to the reporting of British morbidity and mortality figures due to the work of St George's Hospital Medical School. The most recent report of St George's, based on 1999 figures, makes for disturbing reading. The following data is largely drawn from that report

Key findings

- There were 73 deaths associated with volatile substance abuse in Britain during 1999.
- Over the last ten years there have been significant falls in the numbers of deaths associated with aerosols and glues, while there has been little change in those associated with gas fuels. These are now associated with the majority of deaths.
- Concern over butane lighter refills is reinforced by the figures for 1999, when they were associated with 53% of all VSA deaths.
- Although the average age at death has increased during the 1990s, one-third (36%) of all VSA deaths are still in the 15–19 age group.
- VSA deaths continue to be much more common among males than females (despite a relatively equal prevalence of use across the sexes).[98]
- Death rates continue to be highest in the northern areas of the British Isles, particularly Scotland.[99]
- Volatile substance abuse accounted for one in 60 of all deaths in ages 15–19 (inclusive) in the United Kingdom in 1999.
- The most common place of fatal abuse for adults was their own home. Most fatal abuses by children occurred in a public place.
- The total mortality figure for 1999 shows that solvent abuse is responsible for approximately eight times more deaths than the illegal drug ecstasy.

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97 See in particular, *Volatile Substance Abuse: A Report on Survey Evidence*, prepared by Richard Ives for the Health Education Authority (1999a).

98 Unfortunately there seems to be little qualitative research that explains this discrepancy.

99 The British Advisory Council on the Misuse of Drugs in its report on volatile substance abuse published in 1995 warned that as volatile substance abuse is a national problem, but with uneven geographical distribution, therefore:

'Different localities will be experiencing different levels of problem occurrence. Services must be sensitive to the fact that VSA … prevalence may very steeply over time, with sudden, unexpected, outbreaks. Planning of the needed responses is therefore inevitably a task which must be accomplished at a local level. It is possible that perceived sudden unexpected outbreaks of VSA are sometimes little more than a manifestation of media interest. Services might therefore consider drawing up contingency plans for rapid responses to media interest' (ACMD 1995, p.72).

- Butane lighter refill canisters were the products most responsible for deaths.[100]
- The greatest cause of death was due to the toxic effects of the compound.[101] (Source: Paraphrased from *Trends in Death Associated with Volatile Substances*, 1971–1999, St George's Hospital Medical School 2001a and St *Annual Report*, St George's Hospital Medical School 2001, incorporating published figures for the year 1999).

Of particular concern was the fact that for 43% of the 73 people who died in 1999 there was no previous evidence of volatile substance abuse. Such figures reinforce the idea that using volatile substances can be a form of 'Russian roulette', despite data that suggests most volatile substance abuse is experimental and short-lived.

Finally, it should be noted that a hypothesis has been tentatively mooted that the death statistics on volatile substance abuse can be viewed as an indication of the general rate of seriousness of volatile substance abuse in a country. Dr John Ramsey of St George's Hospital Medical School states in this regard:

> I think it is largely the ability to count the deaths that has enabled us to monitor volatile substance abuse in the United Kingdom in a somewhat different way than any other form of drug abuse. Of course, it is a very unusual form of drug abuse where the only known consequence is death; we don't see a lot of chronic harm.[102]

This may indeed be the case but there is insufficient firm statistical evidence to make a conclusive or even tentative connection in this respect.

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100 The products responsible for deaths in descending order are as follows:
Products responsible for deaths 1999:
Lighter fuel refill canisters 53.4%
Deodorant 8.2%
Glues 6.8%
Paint thinners/strippers 4.1%
Other gas fuels 9.6%
Other aerosols 5.4%
Other products 12.9%.

101 **Causes of death 1999:**
Toxic affects 57.5%
Trauma 11%
Inhalation of vomit 11%
Plastic bag 11%.

102 Dr John Ramsey, St George's Hospital Medical School, London, in conversation with the Committee, 10 July 2001.

Europe

Data for volatile substance abuse in other European countries is somewhat limited and primarily comes from the ESPAD surveys or data collected on behalf of the 'Pompidou Group'.[103] The most comprehensive data collected by the Pompidou Group is today unfortunately rather dated, based as it was on questionnaires sent to member countries in 1993. Ives summarises this data in an overview published in 1994.

> VSA has been recognised in all the countries which responded to the questionnaire but is seen as a relatively small problem everywhere except in the United Kingdom. Most countries report that the abuse of volatile substances is mainly an activity of young people, although in Finland a group of older abusers has been identified. Most use by young people is experimental, but Norway and other countries report that some young people become long term users or move on to other drugs. Prevalence is generally low, and in all countries except the UK the number of deaths is small. However, it is hard to quantify the number of deaths associated with VSA and few countries have year on year data on deaths (Ives 1994, p.27).

The following data summarises some of the main data for each country:

103 The Pompidou Group was formed at the instigation of the then President of France, Georges Pompidou. Its aims are to examine from a multi-disciplinary point of view problems of drug abuse and illicit traffic. It is composed of the Ministers or ministerial representatives from 26 European member states, including the United Kingdom. It generally meets every two years. In 1993 the Group sent questionnaires to all member states attempting to gauge prevalence data on volatile substance abuse for each member country (see Ives 1994).

Table 6.3: Summary of main data for European countries

Country	Prevalence: (lifetime)	Prevalence (Previous month)	Products used	Deaths
Austria				No deaths reported
Belgium				1988-91: 8 deaths
Bulgaria	(rapid increase in use since 1985)		mainly glue; usually with other substances	no system for recording deaths exists
Cyprus				no deaths reported
Czech Republic			toluene and tricholoroethylene	1992: 6 deaths (all male), 4 aged 20-25; 2 aged 31-40
Denmark	1990 national survey of 15 year olds; 5%	1%		1 to 5 deaths per year
Finland	1986-8 national survey of 13 to 17 year olds: 2%		trichlorethylene and glues	1988-90: 11 deaths
France	1% of drug users seeking treatment		trichlorethylene (50%), glues (17%)	1988: 9; 1989: 11; 1990: 12; 1991: 6
Germany				Not available separately, but only a few cases
Luxembourg				no deaths reported
Netherlands	1990 (Amsterdam) aged 12+: 0.9% 1988/9 national survey 10-17 year olds: 3.6% boys; 2.4% girls	0.1% 0.4%-0.7% boys 0.2%-0.5% girls		no deaths reported
Norway	national survey of 15-20 year olds: 1986: 10%; 1990: 8.3%; 1991: 7.6% Oslo survey: 15-20 year olds: 1984: 13.2%; 1987: 11.2%; 1989: 8%; 1991:5.8%			Not available separately, but only a few cases
Romania	Previously an activity of educated young people: sniffing is now associated with street children. Two studies of street children gave prevalence rates of 34% (male: female, ratio of 7:1) and 71%.		Gold and silver spray paint	
Sweden	1971 school survey: 27% of 13 year old boys, 1991 school survey: 6%			No deaths reported
Switzerland	1986 school survey: 10% of 15-16 year olds; 1990: 10% of 15-16 year olds	4.6% 2.4%		No deaths reported
United Kingdom	No national study: various local studies show lifetime prevalence rates of between 1 and 10%		Butane in lighter refills and aerosols, glues, correcting fluid thinners	1237 between 1971 and 1991. 122 deaths in 1991.

Source: Hedrich & Ives 1994, *The Nature and Variety of Volatile Substance Abuse in Europe*.

More recent surveys have been conducted by ESPAD as was noted earlier in this chapter. In terms of both lifetime prevalence (ever used) and previous year or month used, it would seem the Republic of Ireland has the greatest numbers of young people using once standardisation is allowed for.[104] However, ESPAD faces the same problems as the Pompidou Group in as much as few European countries keep specific or reliable data with regard to volatile substance abuse. Moreover, despite standardisation instruments there are methodological differences associated with any cross-national studies. As such, any interpretation of these studies requires caution. Nonetheless, of particular interest is the finding of the earlier ESPAD study in 1995 that: 'In most of the countries the gender differences are very small, i.e. the use of inhalants is about the same among both boys and girls' (quoted in HEA 1999, p.49).

United States and Canada

Gaining a sense of the prevalence of volatile substance abuse in the United States is difficult, notwithstanding annual national school, household and crime surveys on substance abuse. One of the difficulties of course is the regional differences found in the United Kingdom (and Australia) are compounded in the United States by reason of 50 different states with disparate legal, cultural, educational and health systems. Moreover, state survey instruments and data collection methods will also vary in quantity, quality and reliability between the states. Some states, such as Texas, have extremely comprehensive and professional research and data bodies collecting both qualitative and quantitative material on volatile substance abuse. Other states may not even include inhalants in their substance abuse survey material, or at least do not attribute to them the importance they may otherwise deserve.

Nonetheless, despite these difficulties, some general points can be made in the American context.

In a review of epidemiological studies on volatile substance abuse in the USA Dinwiddie (1994) states that:

104 Lifetime prevalence data for surveyed countries shows that Ireland had the highest use of volatile substances with:

Ireland	22%
Greenland	19%
Malta	16%
United Kingdom	15%
Slovenia and Greece	14% each
Croatia	13%
Iceland & France	11% each
Lithuania	10%
Hungary	4%
Portugal and Bulgaria	3% each
Romania	2%

(Source: European School Survey Project on Alcohol and other Drugs (ESPAD)1999).

> In the US in 1979, it was reported that 9.8% of adolescents aged 12–17 years and 16.5% of young adults aged 18–25 years had tried inhalants at least once. A decade later, it was estimated that nearly 7% of high school seniors had experimented with inhalants during the previous year. Moreover, there is evidence to suggest that increasing numbers of children between 9–12 years of age are experimenting with inhalants, with perhaps half continuing the practice; because younger users are more likely to drop out of school, prevalence studies of more advanced students may, if anything, underestimate the extent of use. Beauvais & Oetting have estimated that between 5 and 15% of young people in the US may have tried inhalants (1994, p.929).

Beauvais and Oetting (1988) estimated that between 5 and 15% of young Americans may have tried inhalants whereas in Canada prevalence tends to be lower, (3–6%) except in Indigenous Canadian communities where the figures tend to be higher. May and Del Vecchio have stated that almost one in five American students will have experimented with inhalants (1997, p.6). Such data, however is speculative, dated and hardly exact.

Some more comprehensive information is ascertainable from the United States National Household Surveys on Drug Abuse. Its 2001 survey gives data on volatile substance abuse for 1999. They are paraphrased by the National Inhalants Prevention Coalition (NIPC) as follows:

- First time inhalant users in 1998:
  - All ages 991,000;
  - Ages 1–17 617,000; and
  - Ages 18–25 269,000;
- Numbers using,
  - All ages:
    - Lifetime 17,138,000;
    - Past year 2,435,000;
    - Past month 1,015,000;
  - 12–17:
    - Lifetime 2,118,000;
    - Past year 1,066,000; and
    - Past month 441,000;
- In need of treatment:
  - Total 103,000;
  - Ages 12–17 56,000;
  - Ages 18–25 19,000;
  - Ages 26 & older 28,000.

> The youth rate of those in need of treatment (over 50%) is the greatest percentage when compared to all other substances; and among 12 year olds, inhalants are the most frequently used substance (NIPC 2001).

The National Inhalant Prevention Coalition (NIPC) itself reports that as far as mortality figures are concerned since July 1996, over 700 inhalant deaths and inhalant-related deaths have been reported to the NIPC. Moreover, it claims:

> Since this only reflects direct reports to the NIPC from parents or media and the fact that no official inhalant death registry exists, the actual number of inhalant deaths may exceed this (NIPC 2001, p.8).

Also at a national level, the *Monitoring the Future Study 1975–1997* (1998) noted that inhalant use is a significant problem among youth in the United States. This nationwide study:

> reported a lifetime prevalence rate among eighth grade students of 21.0% in 1997, an increase of 3.6% over 5 years. The long-term trend is a marked increase in the use of inhalants among high school students since the 1970s [and] a trend of increasing use of inhalants by 12–17 year olds over the past 25 years. While inhalant use has apparently leveled off over the past 3 years, it has not yet shown any significant decline. In fact, inhalant use may still be increasing among certain population subgroups (quoted in Mackesy-Amiti & Fendrich 2000, p.569).

On a more local level, the Texas Commission on Alcohol & Drug Abuse (TCADA) has produced some comprehensive school-based data on volatile substance abuse for that state. While one needs to be careful about extrapolating data from one state to the rest of the nation, this data is important for two reasons. First, TCADA is one of the most respected state-based government drug research institutes and has a particular reputation for specialising in inhalant research, largely through the efforts of its Research Director, Dr Jane Maxwell.[105] Second, as the NIPC is based in Austin, Texas, it is reasonable to assume a fair amount of its resources and expertise will be devoted to research based in its home state.

The Texas School Survey of Substance Use Among Students (Grades 4–6 and Grades 7–12) was published in June 2001 (Liu, Maxwell & Wallisch). The NIPC summarises the data as follows:

> According to the elementary school survey, average age of first use of inhalants is 9.5 years; which was about a half a year later than for beer, but about the same age as when they first tried wine and wine coolers (as compared to 12.2 yr. for high schoolers, which is the youngest average age for first use of any substance). The documents consider inhalants a gateway drug. Among elementary school students, about 88% are aware of inhalants. The studies indicated that about 11% of elementary students admitted using inhalants in their lifetime, 8% in the past year, as compared to high schoolers who used at a rate of about 19% lifetime and 7% past month (highest use was at 8th grade with about 23% lifetime and 10% past month). Boys used inhalants slightly more than girls, except in the 6th grade when use was about the same. Among elementary

105 Dr Maxwell has recently also completed a comprehensive analysis of deaths related to volatile substance abuse in Texas for 1988–1998 (Maxwell 2001).

> students, on average, correction fluid and glue were most commonly used followed by spray paint, gasoline and paint thinner; for high schoolers, on average, correction fluid and liquid or spray paint were most commonly used followed by nitrous oxide, gasoline, glue, paint thinner, poppers or locker room, freon and octane booster (there are differences in substance popularity based on gender, ethnicity and location) (NIPC 2001, p.10).[106]

Mackesy-Amiti and Fendrich (2000) have also done some interesting recent local research on volatile substance abuse prevalence and incidence in the state of Illinois, based on high school surveys. A summary of their findings states:

> Data were analyzed from two years (1993 and 1995) of a statewide survey of high school students on drug use. Changes in the rates of inhalant use, and associations between inhalant use and sociodemographic variables, were examined across the two survey years. Measures of inhalant use included lifetime use, past year use, and past month use. Analyses showed no significant difference in the rates of inhalant use across years. Associations with sex, ethnicity, and age were partly consistent with previous research findings. Both lifetime and recent inhalant use were more prevalent among males than females. Blacks were less likely to use inhalants (lifetime and recent) than other racial/ethnic groups in both survey years. Native Americans showed elevated rates of recent inhalant use in 1993, but not in 1995. While age trends in the 1993 survey were consistent with expectations, age trends in the 1995 survey were not. Recent inhalant use was constant across age groups in the 1995 sample. Also contrary to expectations, inhalant use was not more prevalent in low-income or high-poverty areas. The associations of inhalant use with family intactness and academic performance varied by race/ethnicity. Family intactness was a significant protective factor only for whites and Hispanics. Poor grades were not a significant predictor of lifetime inhalant use for blacks, and the protective effect of high grades was found only for whites. Poor grades were highly predictive of lifetime inhalant use for Asians (Mackesy-Amiti & Fendrich 2000, p.569).

One fact that needs to be borne in mind in terms of international usage of volatile substances is that there is a fair amount of exploratory and anecdotal material that suggests volatile substance abuse is a particular problem for minority and Indigenous groups within various countries. These include, notably, the USA (particularly native Americans and Hispanic populations),[107] Canada, Australia and New Zealand. As the British HEA states, the reasons for this are unclear but:

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106 Another good research paper based on local state populations (juvenile correctional inmates in Virginia) has been authored by McGarvey, Clavet, Mason and Waite (1999). Although an analysis of its findings is beyond the scope of this Report, the most interesting of its results is that inhalant use has approximately the same rates of prevalence among juvenile correctional and residential institutions as in the general adolescent population. Further research is required to account for why this may be so.

107 Dinwiddie notes, however, that African Americans have very low rates of prevalence (1994, p.930). See also May and Del Vecchio 1997. Caputo (1993) gives a good, if dated, account of volatile substance abuse among different cultural and ethnic groups in the United States.

> [e]xplanations have included availability, poverty (which restricts access to alcohol and other drugs), low self esteem due to racist oppression, the development of a 'dependency culture', and tolerance of VSA by parents and other influential adults living in the community (HEA 1999a, p.49).

Clearly more research, particularly qualitative research, needs to be conducted with regard to volatile substance abuse among Indigenous populations.[108] A brief account of 'petrol sniffing' among Indigenous Australians is given in Chapter 23.

New Zealand

Similar to the international examples considered above, prevalence data in respect of volatile substance abuse in New Zealand is limited. The New Zealand Drug Foundation (NZDF), the peak drug research body in the nation, reports that the use of volatile substances is the activity of a relatively small (though often highly visible) group. Users are typically teenagers, although a small number continue into their 20s or even 30s. Within this group, Maori and Pacific Island males are reported to be at a particular risk (New Zealand Drug Foundation n.d.)0[109]

The following information is drawn from the 1990 and 1998 New Zealand National Drug Surveys. The 1998 study surveyed 5,475 people aged between 15 and 45 years. The 1990 survey canvassed the experiences of approximately 5,000 individuals who fell within the same age range. Given the exclusion of those aged less than 15 years, it is important to note that figures from New Zealand may underestimate levels of volatile substance use in that country. The general limitations of population surveys as a measure of drug use are addressed further in Chapter 7.

Table 6.4 below shows the frequency of drug use in New Zealand in terms of lifetime, recent and current rates of usage. The reported rate of 'solvent' use is very low, with just 2 per cent of those surveyed reporting having ever used solvents. Less than 1 per cent of respondents report having used solvents in the past year.

108 There have been some fascinating qualitative or mixed method studies done with regard to volatile substance abuse in selected populations. Much of this research is American and includes ethnographic and other studies on Canadian First Nation Peoples (Beveridge 1998; Coleman, Charles & Collins 2001), Indigenous Americans (Fredlund 1994; Mackesy-Amiti & Fendrich 2000) Eskimo/Inuit peoples (Zebrowski & Gregory 1996) and even a study of drug use that includes solvent use in the People's Republic of China (Zhimin et al. 2001).

109 For further information, see New Zealand Drug Foundation at http://www.nzdf.org.au/index.html

Table 6.4: Frequency of using licit and illicit drugs other than alcohol and tobacco, percentage of total sample, 1998

	Ever	Previous 12 months	Current
Marijuana	50	20	15
Any hallucinogens	13	6	4
Any stimulants	9	3	2
Kava	8	3	1
Any opiates	4	1	1
Tranquillisers	2	1	1
Solvents	2	<1	<1

Source: Alcohol and Public Health Research Unit, 1998 National Drug Survey cited in Ministry of Health, 2001, New Zealand Drug Statistics, Ministry of Health, Wellington.

Table 6.5 provides a more precise estimate of the numbers of those who have used solvents. While reflecting the low rates of solvent use reported in Table 6.4 above, it is interesting to note that the number of those who reported having used solvents in their lifetime doubled between 1990 and 1998.

Table 6.5: Usage levels of solvents, tranquillisers and hypodermic needles, percentages of total sample, 1990 and 1998

	Ever tried		Used last year	
	1990	1998	1990	1998
Solvents	0.9	1.8	0.2	0.3
Tranquillisers	1.8	2.1	0.6	0.4
Hypodermics	0.9	1.1	0.1	0.1

Source: Alcohol and Public Health Research Unit, 1990 and 1998 Regional Drug Surveys cited in Ministry of Health, 2001, New Zealand Drug Statistics, Ministry of Health, Wellington.

7. Prevalence and Incidence in Australia and Victoria

It is important to emphasise the necessity for caution when interpreting the figures cited in this chapter. The accurate measurement of drug use, and of volatile substances in particular, is compromised by a number of methodological obstacles that are addressed below. Given the limitations of current measurement techniques, the figures contained within this chapter are, at best, an approximation of the extent of the use of volatile substances. Nonetheless, under the limitations of current research techniques, the data referred to below remain the best available indication of the level of volatile substance use within the community.

Prevalence data

The use of volatile substances by school-age youth has been recorded in Australia since the 1970s. In 1974 a Queensland survey found that 6.5 per cent of school children reported use of inhalants. Solvents were used by 8.1 per cent of males and 4.9 per cent of females. Primary school students reported a higher incidence of use than secondary students (Australian Royal Commission of Inquiry into Drugs 1980). In contrast, a 1983 survey of 4,165 NSW students in Years 7–11 found inhalant use to be highest among adolescent girls. Thirteen-year-old girls were the most likely to be 'sniffing' on a regular basis (Commonwealth Department of Health 1984). Other results have indicated that levels of use varied from school to school (Commonwealth Department of Health 1984).

Researchers have consistently found the use of volatile substances to be concentrated among adolescents (Rose 2001; Mundy 1995; Dear & Helfgott 1995; Rose, Daly & Midford 1992; Walker 1992; Chalmers 1991). However, it is important that the nature and extent of this use is addressed before figures are discussed. A further consistency of past research has been the finding that most young people will never use inhalants and of those who do, the greater majority will be experimental users of whom very few will develop a dependency (Department of Human Services (DHS) 2001c; Rose 2001; Mundy 1995; Rose Daly & Midford 1992; Werry 1992). Anecdotal evidence in the UK

suggests that only one in ten experimenters carry on with sniffing for even a few months; and possibly as few as one in 50 become dependent users (Ives 1994). However, this is not to trivialise what, for a significant number of persons, may develop into a pattern of problematic inhalant abuse.

Measuring prevalence in Victoria – Population surveys

Prevalence data is primarily based upon population surveys. Three surveys have been used in order to establish the prevalence of volatile substance use in Victoria:

- The National Drug Strategy Household Survey is the largest drug-related survey conducted in Australia. It has been repeated in a similar format every 2–3 years since 1985. In 2001, the survey was conducted by the Australian Institute of Health and Welfare (AIHW) and involved the participation of 27,000 people aged 14 years and over (AIHW 2002). This represented a significant increase on the 10,030 participants who took part in the 1998 Household Survey (AIHW 1999).
- The Australian School Students Alcohol and Drugs (ASSAD) Survey conducted in 1996 was the first national survey of students to obtain data about illicit drugs. It was coordinated by the Anti-Cancer Council of Victoria and asked questions of approximately 31,000 school students aged 12–17 years who were selected randomly from government and independent schools. A second survey was conducted with over 25,000 students in 1999. The results of this survey were published in June 2001 (Commonwealth Department of Health and Aged Care 2001)
- The Victorian School Students and Drug Use Surveys record Victorian students use of over-the-counter and illicit drugs. In 1996 and 1999 surveys were conducted by the Centre for Behavioural Research in Cancer, funded by the Anti-Cancer Council of Victoria and the Victorian Department of Human Services. Previous surveys in 1992, 1989 and 1985 were conducted by the Department of Human Services. In 1996 this involved 4,700 students who also took part in the 1996 ASSAD survey. In 1999, 4,286 students from Years 7–12 took part. These students were drawn from a representative sample of 67 secondary schools across Victoria (DHS 2001b).[110]

110 Since the publication of the *Discussion Paper* on the Inhalation of Volatile Substances, the Committee has updated its data to include recently released Australian School Students Alcohol and Drugs (ASSAD) and Victorian School Students and Drug Use Surveys data for 1999.

Limitations of survey data

The measurement of drug activity

The measurement of drug activity will always present significant research difficulties. The use of population surveys as the primary means of measurement inevitably raises questions of validity and reliability. Such problems may arise as a consequence of false reporting or through respondents' misinterpretation of questions asked. Gaining access to a representative sample of the population presents further problems, particularly when active drug users are more liable to escape the attention of traditional surveys. Each of these issues, elaborated on below, must be taken into consideration when interpreting the survey data reported within this section.

Illicit drug users often go to elaborate lengths to keep their illegal activities hidden. They may, consequently, be unwilling to reveal the extent of these activities to an unknown researcher. Suspicion as to the identity and motives of researchers may further impact upon the accuracy of the research findings. In this respect, the researcher must be prepared to acknowledge that surveys record what respondents *say* about their drug use, and not what they actually *do* (Moore 1992). It would be naïve to expect population surveys to generate data that is accurate beyond question (Bourgois, Lettiere & Quesada 1997).

This issue has arisen in the case of Victorian school-based surveys conducted in 1996 and 1999. As Year 7 students in 1996 would be Year 10 students in 1999, it would be expected that a similar proportion or higher of Year 10 students would report having ever used inhalants in 1999 than the number of Year 7 students reporting having used inhalants in 1996. However, while 33 per cent of Year 7 students reported inhalant use in 1996, only 24 per cent of Year 10 students did so in 1999 (DHS 2001b). One reason could be false reporting. Year 7 respondents may have reported sniffing when they had not taken part in such activity (perhaps a desire to boast of dangerous exploits). Or, conversely, respondents may have later sought to deny their experimentation (perhaps later seen as 'childish'). Regardless of the reasons, such variance demonstrates the necessity for caution when interpreting survey results.

An alternative explanation for the disparity between survey results may be the potential for misinterpretation of questions. Questions relating to volatile substances and inhalants are particularly susceptible to such problems, as the following examples demonstrate. Is nitrous oxide or amyl nitrate to be included in a question regarding the use of inhalants? Is the use of glue included in a question about 'chroming'? Is 'sniffing' taken to mean having smelt a substance or, rather, having used it for the purposes of intoxication? Such questions can cast doubt on survey findings, particularly those that target younger children who may not be so clear about what is meant (Ives 1994). In the instance of the 1999 Victorian School Students and Drug Use Survey, students were asked if they had ever used inhalants. This was defined as having:

> Deliberately sniffed (inhaled) from spray cans or sniffed things like glue, petrol or thinners in order to get high or for the way it makes you feel (DHS 2001b, p.4).

The potential for misinterpretation here is considerable. The authors of this study noted that younger age groups could have been more liberal in their definition of inhalants, probably including items such as liquid paper and felt-tip pens (DHS 2001a).

A further concern is the serious doubt as to whether surveys are able to reach a representative sample of the population. Surveys are unlikely to reach those in the community who might be characterised as 'hidden.' The most active drug users and those most likely to suffer from a broad range of health problems would be included within this group (Hopkins & Frank 1991; Jacobs & Miller 1998). Ives (1994), for example, states that there are good reasons for believing that those young people who are more likely to use drugs are the same young people who will be more likely to be absent from school and consequently missed by school-based surveys. Likewise, the homeless, the incarcerated, and those in special accommodation are all populations with disproportionately high reported rates of illicit drug use, and yet they will not be 'captured' by national household surveys, the traditional measure of illicit drug use in Australia.

In addition, the capacity for national surveys to provide regional data is restricted by the sample size of the sample population in any category. The base population used by National Household Surveys, for example, is not of a size that might allow state-wide distinctions to be drawn. Similarly, the small number of respondents in categories that address issues of ethnicity or self-identification as an Indigenous person limits the use of resulting data.

An additional problem with survey techniques is that they are only able to provide a snapshot of drug use. They provide little information on patterns of use over time, an issue of particular importance when considering the cyclical nature of solvent abuse.

The measurement of volatile substance abuse

The lack of quantitative and qualitative data with regard to volatile substance abuse is a constant observation made by researchers, teachers and community workers with whom the Committee has met and in the submissions that the Committee has received. At a national level, for example, the annual Illicit Drug Reporting System (IDRS) keeps detailed information on the availability and patterns of use of illicit drugs, however there is no information gathered on the use of volatile substances. Dr Libby Topp, national coordinator of the IDRS project, noted in correspondence with the Committee:

> The omission of volatile substances from the list of drugs monitored by the IDRS in no way implies that these substances are not harmful or of public health concern. It is simply not possible for the IDRS to fulfil everybody's wish list on its current funding levels. The monitoring of volatile substances is not

> part of the project's brief, and therefore we collect extremely limited data relating to the use of these substances and the associated harms.[111]

At a local level, many organisations have expressed concern regarding the paucity of data available and the impact that this has on service delivery. The following excerpt from the submission of the Wyndham City Council is representative of these views. It states:

> Presently there is very little statistical information available regarding the prevalence and patterns of use regarding the inhalation of volatile substances on a State and a local government level. The absence of this information has made it difficult to develop targeted and strategic responses to volatile substance misuse.[112]

The issue of age is also of particular importance when considering survey data related to volatile substance use. As noted above, young adolescents comprise the greater proportion of individuals engaging in the inhalation of volatile substances. However, the largest drug-related survey conducted in Australia, the National Drug Strategy Household Survey, limits questions to those aged 14 years and over, effectively omitting a sizable number of those who use volatile substances. School-based surveys, such as the Victorian School Students and Drug Use Surveys, concentrate solely upon the activities of secondary school students, potentially excluding inhalant users in primary school. The limited reach of these surveys results in a limited understanding of the prevalence of volatile substance use in Victoria.

As noted above, issues of definition present particular difficulties to researchers engaged in the measurement of volatile substance use. As the Drugs Policy and Service Branch of the Victorian Department of Human Services (DHS) noted in a submission to the Committee:

> Inhalant abuse is not only 'hidden' in terms of the covert nature of use, but equally 'hidden' in the broader collection of data on causes of death,[113] in police statistics (given that inhalant abuse is not illegal) and in national and international classification of diseases. Additionally the various definitions (and therefore individual understandings) of 'sniffing' provided in drug surveys and data collection add to the inconsistencies with reported rates of inhalant abuse.

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111 Dr Libby Topp, National Coordinator, Illicit Drug Reporting System (IDRS) project, letter to Drugs and Crime Prevention Committee, 21 November 2001.

112 Submission of Wyndham City Council to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.3. In this submission, Wyndham Council made the following recommendation:

'Further research needs to be conducted regarding the prevalence and patterns of use amongst youth that inhale volatile substances. This research needs to be responsive and relevant to local communities.

A coordinated response to the volatile substance misuse is required. Including the development of a data collection and monitoring system to map patterns of volatile substance misuse to target interventions. Local level data on volatile substance misuse should be recorded and distributed to the key stakeholders' (Wyndham City Council Submission, p.6).

113 The 'hidden' nature of inhalant abuse in the collection of data on related mortality will be further addressed below.

> It is not surprising therefore that reported rates on inhalant abuse vary from around 5 per cent to 25 per cent (DHS 2001c, p.14).

In addition, the very fact that volatile solvents are not illegal restricts the amount of information available as to their use. A number of the largest and most comprehensive national drug use surveys are concerned solely with illicit drugs. The Illicit Drug Reporting System (IDRS), for example, identifies emerging trends in illicit markets, information that proves vital in the formulation of preventative strategies. However, volatile substance use is not an illegal activity and therefore is not analysed by such research tools as the IDRS.

It is perhaps a consequence of such difficulties that volatile substance abuse remains an under-researched form of drug use. There is currently little known about the dynamics of VSA in Victoria, a situation that appears unlikely to improve until consistent and uniform data gathering techniques are developed and employed.

What does the data say?

The following section draws upon the surveys mentioned above, before addressing a range of additional evidence, both statistical and anecdotal, so as to appreciate the extent of volatile substance abuse. It is important to contextualise the Victorian situation by first examining national prevalence data.

Survey evidence

The national context

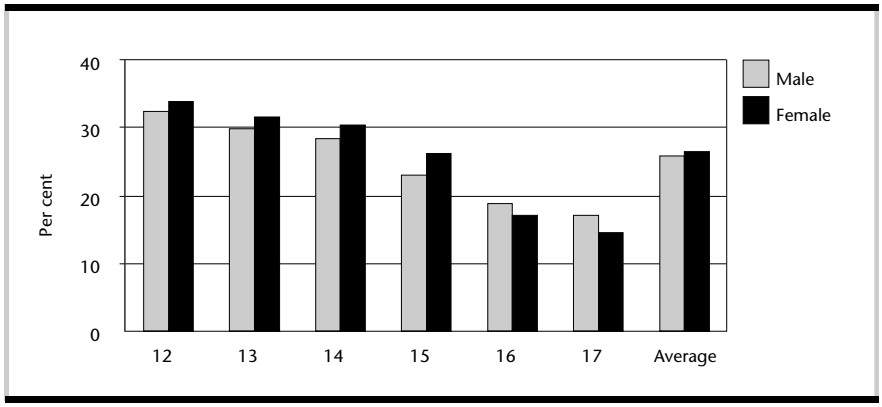
The prevalence of volatile substance abuse in Australia appears relatively low. Of those people aged 14 and over who were surveyed for the 2001 Australian National Drug Strategy Household Survey, 2.6 per cent reported having used inhalants at some time (Australian Institute of Health and Welfare 2002). This represented a significant decline from the 3.9 per cent of persons who reported having ever used inhalants in the 1998 Household Survey (Australian Institute of Health and Welfare 1999).

Although such figures appear low, it is important to reiterate that the population base of Australian Household Surveys greatly compromises the resulting data as an indicator of youth drug use. As Carroll, Houghton and Odgers (1998) note, volatile substance abuse is generally confined to those between the ages of 10 and 16 years, with most use occurring between the ages of 12 to 14. Because of their low cost, easy availability, ease of concealment and (for many volatile substances) the difficulty of having legislative control over possession and purchase, volatile substances may, for many, be the first psychoactive substances used. However, as noted above, Household Surveys are restricted to those aged 14 years and over, potentially excluding a significant proportion of volatile substance users.

In contrast to general population surveys, the Australian School Students Alcohol and Drugs Survey 1996 recorded much higher rates of volatile substance use among its target population of students aged 12–17 years.[114] Eighteen per cent of males in this age group self-reported using inhalants over the past 12 months, as did 19 per cent of females (Higgins, Cooper-Stanbury & Williams 2000). As Figure 7.1 shows, the highest rates of lifetime inhalant use (those who reported having ever used inhalants) were recorded by 12-year-olds (34 per cent of males and 31 per cent of females). Rates steadily declined in each subsequent year.[115]

The 1999 survey of Australian secondary school students reported remarkably similar results. Among 12–15-year-olds, 29 per cent of students in both 1996 and 1999 indicated that they had used inhalants in their lifetime, while 13 per cent of students in both 1996 and 1999 had used inhalants in the previous month (Commonwealth Department of Health and Aged Care 2001). Similarly to the 1996 survey, the 1999 study reported that the use of inhalants decreased with age. While 33 per cent of 12-year-olds reported having ever used inhalants, just 16 per cent of 17-year-olds reported having used inhalants throughout their lives (Commonwealth Department of Health and Aged Care 2001). Recent use of inhalants also decreased with age, so that while 10 per cent of 12-year-olds had used inhalants in the week prior to the survey, only 2 per cent of 17-year-olds had used these substances recently (Commonwealth Department of Health and Aged Care 2001). Figure 7.1 below shows the lifetime use of inhalants by secondary school students aged 12–17 years.

Figure 7.1: Lifetime inhalant use by Australian secondary school students, 1999



Source: Commonwealth Department of Health and Aged care (National Drug Strategy Unit) *Australian Secondary Students' Use of Over-the-Counter and Illicit Substances in 1999* (Commonwealth Department of Health and Aged Care, Canberra)

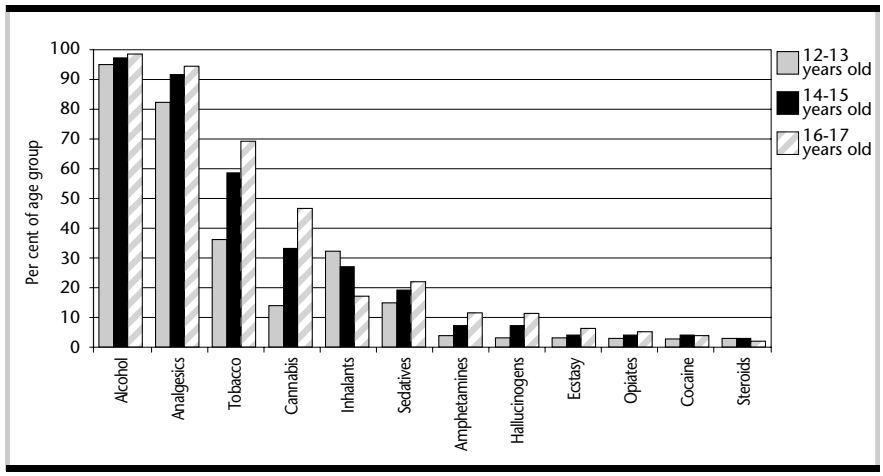
114 It is important to draw attention to the exclusion of those aged under 12 years from survey data. Currently, there is almost no information available on the use of volatile substances by those aged under 12 years

115 These figures were used by the United Nations to demonstrate that Australia had the highest lifetime prevalence of inhalant use (25.5 per cent). The next highest was the United Kingdom at 20 per cent. However, the figures used by the UN were not comparable. New Zealand, for example, reported a lifetime prevalence rate of just 1.5 per cent, but this figure was based on a 1990 survey of persons aged 15–24, missing the peak age for solvent use and using data so old as to be obsolete.

As the above Figure indicates, there were some notable differences in the use of inhalants between male and female secondary students. While significantly more girls aged 15 years and younger used inhalants than boys, a greater numbers of boys aged 16 and 17 years used inhalants than girls.

The decline in the use of inhalants by secondary school students follows a markedly different pattern to the use of other drugs. Figures from the 1996 Australian School Students Alcohol and Drugs (ASSAD) Survey show that both licit and illicit drug use among those aged 12–17 years increases with age. The most dramatic increases, as noted in Figure 7.2 below, were the consistent increases in the use of marijuana and alcohol.

Figure 7.2: Lifetime use of licit and illicit substances by Australian secondary school students, 1999



Source: Commonwealth Department of Health and Aged care (National Drug Strategy Unit) *Australian Secondary Students' Use of Over-the-Counter and Illicit Substances in 1999* (Commonwealth Department of Health and Aged Care, Canberra)

That fact that the use of alcohol and tobacco increased at a similar rate to the rate at which the use of inhalants decreased is particularly interesting. In effect, this correlation supports the argument, raised in Chapter 5, that the use of volatile substances declines as access to alternatives such as marijuana and alcohol increases. The financial and legal constraints that make these latter drugs difficult to access for younger age groups may fall away as they grow older, diminishing the attraction of cheap and easily accessible volatile substances.

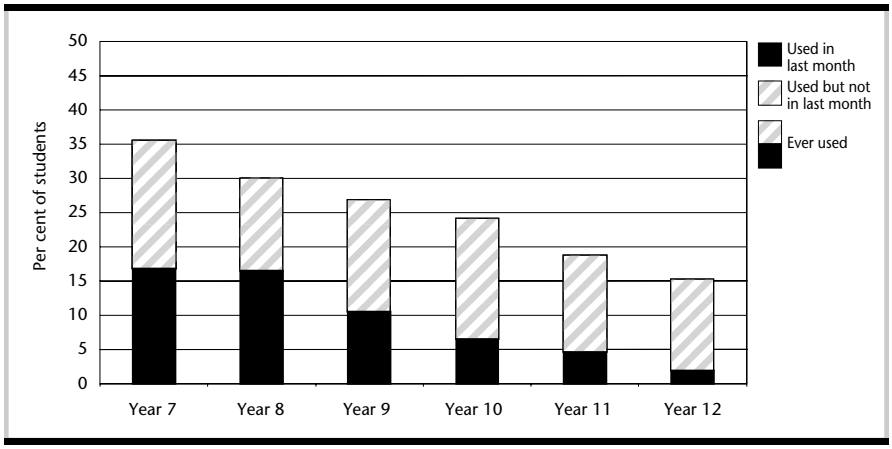
Volatile substance abuse in Victoria – Age of users

The 1996 Victorian *School Students and Drug Use* survey reported that 24 per cent of students had deliberately sniffed inhalants at least once during their lives. It reflected national findings by recording a considerable difference in the proportions of younger and older students reporting use of inhalants (DHS 1999). Year 7 students were nine times more likely than those in Year 12 to report having used inhalants in the last month (18 per cent compared to 2 per

cent) and nearly three times more likely to report ever having used inhalants (DHS 1999).

Similar trends were observed in the Victorian 1999 School Students & Drug Use Survey. Again there was little discernable gender difference but a noticeable age difference. Reported use of inhalants was more common among younger students than among older students. Lifetime use of inhalants decreased from 35 per cent (Year 7 students) to 15 per cent (Year 12 students) (DHS 2001b). Recent use of inhalants also decreased with age. While 16.8 per cent of Year 7 students reporting having used inhalants in the past month, this gradually declined to just 1.9 per cent of Year 12 students reporting inhalant use in the past month. (DHS 2001b).[116]

Figure 7.3: Inhalant use by year level and frequency, Victorian secondary school students, 1999



Source: Department of Human Services (DHS) 2001b, *School Students and Drug Use: 1999 survey of over-the-counter and illicit substances among Victorian secondary school students* (Draft Report) p. 9.

This consistent pattern of inhalant use declining with age differs from all other substances where use becomes more prevalent as students progress through secondary school (DHS 2001b). This pattern may suggest that older students see inhalant use as immature behaviour and consciously under-report their past use (DHS 2001b). However, it also says much about the accessibility of inhalants and offers some evidence for the likelihood that the use of inhalants is decreasing as substances such as alcohol and marijuana become either more accessible or more affordable.

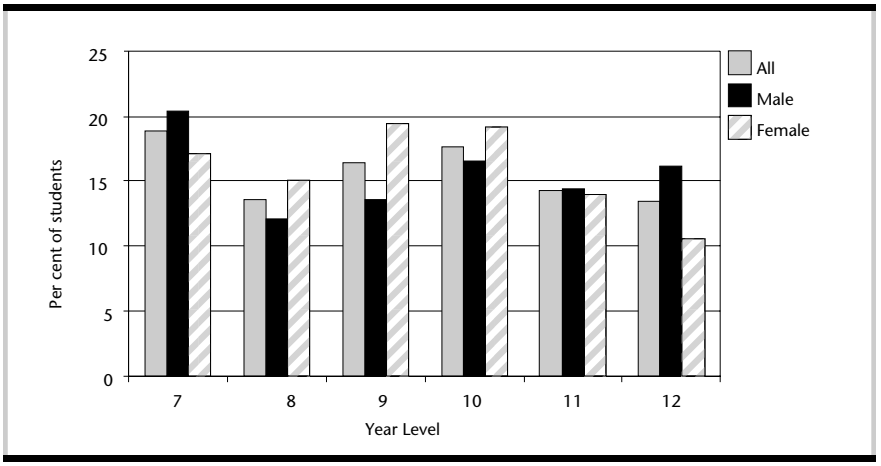
116 The DHS adds some reservations in relation to these figures, noting:

'The decline in rates of reported use with age may be due to a misinterpretation of the question by younger age groups such that they probably included smelling items such as liquid paper and felt-tip pens as use of inhalants. Older students may have realised the question only referred to deliberate sniffing with the intention of getting 'high'. Alternatively, it could also be that older students regard sniffing as an immature behaviour and so under-reported past use of inhalants. It appears that further clarification of questions regarding inhalant use is needed to gain an accurate picture of inhalant use among secondary school students' (DHS 2001a).

Volatile substance abuse in Victoria – Gender

When the above survey data is analysed according to gender, there appears to be no major significant difference reported in either lifetime or regular use of inhalants (DHS 2001b). The similarity between the numbers of adolescent males and females who self-report the use of inhalants is of some interest, particularly given significantly higher rates of mortality and morbidity among male inhalant users. Werry (1992) has suggested that a higher rate of 'heavy' or 'habitual' use exists among male users, perhaps distorting the statistics in this manner.

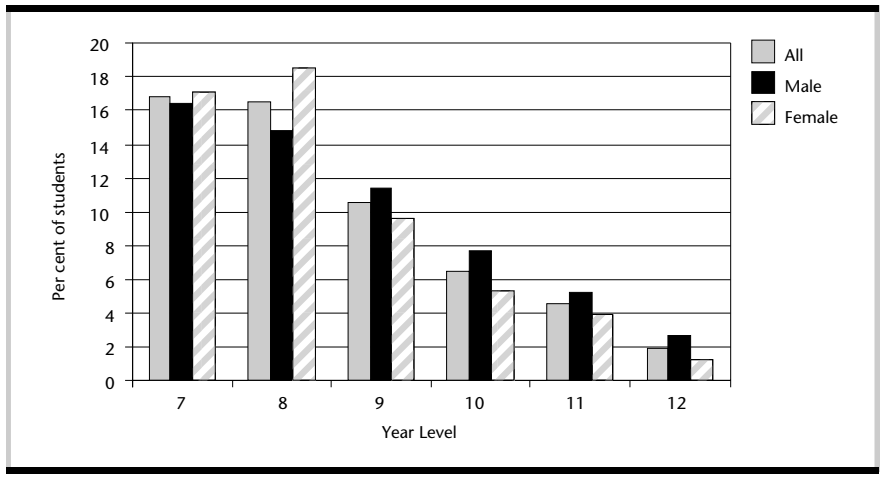
Figure 7.4: Lifetime use of inhalants by Victorian secondary school students, 1999



Source: Department of Human Services (DHS) 2001b, *School Students and Drug Use: 1999 survey of over-the-counter and illicit substances among Victorian secondary school students* (Draft Report) p.24.

While Figure 7.4 demonstrates higher overall rates of lifetime use by adolescent girls in Years 8, 9 and 10, Figure 7.5 below illustrates more frequent use of inhalants by young males from Year 9 on. This gives some support for Werry's contention of higher rates of inhalant use by males.

Figure 7.5: Use of inhalants in past month by Victorian secondary school students, 1999



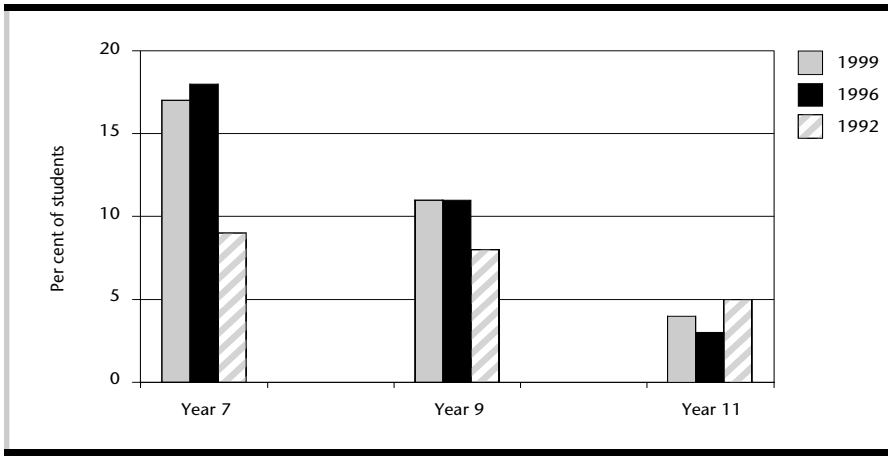
Source: Department of Human Services (DHS) 2001b, *School Students and Drug Use: 1999 survey of over-the-counter and illicit substances among Victorian secondary school students,* (Draft Report)

The limitations of survey-based research means that the above analysis of survey data should be viewed cautiously. Attempts by the Committee to access further information concerning the relationship of gender to volatile substance use revealed a lack of any such research in an Australian context.

Volatile substance abuse in Victoria – Longitudinal trends

In respect of changes over time, it appears that between 1992 and 1999 the 'recent (monthly) use' of inhalants increased among younger students. However, the levels of inhalant use among older students, such as those in Year 11 for example, did not differ in 1999 from levels seen in 1996 or 1992. Trends over this period are seen in Figure 7.6 below.

Figure 7.6: Monthly use of inhalants by Victorian secondary school students 1992, 1996 and 1999



Source: Department of Human Services (DHS) 2001b, *School Students and Drug Use: 1999 surv over-the-counter and illicit substances among Victorian secondary school students* (Draft Report) p. 25

Anecdotal evidence

Anecdotal evidence suggests that there has been a recent rise in the incidence of inhalant abuse in the past two to three years. Drug treatment statistics, derived from 80 drug treatment agencies funded by the DHS, have charted a rise in treatment for inhalant use from 61 clients in 1999 to 134 in 2001 (DHS 2001). Given that young people do not easily access drug treatment services (the 9–15 year age group accounting for just 7 per cent of drug treatment clients) this number could be indicative of a much larger number of young people using inhalants (DHS 2001). In 2000, the Youth Substance Abuse Service presented a submission to the House of Representatives Standing Committee on Family and Community Affairs in which it warned of an epidemic of inhalant abuse among 13 and 14-year-olds.

> Areas of concern include La Trobe Valley, Northern region of Melbourne and Northern Victoria. Currently Melbourne is in the wave of a mini epidemic of inhalant abuse among 14 year olds (Youth Substance Abuse Service 2000).

Conversely, a Report commissioned for the Victorian Department of Education which has formed the basis of a Departmental Resource on volatile substance abuse found that the youth and health workers with whom it consulted expressed scepticism about high levels of volatile substance abuse among young people:

> When the figure of 20–25% of young people who have at some stage tried VSU was suggested, the responses below are representative of comments by workers with many years of experience in alcohol and drugs in and around Melbourne:
>
> '*If we're talking about serious stuff like chroming. I'd challenge the level of problematic use; It's nowhere near 20% of young people*' (Outreach worker, inner city alcohol and drug service)
>
> '*We were told there's an epidemic in the northern suburbs. I spoke to a large group of youth workers from the region. I wrote my mobile phone number up and said if anybody has a problem, ring me. That was four weeks ago and I haven't had one call*' (Outreach worker, inner city alcohol and drug service)
>
> '*My guesstimate would be less than 10% of young people who use deliberately for a high, and no more than 1% would use regularly*' (Outreach worker, outer suburbs) (Bellhouse, Johnston & Fuller 2002a, pp.16–17).

Further evidence from service providers suggests that young people who have come into care through the Child Protection System are much more likely to use inhalants that national survey figures indicate (MacKillop Family Servies 2001). Indeed, given the potential for those in care to be missed by national and school based surveys, the extent of the problem within this population group could be underrepresented. Estimates from MacKillop Family Services are that approximately 30–50 per cent of those within their services use inhalants, 'and some chronically so' (MacKillop Family Services 2001, p.2). Similar figures were reported by Berry Street Victoria (2001).

Calls to DIRECT Line (the 24-hour drug counselling and referral line) over the 2001/2002 period, record that inhalants accounted for 0.5 per cent of all drugs used. This translates to approximately 100 calls in which specific details regarding inhalant using scenarios were identified. Of the inhalant users, 68 per cent were males and 32 per cent were female. Thirty-nine per cent of cases related to inhalant use by 11–15 year olds, 28 per cent to 16–18 year olds and 13 per cent related to 19–21 year olds (DHS 2001a).

The DHS noted a considerable variation in the prevalence of inhalant abuse across the state:

> Prevalence of inhalant abuse appears to vary across the nine regions in Victoria. Current anecdotal reports indicate that chroming is more prevalent in the Western region, Loddon, and Gippsland. Victorian Drug Treatment figures for 2000-2001 support the anecdotal evidence. Most clients (for whom inhalants were the primary drug) were concentrated in the Gippsland region (23 per cent) Western Metro (19 per cent) Southern (19 per cent) and Northern (15 per cent) (ADIS data 2000/1). Certain towns and regional centres appear to have greater problems from time to time. Most regions experience inhalant abuse happening in 'waves', and a possible reason for this may be when a new person or persons moves into the local area. The areas of Swan Hill, Mildura, Traralgon, Horsham, Bendigo, Euroa, Echuca, Stawell, Kerang (rural) and Sunshine, Werribee, Kensington and Darebin (metro) have all been reported (from workers in the areas) as recently experiencing increased rates of inhalant abuse (DHS 2001a, p.2).

The suggestion that local incidence of VSA may be very different from state averages is supported by Rose (2001). He notes that the use of inhalants may be localised to a particular group of people, even a single class in a school. Rose pinpoints Indigenous people in the Western Australian location of Albany to demonstrate the point. Variation within this group was enormous – from 2 per cent of those aged 11–12 to 48 per cent of those aged 15–17 (Rose 2001, p.22). The DHS in Victoria has reported similarly high rates of inhalant abuse among Indigenous communities, noting:

> Prevalence of inhalant abuse is higher in the Koori population (in 2000/1 25 per cent of inhalant treatment clients were from Aboriginal backgrounds) and reported anecdotally to be higher with the statutory clients of child protection and juvenile justice when compared with the general population. Unlike some of the northern states of Australia, 'chroming' with Victorian Aboriginal young people is generally seen to be more common than petrol sniffing (DHS 2001a, p.2).

It is of great concern that there is such little concrete data available on volatile substance abuse prevalence and patterns in Victoria. It is of equal concern that there is such doubt and contradiction among workers in the field as to specific levels of inhalant use.

Perhaps the issue of most importance that emerged throughout the course of this chapter, however, is the necessity of establishing uniform research methodologies and ensuring that those authorities engaged in the collection of relative data are consistent in their application.

In a recent submission to this Inquiry, the Victorian Department of Human Services has indicated that it shares the concerns of the Committee as to the dearth of data in this area:

> DHS has responsibility for collecting alcohol and drug treatment service data and is currently looking at ways to improve the quality of the data it collects. DHS is aware of the problems with collecting data on inhalant abuse generally, and the need for better coordinated, and more reliable data across government on which to base policy development in this area. Data collection on inhalant abuse needs to take account of the unique aspects of this form of drug abuse. For example, targeting for survey samples must include a younger than usual age group (from as young as 9 years of age). Additionally sampling techniques for surveys must take account of the regional and localised nature of inhalant abuse, and also ensure that the sample group captures those young people often excluded in surveys (such as those not attending school).
>
> The Victorian Government Drug Initiative has established a whole-of-government Drug Program Research and Evaluation Strategy. It is planned that these strategies and new initiatives will assist in addressing the problems with the data collected on inhalants.[117]

It is hoped that the Drug Program Research and Evaluation Strategy will indeed provide a better system for collecting data on volatile substance abuse. It is only once such actions are undertaken that the full extent of the problem posed by volatile substance abuse in Victoria, and indeed Australia, will be understood.[118]

The need for comprehensive quantitative research and data collection in this area is discussed further in Chapter 26 – The Importance of Research.

117 Submission of the Department of Human Services (Drug Policy and Services Branch) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, pp.1–2.

118 It is encouraging to note that certain communities in which chroming is thought to be at relatively high levels are seeking to obtain at least a rudimentary 'picture' of volatile substance abuse in their area. Darebin City Council in Melbourne's northern suburbs has received funding from the Department of Justice to collect *qualitative* information about volatile substance abuse in Darebin. As important and welcome as such initiatives are they still need to be supplemented by 'hard' data about volatile substance abuse prevalence. As stated above, this data needs to be collected on a uniform state-wide basis.

8. Inhalant-Related Mortality and Morbidity

Mortality

> *'Nicole' was at the time at (X School) in Year 7. She was doing all right at school, everyone liked her and she had no problems at all. She was just like any other normal kid and she was always taking care of the next door neighbours kids. She used to babysit some of my friends' kids, she was like any other normal kid. I remember she pinched some smokes from my older son on one occasion just to try.*
>
> *She also went to a party and took a bottle of wine which belonged to me to share with her friends. I grounded her on this occasion and made her pay for the wine. She was just like any young person experimenting with different things. She loved reading, she would read three big books in a weekend, she loved animals, she liked writing stories.*
>
> *She was a very open and friendly person, she was healthy and enjoyed life. (Mother's account – Coroner's File 91-1041)*
>
> 'Nicole' died in March 1991, aged 14, following inhalation of gas from a butane lighter refill.

Inhalant-related mortality is a primary indicator of the human costs of volatile substance abuse. This chapter draws upon data maintained by the Victorian Coroner's Court and the Victorian Institute of Forensic Medicine in order to analyse the causes and circumstances of inhalant-related mortality. This data provides a number of important insights of relevance to the Committee's Inquiry. First, the data makes clear the sudden and unpredictable nature of deaths attributed to the use of volatile substances. Second, it underlines the potential danger for fatal accidents to occur after the inhalation of volatile substances. And third, the data reveals a disturbing use of volatile substances in a number of suicides. Recognition of the different ways volatile substances can cause death is essential to the Committee's Inquiry. There is little hope of addressing the problem of inhalant-related mortality unless the nature and extent of the problem are better understood.

Different forms of inhalant-related mortality

Before examining the data on inhalant-related mortality, it is necessary to discuss the way in which volatile substances can cause or contribute to an unexpected death. Deaths attributed to the inhalation of volatile substances can be grouped under the following broad headings.

Sudden sniffing death

Deaths that result from the direct toxic effect of the substances inhaled are known as 'sudden sniffing death' (SSD). Immediate causes can include cardiac arrhythmia. This is an irregularity in the rhythm of the heartbeat which may lead to ventricular fibrillation, when the heart does not effectively pump blood. Severe cardiac arrhythmia can occur unpredictably during the abuse of several volatile substances (Advisory Council on the Misuse of Drugs (ACMD) 1995). It is thought that certain substances sensitise the heart to adrenaline and that this sensitivity, in combination with stress, physical exertion or anxiety, may lead to death within minutes. Because death is very rapid, the precise type of arrhythmia has only been recorded in very few cases, but notably after the abuse of toulene, chloroflurocarbons and butane. Volatile substances can also cause depression of breathing and the blocking of oxygen supply (anoxia) (ACMD 1995).

The practice of spraying volatile substances directly into one's mouth is also potentially fatal. In a number of cases the cooling agents in aerosol propellants have frozen the larynx or throat of the user, leading to death by asphyxiation (Chalmers 1991). These freezing cold gases can also stimulate the profuse excretion of fluid in the lungs (pulmonary oedema) so that the inhaler literally drowns from the inside (Senate Select Committee on Volatile Substance Fumes 1985).

Whatever the underlying medical technicalities, volatile substances have the direct capacity to suddenly and unpredictably kill. There is no agreed or recommended dose and the margin of safety that defines the difference between wanted and toxic effects can be easily exceeded. Some modes of misuse can be more risky than others, but there can be no 'safe' misuse of volatile substances (Walker 1992).

The following case from the Victorian State Coroner's files illustrates the unpredictable nature of a sudden sniffing death.

State Coroner of Victoria

The deceased was a 14 year old boy and a student in Year 9 at (X) Secondary College.

On 29 May 1991, the deceased purchased an aerosol can of lighter fluid on his way to school with some of his friends and was observed to sniff some of the gas as he walked.

At recess the deceased and his friends went to the far side of the College oval where the deceased took the can from his bag and sucked the gas from it for some minutes. A couple of the other boys each had a brief suck of the can before they all returned to class.

At lunch the deceased and some of his friends again went to the far side of the oval and again the deceased sucked gas from the can, this time for approximately 10 minutes. The deceased then appeared to hallucinate, ran a short distance and collapsed. One of the boys present attempted to resuscitate the deceased, another ran to get a teacher and a third went to the nearest home to ring an ambulance. The teacher and the library technician alternated in giving mouth to mouth resuscitation and heart massage to the deceased but were unable to get any response. Ambulance officers attended shortly afterwards but were unable to revive him.

Case No: 1754/91

Death as a consequence of chronic toxicity

Direct poisoning and chronic organ failure are acknowledged but uncommon causes of death following long-term or chronic volatile substance abuse (Senate Select Committee on Volatile Substance Fumes 1985). This may be a consequence of substances within the inhalant, such as lead in petrol and metal particles in some aerosol sprays (Rose 2001). Effects of chronic and long-term volatile substance abuse that may cause death include liver and kidney failure and encephalopathy (Rose 2001).

Death by misadventure

The third general heading refers to accidental deaths that would not have occurred had volatile substances not been used. The combination of intoxication, disorientation and hallucinations is very potent and potentially fatal. Death may be caused by injuries sustained in falls when intoxicated, by fire or explosion when a highly flammable vapour ignites, or by asphyxia due to unsafe inhalation practices. An example of the latter includes placing one's head within a plastic bag containing glue. The following three cases illustrate the manner in which volatile substances can contribute to an accidental death.

State Coroner of Victoria

On 13.12.99 the deceased was struck by a car travelling on the North-West bound lane of (X street in regional Victoria), 12.2 metres North-West of the intersection of (X) Cres. The deceased was observed by the driver of the vehicle to come out from behind a tree and put her hands up before being struck by the car. The vehicle was unable to stop and passed over the deceased, pulling up 35.2 metres from the point of impact. The body of the deceased came to rest 12.2 metres from the point of impact. Found under a tree beside the road adjacent to the point of impact was a plastic shopping bag with a glue like substance inside and a jumper that the deceased had been carrying when she left the house. .55 metres from the deceased on the road was a tube of 'Kwik Grip'. At the time of the accident it was daylight and the road was dry.

Case No: 3783/99

The deceased in this case was a 17 year old male who died in the following circumstances:

On 27/6/99 the deceased attended on the roof of the abandoned (X) Secondary College. This building is a 3-storey building. It appears the deceased was 'chroming' on the roof of the building. The deceased has accidentally fallen from the roof while chroming. Located on the roof was a can of paint and on the ground next to the deceased was the plastic chroming bag

Case No: 1936/99

The deceased, aged 18, was discovered dead in his flat at about 4pm on 13th May 1996 by Ms R____ C_____, the deceased's social worker. He had a plastic bag over his head. A number of cans of spray paint were discovered in the flat.

Case No: 1377/96

Suicide

Volatile substances have played a role in a significant number of suicides. In several cases, volatile substances are deliberately inhaled with the specific intent of ending one's life through asphyxiation.

State Coroner of Victoria

On the 16th of December 1992 at 9.05pm, the deceased was located on the rear porch of his home address. He was lying on his back with his head on a pillow. There was a garbage bag over his head, inside the bag was a gas cylinder (the type used in barbecues) with the valve open. Subsequent police investigations revealed the deceased was suffering from a number of medical conditions and was receiving treatment for same. He was depressed about his medical condition and his lack of mobility. There were no signs of violence, suspicious circumstances or evidence that any other person was involved in the death. Toxicology report revealed the following: analysis of lung fluid revealed the presence of propane.

Case No: 4106/92

The deceased was found dead in his caravan with a plastic bag over his head and the hose leading from the LPG cylinder was running into the plastic bag. Two suicide notes were found in the drawer.

Case No: 126/92

Volatile substances, in the same way as illicit drugs and alcohol, may be a contributing factor in a number of suicides. Death by suicide can be a consequence of sudden and impulsive behaviour (Hayward, Zubrick & Silburn 1992). Given the intoxicating and disinhibiting effects of volatile substances, they may, in cases, contribute to the decision to suicide (Commonwealth Department of Health and Family Services 1997).

State Coroner of Victoria

At 3.47am on 4th April, the deceased was struck by a Melbourne bound freight train underneath the … Railway Bridge, (regional city).

Prior to the collision the train driver observed, at a distance of 100 metres, the deceased standing on, and along, the railway tracks on the southern side. The deceased moved backwards and forwards across the line. The train driver sounded the train's whistle. The deceased was then observed to place his head and face into a white bag before stepping into a position adjacent to the line. The deceased then bent over, placing then upper part of his body directly in line with the oncoming train. The driver immediately sounded the train's warning device for a second time and applied the emergency brakes. Due to the close proximity of the deceased from the train, the train was unable to stop prior to impact…

Next to the body of the deceased was the white plastic shopping bag which contained the remnants of a quantity of a glue type substance.

Case No: 978/97

> The deceased was found by P___ H_____ some time after 4.00am on 11 November, 1993. He was hanging from an electrical extension lead in the shed at the rear of (X Street, Regional Victoria). During the day the deceased had consumed an unknown quantity of beer, bourbon and sambucca and had inhaled an amount of fumes of shellite. He was upset due to an argument he had with his former girlfriend, L____ T____. She had called in to the house to pick up some belongings. He was upset that their relationship was over.
>
> Case: 3534/93

Problems with data collection

One problem in identifying the number of deaths caused by the inhalation of volatile substances is the practice of listing the medical explanation for death as opposed to the volatile substances that led to it. The death of a chronic petrol abuser, for example, might be recorded as 'end stage renal failure', not 'petrol sniffing'. This practice has no doubt resulted in the underestimation of VSA mortality and morbidity rates.

The practical difficulties that arise as a consequence of these problems were explained to the Committee by Graeme Johnstone, the Victorian State Coroner. Mr Johnstone noted:

> If you are looking at volatile substances, then you are looking at toxins. You are looking at potentially a problematic area, which I think needs to be addressed, because realistically if you are looking at the broader picture, then we are not investigating these types of cases thoroughly – We are not seeing what's happened in the past in causing death.[119]

Indeed the Committee discovered a number of deaths in which volatile substances were involved, but which had been classified according to other criteria. One such case involved the deaths of four young persons who died after inhaling butane and losing control of the car in which they were travelling. The case of death was listed as 'multiple injuries sustained in a motor vehicle accident' (State Coroner Victoria, Cases 1787/94, 178/94, 1789/94 and 1790/94). Part of the problem is that the Coroner's office does not have the capacity to undertake an analysis of information stored in its database. Despite receiving reports of approximately 4,000 deaths annually, the Office does not have appropriate staffing or resources to conduct systematic searches or analyses of past cases.[120]

A further problem identified by the Coroner was the reliance on toxicology reports to identify cases of death involving substance abuse. To date, Australia has lacked a national standard for toxicology testing. Referring to the lack of consistency in toxicology tests, Mr Johnstone stated:

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119 Mr Graeme Johnstone, Victorian State Coroner, in conversation with the Committee, 28 August, 2001.

120 ibid.

> Nationally, there are different methods of sampling, selecting the case types which you need to test for toxicology, because it is expensive. There are different methods of sampling, there are different methods of logging what the tests mean and there's different ways the pathologists read them. So what we have been doing over the last couple of years with funding from the Federal Government is looking at a national standard for toxicology and toxicology testing and that's well down the track.[121]

The Coroner also drew the Committee's attention to the reliance on information provided by investigating police, the 'arms and legs of the Coroner' to use Mr Johnstone's own words. While this is one of the primary sources of information in coronial inquiries, there is no standard for police investigations. The Coroner noted:

> They may not have come across these cases before and therefore don't necessarily know what to look for. There is no standard for the investigation. Now, what we are also trying to do is develop nationally, basically a police form what's known as an 83 in Victoria, (it's known as a number of other forms in other States and Territories). [The '83' form is basically] A standard questionnaire for Police to lead them through an investigation that actually draws out from their investigation all the required information the Coroner might need in a practical sense. The form has got to be designed so that it useable, practically useable by Police Officers who have not come across it before, and [will] literally lead them through the whole issue of substance abuse as well. ... It's hoped that by developing a uniform standard across the country for initial police reported deaths to the Coroner that they will start to tease out some of these issues in a more systematic way.[122]

Researching deaths attributed to the inhalation of volatile substances

United Kingdom research

Dr John Ramsey, a toxicologist at the St George Medical School in London, is recognised as having established the benchmark for research into deaths attributed to the inhalation of volatile substances. Since 1983 Dr Ramsey and colleagues have been collecting data from a wide variety of sources (AMCD 1995).[123] In addition to the breadth of the research, a major success has been the consistency of definitions applied throughout the course of this research. The St George's team defines a VSA death as, 'one that would not have occurred if the deceased had not abused volatile substances, regardless of what was the terminal event' (ACMD 1995, p.38). The continued application of this

121 ibid.

122 ibid.

123 Sources consulted include press clippings agencies; HM Coroners; the Crown Office in Scotland; the Lord Chancellor's Office in Northern Ireland; the Deputy Viscount of Jersey; HM Greffier of Guernsey; the High Bailiff of the Isle of Man, the Office of Population, Census and Surveys (OPCS; the National Poisons Unit, the Home Office Forensic Science Laboratories; the Health and Safety Executive; the Railways Inspectorate; and from ad hoc notifications.

definition has provided the resulting data with a degree of uniformity currently lacking in Australia.

The St George's Medical School publishes annual reports that provide comprehensive information about the extent and nature of VSA-related mortality in the United Kingdom. These reports are both cumulative, adding to data first gathered in 1971, and an analysis of the most recent data. In the latest report it was noted that the total number of VSA deaths recorded in the UK between 1971 and 1999 was 1,857. Eighty-seven per cent of deaths were of males, 55.3 per cent of all deaths occurred in the 14–18 age group and 66 per cent of those who died were under the age of 20 (Field-Smith et.al. 2001). Just over half of all deaths were a direct result of the toxic effects of volatile substances and 16 per cent were a consequence of related trauma, such as an accidental fall (Field-Smith et. al. 2001). The reports provide further information about the different products abused, methods of administration and the place at which the death occurred.[124]

Australian research

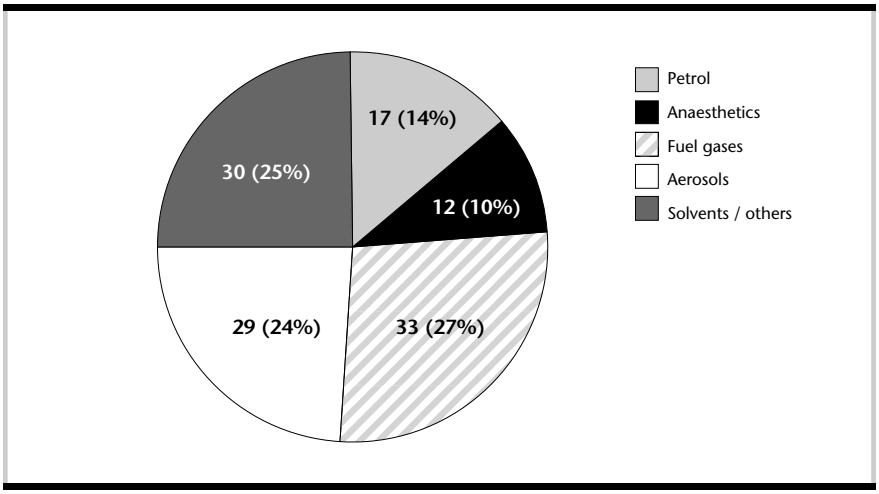
The Committee is only aware of two national studies of mortality from volatile substance abuse undertaken in Australia.[125] The Inquiry into Volatile Substance Abuse was conducted by the Senate Select Committee on Volatile Substance Fumes in 1985. This recorded 49 deaths as a consequence of volatile substance use between 1974 and 1985. Aerosol-based products, including cooking aids, deodorants and pain relief sprays were used in the overwhelming majority of VSA-related deaths recorded by the Senate Committee. Interestingly, not one death was attributed to the use of spray paint or 'chroming.'[126] A second study, conducted by the National Drug Abuse Information Centre, reported that 121 deaths occurred between 1980 and 1987 (National Drug Abuse Information Centre 1988). Figure 8.1 below shows the volatile substance associated with the recorded deaths. The considerable variation in the number of fatalities reported by each of the two studies emphasises further the difficulties in attaining an accurate figure of VSA-related mortality. What these studies do make clear, however, is that volatile substance use is an activity with potentially fatal results.

124 The St George's Medical School annual reports of Trends in Death Associated with Abuse of Volatile Substances are available online at http://www.sghms.ac.uk/depts/phs/ vsamenu.htm

125 Despite making a number of inquiries, the Committee is unaware of any further research that has been conducted into inhalant-related mortality.

126 For a full list of the known fatalities reportedly caused by volatile substance abuse (1974–1985) as reported by the Senate Select Committee, see Appendix 13.

Figure 8.1: Deaths from volatile substance abuse in Australia 1980–1987, according to substance used



Source: National Drug Information Centre cited in Chalmers 1991, p. 270.

At a state level, Rose (2001) compiled data relating to the number of deaths due to volatile substance use in Western Australia in 1999. However, this data relied on hospital records alone and was therefore unlikely to provide an accurate reflection of deaths. In addition to the lack of alternative sources of information, the figures compiled by Rose were likely to incorporate deaths associated with suicide by carbon monoxide poisoning, accidental poisoning and industrial accident (Rose 2001).

Volatile substance mortality in Victoria

The Committee's inquiry to the Victorian Coroner's Court and the Victorian Institute of Forensic Medicine revealed 38 deaths associated with inhalants between 1991–2000. The following discussion examines these deaths in some detail, exploring the personal circumstances of each individual case and grouping these according to the manner in which volatile substances played a role.

Deliberate inhalation of volatile substances resulting in death

Twelve deaths were directly attributable to the toxicity of volatile substances that had been deliberately inhaled. Of these 12 deaths, 9 were of males, and all but one involved young people aged 18 years or less. *The average age of the deceased was just 16.1 years.*

Table 8.1 below provides an overview of each of these cases as reported by the Victorian Coroner's Court files. Two additional cases are attached. These are deaths resulting from mixed drug toxicity, including volatile substances. It is debatable that the victims would have died if other substances had not also been used. This table records the sex and age of victims, their housing environment, the product inhaled, and whether they were using volatile substances alone or as part of a group. Where relevant, the Table also includes additional information about the personal background of the deceased.

Table 8.1: Deliberate inhalation of volatile substances resulting in death

Case	Sex	Age	Date	Day / Time	Place of death	Housing	Died Alone/ in Company	Product	Other
0735/91	M	17	5/3/91	Tuesday Approx: 11.00pm	Eastern suburb	Family home	Alone in bedroom	Portasol soldering unit containing butane / propane	Telecom employee with access to soldering units at work. Coroner recommends Telecom warn employees of dangers of intentional exposure (SSD).
1705/92	M	16	6/6/92	Saturday 12.-12.30pm	Eastern suburb	Family home	Alone in caravan in front yard	Primus LPG gas bottle	Mother died at age 6. Regular truant from school. Left school – Factory sheetmetal worker. Previous history of sniffing butane, petrol (SSD).
3095/93	M	15	30/9/93	Thursday 7.00pm	Central northern Victoria	Family home	With two friends travelling to Melb.	Ronson multi-fill butane injector	Had come to the notice of Police in Box Hill for using butane. In breach of bail conditions. Remanded 28/8-30/8 (SSD).
0176/95	M	18	18/1/95	Wed 5.40pm	South eastern Victoria	Private home	Friend's house	275ml butane gas cylinder	Unemployed. (SSD).
1087/95	M	17	18/4/95	Tuesday Night?	Eastern suburb	Family Home	Alone in bedroom	Butane lighter refills	History of asthma and ischaemic heart disease. No psychiatric history (SSD).
1297/97	F	15	5/5/97	Monday 5.30 – 6.00pm	North eastern suburb	Family Home	Alone in bungalow	Butane fuel refills: Flexolite Macquarie	History of heavy butane use and marijuana use. Coroner makes recommendations to Education Dept, Office of Fair Trading and Retail Traders Assoc.
1835/97	M	18	27/6/97	Friday Unknown	Eastern suburb	Family home	Alone in bedroom	LPG gas bottle	High achiever, excellent marks in VCE previous year.
1209/98	M	18	22/4/98	Wed Unknown	South eastern suburb	Charitable organisation	Alone on premises of derelict property	Gold spray paint	Lived with grandparents. Diagnosed psychotic. Grandparents unable to cope. Periods spent time in Monash Adolescent Psychiatric Unit, Secure Welfare, Juvenile Justice, Perry House, Northern Psychiatric Hospital. Chronic 'chroming' over 3-4 years prior to death. Guardianship order expired December 1997.
2971/00	M	14	10/9/00	Sunday 10.00pm	Northern suburb	Family home	At friend's house	Unknown Volatiles	Had run away from home due to problems with stepfather. Evidence indicates conflict had been resolved. Experimented with several drugs.

Source: Victorian Coroner's Court files.

Table 8.1 (cont'd)

Case	Sex	Age	Date	Day / Time	Place of death	Housing	Died Alone / in Company	Product	Other
1041/91	F	14	29/3/91	Friday 11.00pm	South eastern suburb	Family home	With friend in bedroom	Butane lighter refill	Lived with mother and brothers. Parents separated. Some history of sniffing, cigarette and marijuana smoking (SSD).
1672/91	F	18	23/5/91	Thursday 10.30pm	Northern suburb	Family home	Alone in bedroom	Butane lighter refill	Unemployed. Treated by psychiatrist 6 months prior to death. Experimented with several drugs.
1754/91	M	14	29/5/91	Wed. 1.00pm	North eastern suburb	Family home	Group on school grounds	Butane lighter refill	Died at school. (SSD) 'Typical, average student.' Normal family life. Coroner makes recommendations in relation to above three cases and in regard to prohibiting/restricting sales and to appropriate warnings.
0215/99	M	28	21/1/99	Thursday Unknown	Inner northern suburb	Managed by Inner West Mental Health Service.	Alone in private accomm.	Heroin, Toulene 'Kwik Grip'**	Homeless, 'a point in his life where he is grappling to put his life into order.' Community Treatment Order. Mother had Restraining Order against deceased. Chronic Hepatitis C.
0765/00	F	20	14/3/00	Tuesday Overnight	Inner southeast suburb		With boyfriend	Alcohol methadone Benzos Chrome paint**	Bipolar ex-heroin user. Psychological treatment over four years. Suicide attempts. Sleeping problems and nightmares. Heavily medicated – Benzos, mogadon, lithium, risperdal, tranquillisers. 'In crisis.' Arrested for stealing spray paint.

Source: Victorian Coroner's Court files.

One issue of significance is that the greater majority of fatalities detailed above involved the use of butane lighter refills and LPG gas cylinders. Anecdotal and qualitative evidence gathered by the Committee suggests that spray paint is currently the product of choice among the users of volatile substances. Certainly, the use of spray paint, or 'chroming' has captured the most attention throughout the course of the Committee's Inquiry. However, the use of paint was involved in only one death. While purely speculative, this evidence suggests that use of butane and propane is potentially far more lethal in the short term than the inhalation of spray paint.

Any consideration of legislative measures to restrict the sale of spray paint to minors should be aware of the potential that such action may inadvertently encourage the use of more dangerous substances such as butane and propane. There is evidence of such changes having occurred in the past. In December 1985 the Senate Select Committee on Volatile Substance Abuse recorded 49 deaths attributable to volatile substance abuse in Australia between 1974 and 1985. Twenty-two deaths were attributed to the use of 'Pure and Simple', an aerosol cooking aid, or 'Skefron' an aerosol based pain relief spray. These products have since been reformulated and the hazardous components removed. However there is little to suggest that the use of volatile substances declined. Instead, users simply switched to another of the hundreds of products containing volatile properties, including butane.[127]

These observations are consistent with findings in the United Kingdom. In 1985, the widespread publicity surrounding the practice of 'glue sniffing' in the UK saw legislation introduced to restrict the supply of glue to young people. While deaths attributed to the inhalation of glue fell, mortality from gaseous inhalants rose, suggesting a shift to the riskier practice of 'gas sniffing' (Esmail et.al. 1992).

A further trend to consider is that in 10 of the 12 cases reported above, the victims resided in the family home. Six died after inhaling volatile substances in their own bedrooms. They were not necessarily young people on the margins of society with little in the way of future opportunities and/or prospects. Nor did they resemble the outcast and disillusioned youths who feature prominently in media reports on the subject of volatile substance abuse. Although a number of the victims had experimented with drug use or were experiencing school or work-related difficulties, these experiences are far from uncommon among adolescents finding their place in the world. There is little evidence in these cases to suggest that the victims' use of volatile substances reflected anything more than adolescent experimentation.

127 For the Senate Select Committee's findings in respect of 'Known fatalities reportedly caused by volatile substance abuse', see Appendix 13.

Suicides involving the use of volatile substances

Twelve deaths occurred as a consequence of either suicide or a 'suspected' suicide in which volatile substances had played a role.[128] These cases are detailed in Table 8.2 below. In six of these cases, while suicide was suspected, there may have been another explanation for the death of the individual in question. Often the Coroner is restricted in the amount of information available and must make a ruling on the basis of this information. Victorian Coroner Hal Hallenstein noted in 1990:

> The qualification for coroner in Victoria is a law degree and, in the context of suicide, its issues and its specialty understanding, the coroner is not an expert (Hallenstein 1990, p.175).

In a number of the cases contained in Table 8.2 below, death may have resulted from an accident or through the actions of others.[129] On the basis of the evidence presented, the Coroner was restricted to finding that the deceased contributed to their own death. However, the circumstances of the death may 'suggest' that suicide is the most likely explanation of death. In these instances, the Committee has indicated a 'suspected suicide.'

All of the cases of volatile substance-related suicide examined by the Committee involved males. The deceased ranged in age from 16 years to 87 years. These factors set this category of death apart from the others considered. Volatile substance use is concentrated among younger age groups and this concentration is reflected in mortality rates in respect of death due to the toxic effects of volatile substances and death as a result of misadventure while under the influence of volatile substances.

What is most notable in Table 8.2 is the use of LPG cylinders to commit suicide through asphyxiation.

128 The Committee also noted a number of deaths involving the ingestion or swallowing of volatile substances such as petrol, methanol and ethylene glycol.

129 For example, in case 0978/97, a man placed his upper body in line with an approaching freight train. This occurred immediately after the deceased was seen inhaling glue. Whether the man's actions were a deliberate suicide attempt or a consequence of hallucination or intoxication can not be conclusively determined.

Table 8.2: Suicides and suspected suicides involving the use of volatile substances

Case	Sex	Age	Date	Cause of death	Place of death	Housing	Died Alone / in Company	Product	Other
2727/91	M	17	19/8/91	Hanging	Eastern suburb	Family home	Alone in cellar of family home	Addiction to thinners	Suffered chronic depression. History of social and psychological problems and low self-esteem. Addicted to thinners for approx 12 months prior to death. Consensus that deceased had been contemplating suicide for some time.
2207/92	M	33	(Found) 28/8/92	Asphyxia – plastic bag and propane	South west Victoria	Caravan Deceased had left parents' house two days prior to suicide	Alone in caravan probably a week earlier	LPG cylinder	Two suicide notes found. Unemployed. Sexually abused as a child. Charged with sexually assaulting daughter. Separated from wife. Impairment of short and long-term memory. History of chronic alcohol abuse.
4106/92	M	67	16/12/92	Asphyxia – plastic bag and propane	South east Victoria	Alone in private home	Alone on back porch of house.	LPG cylinder	Suffering several medical conditions (painful and severe trauma to back and throat) and related depression.
3534/93	M	24	11/11/93	Hanging in rear garage	Northern Victoria	Alone in private home	Friends inside house	Shellite.	Recent relationship break-up. Had consumed excessive amounts of alcohol and inhaled shellite prior to suicide.
0156/94	M	48	15/1/94	Asphyxia – plastic bag and propane	Inner south eastern suburb	Alone in private home	Alone in house	LPG gas	Deceased had a florist business that was losing money. Couldn't renew business lease.
0663/94	M	16	10/3/94	Hanging	Western suburb	In father's house	At rear of house	N/A	Lengthy history of depression. Had spoken of suicide on a number of occasions. Suicide note found. History of truancy and of glue sniffing and chroming.
** 0978/97	M	33	4/4/97	Struck by train	Central Victoria	Shared house with friends.	Queen St Railway Bridge Ballarat	Kwik Grip	Evidence of heavy drinking. Deceased was observed inhaling glue substance from a plastic bag before placing upper body in line with oncoming freight train.

Note: ** Suspected suicide

Source: Victorian Coroner's Court files.

Table 8.2 (cont'd)

Case	Sex	Age	Date	Cause of death	Place of death	Housing	Died Alone / in Company	Product	Other
** 1249/00	M	20	25/4/00	Asphyxia – LPG	Central Victoria	Family home	Alone in bungalow at rear of family home	LPG gas bottle	History of sniffing paint. Was receiving treatment at time of death. Had not been able to afford paint for some days. As a result, had become depressed and quite desperate. Possible accidental death.
1288/00	M	87	29/4/00	Carbon monoxide / propane poisoning	Northern suburb	Private home	In motor vehicle in garage of home	LPG gas and car exhaust fumes	Suicide letters. Upset about various aspects of life. Isolated and bitter.
** 2395/00	M	81	(Found) 27/7/00	Asphyxia Plastic bag and propane	South western Victoria	Private unit	In cupboard in rear yard of unit	LPG gas.	Suffering onset of early dementia and depression. Found with hands and feet bound (hog tied). However no evidence of injury or sign of forced restraint. History of Chronic Anxiety Disorder. Had spoken of suicide in past. Ruled suicide.
** 3057/00	M	22	17/9/00	Asphyxia – LPG	Eastern Victoria	Family home	Garage at rear of family home	LPG gas	Suffering drug induced psychosis. Heavy cannabis user. Suffering delusional episodes. No suicide note.
3581/00	M	49	(Found) 30/10/00	Asphyxia – Plastic bag and propane	Eastern suburb	Private home	In bedroom of private home	Gas Bottle	Long-term sufferer of mental illness. Suffered eczema, bronchitis and epilepsy. History of suicide attempts. One attempt resulted in deceased being diagnosed as having poor anger control and schizoid personality. A number of suicide notes were found.

Note: ** Suspected suicide

Source: Victorian Coroner's Court files.

Death by misadventure involving the inhalation of volatile substances

The Committee noted eight deaths that involved fatal accidents suffered by individuals who had been inhaling volatile substances immediately prior to their deaths. Of these deaths, four occurred in a single road fatality, two involved persons who died after being hit by cars, one following a fall from a roof and one case of plastic bag asphyxia (See cases 3783/99, 1936/99 and 1377/96 above). The details of these cases are noted in Table 8.3 below.

It is important to emphasise that volatile substances may well have been involved in a further number of accidental deaths in Victoria. As noted above, there is a tendency to list the actual cause of death (ie. injuries sustained in motor vehicle accident) as opposed to those factors that contributed to the death. In many cases, investigating officers may simply be unaware of the use of volatile substances prior to trauma-related fatalities occurring in incidents such as road accidents. There is little doubt that the number of cases in Table 8.3 would be significantly higher were investigating authorities to adopt the definition of a VSA death used by St George's Hospital in London – 'one that would not have occurred if the deceased had not abused volatile substances, regardless of what was the terminal event' (ACMD 1995, p.38). However, those cases of which the Committee is aware clearly demonstrate the manner in which the inhalation of volatile substances can contribute to accidental death.

Table 8.3: Death by misadventure involving the inhalation of volatile substances

Case	Sex	Age	Date	Day / Time	Place of death	Housing	Died Alone / in Company	Product	Cause of death / Circumstances
1787/94	M	17	3/7/94	Sunday 4.00am	Western suburb	Family home	Group of four	Butane lighter fluid	Driver of vehicle involved in fatal accident. Took father's vehicle without permission. This was a regular occurrence. On the night of his death, the deceased was giving friends 'joy-rides.' Butane and tetrahydrocannibinol in blood
1788/94	F	13	3/7/94	Sunday 4.00am	Western suburb	Family Home	Group of four	As above	Passenger in vehicle driven by male deceased (Case 1787/94). No volatile substances detected.
1789/94	F	13	3/7/94	Sunday 4.00am	Western suburb	Family Home	Group of four	As above	Passenger in vehicle driven by male deceased (Case 1787/94). Butane and tetrahydrocannibinol in blood.
1790/94	F	14	3/7/94	Sunday 4.00am	Western suburb	Family Home	Group of four	As above	Passenger in vehicle driven by male deceased (Case 1787/94). Butane detected in blood.
1377/96	M	18	(Found) 13/5/96	Unknown	Northern suburb	Flat managed by Cross Roads (Ascot Vale)	Alone	Dulux silver spray paint.	Asphyxia. Involved in chroming since aged 15. Under a Guardianship Order until 18. Three months custody in Turana. Chroming on a daily basis. Found with plastic bag over head and spray cans at feet. Quantity of used bags in flat.
2507/97	M	34	Hit by car: 21/8/97 Died: 23/8/97	Thursday 7.05pm	Inner eastern suburb	Unknown	Alone. Hit in Hoddle Street after walking into road.	Selleys 'Kwik Grip'	Hit by car. History of substance abuse, especially of sniffing glue. Sighted sniffing glue by witnesses prior to accident. Open can of glue found in bag. Positive for Hep C. Evidence of recent heroin use.
1936/99	M	17	27/6/99	Sunday Time Unknown	Western suburb	Staying in vacant building where death occurred	Alone	Silver spray paint	Died from a fall. Was chroming on top of a 3-storey building. History of chroming and other drug use. Deceased was under Community Correctional Services supervision at the time of death as a result of motor vehicle theft, unlicensed driving and recklessly causing injury. Extensive petty criminal history.
3783/99	F	15	13/12/99	Monday 7.25pm	Western Victoria	Family Home	Alone. Hit in Griffen St.	Selley's 'Kwik Grip'	Hit by car following inhalation of glue. Relatively stable family upbringing. Driver of the car tested 0.017 for alcohol (full licence holder).

Source: Victorian Coroner's Court files.

Deaths of individuals with history of volatile substance abuse

There were four deaths of individuals whose files indicated a history of VSA. Two of these deaths involved mixed drug toxicity and one was the consequence of a pulmonary embolism. Of note was the death of a male caused by meningoencephalitis.[130] The circumstances of these deaths are contained in Table 8.4 below.

The tendency to record medical explanation of death as opposed to the volatile substances that contributed to it undoubtedly leads to the underestimation of deaths that might be attributed to the long-term use of volatile substances. Given the toxicity of volatile substances, it could be speculated that chronic, long-term use might be a contributing factor in a significant number of fatalities due to organ failure.

130 Rose (2001) lists meningoencephalitis as one of 'the more common chronic effects of VSA'. Meningoencephalitis is an infectious neurological disease in which a bacteria or virus invades the dura covering of the brain which causes severe inflammation. In some cases bacteria goes on to form abscesses in the brain.

Table 8.4: Deaths of individuals with history of volatile substance abuse

Case	Sex	Age	Date	Place of death	Housing	Died Alone / in Company	Cause of death	Circumstances
3007/94	M	31	29/10/94	South west Victoria	Private Home	Alone	Meningoencephalitis A viral infection causing cerebellar wasting	History of schizophrenia. Had recently been sniffing petrol.
3044/95	M	16	15/10/95	Inner easter suburb	Accomm provided by Salvation Army Crossroads	Alone	Mixed drug toxicity – Heroin, alcohol, oxazepam	Subject to a Custody Order. History of uncontrollable behaviour. History of drug use included butane and glue.
1215/96	M	30	27/4/96	South eastern suburb	Homeless	Alone	Pulmonary embolism / Deep vein thrombosis	Vagrant alcoholic known to sniff petrol.
0705/99	M	31	25/10/00	Inner southern suburb	Private house with partner in Ballarat	At friend's house	Mixed drug toxicity – Heroin and a range of benzodiazepams	On Intensive Corrections Order imposed by a Magistrate's Court. History of drug use included glue sniffing.

Source: Victorian Coroner's Court files.

Developing a national research database

What the above discussion makes apparent is the need for further research into mortality as a consequence of volatile substance abuse. While the available data demonstrates the potentially fatal dangers of volatile substance use, it is unable to do so with the level of consistency and accuracy desired. However, there are indications that evidence of this nature will be more readily available in future.

In a meeting with the Committee, State Coroner Graeme Johnstone drew attention to the establishment of a National Coroners Information Centre (NCIS) in July 2000. Although the early stages of NCIS operation have been characterised by the technical problems of building and linking a national database, it will provide real time access to relevant coronial information. The database will log the initial police report of death, toxicological and pathological reports and, finally, Coroner's findings and recommendations.[131] This data will be coded, following international codes, to ensure consistency of definitions used. Although a relatively recent initiative (data has only been added periodically since July 2000), it is hoped that the NCIS will provide a useful tool for future research into the incidence, causes and circumstances of inhalant-related mortality. The Committee is certainly supportive of any measures that may aid such research.

Morbidity

Researching morbidity associated with the inhalation of volatile substances

Australian researchers have described evidence of long-term harm resulting from solvent abuse as 'controversial' (Mundy 1995). Mechanisms by which individual solvents damage organs and organ systems are not well understood. Studies have largely concentrated on industrial settings in which workers are exposed to small amounts of volatile substances over an extended period of time (Chen et al. 1997; White & Proctor 1997). The results from such studies cannot be extrapolated to young solvent abusers whose use is characterised by inhalation of concentrated amounts of volatile substances over short periods of time. In 1995 the British Advisory Council on the Misuse of Drugs noted:

> Long term studies of young people who have engaged in VSA are comparatively rare … there is a scarcity of reliable information on the long-term damage which young people may be doing to themselves through VSA (Advisory Council on the Misuse of Drugs 1995, p.49).

The difficulty in ascribing medical pathology to certain substances is further compounded by the fact that many products contain more than one solvent. The effects of solvent combinations are little understood.

Despite these difficulties, there are valid reasons for concern.[132] Experimental and industrial toxicological research indicates that in some circumstances

131 Mr Graeme Johnstone, Victorian State Coroner, in conversation with the Committee, 28 August 2001.

132 The following is drawn from the Advisory Council on the Misuse of Drugs (UK) 1995.

several of the commonly misused substances can cause damage to tissues of the body, including the brain (Rosenberg & Sharp 1992; Grasso 1998), sense organs (Pryor et al. 1991; Hollo & Varga 1992), the peripheral nerves (Lolin 1989), liver (Ungvary et al. 1983), kidneys (Gupta, Van Der Meulen & Johny 1991), and the bone marrow (Tunek, Hogstedt & Olofsson 1982). Although some types of damage are recoverable, it is probable that others may be cumulative and, perhaps, irreversible. Those substances which stay in the body for a long time may pose greater dangers of tissue damage than substances which are rapidly eliminated in the breath, with obvious implications for users of petrol containing lead.

Morbidity in Victoria

In order to gain an understanding of the impact of volatile substance use on morbidity, the Committee sought data from two primary sources. The first was data collated by the Melbourne Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre. The second was hospital admission data and emergency department incidents drawn from the Victorian Admitted Episode Dataset (VAED) and the Victorian Emergency Minimum Dataset (VEMD).

Ambulance attendances

Despite the relatively low mortality rate attributed to volatile substances in Victoria, ambulance data collected in the metropolitan Melbourne area confirms that the use of these substances presents a health problem of some concern. As Table 8.5 details, from August 1998 to March 2001[133] ambulances attended at 337 volatile substance-related cases (Turning Point 2001).[134] Interestingly, there appears to be a concentration of activity in Council areas such as Frankston and Darebin.

133 Excluding June 1999 data due to incompleteness.

134 These cases were all non-fatal. The majority of volatile substance-related cases attended by the Metropolitan Ambulance Service involved individuals displaying signs of acute intoxication (such as disorientation, incoherence, blurred vision). The remaining cases involved non-fatal accidents that occurred while intoxicated by volatile substances. Although volatile substances were used in these cases, this is not to discount the possibility that other drugs were used. The nature of the data is such that definite conclusions cannot be drawn.

Table 8.5: Number of volatile substance-related cases attended by ambulances in selected local government areas, August 1998–March 2001*

LGA Name	Volatile substance-related cases	% Melb
Frankston	52	15.40
Darebin	47	13.95
Melbourne	27	8.09
Moreland	24	7.14
Port Phillip	22	6.50
Stonnington	14	4.07
Yarra	13	3.80
Brimbank	12	3.61
Moonee Valley	12	3.60
Maribyrnong	12	3.57
Melbourne Metro Area	337	

* June 1999 data were excluded because of incompleteness.

Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre 2001.

As seen in Table 8.6, the greater majority of cases attended by ambulances involved males (251 cases, 74.7 per cent). Given that the most recent Victorian surveys reported no gender differences in either regular or lifetime use of inhalants (DHS 2001b), this disparity provides further evidence of male youth being engaged in more harmful inhalation practices than females.

Table 8.6: Sex distribution of volatile substance-related cases attended by ambulances in the Melbourne metropolitan area, August 1998–March 2001 inclusive*

	Sex	Frequency	Per cent
Valid	Males	251	74.5
	Females	85	25.2
	Total	336	99.7
Missing		1	.3
Total		**337**	**100.0**

Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre 2001.

Table 8.7 shows that 63.8 per cent of those attended to by ambulance were under 20 years of age. While this supports the consensus that the use of volatile substances is mainly confined to younger age groups, changes to the figures suggest that a number of individuals are continuing use into later life.

Table 8.7: Age category distribution of volatile substance-related cases attended by ambulances in the Melbourne metropolitan area, August 1998–March 2001*

	Age category	Frequency	Per cent
Valid	Under 20	215	63.8
	20 - 24	40	11.9
	25 - 29	15	4.5
	30 - 34	18	5.3
	Over 34	32	9.5
	Total	320	95.0
Missing		17	5.0
Total		337	100.0

Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre 2001.

The greater proportion of incidents involving volatile substances attended by the Melbourne Metropolitan Ambulance Service occurred in public space (see Table 8.8). Again this is supportive evidence of volatile substance use occurring among young people who are unable to engage in such activity within the parental home. Only 77 attendances took place at private property, while 239 incidents occurred in public space, with 146 of these occurring in outdoor public space.

Table 8.8: Location of volatile substance-related ambulance attendances (where stated) in the Melbourne metropolitan area, August 1998–March 2001*

Volatile substance-related attendances	Private Space	Public Space	Total
Indoors	64 (40.8%)	93 (59.2%)	157
Outdoors	13 (8.2%)	146 (91.8%)	159
Total	77 (24.4%)	239 (75.6%)	316

Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre 2001.

Hospital admissions and Emergency Department incidents

The information in the following section has been drawn from the Victorian Admissions Episode Dataset (VAED). This data was searched for admissions to hospital as a consequence of volatile substance abuse for the purposes of either intoxication or intentional self-harm.

The Committee also sought information from the Victorian Emergency Minimum Dataset (VEMD) in respect of emergency department incidents.[135]

135 These data collections are managed by the Health Data Standards and Systems Unit (HDSS) within the Acute Health Division of the Victorian Department of Human Services. They are used to provide clinical, demographic, resource utilisation and financial information essential for the Casemix-based funding of public hospitals, service planning and coordination, epidemiology and other research, and to meet Victoria's national reporting obligations.

Unfortunately the VEMD could not supply emergency presentations as a consequence of volatile substance use because the diagnosis codes used by this dataset are not as extensive as those used by the VAED. The Committee believes that such information would provide further insight into the potential consequences of volatile substance use.

The following statistical information must be viewed with caution and is not necessarily an accurate reflection of levels of morbidity associated with the use and abuse of volatile substances. The VAED is based on data drawn from the public hospital system in Victoria. It does not include admissions to private hospitals as a consequence of volatile substance use. Furthermore, the following information is based solely on the examining physician's diagnosis. If, for example, a physician is unaware that a presenting patient had been inhaling volatile substances prior to sustaining injuries in a motor vehicle accident, then this factor will not be recorded in hospital admissions data. These factors must be considered when interpreting the information provided below.

Table 8.9 shows hospital admissions as a consequence of volatile substance toxicity on the basis of gender. It is interesting to note the similarity between the numbers of males and females admitted to hospital suffering the toxic effects of volatile substance use, with the obvious exception of figures recorded in 2000/2001.

Table 8.9: Admissions to Victorian Public Hospitals due to the toxic effects of volatile substances according to gender 1998/99–2001/02

Gender	1998/99	1999/00	2000/01	2001/02	Total
Male	14	31	41	22	108
Female	12	34	26	22	94
Total	26	65	67	44	202

Source: Victorian Admitted Episode Dataset (VAED) Public Hospital Data 1998–99 to 2001–02.

Table 8.10 analyses the same data on the basis of age. This shows a distinct concentration of hospital admissions among those aged 15–19 years. Indeed, of the 202 *recorded* hospital admissions for volatile substance toxicity between 1998/9–2001/02, 22 per cent were aged 15–19 years. Of some interest is the number of those aged 30 and above (45.5%). This figure stands in contrast to the reported concentration of inhalant use among younger age groups and may be a reflection of the use of volatile substances in deliberate acts of self-harm as opposed to the inhalation of volatile substances for the purposes of intoxication.

Table 8.10: Admissions to Victorian Public Hospitals due to the toxic effects of volatile substances according to age group 1998/99–2001/02

Age Group	1998/99	1999/00	2000/01	2001/02	Total
<10	<5	0	<5	0	<5
10-14	<5	<5	<5	<5	7
15-19	6	21	11	8	46
20-24	<5	8	7	10	28
25-29	5	6	10	6	27
30-40	5	13	16	7	41
40-50	<5	7	11	7	28
50>	<5	7	10	5	23
Total	26	65	67	44	202

Source: Victorian Admitted Episode Dataset (VAED) Public Hospital Data 1998–99 to 2001–02.

Note: In providing the following data to the Committee, the Victorian Department of Human Services has stipulated that data of less than 5 cells cannot be published for fear that individual cases may be identified. This is in accordance with guidelines established by the Australian Bureau of Statistics.

Conclusion

Volatile substance abuse is a problem of significant proportions in Victoria. Despite the limitations of current data collection techniques, anecdotal evidence from a variety of sources consistently warns of increasing prevalence among young Victorians. Although mortality figures are relatively low, these figures represent young lives cut short, often unexpectedly. Furthermore, the considerable number of cases attended by the ambulance service over a short period of time is an indication of the morbidity associated with volatile substance abuse.

Perhaps the most important issue that has emerged in the context of the above information, however, is the necessity of further data collection. Also of importance is the need for the use of uniform research methodologies by those authorities engaged in data collection. The implementation of such measures is imperative if the full extent of both mortality and morbidity attributed to volatile substance abuse in Victoria, and indeed Australia, is to be understood.

9. Young Volatile Substance Users: A Profile from the Children's Court

When this Inquiry was announced, the President of the Children's Court of Victoria, Judge Jennifer Coate, contacted the Committee expressing serious concern with regard to the increasing number of young people coming to the attention of the Children's Court with volatile substance abuse issues. The Committee was again struck by the absence of research in the area and felt the seriousness of the issue warranted investigation. While the time constraints of the Inquiry meant it was not possible to undertake an extensive examination of all Children's Court files, or attend case hearings, the Committee has undertaken some exploratory research through an examination of Children's Court Search Warrants (CCSW). This research seeks to gain some understanding of the demographic characteristics of those young people for whom volatile substance abuse is an issue, and to gain some understanding of their lives.

The following chapter is divided into two sections beginning with an examination of the demographic characteristics of the young people in the sample of CCSWs. The second section looks closely at the lives of those young people who have been engaging in the inhalation of volatile substances and seeks to develop a more complete picture of the issues confronting them.

The Children's Court of Victoria – Background information

The Victorian Children's Court was established in 1906 under the *Children's Court Act*. The establishment of the Children's Court of Victoria was part of a general movement within Australia to establish courts to specifically deal with young offenders, thus separating juvenile and adult criminals from being tried in the one Court. The Children's Court of Victoria currently comprises two separate divisions – the Criminal and the Family Division. While the Criminal Division deals with young people between the ages of 10 and 17 years who have committed a criminal offence, the Family Division is concerned with family and child protection matters.

Children's Court search warrants

Children's Court Search Warrants (CCSWs) are issued under the *Child and Young Persons Act* (1989). The significant protective intent of a CCSW should not be understated. The application to issue a CCSW is written by either a protective intervener employed by the Department of Human Services, a delegate of the Secretary to the Department of Human Services or the Child Protection Authorities. This document is officially titled an 'Affidavit in Support of an Application to issue a Children's Court Search Warrant'. A Magistrate of the Children's Court then approves these documents before the CCSW is issued. Thus, the children and young people that fall within the parameters of this research have come to the attention of the Children's Court for a range of protective issues, as opposed to strictly criminal matters. While it is important to note that criminal issues may form a part of the reasoning behind the issuing of a CCSW, protective concerns are the principal rationale for issue of a CCSW.

The main purpose of these documents is to locate a missing child or young person, and return them to their home, current placement or carer. In some cases a warrant may be issued for the purpose of removing a child from an unsafe environment within the family or carer's home.

The Committee's research focused on data contained within the 'Affidavit in support of an Application to issue a Children's Court Search Warrant'. Essentially, this document provides background information on the child or young person in order to assist with the decision to issue a CCSW. Such information may include, but is not exclusively limited to, the following:

- History of Department of Human Services involvement with child or young person;
- Family background (including history of abuse and neglect);
- Individual medical and health matters (such as mental illness, behavioural disturbances and medical conditions);
- History of criminal activity and violence; and
- Details pertaining to drug use.

An 'Affidavit in support of an Application to issue a Children's Court Search Warrant' is a relatively concise document, but is detailed enough to bring together a complex range of issues and problems impacting on the lives of the young people who have come to the attention of the Child Protection Authorities.

The research process

For the purposes of this analysis, CCSWs were collected for the period of 1 December 2001 to 31 March 2002. The details of each document were entered into a Microsoft Excel spreadsheet. Details recorded for each CCSW included

the date of issue, the gender and age of the young person, volatile substance use, other drug use, criminal involvement and violence, and mental and physical health issues. Additionally, the last known address of the child or young person was recorded together with the number of warrants issued for an individual. This information was then transferred to an SPSS file for further analysis. All identifying features were removed prior to recording information for the quantitative analysis.

Demographic characteristics of young people in the Children's Court search warrants

In the period December 2001 to March 2002 a total of 277 Search Warrants were lodged with the Children's Court (see Table 9.1). The monthly number of lodgements was very stable, varying from a low of 68 to a high of 71. These warrants were lodged for a variety of reasons, including risks posed to the child from external sources (usually neglect or abuse) and risks posed by the child's behaviour such as drug or volatile substance abuse. There is a strong age-relationship with these risks, and virtually all warrants issued in relation to children under 10 years are concerned with external risks to the child. Volatile substance abuse was not an issue for children under 10 years. Accordingly, all warrants issued in relation to children under 10 (a total of 43 warrants, including those with missing age values) were excluded from further analysis.

Table 9.1: Children's Court Search Warrants issued December 2001 to March 2002, by whether child aged 11 or more and whether volatile substance use cited

	All warrants	Warrants issued for children aged 11+		
		Volatile substance use? Yes	No	Total aged 11+
December	68	12	47	59
		20.3%	79.7%	100.0%
January	69	18	41	59
		30.5%	69.5%	100.0%
February	71	18	43	61
		29.5%	70.5%	100.0%
March	69	24	40	64
		37.5%	62.5%	100.0%
Total	**288**	**72**	**171**	**243**
		29.6%	**70.4%**	**100.0%**

Source: Children's Court Search Warrants (CCSWs), Children's Court of Victoria

All warrants were classified according to whether volatile substance abuse was cited in the accompanying affidavit. There was a clear increase in the number and proportion of warrants where volatile substance abuse was cited between December 2001 and March 2002 (see Table 9.1). In December a total of 59 warrants were issued in relation to young people aged 11 or older, of which 12

(20% of warrants) cited VSA as a problem. In the next three months the total number of warrants issued in relation to young people aged 11 or older increased marginally to 64, but the number where VSA was cited doubled to 24 (38% of warrants). This increase was spread throughout the period, with rises between December and January, and February and March. The number of warrants issued in relation to young people aged 11 or older where VSA was not cited as an issue fell over the same period.

Volatile substances were not the only substances of concern cited on Children's Court warrants. Thirty-two of the 72 warrants where VSA was cited as a problem also cited some other drug as a problem, with alcohol and cannabis the most commonly cited other drugs. A further 45 warrants where VSA was not cited included some reference to alcohol or drugs (most commonly cannabis) as a problem.

It should be noted that some young people had multiple warrants issued for them. There was no systematic tendency for young people with VSA issues to be the subject of more warrants than those without VSA issues. The 72 warrants where VSA was cited as an issue applied to 37 different young people (an average of 1.9 warrants per person). The 171 warrants where VSA was not cited as an issue applied to 100 different young people (an average of 1.7 warrants per person). Some warrants issued in relation to a single child did cite different drug and other problems.

Age and sex characteristics of VSA and non-VSA cases in CCS warrants

Young people who had warrants issued against them where VSA use was cited as a problem were marginally younger than those where VSA was not cited, with a mean age of 15 years for VSA warrants compared with 15.5 years for non-VSA warrants (see Table 9.2). Given the relatively small sample it is unclear whether this represents a real difference between VSA users and non-users. Warrants where VSA use was cited were much more likely to have been issued in relation to males than females (see Table 9.3). Overall, more warrants were issued in relation to female young people than male young people (147 females versus 96 males). However only 20% of warrants issued in relation to female young people cited VSA as a problem, compared with over 40% of warrants issued in relation to male young people.

Table 9.2: Children's Court warrants: Age of child by whether warrant cited VSA

Age	Volatile substance use?		Total
	Yes	No	
12	1	3	4
	1.4%	1.8%	1.6%
13	8	7	15
	11.1%	4.1%	6.2%
14	22	20	42
	30.6%	11.7%	17.3%
15	18	64	82
	25.0%	37.4%	33.7%
16	10	43	53
	13.9%	25.1%	21.8%
17	10	22	32
	13.9%	12.9%	13.2%
18	3	12	15
	4.2%	7.0%	6.2%
Total	**72**	**171**	**243**
	100.0%	**100.0%**	**100.0%**

Source: Children's Court Search Warrants (CCSWs), Children's Court of Victoria

Table 9.3: Children's Court warrants: Sex of child by whether warrant cited VSA

Sex	Volatile substance use?		Total
	yes	No	
Female	30	117	147
	20.4%	79.6%	100.0%
Male	42	54	96
	43.8%	56.3%	100.0%
Total	**72**	**171**	**243**
	29.6%	**70.4%**	**100.0%**

Source: Children's Court Search Warrants (CCSWs), Children's Court of Victoria

Association between VSA and criminal behaviour

Warrants where VSA was cited as a problem were more likely to also include some reference to criminal behaviour by the child. Affidavits included some reference to criminal behaviour in about half (49%) the warrants where VSA was cited as an issue compared with about one-quarter of warrants where there was no reference to VSA (see Table 9.4).

Table 9.4: Children's Court warrants: Criminal behaviour cited on warrant by whether warrant cited VSA

Criminal behaviour cited?	Volatile substance use?		Total
	Yes	No	
Yes	35	44	79
	48.6%	25.7%	32.5%
No	37	127	164
	51.4%	74.3%	67.5%
Total	**72**	**171**	**243**
	100.0%	**100.0%**	**100.0%**

Source: Children's Court Search Warrants (CCSWs), Children's Court of Victoria

Association between VSA and violence as victim or perpetrator

Approximately one-third of all affidavits cited violence by or to the child. In 10% of cases, the child was alleged to be the perpetrator of violence, and in 21% of warrants the child was alleged to have been the victim of violence. Cases where VSA was cited were marginally more likely to involve the child as perpetrator than those where VSA was not cited, while cases where VSA was not cited were more likely to include an allegation that the child was both a perpetrator and a victim of violence, but these differences were not statistically significant (see Table 9.5).

Table 9.5: Children's Court warrants: Violence cited on warrant by whether warrant cited VSA

Violence cited?	Volatile substance use?		Total
	Yes	No	
Perpetrator	9	14	23
	12.5%	8.2%	9.5%
Victim	14	37	51
	19.4%	21.8%	21.1%
Perpetrator and victim	1	9	10
	1.4%	5.3%	4.1%
No violence	48	110	159
	66.7%	64.7%	65.3%
Total	**72**	**170**	**243**
	100.0%	**100.0%**	**100.0%**

Source: Children's Court Search Warrants (CCSWs), Children's Court of Victoria

Last place of residence

Warrants recorded the last place of residence for the young people. The most common place of residence for both VSA users and non-users was some form of placement. This included a variety of residential facilities. Approximately three-quarters of warrants related to VSA users indicated that they were in a placement, and 80% of non-users were in a placement (see Table 9.6). VSA

users were more likely to have been living at home than non-users (23% compared to 9%).

Table 9.6: Last place of residence

Last address	Volatile substance use?		Total
	Yes	No	
home	16	15	31
	22.5%	8.8%	12.8%
placement	52	137	189
	73.2%	80.1%	78.1%
fostercare	2	9	11
	2.8%	5.3%	4.5%
short-term respite		3	3
		1.8%	1.2%
homeless	1	4	5
	1.4%	2.3%	2.1%
other		3	3
		1.8%	1.2%
Total	**71**	**171**	**242**
	100.0%	**100.0%**	**100.0%**

Source: Children's Court Search Warrants (CCSWs), Children's Court of Victoria

The lives of young people engaging in volatile substance use

The following section is focused on those CCSWs that involved cases of volatile substance abuse. The aim of this section is to highlight the particular issues facing this group of young people within the sample of CCSWs. There is no attempt by the Committee to suggest that this group is representative of all young people within Victoria engaging in the inhalation of volatile substances. In actuality, this analysis exposes the problems of a very specific group of marginalised young people within our community.

The information contained in the CCSWs that involved volatile substance abuse highlights starkly the myriad of problems impacting on the lives of these individuals. In the process of this research, the Committee has attempted to unearth the various issues such as abuse, violence, drug addiction, mental illness and intellectual disability that characterise the lives of these troubled youth.[136]

Problematic drug use

Many of the young people coming into contact with the Children's Court through CCSWs have troublesome and problematic drug habits. While for the majority of adolescents drug use is experimental and transitory in nature, the

136 To ensure the confidentiality of these children and young people, all names in the CCSWs have been changed while the key facts of the documents remain the same. The Committee records its appreciation to the Children's Court of Victoria for allowing access to these confidential files and to the young people who have their stories contained within them.

young people here illustrate severe and in some cases extreme forms of substance abuse.

> Jason has a history of significant substance abuse, predominantly chrome but has increased his poly drug use recently, using alcohol, marijuana and chrome together. Jason's chroming use has resulted in Jason being placed in Secure Welfare in the past, as the only means of ceasing his behaviour, and in the Ambulance being called twice on the 11th March 2002. Jason's escalating chrome use is quite concerning given Jason's past and given that Jason has been diagnosed with a significant medical condition.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 22 March 2002, p.3.)

It becomes clear through an examination of the CCSWs that this group of young people is far removed from the typical teenage experimental user. Rather, these young people demonstrate a challenging history of drug use characterised by dangerous levels of use and in some cases, like 'Michael's', overdose.

> Michael has a history of poly drug use, which includes heroin, marijuana, alcohol and inhaling chrome. His use of heroin resulted in Michael overdosing on several occasions during April and May, as a direct consequence he was hospitalised and placed in Secure Welfare Services on these occasions. Michael has been chroming on a daily basis over the last two weeks. [Youth Service X] have a drug and alcohol worker attempting to reduce his level of use.
>
> (Affadavit in support of an Application to issue a Children's Court Search Warrant, 26 February 2002, p.2.)

The case of 'Michael' is not an isolated one. Chronic drug use was evident in many of the affidavits. The narratives of the affidavits illustrate patterns of escalating substance use, overdose, stabilisation and a return to problematic substance use.

> John has been admitted into a detoxification unit on four occasions. John has chromed immediately after being exited from this unit on two occasions and did not complete the previous stay as he absconded with another resident and chromed.
>
> (Affadavit in support of an Application to issue a Children's Court Search Warrant, 22 March 2002, p.2.)

In cases such as this one, there is evidence of the numerous difficulties faced by service providers working with these young people and attempting to address the various needs of their clients.

> Unit staff received a phone call at 5.30 p.m. from John stating that he was at the local train station and requested to be picked up. Unit staff collected John and he returned to placement with staff, stating that he needs to 'get off the chrome' and had allegedly been chroming all day. John went straight to bed.

> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 22 March 2002, p.2.)

Such affidavits reveal the difficult position of workers who are attempting to care for these young people. A sense of frustration on the part of the workers shows through in the affidavits. The case of 'Brad' is among one of the most severe cases of volatile substance abuse located and illustrates the position workers find themselves in:

> It is the shared view of the Department of Human Services and other community services that Brad is displaying a complete disregard for his physical and emotional wellbeing. Brad has been assessed to be at risk of significant harm primarily due to his rampant & out of control poly substance abuse.

The writer then proceeds to elaborate on such issues through a detailed narrative of 'Brad's' chroming behaviour.

> Brad returned to his unit in [Suburb X] at approximately 2.30 a.m. this morning in a drug affected state. He continued to inhale large quantities of paint in the ensuing hours until 5 a.m. During this period he also 'tagged' the unit inside and out, tagged neighbours fences and punched a hole in the toilet wall and slashed curtains of the unit.
>
> Brad went to sleep at 6.30 a.m. and awoke at 11 a.m. and was confronted by the unit's supervisor in relation to damage to the unit and surrounding fences.
>
> Brad then recommenced inhaling substance. His mood became further aggressive and workers assessed he was likely to become violent if attempts were made to engage with him. Workers directed Brad to leave the property and encourage him to hand over his can(s) of chrome paint.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 22 February 2002, pp.1–2.)

While the inhalation of volatile substances is certainly an issue of significant concern in its own right, the above-mentioned cases illustrate that for many of these young people; chrome and other volatile substances form a part of a larger pattern of drug use. The question then arises: What differentiates this group of young people from the majority of adolescents who cease their experimentation with substances? According to research by Copeland and Howard (1997, p.172), "…the minority of young people who develop substance use-related problems frequently have a constellation of personal and social problems in their lives".

Indeed, one of the most striking findings of this research is the inseparability of a range of issues impacting on the lives of these young people. The CCSWs examined in the course of this Inquiry draw attention to familial abuse, rejection, mental illness, behavioural disturbances and many other compounding factors. In addressing the needs of these young people,

acknowledgment must be made of the multiple disadvantages faced by this group. The case of 'Ben' provides a powerful example:

> Ben is described as emotionally immature and is not street wise. Ben is considered a vulnerable young person who has a poor attachment with his father and experienced multiple caregivers throughout his life and ongoing rejection from both parents. Ben's mother abandoned Ben at three years of age and, until recently, did not wish to have contact with Ben. His mother has a history of heroin addiction and currently resides in Tasmania.
>
> Ben has a history of chroming and absconding behaviour. It is known that Ben was chroming whilst in his father's care in August 1999, but Ben has admitted to chroming prior to this known date. Ben's chroming behaviour has gone through a pattern of escalating and then diminishing and Ben will present as settled in his behaviour for periods of time before his chroming and substance use escalates. Ben also has a history of experimenting with other drugs and has admitted to trying heroin and speed earlier this year.
>
> (Affidavit in Support of an Application to issue a Children's Court Search Warrant, 2 January 2002, p.2.)

Clearly the writers of CCSWs draw on a range of factors as rationale for intervention into the lives of these young people. While the writer of the above CCSW does not propose a direct causal link between the lack of familial attachment and the development of 'Ben's' problematic drug use, there is an implied connection. She identifies 'Ben's' family functioning as an area of concern, having experienced 'rejection from both parents' and 'poor attachment with his father'. A great deal of attention is given to the family history of a young person in writing a CCSW. This serves to reinforce the notion that the behaviours of young people like 'Ben' stem from a range of environmental factors. The case of 'Daniel' (below) illustrates the effects of familial rejection, detachment and physical abuse on his life.

> Daniel is a 16-year-old young man who is currently listed on the High Risk Register in the Eastern Region. Daniel initially came into the Child Protection System as a result of rejection by his family and physical abuse by his stepfather. Daniel currently deals with grief and loss issues related to this as well as further failed attempts at reunification.
>
> Daniel has chronic and ongoing drug abuse issues. Daniel's main drug use is marijuana and alcohol however he is known to have used speed, heroin and chrome also, when available to him.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 6 February 2002, pp.1–2.)

A connection is drawn between 'Daniel's' marginalisation from the family unit and his subsequent drug use. For 'Daniel', drug use may be a way to cope with the grief of his past. The writers of the CCSWs associate such marginalisation from the family unit with a variety of self-destructive behaviours. While

substance abuse is one such behaviour, the following section discusses the issue in further detail.

Marginalised and self-destructive lives

The young people coming into contact with the Children's Court through CCSWs experience marginalisation in a variety of ways, including familial rejection, detachment from the mainstream educational system or lack of a supportive peer group. In some cases, mental illness, intellectual disabilities, learning difficulties and behavioural disturbances heighten this marginalisation. As stated in 'Michael's' CCSW:

> His poly drug use, intellectual disability, combined with his suicidal ideations make Michael a vulnerable young person.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 26 February 2002, p.1.)

There is a strong link between such marginalisation and patterns of self-destruction in the stories contained within the CCSWs. It is saddening to read of the ways in which these young people attempt to deal with the various problems in their lives. Stories of attempted suicide, suicidal thoughts and self-harming are entwined throughout the affidavits. 'Kate's' story is a graphic illustration:

> During the past few years, Kate has been presenting with suicidal ideation and increasingly serious, repetitive self harm behaviour, such as slashing her skin and ingesting dangerous objects such as glass, batteries and razor blades in situations she found difficult to cope with.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 15 February, 2002, pp.1–2.)

Moreover, in CCSWs dealing with young women, attention is given to the issue of sexual harm. The sexual behaviours of young women are often referred to in terms of vulnerability and risk. A range of issues are identified in the case of 'Vanessa', beginning with her family background:

> Vanessa is a young Koori woman who is suffering from extreme rejection from not being able to return to residing with her mother. Vanessa's behaviour has been placing her at extreme risk since the 11.03.02. Since this time Vanessa has been constantly chroming to the extent that she passed out at the park in front of her unit at 12.55 p.m. today. Vanessa refused to accept the assistance of the ambulance service.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 13 March, 2002, p.1.)

The above extract identifies the familiar themes of familial rejection and substance abuse which impact on 'Vanessa's' life. The writer then incorporates the issue of sexual risk:

> Residential staff have been witnessing Vanessa having unprotected sex in the park and back yard of her unit over the past three days. It should also be noted that Vanessa has recently been diagnosed with epilepsy and is refusing to take her medication.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 13 March, p.1.)

Particular attention is paid to the sexual behaviours (and vulnerabilities) of young women within the CCSWs. While there are certainly cases where a young man's sexual behaviour is discussed, this is a more dominant theme within the CCSWs concerned with young women.

> [The] writer interviewed Sally with respect to allegations she had been sexually assaulted, however Sally elected to withhold information pertaining to the allegations, and furthermore indicating she did not want to disclose because she feared for her life. Sally maintained she had felt safe in her chosen 'squat' and had significantly reduced her levels of substance use, particularly chrome. Sally had admitted she is vulnerable to both physical and sexual exploitation, and in the past, informed police that she has performed sexual favours to appease other young people who frequent the squats.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 25 March, 2002, p.2.)

While 'Sally' is the alleged victim of a sexual assault, her reluctance to report the assault is identified by the writer. Furthermore, 'Sally' is identified as at risk of further sexual exploitation and harm. This is indicative of an ongoing pattern of victimisation and sexual exploitation for some of the young women within the sample.

'Lisa's' CCSW echoes this pattern:

> Lisa places herself at physical risk when she is not at her placement. She has a tendency to 'chrome' in the presence of other young people and it is anticipated that she is also associating with older males. Hence Lisa is also at risk of sexual exploitation.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 13 March 2002, p.2.)

While a range of vulnerabilities and risks has been revealed so far in this analysis, it is worth considering the issue of mental illness in further detail. Again, a pattern emerges that stresses an interaction between mental health issues, self-harming behaviours and drug use for the youth described in the CCSWs.

> Michael has significant mental health issues. Notably he has on several occasions over the last year told workers his intentions to commit suicide, in addition to advising workers that he hears voices.

> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 26 February, 2002, p.3.)

A similar story is told in 'David's' CCSW:

> David is a young person who in the past has displayed high risk taking behaviour, relating to his inhaling of chrome paint, in addition to concerns about his self harming and having suicidal thoughts. David has also spoken about feeling 'down' about himself and that he regularly has suicidal thoughts.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 14 December, 2001, p.1.)

The effect of inhalation of volatile substances

The physiological and behavioural effects of the inhalation of volatile substances were routinely discussed in the CCSWs that involved volatile substance use. The writer of the CCSWs often relayed events of a particular incident where the young person had been chroming or engaging in other forms of volatile substance use. Details pertaining to the duration and intensity of volatile substance use and the impact on behaviour were included in such documents:

> Information from residential staff from Peter's placement has reported Peter has been chroming and sniffing butane three times per day since 09.01.02. Unit staff have reported that Peter returned to placement on the 09.01.02 with paint around his lips advising that he had been chroming and he had had two bags earlier in the day. On the 10.02.02 Peter left the unit and was found to be sitting on the roof of the unit sniffing butane approximately 20 minutes later, initially Peter refused to get down from the roof, though eventually complied. On the 11.02.02 Peter had left the unit and when he returned a couple of hours later was suspected to be sniffing butane in his room, at this time staff noticed that Peter had paint on his fingers and that his speech was noticeably slurred. When staff have attempted to confiscate cans from Peter, he has advised them that he would simply leave the unit, and also has advised staff that he has had up to five cans in his bag at a time.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 28 March, 2002, p.2.)

The above passage offers further insight into the issues facing the service providers working with these young people. Such issues may include concern for the physical and psychological welfare of the young person engaging in volatile substance use. Additionally, concern may be raised for the well-being of other residents and workers in instances where violent behaviour is an issue, such as the case of 'Michael' below:

> Michael has been prescribed a number of medications for various medical conditions. He suffers from tuberculosis and a stomach ulcer and receives

> medication in relation to these complaints, he also receives treatment in the form of pain management for a fractured jaw. Furthermore he is prescribed three types of antipsychotic medication.
>
> When Michael does not take his medication he can become violent and pose a risk to other DHS clients in placement as well as staff and the general community.
>
> Due to Michael's aggressive presentation, staff at his placement were unable to stop him from continuing 'chroming'. His behaviour became increasingly aggressive and threatening. He threatened to kill another resident.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 26 February, 2002, pp.1–2.)

There is clearly a history of violent behaviour in the case of 'Michael' that is intensified when he engages in the inhalation of volatile substances. This was a common thread within CCSWs that mentioned increasingly aggressive or violent behaviour following volatile substance use. Significantly, in the cases identified in this analysis, there were other contributory factors impacting on the behaviour of the young person, rather than volatile substance use alone.

> On the day he moved in he was so enraged that he kicked 5 holes in the walls of the house. On the 2.10.01 Peter was chroming with other residents at the placement.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 28 March, 2002, p.2.)

The writer of 'Peter's' CCSW identifies a history of challenging behaviours including suicidal threats, threatening to kill teachers and peers and diagnoses of Attention Deficit Disorder and Oppositional Defiance Disorder.

Victimisation and offending

While there is no causal link made between volatile substance use (or other drug use) and juvenile crime, the analysis does show that for some of these young people criminal involvement, like drug use, may be a pattern of behaviour within their lives. In the main, criminal involvement is discussed as an issue in its own right. However, in some cases criminal involvement is attributed to the inhalation of volatile substances.

> Matthew is a 14-year-old young man who has a history of chroming and marijuana use and some experimental heroin use. Matthew has also been involved in various criminal activities such as burglary, theft and car theft, which usually occurs whilst substance affected or when influenced by older peers.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 28 March 2002, p.1.)

There is a discernible pattern within the CCSWs involving volatile substance use of both victimisation and offending. As such, it is somewhat one-dimensional to examine the patterns of offending or victimisation in isolation of one another. What emerges from exploring the sample of CCSWs involving volatile substance use is that the traditional victim/offender dichotomy is to some extent simplistic. The narratives of the CCSWs in the sample demonstrate a complex interaction between victimisation and offending. The case of 'Paul' draws attention to this issue:

> Paul has a history of sexually offending and threatening behaviour and is therefore a risk to himself and the community. Due to his history of sexual abuse & offending behaviour, Paul is also vulnerable to sexual exploitation.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 20 February, 2002, p.1.)

The totality of problems facing this group of young people is captured in the application for issue of a CCSW written for a 17-year-old female:

> Sarah's presentation is often gaunt, dirty, paint stains evident on clothing, and hungry. Berry Street have arranged for Sarah to shower, eat and hold ongoing discussion around possible alternatives for accommodation. This position is well supported by other support agencies including police, the council (health dept), DHS and other support services.
>
> There is unanimous consensus that Sarah requires ongoing assessment, nutrition and respite from this current 'dangerous' lifestyle and workers all continue to raise concerns that Sarah poses a serious risk to herself and that despite all the support, food parcels and visits, that Sarah's safety can no longer be ensured.
>
> (Affidavit in support of an Application to issue a Children's Court Search Warrant, 25 March 2002, p.2.)

The sense of concern of the writer is self-evident. As this exploration of CCSWs has illustrated, this is not an isolated case.

Conclusion

The group of young people exposed in this analysis represents a particular group of volatile substance users within the community. Moreover, the Committee's research into CCSWs, while exploratory in nature, has revealed that problematic drug use is merely one of a number of problems for this group. The reality of the many compounding issues impacting on the lives of these young people, including mental illness, intellectual disability, abuse, neglect and crime, gives emphasis to the need for services to be tailored accordingly.

PART D: Patterns Of Volatile Substance Use

Overview

Defining a 'typical' volatile substance 'user' is as problematic as classifying exactly what volatile substances are and what is meant by volatile substance abuse. To do so is simplistic and reductionist given that inhalant use takes on different forms and manifests different behaviours depending on the context in which it is placed. Culturally there is a considerable difference between a young person who sniffs paint on a railway line and a dry cleaner who deliberately inhales industrial fluids to get 'high'.

This Part in the Report attempts to obtain an understanding for the different patterns of volatile substance abuse that may occur among different 'subsets' of those who use volatile substance abuse for the purposes of intoxication. Chapter 10 will examine briefly demographic groupings such as gender, professional group use, people from non-English speaking backgrounds and 'petrol sniffing' among Indigenous populations. Unfortunately, very little research has been conducted examining specific use amongst these disparate populations. This paucity of research will be commented on further in Chapter 26.

Chapter 10 also very briefly pays attention to those who may inadvertently be affected by volatile substances in the workplace. As the Terms of Reference do not include investigation of this phenomena as part of its brief, such coverage will be of necessity subsidiary and cursory.

Chapter 11 discusses the necessity of examining 'cultural aspects' of volatile substance abuse. Without an understanding of the rituals, cultures and activities of volatile substance abuse it is difficult to devise strategies that can effectively address such phenomena.

10. A Profile of Volatile Substance Users

Defining categories of users

In previous chapters this Report has almost exclusively concentrated upon children and adolescents when discussing inhalant use.[137] This is with good reason, as it is this population who predominantly misuse inhalants deliberately for the purpose of intoxication.

Within this group there are distinct types of users – the *experimenter,* the *social user* and the *long-term dependent user* (Australian Drug Foundation 1999, p.2).[138]

May and Del Vecchio (1997) outline a more sophisticated breakdown of these broad categories into experimental, vicarious youthful use; inhalant abuse as part of polysubstance abuse; and adult chronic abuse. Bellhouse, Johnston and Fuller (2002a) presents the main features of May and Del Vecchio's categories as follows:

Experimental, vicarious youthful use:

- Experimental, no commitment to long-term use
- Pre-teen and early teens
- Curiosity, attention seeking and peer influence
- Often a substitute for other drugs
- Prevalent in specific geographical, environmental and cultural settings

Inhalant abuse as part of polysubstance abuse:

- Experienced inhalant use

137 Dinwiddie puts forward some speculative research suggesting that use among younger groups of children (9–12 years of age) is becoming increasingly common (1994, p.929).

138 D'Abbs and MacLean, in the context of petrol sniffing among Indigenous communities, discern a difference in patterns of use among those in cities and those in rural or remote areas:

'Among urban young people volatile substance misuse appears to involve a relatively large number of experimental users and a very small number of chronic users. In Aboriginal communities, however, the sniffing population often contains a relatively high proportion of chronic sniffers, particularly among older age groups, although the proportion so labelled depends in part upon one's definition of a chronic sniffer' (2000, p.7).

For further discussion of petrol sniffing among Indigenous communities, see Chapter 23.

- Peer group has experience with inhalants, as well as a variety of other drugs
- Will use almost any drug available; drugs play a major part in lives
- Often linked to multiple problems
- Often headed for future drug-related problems

Adult chronic use:

- Users have many years experience using inhalants
- Inhalants are the drug of choice
- Frequent use, often daily
- Lives centred around inhalant use
- Serious other problems
- High risk of premature death (Bellhouse, Johnston & Fuller 2002a, p.13).

Bellhouse, Johnston and Fuller state further that while May and Del Vecchio's categorisations may be appropriate to populations of American users, 'the geographic specificity of some forms of VSU make generalisations difficult':

> However, they do raise the important issue of a middle category of VSU practice by a group of young people who have gone beyond experimental use and are clearly displaying a heightened interest in drug use, but who remain regular rather than habitual users.
>
> While youth workers and outreach workers identified a group of regular users who sniffed with a group of others, the possibility of another type of regular VSU is raised by a number of alcohol and drug counsellors:
>
> 'The lonely isolated sort of kid is often the type we see who is using regularly.' (Alcohol and Drug counsellor, inner-suburban hospital)
>
> "The only non-aboriginal young person I'm seeing with a sniffing problem is extremely isolated." (Alcohol and Drug counsellor, rural town)
>
> "Two students began chroming in grade 5/6. They have disturbed backgrounds, have been brutalised and both seem immature. They are on the fringe of their own age group, so they try to mix with younger students, which is a concern." (Welfare coordinator, suburban secondary school)
>
> With the above comments in mind, the categorisations of May and Del Vecchio seem helpful when categorising volatile substance users in Victoria, with the possible addition of extremely isolated young people who sniff regularly and alone (Bellhouse, Johnston & Fuller, 2002a, pp.13–14).

While the experimenter and the social user often use volatile substances in the context of group activity, the long-term dependent user may be inclined to use alone and in isolated circumstances and often has had family, psychological and social problems associated with the substance use (Western Australia Drug Abuse Strategy Office (WADASO) 1998, p.11.). A recently published Background Paper written by Rose (2001) states:

> Volatile substance abuse occurs in association with a number of different situations, each of which require a range of categorically different interventions:
>
> - 'Average' young people who experiment with VSA.
> - VSA associated with delinquent behaviour and low socio-economic status.
> - VSA in urban and rural Aboriginal communities.
> - Petrol inhalation in remote Aboriginal communities.
> - VSA amongst disadvantaged and homeless adults.
> - Abuse of anaesthetic gases by professional groups.
> - Abuse of amyl and butyl nitrites by those in [the] gay community.
>
> Rather than treating VSA per se, understanding the social context and associated behaviours may provide insights into the provision of more holistic interventions (Rose 2001, p.7).

Using Rose's classification, where appropriate, the remainder of this chapter will outline discrete groups of volatile substance users and their patterns of using behaviour, noting both the commonalities and the differences of inhalation practices between the groups. Acknowledging that there is no one 'type' of volatile substance user is important in tailoring future prevention and intervention strategies to the needs of particular 'communities of use'.

Adolescent users

Adolescents from lower socioeconomic backgrounds

As has been previously noted, volatile substance abuse is not confined to people from a particular social class. Nonetheless, as Rose (2001) observes, those engaged in volatile substance abuse are more likely to come from impoverished backgrounds. Richard Ives, a British expert on volatile substance abuse, has recently undertaken a comprehensive review of volatile substance abuse in Britain. He concludes that 'those living in households with the lowest income category were twice as likely as those in the highest category to have tried volatile substances' (quoted in Rose 2001, p.8). In general terms volatile substance abuse has been found to be more common across the board in economically depressed areas than in affluent areas (Rose 2001, p.8).[139]

139 For other studies that discuss the nexus between volatile substance abuse and economic disadvantage, see Jacobs and Ghodse 1988; Chadwick 1991; Dinwiddie 1991.

Adolescents from troubled backgrounds and adolescents in (state) residential care

Rose (2001) drawing from Howard's (1999) research notes that:

> [t]hose engaged in VSA reported significantly less family support and cohesiveness and lower self-esteem, and significantly more lifetime thoughts of suicide and suicide attempts and lower perceived school ability as compared to non-users. In clinical groups and those within the justice system, solvent abusers had higher rates of emotional symptoms (mostly depressive) and abundance of adverse life events, family dysfunction and higher rates of relatives who had attempted suicide (Rose 2001, p.8).

Volatile substance abuse has also been found to be disproportionately high among children and adolescents 'in care' or involved in the juvenile justice system (McGarvey, Canterbury & Waite 1996).[140] It has also been associated with significantly higher levels of antisocial and delinquent behaviour (Houghton, Odgers & Carroll 1998). This is generally true of most forms of substance abuse.[141] In its submission to this Inquiry the Juvenile Justice section of the Victorian Department of Human Services stated:

> Chroming behaviour has been identified as a problem for a number of young people for whom the Child Protection and Juvenile Justice program has responsibility. An increasing number of young people are coming to the attention of Child Protection and Juvenile Justice as a result of escalating family conflict, due to the young person's substance abuse and resultant parental/carer inability to manage the young person's behaviour. It is common that even where strong family/carer relationships have existed the additional stressors of caring for a child with a substance abuse problem cause significant impact on the capacity of parents/carers to manage. Child Protection and Juvenile Justice often has to locate alternative accommodation and support services for young people with substance abuse problems who may have been rejected, are homeless or refuse to reside in the family home any more.
>
> Currently 80% of all children and young people's case management services are contracted to DHS Placement and Support funded Community Service

140 This accords with the experience of the National Children's Bureau (NCB) in Britain (ACMD 1995, p.36)

Anderson et al. also found that 10% of those under 18 who had died as a result of volatile substance abuse in Britain were defined as 'in care' – 'a much higher proportion than would be expected by chance' (Anderson 1985 quoted in ACMD 1995, p.36). The British Advisory Council on the Misuse of Drugs (ACMD) in its Report on volatile substance abuse stated in this regard:

'Research … suggests that disrupted families and family problems are potential pre-disposing factors towards VSA, and it is therefore not unreasonable to presume that children who are looked after by the local authority are more vulnerable to volatile substance abuse' (1995, p.36).

141 For an analysis of the links between volatile substance abuse, crime and delinquency in the American context refer to Dinwiddie 1994, p.933.

These links are generally speculative and inconclusive. Further and more detailed research is required in this area. As stated in Chapter 4 one needs to be careful of drawing generalisations from one-off examples, for example the recent manslaughter case (see Footnote 38 in Chapter 4).

> Organisations; these non government agencies provide a range of services to children and young people, including out of home care services such as foster care, residential care, high risk adolescent services, family support services and counselling. While it is difficult to identify the exact numbers of children and young people participating in chroming, regional Child Protection, Juvenile Justice and CSOs continue to report that this is significant problem being exhibited particularly by young people who reside in residential out of home care services.[142]

These comments are echoed by Berry Street Victoria, a leading provider of residential care for child protection and juvenile justice clients:

> Berry Street's experience suggests that inhalant use is present in both rural and urban areas. As with some research coming from the United States and the United Kingdom, Victorian young people using inhalants are typically affected by poverty, a history of child abuse, low school engagement and disconnection from family. It is Berry Street's experience that young people in care are a high risk group for inhalant use. Furthermore, for this group, inhalant use is usually a transitional drug, which may be later replaced with harder, illicit substances.[143]

The community welfare agency Anglicare is responsible for a number of residential homes with young clients on statutory care orders. In their submission to this Inquiry Anglicare workers state that they also believe the prevalence of young people in care who 'chrome' is higher than official records may indicate:

> In September 2000 Anglicare Northern Region Youth Services surveyed 30 of their residential clients. Only two of the respondents said they did not use any drugs, 20% admitted current inhalant use, 40% used cannabis and 23% were using heroin.
>
> In May 2001 Anglicare's Youth Support Services conducted a further survey of over 300 young people aged 12–22 years in all Anglicare programs. Over 30% of respondents revealed having alcohol and/or drug issues, [of which] 12% reported an intellectual disability, and 31% had a mental illness.
>
> Also in May 2001 the Department of Human Services surveyed Case Managers of clients on Statutory Orders. They found that 23% of those aged 13–17 years currently used chrome.

Some of these users may be experimental. However, there is also a disturbing group of clients who have a chronic pattern of usage:

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142 See Submission of the Department of Human Services (Child Protection and Juvenile Justice Branch) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001d, pp.2–3.

For further discussion of volatile substance abuse amongst statutory clients 'in care' see Chapter 23. It is generally thought that what few official statistics there are accounting for volatile substance abuse in this group of young people are underestimations.

143 Submission of Berry Street Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.6.

> Unfortunately there are young people for whom inhalant use goes beyond the experimental phase, these young people find solace in the potentially fatal high of solvents. This chronic group of users are disadvantaged young people who sniff in an attempt to escape a reality that is too disturbing to face sober.[144]

Anglicare recommends that any Review of Out of Home Care clients must take into account the special and complex needs of this disparate group of users.

This was also a recommendation, among many, from the comprehensive Report '*When care is not enough*' (Morton, Clark & Pead 1999) that reviewed the therapeutic and residential services available for deeply disturbed young people in out of home care and their needs. This Report will be considered further in discussing the strategies available and needed in addressing this particular group of adolescents.[145]

It is important to acknowledge that there seems to be a substantial problem of volatile substance abuse among adolescents from disadvantaged backgrounds, including those in residential care. However, as a warning against stereotyping young users, Owen (1999) cites the following case study:

> Phillip did not fit the image of a disadvantaged youth sniffing solvents to get a brief high in an empty life. He was described as a 'brilliant student' (*The Mirror*) and 'Boy Genius' (*The Sun*), he had 13 grade A GCSEs, was deputy head boy at school, and was aiming to study computer science at Cambridge University.
>
> It is believed that he died as a result of his first experience of solvent sniffing. His mother was quoted as saying: 'He did something stupid for the first time in his life and now he is not here' (Owen 1999, p.15).

Although it is impossible to generalise or extrapolate from Phillip's tragic circumstances, Owen's story is a salutary reminder that volatile substance abuse can affect *all* children and that it takes only one episode to have potentially fatal consequences.

Adult users

There has been very little research conducted into the patterns of adult volatile substance users. Most of that which is available is American and even that is inconclusive. In a recent review of the literature Dinwiddie states:

> [t]he age distribution may be broadening, with recent reports of growing use among young adults. Case reports have long substantiated chronic use in a handful of adults, though large scale epidemiological investigations are lacking … The increase in use by older adolescents and adults appears to be mirrored in medical contacts, as well (Dinwiddie 1994, p.930).

144 ibid, p.9.

145 See Chapter 23.

The full subtitle of this Report is: 'A review of intensive therapeutic and residential service options for young people in out of home care who manifest severe emotional and behavioural disturbance and have suffered serious abuse or neglect in early childhood'.

Although dated, research by Hershey and Miller based on emergency room data also concluded that 'inhalant use appeared to be more common than was generally recognised among adults' (Hershey & Miller 1982, p.1079; Dinwiddie 1994, p.930).

More recent research by Dr Jane Maxwell of the Texas Commission on Alcohol and Drug Abuse notes quite a substantial increase in adult volatile substance abuse, particularly among adult white males. In analysing Texas death certificates from 1988–1998 Dr Maxwell found that:

> While Texas surveys show little difference in prevalence of use between white and Hispanic adolescents or between boys and girls, Texas death data indicate inhalant use is also a problem among adult white males. The mean age of decedents was 25.6 years, and ages ranged from 8 to 62 years (Maxwell 2001, p.689).

Maxwell concludes that the results of her data and findings indicate that 'Prevention campaigns need to inform the public that inhalant abuse is not just a problem among youngsters' (Maxwell 2001, p.695).

Beauvais (1992) states:

> There are … anecdotal reports of isolated instances in which groups of adults have developed a pattern of solvent use that is extremely heavy and seem to have become endemic in that population. Adult use of solvents is an extremely under researched problem and is deserving of much more attention (Beauvais 1992, p.33).

Beauvais indicates that the adult communities in which volatile substance abuse is 'endemic' are often those that for reasons of race (Indigenous communities) and/or poverty are marginalised.[146]Of equal concern is the fact that if the inhalant use is prevalent as a community problem, there is always the potential for children of users to become enmeshed in these practices[147] (Beauvais 1992; Fredlund 1994).

It would seem that for the most part the adult user tends to be a chronic user rather than experimental or short-term.[148] (Beauvais & Oetting 1987; Dinwiddie 1994; Brouette & Anton 2001).[149] Moreover, the adult (chronic)

146 Mackesy-Amiti and Fendrich recently reviewed the data on prevalence patterns in the United States. They state that:

'National surveys have found that inhalant users are predominantly white, although higher rates of use are often found among Native Americans living on reservations and certain impoverished Hispanic populations. African-Americans and Asians are least likely to report inhalant use' (2000, p.570).

See also discussion of prevalence in the United States in Chapter 6.

147 Related to this concern, is the issue as to whether there is possibly a 'foetal inhalant syndrome', see Beauvais 1997 and discussion in Chapter 4.

148 Although Allanson suggests that: 'Adults who are denied access to other drugs (e.g., those adults in gaols or in hospitals), are reported to indulge in solvent misuse' (Allanson 1979, p.20).

149 This would certainly seem to be the case for treatment programmes (Dinwiddie 1994). For example, the Okungegayin Treatment Programme for First Nation Canadians accepts people of all ages, but the average age of clients admitted is 27 years of age (Beveridge 2001, p.4).

user may tend to use in conjunction with other drugs or when those other drugs are not available. Understandably, the adult dependent user has the poorest prognosis of volatile substance abusers, having used them 'for many years at the cost of both their physical and psychological well being' (Brouette & Anton 2001, p.80).[150]

Sandra Meredith from the New Zealand Department of Youth Affairs states that in her experience adult users are often 'loners'. In her submission to this Inquiry, she continues:

> Adults in New Zealand who use solvents either have continued use since adolescents or have made a conscious decision to use solvents in preference to other substances. This group, at least the individuals I have met say they are not very social and therefore find it difficult to go to a bar/club or other such places for a social drink. They discovered that solvents provided them with a good feeling but as it is not socially acceptable they do it in the privacy of their own homes.
>
> Sometimes people do not want to admit to using solvents due to the stigma attached to them. Some [adult] solvent users who mix their substances have episodes where psychiatric support is required. It is unclear which drug has the most impact on the individual in this case. Solvents can be the substance that older users fall back on when they are short of money for alcohol or are feeling low.[151]

New Zealand research indicates that there are two forms of older solvent abusers: 'Those who only use solvents and those who are poly-abusers but solvents are primary' (Meredith 2000, p.12). Meredith states that a number of specific and particular factors need to be borne in mind when developing strategies that address the needs and problems of the older solvent user. These include:

- Older solvent abusers are less likely to belong to a larger group; they have often drifted away from friends. Older users are more likely to hide the fact that they use solvents than younger users;
- Women who use solvents over the age of 20 years often come forward for help when they become pregnant or after they have had a child;

150 In an interesting recent article, Brouette and Anton discuss the psychopathology of the adult volatile substance abuser and the implications for mental health delivery. A detailed analysis of the issue is beyond the scope of this Report, suffice it to state:

'Though the relationship between solvent inhalation and psychiatric disorders remains controversial, there appears to be agreement that … inhalant abusers appear to have more severe character pathology, particularly antisocial personality disorder. Several studies have also found depression to be more common in solvent abusers [although some researchers have] argued that solvent abuse does not appear to cause psychiatric illness but instead is more common among the mentally ill …' (2001, p.81).

151 Submission of Ms Sandra Meredith, Senior Policy Adviser, Youth Affairs New Zealand to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.8.

- Older solvent abusers do not do well in residential programmes that cater mainly for alcoholics. They find it very difficult to relate to each other and their chosen substances;
- Older solvent abusers require a range of options to help change behaviours that have been long term (Meredith 2000, p.13).

Unfortunately again there seems to have been very little research undertaken or information available on the long-term volatile substance abuser. One of the reasons that adult volatile substance abuse may not have been considered a problem is that:

> Adults appear to be rarely surveyed as to their use of solvents and may be loath to admit such an indulgence bearing in mind that society tends to approve alternative modes of intoxication for adults (eg. alcohol, marijuana, valium) (Allanson 1979, p.20).

Despite the inattention paid to adult abusers, in recent years the long-term and chronic user has been recognised as a separate focus of study from other groups. This is especially the case in Britain:

> Since most sniffers try out sniffing for the first time in their early teens, most long-term sniffers will be in their early twenties. However, there is now evidence both of extremely long-term sniffers approaching their thirties, who have sniffed ever since they were, say, thirteen years old and, of older sniffers who have taken up the practice in later life, perhaps in response to shortage of cash to buy alcohol or other, more expensive, drugs. As with other forms of drug use, published information gives the impression that long-term sniffers are most often male, but this may simply be another aspect of the problem of the hidden female drug user (Re-Solv 2000, p.23).

There has also been some interesting British research concentrating on the older chronic user. Parrot (1990) reports that the chronic user, who most probably has been introduced to solvent use as part of a group, will be more likely to abuse solvents while alone when he or she becomes more dependent and use becomes more habitual. On the other hand, the research of Joyce Watson in Scotland suggests that habitual users do form groups to inhale volatile substances:

> [h]abitual users tended to include users of differing ages, drawn from different localities, who got together simply for the purpose of abusing solvents. Chronic users can spend several hours each day in an intoxicated state (Watson cited in ACMD 1995, p.30).

Whatever, the 'truth' of the matter (and probably there are chronic users who fall into both types of use) this type of research is very important. It is regrettable that so little of it is done in Australia that specifically pertains to volatile substance abuse. There is also a dearth of qualitative and ethnographic research pertaining to patterns of volatile substance abuse behaviour among adults in this country. The importance of and need for greater research across

the board with regard to volatile substance abuse is discussed further in Chapter 26.[152]

Indigenous communities[153]

A constant comment made by Indigenous Victorians with whom the Committee has met is that the problem of volatile substance abuse is not a new phenomenon for Indigenous communities in this state. The following comment is representative of these concerns:

> This is not a new subject to our community. I can remember talking about the drug and alcohol issue back in 1981 when I first came to work with the Victorian aboriginal community. I have been associated with this issue between 1981 and 1989. Chroming was a part of that issue. I can see faces in this forum today that were involved in these conferences, meetings, and forums. You name it; we did it. We were talking about it 20 years ago and we are still talking about it today. One of the visions that many of us had back then was to form our own youth detox and rehabilitation centre for these young people. Today, we are still waiting.[154]

Despite these long-held concerns, there is very little documentation or data on volatile substance abuse among Indigenous Victorians. Most of the literature on volatile substance abuse that pertains to Indigenous (young) people and Indigenous communities relates to petrol sniffing and or communities located in states other than Victoria.

Petrol inhalation will be discussed briefly in this Report, although the Report's predominant focus is the issue of chroming. It is believed that chroming is a far more prevalent form of volatile substance abuse in Victoria, including among Indigenous Victorians, than petrol sniffing. It may be that this is an erroneous assumption.

Rose (2001) comments that volatile substance abuse in Indigenous communities and among Indigenous young people differs from non-Aboriginal communities 'by way of cultural heritage, patterns of use and some intervention strategies as compared with non-Indigenous communities' (p.9). Qualitative research by Caroll, Houghton and Odgers (1998) also resulted in some interesting differences in volatile substance abuse between a sample group of young non-Indigenous high school students in Perth and an equal cohort of Indigenous students. All of the participants were self-reporting volatile substance abusers. Indigenous users tended to use much more

152 The United States and Canada have also produced some excellent ethnographic research detailing volatile substance abuse amongst certain populations of adults in those countries. Of particular note is the ethnographic research done by Fredlund that examines the culture of volatile substance abuse among adult Kickapoo (native American) people in the border areas of Texas/Mexico (Fredlund 1994).

153 See Chapter 23 for further discussion pertaining to volatile substance abuse among Indigenous people.

154 Ms Barb Honeysett, Indigenous forum on volatile substance abuse, 17 August, Melbourne.

regularly, often on a daily basis and over a longer period of time than non-Indigenous users. There was also a difference in the type and range of substances used:

> For example, Kwikgrip and petrol tended to be the predominant solvents used among the Aboriginal students, followed by toluene. Non-Aboriginal students reported using a larger range of solvents, including Kwikgrip, toluene, Liquid Paper, deodorant, fly spray, chrome paint, butane, nitrous oxide, and Vicks nasal inhalant. Comments included:
>
> 'Most kids in Perth use toluene now, because it's cheap, not messy, and easy to hide. It gets you off' (Aboriginal male, age 14).
>
> 'I started on Liquid Paper then used Kwikgrip. Tried fly spray and chrome, but only once' (Aboriginal male, age 14).
>
> 'Kids here sniff Vicks when they go to raves. When they are tripping, they sniff Vicks to make their heads really clear' (non-Aboriginal female age 15).
>
> 'Sniff deodorant makes you high for about a minute' (non-Aboriginal female age 15).
>
> 'Butane is what I use, but not really on a regular basis. A white friend of mine uses 4 cans a day' (non-Aboriginal male, age 15) (Caroll, Houghton & Odgers 1998, p.3).

While both Rose's and Caroll, Houghton and Odgers' research refers specifically to the Western Australian context, the above statement is generally applicable to other Australian states, including Victoria. Rose argues further that differences in inhalation practices and culture apply to Indigenous people in the cities, large rural towns, small rural centres and remote outback communities. Such differences include the:

- Degree of community cohesion
- Local traditions, customs and degree of cultural (identification)
- Number of those engaged in VSA
- Local methods and types of volatile substances abused
- Access to resources and supports
- Other local factors.

Studies have found Indigenous youth are more likely to use inhalants more intensively and for a longer duration than non-Indigenous urban youth (Rose, Daly & Midford 1992, p.29).[155] One study on petrol inhalation reported a mean duration of eight years of petrol sniffing, a considerably longer period of usage than that found among urban adolescent inhalers of volatile substances,

155 However, Indigenous youth are also more likely to use drugs and other substances including petrol in the open. It is possible therefore that any analysis of the proportion of Indigenous to non-Indigenous users 'may indicate sampling bias towards those more visible' (Rose, Daly & Midford 1992, p.29).

the greater majority of whom engage in no more than a brief period of experimentation (Burns, d'Abbs & Currie 1995, pp.159–69).

Estimates of petrol sniffing are imprecise and often conflicting. This is partly because in some communities it is a clandestine activity carried out at night. It is also because its prevalence fluctuates widely – even within a period of a few weeks – in most communities in which it occurs (d'Abbs & MacLean 2000).

Petrol sniffing occurs in some Indigenous communities and not others.[156] In 1989 it was reported as occurring mainly in Arnhem Land in the Northern Territory, in Central Australia among desert Aboriginals, and in the Riverina region of New South Wales. However, it did not occur in the Kimberleys or the Pilbara region of Western Australia, or in the Barkly Tablelands, Northern Territory (Brady 1989). In 1994, Brady and Torzillo argued that patterns had changed:

> It appears that the intensity of sniffing has increased over the past 20 years, with more users sniffing over longer periods, which has resulted in an increase in reported morbidity and mortality from the 1980s onward (Brady & Torzillo 1994, p.176).

However, since 1994 a further shift in patterns and prevalence of petrol sniffing seems to have occurred. A little-publicised but positive development of recent years has been the move by many Indigenous communities to use aviation fuel rather than petrol for vehicles. (Western Australia (WA) Task Force on Drug Abuse 1995, p.238). In several communities where a long and established history of petrol sniffing has existed, sniffing has been reduced or even stopped (d'Abbs & MacLean 2000, p.8).

Conversely, some communities which had previously been free of petrol sniffing are now reporting the practice. It has been reported in the Katherine region of the NT, Cape York in Queensland, south-west Queensland, western NSW and Northern Victoria.[157]

There is also evidence that Indigenous children are turning to the use of other volatile substances. Although petrol sniffing remains the primary form of volatile substance misuse among young Indigenous children, there are

156 Petrol is a mixture of C4 to C12 hydrocarbons, the relative amounts of the various constituents depending on the origin and preparation of the petrol. The unsaturated hydrocarbons have mild anaesthetic properties while the saturated hydrocarbons have a narcotic effect. The principal additive is tetraethyl lead which also has intoxicant properties. Tetraethyl lead and its metabolites are highly neurotoxic.

Fifteen to 20 inhalations of petrol will cause euphoria and intoxication for three to six hours. Prolonged inhalation or rapid inhalation of a highly concentrated vapour, such as when a petrol-soaked cloth is held to the nose, may lead to violent excitement followed by a loss of consciousness, coma or death. Organic lead toxicity is regarded as the major long-term health hazard of petrol sniffing, although some other components (toulene, n-hexane) may contribute to neurological damage.

The syndrome of ataxia, tremor and encephalopathy seen in chronic sniffers is attributed to tetraethyl lead toxicity. Other long-term sequelae of chronic sniffing include nutritional disturbances, anaemia, and cardiac, liver and renal effects. Cognitive functioning may also be impaired and there is evidence that some of these changes are irreversible (Western Australian Task Force on Drug Abuse 1995; d'Abbs & MacLean 2000).

157 Unfortunately, there is very little literature pertaining to the Victorian experience available.

increasing reports of other forms (particularly glue and aerosol paint sniffing) in urban areas, as noted above.[158]

Overall, it appears that since 1994 there has been a reduction in intensity of sniffing in some of the areas where it has been prevalent for a long time, particularly in Central Australia, although some communities still experience high levels. This has occurred at the same time as Aboriginal volatile substance misuse has begun in new localities in Australia. There appears also to have been an increase in prevalence within some urban communities.[159]

A recent Report published by the Australian National Council on Drugs (ANCD) examines the structural determinants of substance abuse. It states that petrol sniffing and volatile substance abuse by (young) Indigenous people, while clearly having some parallels with volatile substance abuse among non-Indigenous adolescents, must be viewed as part of a broader picture of Aboriginal disadvantage:

> When combined with an environment stressed by poverty, racism and frequent bereavement, some remote Aboriginal communities have been beset by petrol sniffing among their young people. Indigenous communities with a history of involvement in the cattle industry were found by Brady to have resisted solvent-sniffing problems. This resilience was attributed to the independence, self-esteem and outlet for risk-taking afforded by involvement in the cattle industry. Individuals who had adopted Christianity or who valued other activities such as sport and fishing were also found to be resilient to sniffing solvents. Brady concluded that social and cultural factors are paramount in solving youth health problems such as solvent sniffing in Aboriginal communities (ANCD 2001, p.21).[160]

It would seem crucial that in addressing petrol sniffing and other types of volatile substance abuse, as with any form of drug or substance abuse, any initiatives or strategies devised to combat this must be culturally appropriate and sensitive to the needs of the target population. Submissions to this Inquiry have noted that the few strategies in place to address volatile substance abuse are *not* 'culturally accepted or appropriate for the Aboriginal people'.[161]

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158 d'Abbs & MacLean 2000, p. 6.

A shift to paint as a primary form of volatile substance abuse among young Indigenous Victorians is testified to by Indigenous community representatives who gave evidence to the Public Hearings of this Inquiry.

159 ibid., p. 8.

160 It would seem this is an issue endemic to Indigenous populations worldwide. For example, the Committee has received evidence that suggests the problem of volatile substance abuse in New Zealand is particularly problematic in the Maori community:

'The most often seen user group is Maori. They are more marginalised than other groups in New Zealand. Many families have established themselves in the city resulting in the loss of connection to whanau/family…' (Submission of Sandra Meredith and the Department of Youth Affairs of New Zealand to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.10).

For further discussion of volatile substance abuse in New Zealand, see Chapter 20.

161 Submission of Indigenous Health and Drug Worker, Robert Johnson to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, July 2001, p.1.

Gender profile

The gender profile of volatile substance abuse is another contentious area of research. VSA is often perceived to be an activity engaged in by young males (National Drug and Alcohol Statistics Unit 1994; Mundy 2001). Walker (1992) noted that this perception was largely based on the significantly higher rate of inhalant-related mortality among young males. However, although the VSA mortality rate is certainly higher for males, this could be as a consequence of differences in sniffing behaviour, as opposed to a gender imbalance in the use of inhalants.[162]

American research suggests that while twenty years ago volatile substance abuse was far more prevalent among boys and young men, in recent years this gap has narrowed:

> Males substantially outnumber females in cases of inhalant use which reach medical attention (eg. Sudden deaths or emergency room contacts); similarly, in one treatment programme for inhalant abusers, 89% of the 90 patients were male. While this may suggest that males use inhalants more frequently or under more dangerous circumstances, the pattern is less clear-cut when examining overall use.
>
> In many studies (particularly older ones) males are said to substantially outnumber females, but there is evidence to indicate that over time the percentage of females has increased. Particularly in groups where the practice is more accepted and widespread, they may be roughly equal to males in numbers (Dinwiddie 1994, p.931 and see the studies cited therein).

In a recent review of the literature, drawing from American national survey data, Mackesy-Amiti and Fendrich (2000) found that:

> In general, inhalant use is more prevalent among males than females; however, the difference has become smaller over the last two decades. Data from the American Drug and Alcohol Survey (1992–1993) show that although males have higher rates of inhalant use among 6th graders and among those in grades 10 to 12, the difference is much narrower in the 7th through 9th grades. In a study of Texas students surveyed in 1994 and 1996, the rate of inhalant use among males remained at about 20%, while female use increased from 17.2% to 19.2%. (2000, p.570).[163]

Despite a paucity of both quantitative and qualitative data and research with regard to gender profiles of volatile substance abuse, it has been argued that strategies developed to address volatile substance abuse must take into account the gender of the targeted users. Women's Health Victoria, a health information

162 See Chapter 8 for discussion of mortality related to VSA.

163 See also Chapter 6 for a brief discussion of prevalence patterns in the United States.

service, clearing-house and advocacy group for Victorian women, argues that a gendered analysis of volatile substance abuse is extremely important.[164]

> When analysing the health impacts of volatile substance inhalation on women and men, differences relating to gender, in addition to biological sex, need to be considered because women and men experience health differently. In reviewing the literature for this submission, it was noted that sex differences have only been analysed in terms of incidence and prevalence rates for substance inhalation and that little attention has been paid to the differential impacts of gender.
>
> In examining factors which contribute to the inhalation of volatile substances, Women's Health Victoria therefore advocates that the Committee gives due recognition to
>
> - the biological sex differences in order to determine the different ways that women and men react to such substances (for example, women's bodies have been found to react differently to insulin, cardiac drugs, dietary treatments for heart disease and alcohol consumption);
> - gender and how social roles, attitudes and behaviours contribute to differential effects of women's and men's experience of volatile substance inhalation. Applying a gendered analysis enables a focus on the sexual specificity of experience or intervention that will assist in understanding the symptoms, aetiology, and management of the health issue.[165]

An example of research that seeks to gender the experience of female (and Indigenous) volatile substance users is that of Fredlund (1994). In his study of volatile substance abuse among adult Kickapoo natives, Fredlund argues that:

> The poverty of female chronic volatile substance abusers combined with their style of discourse regarding sexual relations made these women vulnerable for sexual exploitation. It was not uncommon for female chronic volatile substance abusers to exchange sex for money, paint or beer. Because of their abject poverty and chemical dependency, these women were vulnerable to any number of contingencies, including getting stranded in a far away place, being hungry, needing a place to stay for the night, requiring protection from the uncertainties of life on the street, needing a can of paint, or wanting to drink beer. Sometimes they had no apparent alternative except to directly exchange sex for these things, but more often sex was only one aspect of a more

164 Ms Sandra Meredith from the Department of Youth Affairs New Zealand is also aware of young women who may trade sex for money in order to continue using volatile substances and other drugs. Even though volatile substance products themselves are relatively inexpensive, many women (and men) will not be using them as their only drug of choice. See Youth Affairs New Zealand, Submission of Sandra Meredith (Senior Policy Adviser) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.9.

165 Submission of Women's Health Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.2.

For a discussion of the impact of drug abuse on young Vietnamese women, see the submission of Buoyancy to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001.

complex relationship with someone who had more resources than they (Fredlund 1994, p.11).

Users from culturally diverse backgrounds

There is very little quantitative or qualitative research that the Committee is aware of that comprehensively discusses the ethnic and cultural backgrounds of people who use volatile substances. Neither is there readily available information on how to develop intervention strategies that will effectively target these groups.

A recent comprehensive Report of the Australian National Council on Drugs regrets the fact that there is such a lack of research into 'ethno-specific substance use patterns, risk and protective factors, and interventions' with regard to substance abuse among [young] Australians (ANCD 2001, p.14). Any issues pertaining to the ethnicity of particular groups of inhalers that have come to the Committee's attention are anecdotal and unsubstantiated.[166] For example, the Committee has been advised by a suburban police officer that members of a local Maori community have been concerned about volatile substance abuse amongst their young people. The community has sought the assistance of the police and other local stakeholders in an attempt to develop culturally appropriate strategies to address volatile substance abuse amongst their young people.[167]

Nonetheless, the Committee does appreciate the contributions made by workers in the field that suggests that volatile substance abuse amongst young people from non-English speaking backgrounds is a significant, if hidden, problem.[168]

Differences between city users and rural users

Similarly, there seems to be very little research available, other than some very rudimentary empirical data, which differentiates between patterns of inhalation abuse in rural and regional areas as opposed to city and metropolitan districts.

166 Local data produced by the Sunshine Chroming Awareness Program indicates that in that area at least it is predominantly Anglo-Australians who use chrome and 'other ethnic groups are not largely represented' (Sunshine Chroming Awareness Program 2001a, p.15).

167 See Chapter 23 for further discussion.

168 See, for example, the submission from DAS West to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.1; Submission of Youth Affairs Council of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.1.

Professional groups

There is some evidence that some members of the medical and health professions (doctors, nurses and dentists) or people studying for those professions have used certain anaesthetic substances such as nitrous oxide deliberately for the purpose of intoxication (Beauvais & Oetting 1987; Rose 2001).

While this is a disturbing phenomenon, this form of inhalant abuse is not a focus of this Inquiry. It may be that the relevant bodies accountable for regulating and administering these professions are the best bodies to take responsibility for investigating these claims.

Industrial and occupational settings

There are some documented studies of accidental or inadvertent inhalation of volatile substances in the workplace and the toxicological effects on the worker (Grasso 1985; Lolin 1989; Rosenberg & Sharp 1992; Advisory Council on the Misuse of Drugs 1995).

Sandra Meredith of the Department of Youth Affairs, New Zealand notes that in that country, the inadvertent exposure to solvents in industry has received a great deal of publicity through some Coroner's Court findings calling for better occupational health and safety measures in those industries where solvents are prevalent. She states:

> It is worth noting that people working in industries where they use solvents on a daily basis may not even be aware that they are inhaling the fumes as such. Those having contact with a range of products often experience health problems. The problems are not always identified until a person ceases work.
>
> Solvent users are likely to use solvents for a short period of time compared to industry workers who may spend many years inhaling solvents on a daily basis …
>
> It is not until people leave their employment in industries most associated with solvents that they realise they have problems. These can include painters, car assembly [workers], glue manufacturers or distributors, shoemakers, mechanics.[169]

However, there has been little, if any, research undertaken on the deliberate inhalation of volatile substances by workers in industrial settings for the purpose of intoxication, although anecdotal evidence suggests that such a phenomenon does exist. The Committee met recently with Dr Jane Maxwell, Chief of Research at the Texas Commission on Alcohol and Drug Abuse. She informed the Committee that her data has suggested that there may be a link between the deaths of mechanics, air-conditioning technicians and other industrial workers and deliberate attempts to inhale freon gas for the purpose of intoxication. She stated that the deliberate use of inhalants by those who

169 Submission of Ms Sandra Meredith, Department of Youth Affairs, New Zealand to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, p.6.

had access to them through the workplace was only just starting to be looked at as a discrete phenomenon. However at this stage the evidence is speculative:

> One of the fascinating things I found when I was looking at occupations was a relationship between the freon deaths — half were students and about an equal number were mechanics who had access to freon on the job. They were air-conditioning technicians and maintenance mechanics, people who had freon on the truck. I had not seen this before.

Responding to a question from the Committee Chairman as to whether these deaths were deliberate or accidental, Dr Maxwell stated:

> You cannot tell. In other words, suicide was not necessarily mentioned. In some instances suicide was indicated and in some instances it was not, but it was that relationship with air-conditioning technicians who had access to it [which is fascinating]. None of those certificates indicated it was accidental in the sense that occasionally someone cleaning out a railroad tank car will die from lack of oxygen. Those will clearly say the death was due to accident.
>
> None of these had that kind of description. There was a relationship between toluene and blue collar workers, particularly the building trades and the fact a lot of those people who spray paint with lacquers and varnishes are at risk, so it gave me a different picture… There is some literature about it as an occupational hazard exposure, but nothing in the sense of perhaps it is Friday night and there is a tank of freon on the back of the truck. Instead of getting a case of beer they get into the freon. That gives you a different picture and another area to look at.[170]

A recent article written by Dr Maxwell stresses the need for intervention services for both those who are inadvertently exposed to inhalants and those adults who may deliberately abuse them. She also argues that such services should be provided within the context of employee assistance programmes and that research in this area is urgently required:

> Research on drug use and the workplace is not extensive … Although individuals at risk for solvent abuse include those whose work brings them into contact with these substances, Rosenberg and Sharp (1992) found that the literature on occupational solvent exposure tended to discuss the inadvertent exposure of individuals to these substances, not the abuse of solvents in the workplace. … [But] in examining problems associated with adult inhalant abuse, the effects of intoxication must be considered. Inhalant dependent adults may abuse volatile substances more frequently, usually on a daily basis, and have more serious sequelae compared to younger abusers.
>
> [Moreover] … the effects of volatile substance abuse may present other risks … any of these can lead to the misuse of automobiles and other equipment or

170 Dr Jane Maxwell, Chief of Research at the Texas Commission on Alcohol and Drug Abuse, in conversation with the Drugs and Crime Prevention Committee, 23 October 2001.

> other misdirected behaviour that can injure the abuser as well as those around the abuser (Maxwell 2001, p.695).[171]

The inhalation of volatile substances as an occupational hazard or health and safety issue is not the focus of this Inquiry. This by no means discounts the seriousness of accidental or inadvertent exposure to toxic substances.

The Committee endeavoured to ascertain whether there was any, even rudimentary or exploratory, research that looked at this phenomenon. A search of the literature and approaches to a variety of organisations in Victoria and elsewhere was unable to establish this even on an anecdotal level.[172] This of course is not to suggest that it does not occur. Research needs to be undertaken that explores the question of the *deliberate* inhalation of volatile substances by workers in industrial settings or in the course of their work, whatever the workplace. Until this is done it is difficult to know whether particular and focused strategies need to be developed to target this group.

The use of nitrites in the gay men's community

The practice of inhaling or 'popping' amyl and butyl nitrites as muscle relaxants for the enhancement of sexual pleasure has been briefly mentioned in a previous chapter. The inhalation of these substances acts primarily to dilate blood vessels, which may intensify sexual intercourse. This is a practice identified mostly, but not exclusively, with the gay men's scene (Pollard 1990; French & Power 1997; Beauvais & Oetting 1987; Brouette & Anton 2001).

A recent report on drug use by gays and lesbians in Victoria found that nitrite use was relatively high in these communities.[173] Of the sample of gay men surveyed the following findings emerged:[174]

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171 For further discussions of volatile substances and solvents as an industrial and occupational health and safety issue, see Phoon 1993; Phillips 1994; White and Proctor 1997. For an article that discusses the toxic dangers of household products and the dangers posed therein while doing housework, see Wahlquist 1996. None of these articles discusses the *deliberate* inhalation of solvents for the purpose of intoxication.

As Maxwell (2001) notes there is scant material on substance abuse problems in the context of the workplace. A recent Australian publication that does discuss this issue is *Drugs and Work* by Allsop, Phillips and Calogero (2001). See also MacDonald, Wells and Wild (1999) in the American context. Unfortunately, there is no examination of volatile substance abuse in these texts. Most studies relating substance abuse to the workplace focus on alcohol.

172 Mr Albert Littler, Senior Vice-President of the Construction, Forestry Mining and Energy Union (CFMEU) sent the Committee much material pertaining to the physical effects of chemicals, including volatile substances, on workers in a variety of industries. Much of this material was from research reports commissioned by the CFMEU. The Committee is appreciative of the efforts of Mr Littler. Unfortunately, none of this material pertained to the *deliberate* use of inhalants for their intoxicating effects.

The Committee also invited the Occupational Hygiene Unit of the Victorian WorkCover Authority, the Occupational Health and Safety Unit of the Victorian Trades Hall Council and a variety of private companies in the adhesives and sealants industries to reply to a series of questions pertaining to volatile substance (abuse) in Industry. Unfortunately, no responses were forthcoming despite more than sufficient time in which to do so.

173 See, Murnane et al., *Beyond Perceptions: A report on alcohol and other drug use among gay, lesbian, bisexual and queer communities in Victoria* (2000).

174 The sample was taken from members of the GLBQ community throughout Victoria who responded to questionnaires sent by the authors. A total of 518 responses were received or 37% of questionnaires sent.

> Respondents in the younger category (20–29 years) had the highest rates of alcohol and other drug use in the last month. The most common were alcohol (93.5%), tobacco (34.8%), volatile nitrites (36.4%), marijuana (27.3%) and LSD (5.7%) (Murnane et al. 2000, p.5).

Conversely, volatile nitrite use among lesbians was virtually non-existent, with only four per cent of women under 29 using these substances and no women using them in any higher age bracket.

Table 10.1 shows the percentage of respondents in the study who had used volatile nitrites in the last month:

Table 10.1: Percentage of respondents using volatile nitrites in the last month

	Respondents from Gay, Lesbian, Bisexual and Queer Community Survey	
Age	Women %	Men %
20-29	4.0	30.4
30-39	0.0	36.4
40-49	0.0	25.3
50+	0.0	18.2

Note: There is a fairly high level of volatile nitrites use within the male sample, particularly in the 30–39 year old group at 36.4%. These percentages contrast starkly to the data pertaining to women with only 4% of 20–29 year olds reporting nitrite use in the last month. This is likely to reflect the male's use of amyl nitrite to enhance sexual experiences.

Source (including commentary): Adapted from Murnane et al. 2000, *Beyond Perceptions: A report on alcohol and other drug use among gay, lesbian, bisexual and queer communities in Victoria*, p.46.

The reasons given for the relatively high use of nitrites among this population are quite different from the reasons for volatile substance usage among, for example, disadvantaged young (heterosexual) people. Among the male gay population, nitrites were used predominantly as enhancers for sexual pleasure (see also French & Power 1997).[175] Such a finding again attests to the importance of viewing volatile substance abuse in its cultural context. Although referring to substance abuse generally, the following comment from the *Beyond Perceptions* Report is apposite in this regard:

> Overall the alcohol and other drug use within the Gay, Lesbian, Bisexual and Queer communities is two to four-fold higher than in the broader community … Alcohol and other drug use was associated with particular subcultures or contexts, for example ecstasy, amphetamines and LSD were strongly associated with the 'dance party scene'. Polydrug use was common with different drugs used to achieve different effects (Murnane et al. 2000, p.7).

Culture and ritual is important to any form of substance abuse and any type of volatile substance abuse. The use of volatile substances by gay men and lesbians also needs to be understood on a sub-cultural level:

175 Although there is evidence that suggests nitrite use may be growing among the young 'straight' clubbers and dance party attendees.

> Whilst not all gay men and lesbians frequent pubs and nightclubs, it appears that such venues play a different role than in the general community. A qualitative investigation of the gay dance party phenomenon in Sydney identified a number of themes: that drug use is prominent at such events, there are established etiquettes and rituals around drug taking at these events, people in the age range 14–46 years attend the parties, attending the events and taking drugs has strong meanings for both individuals and the communities around belonging, defining and celebrating community (Lewis & Ross 1995 quoted in Murnane et al. 2000, p.11).

Again it is not the intention of the Committee to focus upon this very discrete and confined area of volatile substance abuse. As has been previously discussed, questions arise as to whether practices such as this or indeed inhalation of anaesthetic gases by professional groups can be even included under the category of volatile substance abuse. Again the Committee hastens to add that this does not mean that such practices are not viewed with concern. The *Beyond Perceptions* study identified a number of risk factors associated with alcohol and drug use among this target group:

> Major harms identified by respondents included: non-fatal drug overdose, polydrug use, violence, unsafe sex (unprotected intercourse, riskier forms of sex, multiple partners and unwanted sex), [and] the effects associated with 'coming down' (Murnane et al. 2000, p.8).

The fact that amyl and butyl nitrites, in particular, have been associated with involvement in casual and high risk sex and the consequent risk of HIV infection *is* of concern.. Nonetheless, the Committee believes that such concerns and the issues pertaining to this particular form of inhalation are better dealt with by those health workers and researchers in the field more appropriately qualified to address them.

Conclusion

This chapter has attempted to explain, and emphasise, that volatile substance abuse should not be viewed or discussed as a single phenomenon. It is an issue that takes on different forms and guises depending on the context in which it is placed and the type of person or group that is using. Moreover, each group of differential users will have a culture that is uniquely its own. The 'culture' of volatile substance abuse, the episodic and group nature of the activity, is the subject of the next chapter.

11. A Culture of Volatile Substance Abuse?

It is in a sense reductionist to speak of one pattern or one culture of volatile substance abuse, just as it is a generalisation to speak of a user profile of substance abuse. Rather, it would seem that different practices or cultures of use are observable depending on the particular type of user. In this chapter, however, it is salutary to make some general comments pertaining to the ways in which young people may engage in a defined (group) culture to inhale volatile substances and the way in which volatile substance abuse can be viewed as a 'cyclical' phenomenon.

The chapter concludes with a series of case studies provided to us by a number of community groups that work with young people (and in one case an adult) who abuse volatile substances. While these 'snapshots' are obviously insufficient as quantitative records of the extent of volatile substance abuse they do give an interesting and valuable insight into the world of the 'chromer'.

The cyclical nature of volatile substance abuse

As has been discussed in Chapter 4 most people who use volatile substances experiment for a short time and then cease use altogether. It has also been noted in the academic literature that volatile substance abuse is episodic and occurs in cycles, particularly in country towns and rural communities. Very early research into volatile substance abuse speaks of it as occurring in 'epidemics' (Bejerot quoted in Allanson 1979). It has also been spoken of in terms of 'fads'. Allanson has reviewed this very early literature and research and observed:

> Streatfield (1973) notes that the spread of solvent inhalation in the U.S.A and Canada appears to follow the pattern of growing from isolated cases to group activity and finally to a point where it attracts legal attention. Bass (1970) comments on the spread of solvent misuse in the USA in epidemic terms, noting that it was first observed in California in the late 1950s, spread to the midwest in the early 1960s and finally reached the East Coast with full impact in the mid 1960s. Streatfield (1973) also observes a similar pattern emerging in England where he says young people begin experimenting because it is

> considered prestigious within their group or because they have heard about it … Similarly Watson in [Scotland] talks about glue sniffing [being] adopted as the latest craze … (Allanson 1979, p.23).

This concept of inhaling as an episodic activity was further impressed upon the Committee by people with whom it consulted and by a number of the submissions it has received. In Indigenous communities in particular a new arrival may bring the practice of solvent abuse with him or her, initiating others within the area. The Chief Executive Officer of the Swan Hill Aboriginal Co-operative has commented that:

> In terms of the Swan Hill situation, glue sniffing or chroming – call it what you like – has not really been an issue until the last three to four years. We had a member of our community, who is quite transient, introduce a number of our younger youth to glue sniffing. Those younger kids were kids that were not able to access marijuana, and as a result of that we now have a group of kids who are certainly affected by this.[176]

The Latrobe Valley Drug Reference Group who work with Indigenous young people in Gippsland, Victoria, make similar comments:

> Chroming is a highly mobile drug-taking behaviour – that is, it will appear in an area for a short period of time, disappear, and re-appear in another area, then move back or elsewhere, in a very short period of time.[177]

The findings of an in-depth study into the inhalation habits of young Indigenous people in Albany, Western Australia, are also interesting:

> During the six month study period, it was observed that sniffing among young people ceased altogether. This reflects previous observations that, in Albany, sniffing is a cyclical phenomenon. An outbreak occurs when it is introduced to a small group of novices either by a visitor from another town or by someone who was at the tail end of a previous outbreak who again takes it up. The outbreak runs for two weeks or so and then dies down as the young people lose interest (Western Australia Working Party on Solvent Abuse 2001, p.23).

Victoria Police has also acknowledged the cyclic nature of inhalation abuse and the problems that poses for effective policing (Victoria Police, Policy and Standards Division 2001).

The unpredictability in the patterns of inhalation use and the mobility of users, particularly among Indigenous communities, makes policy development difficult in this area of substance use (Western Australian Drug Abuse Strategy Office (WADASO) 1998, p.1). Moreover, community agencies working in the field also recognise that not all young people who chrome or use solvents are at the same stage in terms of their chroming behaviour. As chroming is most often a group activity, it is not uncommon for people within the group to be at

176 Raymond Moser, Chief Executive Officer, Swan Hill Aboriginal Co-operative Indigenous Forum on Volatile Substance Abuse, Melbourne, 17 August 2001.

177 Submissions of the Latrobe Valley Drug Reference Group to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.3.

different stages of chroming practice or use. For example, an 'experimental' chromer may share a paint can with a 'dependent' chromer.[178]

The phenomenon of episodic and cyclical use is not restricted to Indigenous communities nor to the Australian context. In England, Ives (1994) notes the tendency for the prevalence of VSA to increase or decrease in an unpredictable manner. A sniffing 'craze' may strike a locality or school and then disappear shortly afterwards. Some observers have suggested such 'crazes' may follow a seasonal pattern, although such a pattern is yet to be discerned by research into VSA-related deaths (Ives 1994).

In the American context, Beauvais (1997) has noted that the episodic nature of solvent abuse is in contrast to other drugs where increases or decreases in use occur over several years. He states:

> One of the concerns about these epidemics is that while most youth will stop using once the epidemic is over, each wave of use leaves behind a group of vulnerable individuals who continue to use and go on to heavier use (Beauvais 1997, p.104).

A number of agencies have commented to the Committee that the episodic nature of chroming is particularly observable among adolescents in residential or statutory care. This episodic nature compromises the accuracy of prevalence data:

> What compounds these statistics, however, is the fact that chroming occurs in episodes rather than evenly across the year. In other words, if chronic chroming occurs in two two month episodes in a unit across a year, it can mean that at times around 80% of the young people in a residential unit might be chroming. These occasions are usually caused by the contaminating effect of a chronic chromer being placed with other young people who are innocent of chroming. Such circumstances require specific responses.[179]

In the submission from the City of Casey, based in the outer southern suburbs of Melbourne, it is reported that the occurrence of chroming is more prevalent during school holidays, particularly Christmas and Easter 'when boredom is an issue and there may be less supervision'.[180] Clearly if this is the case, strategies need to be devised that can address issues such as a lack of recreational facilities and opportunities during the school holidays.[181]

The youth peak agency Barwon Adolescent Task Force, based in Geelong, states:

178 To acknowledge and assist in recognising such differences, the Galaxy Project, based in the western suburbs of Melbourne, has developed a *Continuum of Chrome Use Model*. This schema recognises that '[C]hroming does not necessarily occur in a regular pattern but a young person may go backwards and forwards along the continuum' (Sunshine Chroming Awareness Program 2001, p.11). A copy of the Continuum Model is attached as Appendix 14.

179 Submission of MacKillop Family Services to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.3.

180 Submisssion of the City of Casey to the Drugs and Crime Prevention Committee Inquiry into the Inhalation of Volatile Substances, February 2002, p.5.

181 See also discussion in Chapter 22.

> The use of VS does tend to occur in cycles and a number of factors have been identified as contributing factors. The media tends to play a role in the cyclic nature of use and the term 'media driven frenzy' is often associated with the incidence of VS. Other factors contributing to the cyclic nature include discovery or rediscovery of VS as well as the decline in the availability of other drugs or 'droughts' in other drugs. Additionally, general accessibility of drugs including costs and perhaps the inability to pay for someone's 'drug of choice' may lead to an increase in VSU either due to a price increase or loss of income. VSU tends not to last a lifetime and trends may reflect a new cohort of users emerging.[182]

The Youth Affairs Council of Victoria notes that its constituent agencies and youth workers observe the cyclical nature of volatile substance abuse. It states:

> The 'waves' in use tend to occur when information about 'chroming' is transmitted between and within groups of young people. These cycles appear quite unique to volatile substances:
>
> '*Sometimes the health service goes 12 months without seeing anyone who chromes and then suddenly there will be a spate for a month or two. This is very different to heroin or alcohol. It could be because they don't have access to other drugs*'.
>
> '*On housing estates workers say it does come and go. It's a cycle, it's part of an experimental stage. Depending on what the social mix is in those communities and how fast it spreads, it tends to stay in a small group*'.
>
> '*The way kids use specific substances depends on what's cool amongst a particular group of people*'.
>
> *'Waves can happen in resi-care when one young person comes in who chromes and the rest follow suit.'*
>
> Transience was seen as a key factor precipitating 'waves' within Indigenous communities:
>
> *'Aboriginal young people from the city often visit family in country Victoria during weekends and holidays. It's possible that the city kids teach the country kids about things like chroming. Because we move around so much as a community, you get city kids going to country areas so experimentation takes place and then they go back to Melbourne and the chroming continues in country areas*'. [183]

YACVic states further that strategies must equip those who are involved with volatile substance abuse (such as youth workers, police, teachers and parents) to deal with this cyclical phenomenon: 'In this way, communities will have the

182 Submission of Barwon Adolescent Task Force to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, pp.3-4.

183 Submission of Youth Affairs Council of Victoria (YACVic) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.7. The comments of participant members at a forum on chroming organised by YACVic are italicised.

necessary knowledge and resources to address the issue when it impacts upon the community'.[184]

Volatile substance abuse as a group activity

Volatile substance abuse has been documented as a 'group activity'.

This is not a new phenomenon. In 1979 Dr Susan Allanson, then a Masters Student in Clinical Psychology at the University of Melbourne, presented her thesis on 'glue sniffing' among juveniles in the care of the then Victorian Social Welfare Department. One of the main findings was that volatile substance abusers did indeed often use in ritualistic ways as part of groups or gangs:

> Only 18 per cent of subjects[185](three girls and one boy) reported usually sniffing alone, in contrast to 36% reporting usually sniffing in a small group (with one or two others) and 46% per cent usually sniffing in a large group … Almost all subjects reported never misusing solvents with a small group of the opposite sex. In contrast, over 60% reported sometimes or usually misusing solvents in the company of one or two same sex companions. With regard to larger group involvement, over 60% reported sometimes or usually indulging in solvent inhalation in a large group which included members of the opposite sex, while just less than half said they sometimes or usually sniff in a large same sex group.
>
> In summary, smaller group involvement was more likely to be with same-sex companions, while larger group involvement was more likely to include members of the opposite sex (Allanson 1979, p.97).

Furthermore, Allanson states that all 'subjects' reported first learning about solvent abuse from other children, either through observation or introduction. No subject learnt of his or her intoxicating effects through inadvertent exposure. Moreover:

> Over half the subjects reported having tried solvents initially in a group setting. Approximately a third reported first trying solvents with only one other, and two of the girls reported trying solvents when by themselves. These reports are consonant with the general group nature and peer group emphasis of solvent misuse (Allanson 1979, p.97).[186]

184 ibid, p.3.

185 From a base of thirty-eight adolescents comprising:
- Eight solvent using males
- Fifteen solvent using females; and
- A control group of fifteen non-solvent using females.

186 Despite such findings, Allanson suggests there may be in fact a substantial number of adolescents who 'indulge in lone solvent misuse' and that volatile substance abuse as a group activity 'may well have been over-emphasised in the literature' (1979, p.32). Such conclusions, however, are speculative, which Dr Allanson recognises herself, stating: 'Research may benefit by taking a more empirically enquiring look at aspects of the social setting of adolescent solvent misuse' (ibid).

Although Dr Allanson's research is over 20 years old and her 'subjects' were part of a discrete group – namely social welfare department clients – on the basis of more recent research and submissions received in this Inquiry it does seem that such a finding may apply generally to many groups of young people.[187]

Most community agencies and some local government authorities that responded to this Inquiry did make note of the episodic nature of volatile substance abuse in their communities. For example, the Moreland City Council in Melbourne's northern suburbs stated that 'in mid 2001 there seemed to be a "wave", however this seems to have died down towards 2002'.[188]

In Britain there is some empirical evidence that also suggests volatile substance abuse occurs mainly as a group activity. The following account of British research studies in this area is taken from the Advisory Council on the Misuse of Drugs (ACMD) Report into volatile substance abuse (1995):

> Sourindhrin and Baird, in their study of 134 users referred to a police clinic in Glasgow, found that 92.5% of them abused volatile substances as a group activity, 5.2% both as part of a group and as a solitary activity, and 2.2% were solitary abusers. Of the 20 solvent abusing delinquents studied by Jacobs and Ghodse, 15 usually inhaled with friends and 16 usually inhaled out of doors. 12 inhaled solvents on three days or more per week and 10 for more than five hours per day. Lockhart and Lennox reported that VSA was a group activity for the majority of the sniffers in both their secure unit and community samples. Evans and Raistrick, in a study comparing 31 toluence and 12 butane gas abusers, found that the majority of the glue sniffers did so in a group setting (mainly because they were afraid of the consequences of doing it on their own), while most of the gas sniffers sniffed alone at least sometimes. 50% of both groups sniffed on a daily basis (ANCD 1995, p.30).

A comprehensive survey examining inhalant practices in Western Australia found that two-thirds of its sample[189] used volatile substances among friends, usually outside and in secluded places such as bushes, parkland etc. Railway stations and railway property were also popular:

> The preferred method of use was inhaling the substance from a bag. Only a very small percentage of the sample engaged in more dangerous practices such as using alone or spraying directly into the mouth.
>
> Most (80%) obtained their glue from supermarkets or hardware stores. Some also mentioned newsagents. However, some respondents admitted to stealing their glue (Rose, Daly & Midford 1992, p.21).

187 For further discussion with regard to Dr Allanson's thesis and the research questions she poses, see Chapter 26.

188 Submission of Moreland City Council to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.2. See also, Submission of the Yarra Drug and Health Forum to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.1.

189 The sample of young people classified as current users consisted of 44 males and 36 females of whom 50 per cent were Aboriginal. Their ages ranged from 10–19 with 75 per cent of the sample being between the ages of 13–16 (Rose, Daly & Midford 1992, p.17).

The above survey findings are dated, they relate to glue sniffing rather than chroming, and they originate in Western Australia. Nonetheless, anecdotal evidence suggests that chroming practices are not too dissimilar.

A more recent survey also based in Western Australia states that the 'culture' of volatile substance abuse is very much related to the child or adolescent's self-perception, family and social background, and the need to belong to a group:

> One explanation for antisocial behaviour associated with VSA is that these young people are more likely to come from family and/or school situations where they have not been successful in normal, pro-social behaviours. As a result, they look towards antisocial ways and join with antisocial groups as a way to enhance their reputation. That is, if they can't be good at being good, they'll at least be good at being bad (Rose 2001, p.9).

Houghton, Odgers and Caroll (1998) compared current users of volatile substances (VSUs) with former users of volatile substances (ex-VSUs) and adolescents who had never used volatile substances (non-VSUs). The sample consisted of a base of 123 high school students. They report the following:

> Current VSUs identified themselves as both having and wanting to have a significantly more non-conforming reputation than non-VSUs but not ex-VSUs, admired drug-related activities significantly more than both ex-VSUs and non-VSUs, while ex-VSUs also admired drug-related activities significantly more than non-VSUs, and ideally saw themselves as being mean and nasty, wanting to cause trouble, breaking rules, and being unreliable (Houghton, Odgers & Carroll 1998, p.205).

In another Western Australian study in the same year, the same researchers (1998) surveyed 40 adolescent volatile substance users. Rose reports that 'these adolescents appeared to identify strongly with an antisocial social sub-group':

> Users [VSA] were found to be organised into groups and peer networks, which often were involved in theft, prostitution, and other risk-taking behaviours. More chronic users had higher status within the group (Caroll, Houghton & Odgers 1998 quoted in Rose 2001, p.10).

The following conversation between the Drugs and Crime Prevention Committee members and a young ex-chromer called 'Julie'[190] gives an insight into the way in which young chromers in the western suburbs of Melbourne tend to travel and use in 'packs':

> *COMMITTEE MEMBER – Julie did you chrome with young men or equal numbers of young women and young men?*
>
> *JULIE – The majority of them were men; the majority of them were young kids. I am not a racist person, but a lot of them were Maoris. That's why I used to hang around with Maoris in New Zealand, and that was the majority of them. There was probably about – I was – me and*

190 Names have been changed to protect anonymity.

another friend were the only Aussies there, and everyone else was like New Zealand, apart from one other girl. So three of us were New Zealand or Tongan. All the rest were – and there at a time, there was always like four females. There would always be at least four of us, and the rest males.

COMMITTEE MEMBER – And how many were in the group altogether?

JULIE – About 20 of us. Like, it became such a big thing on the trains, like us chroming. We would be getting on and off trains. People would be seeing us like continually day to day. We would be sleeping on the trains, waking up on the trains, and people would be seeing us. And people were scared to get on trains and to get off at stations because there was always such a big group of us loitering around the station. I mean, always off our heads; we didn't care what we did. We didn't care if we caused an argument or a fight. It was like, "Yes, we are into a fight. Who cares?"

COMMITTEE MEMBER – And did you feel safe being such a few young women in such a large group of young men? Was your safety ever threatened?

JULIE – No, my safety was never threatened, but I have always been one to stick up for myself. I was like the boys, always – I was like the boys. I used to fight like the boys. I used to be like the boys, speak like the boys. I mean, I never used to wear makeup. Ten, twelve months ago you wouldn't have seen me dressed like this. Twelve months ago you wouldn't have seen makeup on my face; you wouldn't see me wearing jewellery. That's just how I used to be, and when I stopped it all, I thought, "I will go and change my whole life", and I did.

JULIE'S MOTHER – It was definitely the gang thing happening.

JULIE – Yes, it was a huge gang thing.

JULIE'S MOTHER – And they had a huge reputation around the suburb, absolutely horrifying, and other people were scared of them. Kids were scared of them and adults were scared of them. They never quite got that one over me!

For those young people who use inhalants but do not engage in antisocial behaviour, sniffing or chroming may be simply viewed as a group social activity, part of a youthful experimentation phase and seen 'as comparable to their parents having a social drink at the pub' (Re-Solv 2000, p.2).

In contrast to the previously expressed view of the volatile substance user as 'bad' or as a 'rebel' there is evidence that both the general youth culture and the broader drug culture itself holds the sniffer or the inhaler in contempt. According to this view, inhalants are 'gutter drugs'. The World Health Organisation has stated:

> Because of the derogatory attitude towards those who use solvents by both the general population and the drug subculture itself, solvent abuse tends to be ignored. Most solvent users are likely to be alienated and rejected since solvents are viewed as 'low status' compared to other drugs. Instead of being ignored, solvent use should be a marker or warning of the existence of a very serious problem (WHO 1992, p.3).

Sometimes the need to bond as a group may be attributed to volatile substance abusers being ostracised by the wider group of non-using adolescents. Ives states in the context of British young people:

> To many young people those who misuse volatile substances on a regular basis are 'saddoes' – and not the sort of people with whom they would associate. This attitude can make those involved in chronic volatile substance abuse even more socially isolated than they would otherwise be (Ives 2000, p.3).

A similar expression of contempt is found in the following quote:

> *'It's (inhaling is) for the losers in Frankston.'*[191]

In the context of petrol sniffing among young Indigenous Australians, d'Abbs and MacLean argue that sometimes young people band together for support they may not get elsewhere:

> Sniffers, already alienated from their families and the wider community, tend to form gangs, thus placing themselves further beyond the influence of their families (2000, p.24).

On the other hand, the fact that solvents are seen by certain young people and adolescents as a 'gutter drug' can be viewed as one of the protective factors that may prevent some young people from starting to use inhalants, as discussed in Chapter 5. This was certainly the view of some of the experts in the field that the Committee met with on our recent trip to Perth. Linda De Haan, a psychologist with vast experience in addressing volatile substance abuse stated:

> I notice that in Victoria it [paint sniffing] is called chroming. We have really tried hard with the media not to give it any sort of fancy name. We try to keep the impression that solvent use is a gutter drug, and that that is where [it is] coming from.[192]

Consultant on volatile substance abuse strategies, Jon Rose agrees:

> I will just make mention of the gutter drug issue, because there is something that I would like to say to the committee. I know that the term "chroming" is used in Victoria. That is a shame, because it is quite an attractive term. It is a very good marketing tool. I do not know how to reverse that. There is certainly

191 Young man quoted in Submission from the Mornington Peninsula Shire Council. This submission states that generally young people on the Mornington Peninsula (a reasonably, but not exclusively, affluent area of Victoria) consider it 'uncool' to chrome. Submission from the Mornington Peninsula Shire Council to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.3.

192 Linda De Haan, Psychologist, Western Australia Department of Justice, in conversation with the Committee, Perth, 2 May 2002.

> a danger in how this committee reports and the terminology that it uses. That term could be overused. I know that the term "chroming" is common street vernacular in Victoria. However, by using that particular term, you reinforce and consolidate a particular practice that is probably at the most harmful end of the continuum. You can mention chroming as a term, but you should then call it something else, like solvent inhalation or solvent sniffing, which are much less attractive terms than the term "chroming".[193]

Across the literature, three major patterns of use have been identified according to the general type of user. These groups have generally but not exclusively been related to age groupings:

- Occasional or experimental users, who form the largest group and tend to have an average age of 12 or 13 years;
- Poly-drug abusers, who are an older group (usually in their mid to late teens), who abuse volatile substances in conjunction with a range of other drugs, and who are likely to use volatile substances in a moderate or episodic binge fashion; and
- Inhalant dependent individuals, who exclusively and frequently abuse volatile substances, often on a daily basis – this group tends to involve older adolescents and young adults (WADASO 1998, p.7).194

As with most drugs, the amount and volume of inhalant use will vary from individual to individual and group to group. New Zealand research has indicated that among paint inhalers use can vary from:

- A can of spray paint a month
- A can per week
- Inhalants used only on weekends
- A can a day
- Multiple cans per day (Meredith 2000, p.16).

The volume of use may be related to situational factors. For example, a lack of money to buy alcohol or marijuana may lead to greater inhalation of spray paint. Use of spray paint on weekends may be related to the user's school (or work) attendance during the week. Whatever the reason for these variations, Meredith (2000) states that management of volatile substance abuse needs to be tailored to the amount used by the individual and the group.

193 Mr Jon Rose, Consultant, in conversation with the Committee, Perth, 2 May 2002.

194 Werry (1992) states that a lack of access to alcohol can in part explain the behaviour and usage of the first two groups, while the third group often consists of ethnic and Indigenous minorities.

The importance of culture

Beauvais (1997) has argued that the 'cultural' meanings of solvent abuse are so often ignored in any discussion of the problem. Sarah MacLean from the Australian Youth Research Centre at the University of Melbourne is currently undertaking research into the 'social meanings' of volatile substance abuse in Victoria, including the social construction of inhalant abuse as a 'problem'. She states:

> Inhalant misuse in Victoria is an under-researched yet common form of dug use among young people. Evidence suggests that inhalant misuse is a marker for other forms of risk. We currently know little about the dynamics of inhalant misuse in Victoria, what cultures of use serve to sustain or limit the practice, or how it differentially affects rural and urban communities and people of different cultures. This information will be useful to inform policy development and the design of appropriate programmes for young people (MacLean 2000, p.16).

Meredith adds that:

> Solvent abuse is difficult to address in that it has a culture of its own within the general addiction field. There are actions related to solvent use that are different from the use of other drugs (2000, p.12).

Meredith lists these actions as including:

- Solvent abusers like the freedom of the streets;
- They do not like to be closed in;
- Sharing bags and solvents are common;
- For the majority of users it is a group activity
- Those who sniff alone will often do it in private away from the public;
- Withdrawing from solvents for long term users can take nine months or more before confidence is restored; and
- Withdrawal is likened to coming off benzodiazapenes (Meredith 2000, p.12).

An integral aspect of 'culture' is the concept of 'ritual'. In relation to drug use, some earlier research by Harding and Zinberg (1977) describes 'ritual' as follows:

> Stylised, prescribed behaviour surrounding the use of a drug, the methods to procure and administer the drug, the selection of physical and social settings for use, activities after the drug is administered and methods of preventing untoward drug effects (Harding & Zinberg 1977 quoted in Allanson 1979, p.36).

Smith 1977 states that some rituals may be seen to control drug use and lessen its complications while others, such as shoplifting and breathing from plastic bags, may be destructive. Allanson in her review of the early literature comments:

> However, these [destructive] behaviours may hold importance for some participants in terms of their symbolic ritual and may provide group members with social interactions which have at least some degree of mutuality and sharing … (Allanson 1979, p.36).

Certainly, Allanson's own research revealed the ritualistic nature of volatile substance abuse among the children and adolescents that were part of her sample (child welfare department clients):

> From subject reports, it appeared that some groups rely on only one person for supplying bags and glue, and in other groups each person supplies their own. Others go together to buy or steal their supplies from supermarkets or hardware stores. For some, the ritual of going to get the glue and bags is apparently an event of enjoyed mutual sharing, which extends to sharing the glue among members. One subject reported that 'if you get too many people, then you need more money and we'll get into fights because we won't have enough bags'. In some groups one or two members are looked on as leaders and are responsible for selecting a location, sharing out glue and, according to one subject, these 'top guys check if others got too much in their bag'.
>
> The findings [therefore] indicate quite extensive ritualisation of adolescent solvent misuse both in terms of subtle codes of behaviour and in terms of more overtly stylised behaviours. Symbolic rituals of mutual sharing and delineation of peer group status were noted. Group involvement was reported as frequently including both male and female participation in a highly interactive and mobile setting which offers the opportunity for a wide [range of interactions] (Allanson 1979, pp.98, 112).

Allanson observes further that:

> Future research may be wisely directed towards investigating both overt ritual behaviours and the more subtle aspects of informal, often unspoken values or rules of conduct of solvent misusing adolescents (Allanson 1979, p.36).

Unfortunately, in the intervening years since Allanson's thesis was published there has been very little qualitative research undertaken that examines the cultural aspects of volatile substance abuse and the place of ritual.[195] Some of the best Australian research in this area is that focusing on Indigenous and

195 Some of the fascinating ethnographic studies undertaken in the United States would be well worth replicating in Australia. For example, Fredlund's study of the volatile substance abuse (chrome paint) of the Kickapoo Indians makes for fascinating reading. Take this snapshot, for example:

'These people usually spent more time seeking paint and/or beer than they spent intoxicated. They relied on a combination of kin, social programmes, friends and wits to support their lifestyle. Solitary use of paint and/or alcohol occurred among Kickapoo VSAs but was unusual since they preferred to become intoxicated with others. Their friends were exceedingly important to them, so they spent most of their time in the company of other Kickapoo VSAs. Though they frequently ran afoul of the law, these problems were usually offences such as public intoxication and disorderly conduct. These people were rarely, if ever, arrested for theft. Their culture places a high value on generosity, and they were accustomed to asking for what they wanted and being treated generously rather than stealing … [Indeed] There was a strong ethic among these VSAs that whatever intoxicant they had would be shared' (Fredlund 1994, pp.6, 8).

non-Indigenous high school students in Perth, referred to above. Caroll, Houghton and Odgers' 1998 study gives some fascinating insights into the social dynamics of these volatile substance abusers:

> All VSU took place in groups, which provided companionship, peer networks, and acceptance. As one stated: "it's what we all of … you know, sniff toluene, eat, sleep together. Yeah, we look after each other" (Caroll, Houghton & Odgers 1998, p.4).

This idea of 'looking after each other' for better or worse is alluded to by Julie's mother in her conversation with the Committee:

> Another interesting behaviour I dealt with was the way these kids warn and hide each other. Word would spread rapidly once I started to search, which made her go deeper underground. It became a game of hide and seek.[196]

Group size in the Perth survey ranged from 5 to 40. With the exception of one all-white group and one mainly Aboriginal group, composition in terms of gender, age, and descent was mixed. The groups met during the day or during the evening (when school was in session). Caroll, Houghton and Odgers add:

> Decision making was democratic, with open discussion about what to inhale and subsequent activities. One group planned their VSU during school on a regular basis: "We would decide at recess if we would do it after school".
>
> Solvents were obtained from a number of sources, including local shops, school woodwork rooms, and friends. The largest group obtained solvents through highly organised illegal activities, such as theft from local shops, extortion and prostitution.
>
> 'X, she's the main person. She said you got to sell yourself sooner or later. She is only 13.' (Aboriginal female, age 14)
>
> 'Most times we say we will do it (sex), but we make a plan. We knock them (the customer) on the back of the head and just steal their money'. (Aboriginal male, age 15) (Caroll, Houghton & Odgers 1998, p.4).

The authors state that most of the groups shared solvents among members. Some qualified this:

> "You don't share if you haven't got a lot. You just can't help people out if you haven't got enough." Those in the largest group, however, reported that they did not, under any circumstances, share: "We used to share, but they wouldn't give it back, so we just smashed them up and don't share now." They have resorted to stealing from each other: "Sometimes we wait until they've gone to sleep and steal it off them. When they wake up and find it gone, they fight anyone" (Caroll, Houghton & Odgers 1998, p.5).

The authors state that the groups had their own way of employing 'harm reduction' strategies:

196 The mother of Julie in conversation with the Committee, February 2002.

> For example, some who used plastic bags reported that the possibility of suffocating was a reason why they covered only one air passage while inhaling. Others used bottles because of the dangers posed by plastic bags, again alternating mouth and nose to reduce physical damage to tissues. Alternatively, the choice of solvent may have been a matter of convenience (Caroll, Houghton & Odgers 1998, p.5).

Nonetheless, although those involved in volatile substance abuse were aware of physical and mental health harms associated with their practice, they tended to focus on the 'immediate, short-term effects rather than the long-term consequences':

> It has been shown that at-risk adolescents have short time perspectives and do not examine the consequences of their actions (Carroll, Durkin, Hattie & Houghton, 1997). The present study confirmed this, as many had experienced health problems yet continued inhaling solvents.
>
> Of further concern is the finding that some engaged in other risky, potentially lethal behaviors, such as playing chicken with traffic at night (dodging cars and trucks) and prostitution. It should be noted that these risk-taking behaviors were not done by isolated individuals, but were organized group activities (Caroll, Houghton & Odgers 1998, p.6).

Although not conclusive, the authors comment that to a certain extent:

> [t]his study supports research that has demonstrated the significance of reputation in regard to disruptive behavior in school (Houghton & Carroll, 1996), delinquent activities (Carroll, Durkin, Hattie & Houghton, 1997), and drug-use behavior (Odgers, Houghton & Douglas, 1996). Students stated that users had a poor reputation among nonusers; but within the VSU groups, the more chronic users had higher status. Therefore, intervention programs need to address the role of reputation in VSU (Caroll, Houghton & Odgers 1998, p.6).

The authors conclude that an understanding of social group dynamics is crucial to any understanding of volatile substance abuse.

Both Beauvais (1997) and Meredith (2000) also argue strongly that volatile substance abuse must be regarded as a serious form of substance abuse in its own right and intervention strategies must be tailored accordingly. Beauvais proposes a number of questions that should be asked in considering both prevention and treatment strategies for volatile substance abuse. These are considered in Chapter 26 which outlines the need for and importance of qualitative and quantitative research in this area of substance abuse.

There is, unfortunately, very little other 'cultural research' into this area. The Committee therefore awaits with interest the results of MacLean's doctoral research into cultural aspects of volatile substance abuse in Victoria. Nonetheless, a 'feeling' for the dynamics, rituals and cultures of volatile substance abuse has been possible through the Committee's engagement with

young 'chromers' and the people who care for them. It is the views of these participants that are the focus of the rest of this chapter.

Young people who abuse volatile substances: Case studies and interviews

The following case studies are taken from submissions to this Inquiry by various community agencies, particularly the Yarra Drug and Health Forum (YDHF) and the Victorian Federation of Community Legal Centres. The submission from the YDHF is particularly interesting for it attaches an interview with 'Mike', an articulate adult chromer who is able to give a real insight into the reasons why people may use volatile substances and what strategies should be devised to address the problem. The chapter concludes with sections of a presentation by 'Chris', a young chromer who the Committee met with earlier this year. The transcripts of the complete interviews and presentations are attached in Appendix 15.

The case studies reflect a snapshot of the stark reality of volatile substance abuse for many young Victorians; particularly those in community residential care. They should be read in conjunction with those provided to us by Berry Street Victoria and reproduced in the *Discussion Paper* published for this Inquiry in January 2002.

The names of the clients used in these submissions have been changed for reasons of confidentiality. The Drugs and Crime Prevention Committee is most grateful to all agencies and individuals for allowing us to reproduce these very personal stories in this *Final Report*.

Case studies presented by the Federation of Community Legal Centres (Victoria)

Names have been changed to protect the identity of the participants.

1. JANE

Jane is 20 years old and has chromed in the past and had friends who chromed.

About a year ago, I chromed with my friends about 2 times a week for a period of a couple of months. I would use spray cans of paint.

At the time I was chroming I was depressed and down in the dumps. I had left home about 6 months earlier and had recently miscarried. At the time I didn't care whether or not it was harmful. Now I think it could have been harmful. I think it is addictive. I quit because I wanted to but I know a lot of people who haven't quit it.

If you made it harder to get the cans (like making it illegal for under 18s to buy it) then you wouldn't be able to do it so quick. But you could still get it. If you want it you could just get someone else to buy it.

I think you could make a program where you can do constructive stuff without trying to kill yourself. Maybe you could get people doing graffiti or murals on walls. That would be something that people could do and keep occupied instead of being depressed.

I went to Berry St at one stage. At least it gave people somewhere safe to do it. Because they would call the ambos and get help if someone knocked themself out. Otherwise if you are out in the street somewhere what happens then?

Chroming is stupid because it harms you and it is dangerous. It blocks your lungs and kills brain cells and puts stuff going through your blood. A lot of people try it, but if you keep using it, that's the problem.

2. STEVE

Steve is 18 years old and living in youth refuges at the moment. He left home when he was 13.

I've never chromed but I have friends who've tried it. They were 18 or 19 years old around that age. They used butane gas – you can buy lighter fuel cans from Supermarkets. They also used air freshener cans and other stuff.

They used it when they had nothing else to get high off. I guess they used it because they were bored and it makes every day things more interesting.

I normally do Amyl Nitrate. That's a muscle relaxant and instant head rush. It is called different things. I think it is a video head cleaner fluid and you can get it from porn shops. If you were under age then you would get an over age person to buy it.

I think it's harmless. I guess sometimes doing Amyl nitrate would be classed as chroming or something. I don't think it has any long-term effects but you do get some tripped out dreams. I'd guess that chroming with other aerosols and stuff wouldn't have any harmful effects. There'd be some risks though. If you had underlying medical problems like a weak heart or respiratory problems then it might affect you badly but not necessarily. None of those inhaled substances are addictive.

If you made other forms of drugs legal, like cannabis then people wouldn't use those things any more. If kids are going to do it then they will do it anyway regardless of if you try and stop them or not. It is irrational to make it illegal to buy, what if you were a kid wanting paint to do your bike up. If you ran education campaigns in schools about inhaling stuff then that would do some good. But I reckon maybe 50% would still do it to see what it's like and 50% wouldn't do it.

Yeah I think that harm minimisation model services are a good idea because if you pass out then you will be safe.

3. DAVE

Dave is 25 years old and currently homeless.

I have been using on and off for about 8 years. More off than on, I slowed down a bit at different times. I use black paint (aerosol paint) and I spray it into a coke bottle and sniff it when I need it.

I was 12 or 13 when I left home and I started sniffing. I sniffed petrol and glue and tollutene (paint thinner). I did it because I had family problems, things like my dad sexually abused me. Inhaling those things gave me escape and helped with the frustration and boredom, and bad nerves and hanging out for other drugs.

I usually do it on my own. I move around all the time.

I think it is harmful. It kills your brain and destroys your livelihood. It can even effect your sex life if you know what I mean.

They're not going to make it illegal are they? How does that help things?

Case study presented by Yarra Drug and Health Forum (Victoria)

This is an interview recorded by Natalie Mikkelsen from the Fitzroy Legal Service and Jocelyn Snow, Executive Officer, Yarra Drug and Health Forum.[197]

Q – Herald Sun approach to chroming: what do you think?

A – It's crap the way they've handled it. To be honest, it's a lot safer to have the young people supervised. If you've been chroming you could walk in front of a car, jump out of a tree or off a roof without knowing. When you chrome you hallucinate. How (you hallucinate) depends on how you were before you chromed. If you're real flat beforehand it will bring you up but it will then bring you down further than you were before. If you're feeling really happy before hand you'll hallucinate really good things – it varies on the person and what they like, think, believe in – all of that comes into it. But if you're running around on top of a building then you can think that you're superman and can fly and you can jump off the building … people do that. I met a dude a few years ago when I was chroming everyday and so was he and we got to talking and he had a broken arm and leg and he said that he'd been up a pole and that he thought that it was swaying really badly and he ended up letting go of it, thinking that he was a lot closer to the ground than he was. He ended up dropping about 7 metres or so. That's what it does to you – your senses are all gone. You know I was punching a brick wall on the weekend and wasn't feeling a thing. I just know cos there's a crack in my wall. I thought it was something else. People go through that all the time. This is just my experience that I'm talking about – I can't really say for everyone else – but others go through similar.

197 A transcript of the entire interview can be found in Appendix 15.

Q – How long have you been chroming?

A – I did it for about 12 months or a bit more when I was 16 and then I stopped for 2 years and started up again the past few months.

Q – How often was that?

A – That was every day, or every day other than pay day when I'd get a hit of heroin The reason why I chrome – and it's just me personally – is because I don't want to get into crime instead. I figure if I steal a can of paint and get caught they're just going to slap me on the wrist, like with dope. So I go into Clints Crazy Bargains or a Reject Shop – it's cheap and it comes off (your face) really easy – you don't have to sit around scrubbing your face for ages. I feel that for me, I can live with myself doing that rather than going rolling old people, beating up old people, stealing cars you know doing all that crazy shit that most people do to get on each day. If I had my choice I'd rather use (heroin), I'd rather do something else other than chrome, but because I don't want to go through all the bullshit of crime or rorting and lying, because I don't want to go through all that crap, I want to stick with my morals, I'd rather go and steal a can of paint.

Q – Why do you chrome?

A – I stopped doing it for 2 years and I have only started again using over the past few months. I'm under a lot of stress. I've got no family here. All the support I've got is from XXX and sometimes I feel left out because I don't really have a heroin problem and that's what the workers mainly work with. I don't get the same support even though I'm under 21. At first they weren't even going to give me a worker because they thought I was fine but I was using once a week on pay day and chroming once a week and choof full on every day.

Q – How much were you chroming? How many cans?

A – Over the weekend, over three days I did two cans which is fucking brilliant for me considering when I was doing it full on and everyday, but the past few weeks I've only done it a couple of times. The last three days I've done it six times so its not a big problem for me any more because I haven't been stressed. I went home and saw my mum and its just something I wouldn't do around my mum and the same with using because I was with my mum. I didn't want my mum to know what I was really doing, what I was really like, so I could behave myself. I want my morals to still be where they are but slowly they are being eaten away from all this shit that I'm doing. I'm starting to lose me.

Q – What effect is this having on your body?

A – I feel the effects a lot. I know I've done serious damage to my brain. I have a lot of really weird thoughts, I don't talk about this with anybody. At least once a day I think of hanging myself for no reason at all. I might be happy and then I suddenly get these stupid thoughts and I think my life is not

going to get any better and I'm going to keep doing this crap for the rest of my life. All my self-esteem is going because of it. I don't want people to know what I'm doing so I have to hide myself and through doing that I'm losing myself.

Q – When you chrome do you do it by yourself? Do you have mates?

A – I do it by myself so I lose myself for hours on end. I just go as hard as possible – that's why I say this weekend I did fucking excellent. I do stress out and I do 2–3 cans in a day. Sometimes I do one can in an hour or so. The reason I do it is I'm trying to waste time, I'm trying to forget about what is going on in my life and I'm trying to create another world for myself that I like. Because I don't like this place to be honest, I like the people who are around me but I don't like the people who look down at me. People in suits, I have a real big problem with the suits. That actually eats at me, personally and it sits and it stresses me. I stress out over it.

Transcript of presentation from an interview with 'Chris', youth workers and the Drugs and Crime Prevention Committee[198]

Worker One is a youth worker with many years experience of caring for some of the state's most disadvantaged children. Worker Two is also a youth worker. Chris is a young man of 18 years who has had a great deal of interaction with this youth and welfare agency. Chris has regularly used volatile substances for the purpose of intoxication in the past. He still chromes occasionally.

CHRIS – I would like to introduce myself. My name is CHRIS and I am here today as a person who does inhaling. I would like to talk to different people about the cause of it and how we would like to help and do different sorts of things. I would like to thank you for making the time for me to come and see you.

THE CHAIRMAN – How long have you been chroming?

CHRIS – About four years – between three and a half and four years.

THE CHAIRMAN – If you feel comfortable about it, can you talk to us about what you do, how you got involved, what happens and how you feel when you do it?

CHRIS – I actually moved out of home from my parents' place when I was 13½. I moved into DHS through orders and all that, and I moved from different sorts of houses and one-on-one placements. I met different people through the Salvation Army, and I started doing chroming with them.

THE CHAIRMAN – How did you get involved in chroming?

CHRIS – Peer pressure, boredom, not doing anything during the day.

198 A copy of the full transcript of the interview can be found in Appendix 15.

THE CHAIRMAN – Did someone show you what to do?

CHRIS – Yes.

THE CHAIRMAN – How did that happen?

CHRIS – I was just, like, in the streets. Someone asked me to have a go at it, and I thought it would be all right to do it because at that stage everyone was talking about it and I thought it would be cool if I did it.

THE CHAIRMAN – That was four years ago.

CHRIS – Yes.

THE CHAIRMAN – What did they do? Did they give you a bag?

CHRIS – Yes.

THE CHAIRMAN – What type of paint, if it was paint?

CHRIS – Spray paint, spray can, like a silver spray can.

THE CHAIRMAN – What happens when you do it? What do you feel?

CHRIS – It might sound stupid, but the word they use is 'buzz'. It gives you a buzzing noise. It makes you violent.

THE CHAIRMAN – How do you know you are violent?

CHRIS – The way I act. I feel sometimes I want to commit suicide and all that and be violent to people on the street, like punching people. As soon as I am not doing it I am not like that.

THE CHAIRMAN – So you do know there is a real change in your personality when you do this.

CHRIS – Yes.

THE CHAIRMAN – What are you doing now? Are you involved in some programs at the moment?

CHRIS – Not really, just through X housing Agency. I am not talking about chroming any more. I used to have a D and A worker through the [charitable agency], but three months after you are 18 that order finishes, so you cannot have a D and A worker through there. I have been trying to get a D and A worker, but it is hard.

THE CHAIRMAN – Do you enjoy it?

CHRIS – Yes and no.

THE CHAIRMAN – What do you mean, 'Yes and no.'?

CHRIS – Sometimes I enjoy it, but sometimes I do not want to do it. But it is so easy to get. You can get it so easy that you have to do it.

The Committee expresses its thanks to Chris and the other people who shared their most personal thoughts and experiences with the Committee.

PART E: Law And Legal Issues

Overview

The legal regulation of volatile substance abuse has been one of the most contentious aspects of this Inquiry. The use of inhalants or volatile substances for the purposes of intoxication is not of itself against the civil or criminal law in Victoria and this is frustrating for many people, including the Victoria Police.

Conversely, the sale of volatile substances for purposes other than those for which they were designed is illegal and retailers can be prosecuted, although in practice this rarely occurs.

Chapter 12 of this Part examines the general law as it pertains to volatile substance abuse across Victoria and the Australian states. It also looks briefly at the jurisdictions of the United Kingdom, New Zealand and the United States, particularly the state of Texas which has some of the most comprehensive and arguably strict laws addressing volatile substance abuse, including provisions that penalise inhalant users.

Chapter 13 focuses on the problems the Victoria Police face in interacting with young people who use volatile substances. The issue of police training in this area is a key aspect of the discussion.

The related issue of criminal and civil law responses to volatile substance abuse is the subject of Chapter 14. The penalising of volatile substance users who inhale for the purposes of intoxication is a controversial and difficult area. Questions as to the appropriate role of the criminal law are raised. This chapter also raises issues with regard to civil apprehension and detention of young people who are found using inhalants in public places. In particular, the Western Australian *Protective Custody Act 2000* and its applicability as a model for Victoria are discussed.

Finally in this Part, the important topic of alternative forms of regulating volatile substances is raised. Chapter 15 commences with a detailed discussion

of the appropriateness of supply side and point of sale regulation. It examines the arguments for and against legal sanctions against retailers and shopkeepers and looks at alternative voluntary and community partnership approaches. It also discusses the related area of age restriction, product labelling and warnings, and scheduling of certain volatile substances.

12. Volatile Substance Abuse: The General Legal Framework

There is little legal regulation of volatile substances in Australia from either a criminal or civil law perspective. It is still generally the case that legislation in most jurisdictions in Australia and overseas is primarily concerned with the sale and distribution of the substances rather than their (mis)use per se. A notable exception is the state of Texas in the United States.[199]

Most of the Australian legislation in this area refers generally to volatile substances. Such substances include, but are not restricted to, those most commonly used for inhalant abuse, such as petrol, glue and paint.

This chapter begins with an overview of the legal situation in the United Kingdom, as it was one of the first jurisdictions to introduce some form of volatile substance regulation. This will be followed by a brief discussion of the situations in New Zealand and the United States (notably Texas).

New Zealand is a prime example of a jurisdiction that is successfully dealing with substance abuse. Fifteen years ago New Zealand had a sizeable volatile substance abuse problem but a variety of government and community programmes implemented successfully since then have assisted in reducing the size and gravity of the problem. Because of this success members of the Committee travelled to New Zealand to examine the approaches used and learn from their experience. A discussion of the New Zealand experience features as a case study in Chapter 20.

An examination of the current provisions applicable in Victoria and other Australian states and territories concludes this chapter.

199 A discussion of the *Abusable Volatile Chemicals (AVC)* Act is given. See State of Texas Health and Safety Code, Chapter 485, 2001.

United Kingdom[200]

By the early 1980s, policymakers and legislators in the United Kingdom had become increasingly concerned about the issue of inhalant misuse. In 1983, a consultative Committee of the then government discussed whether volatile substance abuse (VSA) should be subject to criminal penalties. Ultimately it was felt such measures would be counter-productive:

> Criminalising VSA would almost certainly [deter] misusers from seeking help and would [burden] many young people with a criminal record. It was also felt that criminalisation might put young people in even greater danger by leading them to abuse volatile substances in secret where, if help were needed, it might arrive too late (Advisory Council on the Misuse of Drugs (UK) 1995, pp.17–18).

Although the government decided not to penalise the *use* of volatile substances, it was prepared to regulate their sale and distribution, particularly to children and adolescents. The *Intoxicating Substances (Supply) Act 1985* makes it an offence for a retailer to supply or offer to supply to a person under 18 years, or anyone acting on behalf of a person under that age, a substance

> … if he or she knows or has reasonable cause to believe that the substance or its fumes are likely to be inhaled for the purpose of causing intoxication.[201]

A retailer found guilty of an offence under this Act could be sentenced to a maximum of six months imprisonment, a substantial fine or both. But as Ives notes, the legislation does not proscribe a list of substances, 'and the retailer must decide whether a particular young customer is going to misuse the product' (2000, p.21). Although the legislation has generally been well received, some commentators have noted that 'the net result of these laws seem to have been an increase in mortality from VSU as users shifted [from glue] to aerosols and butane gas' (Rose, Daly & Midford 1992, p.2). One needs to be cautious about such a finding, however, as there has been very little evaluation undertaken of the effects of either the legislation or its links with inhalation practices. The British Home Office collates prosecutions under the Act. Table

200 There is not a great deal of data about volatile substance abuse in European countries other than the United Kingdom. Ives (1994) has done some comparative work that looks at survey findings from a number of different Western and Eastern European countries. See Chapter 6 for a brief discussion of his findings.

201 *Intoxicating Substances (Supply) Act 1985*

It is an offence for a person to supply or offer to supply a substance other than a controlled drug:

'1. to a person under the age of 18 whom he knows, or has reasonable cause to believe, to be under that age; or

2 (a) who is acting on behalf of person under that age; and

(b) whom he knows, or has reasonable cause to believe, to be so acting, if he knows or has reasonable cause to believe that the substance is, or its fumes are, likely to be inhaled by the person under the age of 18 for the purpose of causing intoxication.

A person found guilty of an offence under this section shall be liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding £2000 or both.'

12.1 details the prosecutions for the years from 1986–1997. According to a number of both academic and community experts in the field, the relatively low numbers of prosecutions indicate a serious weakness of the legislation.

Table 12.1: Summary of prosecutions, convictions and fines*

	'86	'87	'88	'89	'90	'91	'92	'93	'94	'95	'96	'97	TOTAL
Prosecutions	6	15	7	12	7	8	5	5	7	3	4	11	90
Convictions	2	11	4	9	4	6	3	3	4	0	2	5	53
Fined	1	5	2	2	4	4	3	1	4	0	2	1	29

*Data for 1985 are not available. Data from 1998 onwards are not yet available.

Source: Information reproduced from http://canban.com/law/index.htm

Regulations passed in 1999 also make it illegal for any person to supply a cigarette lighter refill canister containing butane to any person under 18 years old.[202] This was thought to be particularly important given that inhalation of butane is by far the most common form of volatile substance abuse by children and youth in Britain.[203] This differs from the situation in Australia.

Although it is too early to make comment as to how effective these regulations have been in curbing butane inhalation, Warren Hawksley, Director of Re-Solv, gave a tentative 'thumbs up' to the measures when meeting with the Committee in July 2001:

> Yes, we have picked up evidence that suggests that there are a lot fewer deaths [since the regulations were in force]. The law is that under 18s cannot be sold cigarette lighter refills. We have got quite a lot fewer deaths in the first year or so. It came in on 1 October 1999. The other big thing about it was that it made the Trading Standards Office responsible for enforcing it. Up until then the private member's bill we had previously did not do that. It was an option as to whether the trading standards officers or the police or anybody else bothered with it, whereas under the new legislation the trading standards officers, who are local government officials, are actually responsible for enforcing it. And that is, I think, probably as important as legislation.[204]

202 See the *Cigarette Lighter Refill (Safety) Regulations 1999*.

203 Of interest is the fact that in Britain petrol inhalation is and has been virtually unknown. Dr John Ramsey, a toxicologist with St George's Hospital Medical School, told the Committee when they met with him in July 2001:

'I think that is where there might be a big difference between VSA in the UK and VSA in Australia. We don't have petrol sniffing. It is extraordinarily unusual for anybody to sniff petrol in the UK. Out of almost 2,000 deaths we have got about 8 or 9 that have been associated with petrol.'

(Dr John Ramsey in conversation with the Drugs and Crime Prevention Committee, London, 10 July 2001).

204 Warren Hawksley, Director, Re-Solv in conversation with the Drugs and Crime Prevention Committee, London, 10 July 2001. *Intoxicated Person's Act 1979* as amended by *Intoxicated Persons Act 2000* (New South Wales).

Section 3 of this act allows for the civil detention of anyone 'seriously affected by alcohol or another drug or combination of drugs' (Section 3). It is unclear as to whether this definition extends to volatile substances in the New South Wales context.

Moreover, if a retailer in Britain illegally sells volatile substances to a person under 18, he or she runs the risk of not only losing their licence to sell these substances, but also any other age-restricted licenses. In effect, for breaching the volatile substance regulations a retailer may also have a licence to sell tobacco, alcohol or even lottery tickets revoked. This can happen whether or not there has been infringement of the alcohol or tobacco sale provisions.[205]

However, Dr John Ramsey, a British medical scientist specialising in volatile substance abuse, also warned the Committee that such regulation, while valuable, could serve to displace the problem:

> The problem with legislation, what concerns all of us, is that it is like squeezing a balloon; you restrict access to one product and then people move to another, and there are just so many domestic products that contain volatile compounds. Aerosols can contain butane as a propellant and cigarette lighter refills are popular because they contain nothing but butane. There is a picture here on page 4 in the middle on the left that is a picture of a cigarette lighter refill can. What makes that particularly attractive is the design of the can; you can get the gas out by clenching the nozzle. The top left-hand picture shows the nozzle with teeth marks in it.
>
> This product contains the pure gas. The cans on sale in the UK contain 250ml of gas, which is enough to keep you intoxicated for a long time. And it is enough to fill a cigarette lighter hundreds of times. A cigarette lighter contains 4ml of gas, so that is an unnecessarily large product. We tried to persuade the manufacturers to produce a 25ml can instead of a 250ml can, but we ran into problems because the European Community barriers to trade wouldn't allow Britain to introduce rules to prohibit the size of the cans and the other European countries may not have the problems we have. So unfortunately that solution just didn't work.
>
> The concern always is that if you restrict availability of one product then another one will surface, which might have more consequences. I can't help feeling that since it is almost universal around the world that it is the deprived population that sniffs petrol – the Native Indians in Canada and America and your Aboriginal people – this is because they don't have access to the more refined consumer products. If we really squeeze down on the British population, then petrol is always going to be accessible.[206]

In Scotland, England and Wales there is also legislation that constitutes VSA as a specific ground for referring children to child protection agencies or panels.[207] *The Children (Scotland) Act 1995* makes volatile substance abuse a ground for a hearing by a Children's Hearing. The panels conducting the

205 See also discussion on supply side regulation in Chapter 15.

206 Dr John Ramsey, St George's Hospital Medical School London, in conversation with the Committee, London, 10 July 2001.

207 For further discussion of child protection and family services legislation in Britain that allows for social work interventions in individual cases of volatile substance abuse, see Advisory Council on the Misuse of Drugs (UK) 1995.

hearings have powers to order that young people be taken into local authority care and to recommend appropriate treatment and supervision. Criticism has been levelled at the compulsory nature of the referrals under the Scottish legislation. It is felt that compulsory referrals to a panel inhibited the relationship between police and welfare personnel who previously had been working well together (Rose, Daly & Midford 1992, p.1).

There are also some miscellaneous British legislative provisions that have been used from time to time in an attempt to address certain aspects of volatile substance abuse. Under Section 5 of the *Public Order Act 1986* police may take action against people who abuse solvents in public *if* they are also disorderly or abusive.[208]

Prosecutions may also be brought against persons found on particular places under various by-laws. These may include railways, railway property and football grounds. They are most often used, however, against those consuming alcohol (Advisory Council on the Misuse of Drugs (UK) 1995, p.21).

Finally, British road traffic law does allow someone who drives, attempts to drive or is in charge of a mechanically propelled vehicle whilst intoxicated to be prosecuted. Intoxication in these circumstances has been defined to include being under the influence of volatile substances,[209] and can result in penalties of licence disqualification and/or custodial sentences. Victoria Police has suggested similar provisions should apply to road safety law in Victoria.[210]

The British legislation is in most respects applicable only to juveniles, thus reflecting the view that it is mainly this section of the community that is most likely to misuse or abuse inhalants.[211]

In the mid-1990s the British Parliament and subsequently the Government grappled with the issue of introducing further legislative measures to address volatile substance abuse and subsequent harms, particularly with regard to penalising use. After many debates and much research and reflection, the comprehensive *Final Report* by the Advisory Council on the Misuse of Drugs concluded:

> We have considered whether it would be appropriate to recommend any further legislation in this area, and have concluded that it would not. Despite the fact that the Intoxicating Substances (Supply) Act is difficult to enforce, we cannot conceive of any acceptable legislative changes which would do more than this Act does to help protect young people. Indeed, it has been suggested

208 This Act applies to only England and Wales. In Scotland police would use common law powers of breach of the peace to deal with similar situations.

209 See, *Road Traffic Act* 1988.

210 Submission by Victoria Police (General Policing Department, Region 3, Division 5, Swan Hill Ganawarra District Office) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001.

211 For further discussion of the British legislative provisions, see Advisory Council on the Misuse of Drugs 1995, *Volatile Substance Abuse: A report by the Advisory Council on the Misuse of Drugs*, Home Office, London.

> that one of the results of the Act was to divert some young people from glue sniffing to the inhalation of other, perhaps more dangerous, substances. We do not know to what extent this was true but the unpredictable consequences of legislation in this area reinforce our inclination not to recommend change (Advisory Council on the Misuse of Drugs (UK) 1995, p.23).

The United States of America

It is difficult to comprehensively discuss legislative measures with regard to volatile substance abuse in the United States, given that, as in Australia, most laws pertaining to the issue are local authority and state based. Thus one has 50 state and one territory (District of Columbia) legal regimes to consider.[212] Nonetheless, many states have provisions regulating the supply and provision of volatile substances, product labelling and provisions for the welfare of intoxicated youth. In some states the use of volatile substances is a criminal offence.[213] Texas is the most notable example and that state's laws are discussed later in this section.

Some states have restrictions on the sale of substances or the compounds making up the substances. These restrictions include age limits at which the substances can be purchased or making it an offence to sell such substances for the deliberate purpose of inhalation.[214] In Massachusetts and Nebraska, for example, stores and shops that stock and sell volatile substances are required to keep a registry of sale that is available for police inspection on demand.[215]

The leading prevention, education and advocacy group with regard to volatile substance abuse in the United States is the National Inhalant Prevention Coalition (NIPC) based in Austin, Texas. This organisation has been agitating for a uniform approach to legislation throughout the states, covering such matters as supply, distribution and control of products, welfare interventions for intoxicated and 'at risk' youth and comprehensive and well funded education and prevention programmes. The NIPC is currently seeking to establish a National Inhalant Resource Centre that will act as a clearing-house for resources, information, research dissemination and networking.

Texas has some of the most comprehensive legislation covering volatile substance abuse in the United States. In many respects this is due to the efforts of the founder and Director of the NIPC, Mr Harvey Weiss.[216] However, certain groups in the United States have not welcomed the legislation. These include retailer and manufacturer groups.

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212 At least 38 states have legislation pertaining to volatile substances. Most legislation is abuser-based and prohibits the inhalation of specified compounds for the purpose of intoxication. See www.inhalants.org/laws.html

213 Inhaling volatile substances for the purposes of intoxication is subject to criminal penalties in 24 states. For a list of these states and a description of the laws, see ww.inhalants.org.laws (the web site of the National Inhalants Prevention Coalition, USA).

214 www.inhalants.org/laws.html

215 www.inhalants.org/laws.html

216 The Committee met with Mr Weiss in Washington during July 2001.

The Abusable Volatile Chemicals Act 2001[217]

Legislation in Texas prohibits the sale or delivery of volatile chemicals to minors (under 18 years of age). It also prohibits the use of volatile chemicals, including aerosol paint and nitrous oxide, in a 'manner designed to affect the central nervous system',[218] or the possession of such chemicals with the intent to inhale.

Permits are required in order to sell aerosol paint in many stores throughout Texas.[219] The permits must be displayed at each location where the permit holder is permitted to sell abusable volatile chemicals. The revenue from such permits is hypothecated and used by the state government to finance education projects aimed at preventing inhalant abuse.[220] Shops must also display warning signs in English and Spanish stating the following:

> It is unlawful for a person to sell or deliver abusable glue or aerosol paint to a person under 18 years of age. Except in limited situations, such an offense is a state jail felony. It is also unlawful for a person to abuse a volatile chemical by inhaling, ingesting, applying, using or possessing with intent to inhale, ingest, apply or use a volatile chemical in a manner designed to affect the central nervous system. Such an offense is a Class B misdemeanor.[221] It is also an offense for a person to knowingly deliver an abusable volatile chemical to a person who is younger than 18 years of age.[222]

The Act also prescribes strict requirements as to the storage of and access to aerosol paint in particular. Section 485.019 states as follows:

> (a) A business establishment that holds a permit under Section 485.012 and that displays aerosol paint shall display the paint:
>
> (1) in a place that is in the line of sight of a cashier or in the line of sight from a workstation normally continuously occupied during business hours;
>
> (2) in a manner that makes the paint accessible to a patron of the business establishment only with the assistance of an employee of the establishment; or
>
> (3) in an area electronically protected, or viewed by surveillance equipment that is monitored, during business hours.
>
> (b) This section does not apply to a business establishment that has in place a computerized checkout system at the point of sale for merchandise that alerts the cashier that a person purchasing aerosol paint must be over 18 years of age.

217 State of Texas Health and Safety Code, Chapter 485, 2001 Effective from 1/9/01.

218 Code Sec 485.001, See also Texas Legislature Online, http://www.capitol.state.tx.us/cgi-bin/cqcgi

219 Code Sec 485.011.

220 Code Sec 485.016.

221 Code Sec 485.017. See also Code SubChapter C for further details of criminal penalties for use and supply.

222 For details as to possible defences against these charges, see Code Sec 485.032.

(c) A court may issue a warning to a business establishment or impose a civil penalty of $50 on the business establishment for a first violation of this section. After receiving a warning or penalty for the first violation, the business establishment is liable to the state for a civil penalty of $100 for each subsequent violation.

(d) For the third violation of this section in a calendar year, a court may issue an injunction prohibiting the business establishment from selling aerosol paint for a period of not more than two years. A business establishment that violates the injunction is liable to the state for a civil penalty of $100, in addition to any other penalty authorized by law, for each day the violation continues.

(e) If a business establishment fails to pay a civil penalty under this section, the court may issue an injunction prohibiting the establishment from selling aerosol paint until the establishment pays the penalty, attorney's fees and court costs.

(g) A penalty collected under this section shall be sent to the comptroller for deposit in the state treasury to the credit of the general revenue fund.

(h) This section applies only to a business establishment that is located in a county with a population of 75,000 or more.

A retailer who fails to post warning signs outlining that inhalant use, for the purposes of intoxication, is illegal is also guilty of a criminal offence.[223] Further offences are concerned with the supply or use of inhalant paraphernalia such as containers or receptacles used to inhale or ingest the chemicals.[224]

Penalties for the infringement of the offence sections vary depending on the type and severity of the offence. Generally, a fine not exceeding $5000 will be imposed depending on:

(1) the seriousness of the violation, including the nature, circumstances, extent and gravity of the violation;

(2) the threat to health or safety caused by the violation;

(3) the history of previous violations;

(4) the amount necessary to deter a future violation;

(5) whether the violator demonstrated good faith, including when applicable whether the violator made good faith efforts to correct the violation; and

(6) any other matter that justice may require.[225]

223 Code Sec 485.034.

224 Code Sec 485.033. 'Inhalant Paraphernalia' is defined in Code Sec 485.001 as follows:

'Inhalant Paraphernalia means equipment or materials of any kind that are intended for use in inhaling, ingesting or otherwise introducing into the human body an abusable volatile chemical. The term includes a tube, balloon, bag, fabric, bottle or other container used to concentrate or hold in suspension an abusable volatile chemical, or vapors of the chemical.'

225 Code Secs 485, pp. 101–102.

New Zealand

It is not illegal to inhale solvents in New Zealand. However, the Police can hold people under the influence of solvents in a public place for detoxification under the *Alcoholism and Drug Addiction Act 1966* or deliver them to a detoxification centre. This Act provides police with the powers to:

> [apprehend] a person whose persistent and excessive indulgence of a substance is causing or is likely to cause serious injury to his health, or is a source of harm, suffering, or serious annoyance to others or renders him incapable of properly managing himself or his affairs.

A problem with such a measure is that most centres are not specifically designed to deal with solvent abuse. However Sandra Meredith, a leading policy analyst in the field, has stated that the legislation is rarely used for solvent abuse alone: 'It has been used when individuals are exhibiting anti-social behaviour, or are involved in wilful damage of property as a result of using solvents' (Meredith 2000, p.8). Alternatively, the *Children, Young Persons and their Families Act 1989* may be used where a child is deemed to be in need of care and protection, but referral for treatment requires the cooperation of the young person affected and the user cannot be forced to enter a treatment programme. In a recent submission to this Inquiry, Ms Meredith stated:

> Unfortunately [these Acts] have not been particularly helpful with solvent users. It has certainly assisted police at the height of the solvent abuse problems uplift young people off the streets and either return them to their family, or hold them in police cells until the intoxication effect has worn off. It has not been successful in referring people to treatment services. In New Zealand services are for voluntary patients, therefore unless a person wants help it cannot be forced upon them.
>
> The Mental Health (Compulsory Assessment and Treatment) Act 1992 is another piece of legislation that offers an opportunity to address the needs of those chronic users that are exhibiting behaviour that may lead to serious injury to his health, or is a source of harm or suffering.
>
> This Act in the past did not work well with solvent users unless they had a dual diagnosis that linked their solvent use with a mental health disorder and their solvent use lead to a particular behaviour or event.[226]

Some New Zealand local authorities have also passed by-laws banning the use of 'mind-altering' substances in municipal public places. Mind-altering substances have been defined to include glues, solvents and other volatile substances.[227] There are also by-laws in some municipalities allowing police

226 Submission of Youth Affairs Department of New Zealand (Ms Sandra Meredith, Senior Policy Adviser) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.15.

227 See for example, Porirura City Council General By-law 1991.

officers to remove bags from sniffers provided the bags contain chemicals and – somewhat curiously – the bags are unmarked (Meredith 1992, p.5).

The New Zealand government has on a number of occasions given consideration to making inhaling of volatile substances a criminal offence.[228] The debates for and against the criminalising of 'sniffing' that have taken place in New Zealand are discussed further in Chapter 14 dealing with alternative methods of policing volatile substance abuse.

A detailed discussion of volatile substance abuse in New Zealand is also provided in Chapter 20.

Australia

Most Australian states follow the British model of making the sale and distribution of inhalants and volatile substances subject to criminal penalties in certain circumstances, while the use or misuse of such substances is not criminalised or penalised.

Before discussing specific state legislation on volatile substances, it should be pointed out that most Australian states have legislation concerning people who are found intoxicated in public. Such legislation can in effect be used to detain a person believed to be intoxicated due to the inhalation of volatile substances. In most cases it also allows authorised officers such as police to search the person for inhalants and remove the inhalants in appropriate circumstances. Western Australia has the most comprehensive legislation in this regard, which is discussed below.

Public intoxication legislation in other states, while not specifically mentioning volatile substances, can broadly have the same effect or outcomes as the Western Australian legislation by their extended definitions of what counts as intoxication.[229] The other Australian jurisdictions, to varying extents, define intoxication broadly as being affected by alcohol, another drug or combination of drugs. Arguably, such a definition can encompass volatile substances without more specific references.

Child welfare laws

The common feature of the various states' public intoxication legislation is that a person who is intoxicated may be apprehended by police and either released into the care of a responsible person or taken to a sobering-up centre or similar facility. It is doubtful that in the context of (juvenile) inhalant misuse, sobering-up centres currently in existence around Australia (geared as they are

228 For an account of these deliberations, see below.

229 See for example, *Intoxicated Person's Act 1979* as amended by *Intoxicated Persons Act 2000* (New South Wales). Section 3 of this act allows for the civil detention of anyone 'seriously affected by alcohol or another drug or combination of drugs' (Section 3). It is unclear as to whether this definition extends to volatile substances in the New South Wales context.

See also Drugs and Crime Prevention Committee, *Inquiry into Public Drunkenness – Final Report*, Government Printer, Victoria, June 2001.

to alcohol abuse) are equipped to deal with the specific medical, psychological and cultural issues specific to VSA.

Each state and territory has legislation pertaining to child welfare and protection. These laws would usually allow police, mandated social workers or other authorised personnel to take children into care where they are 'at risk' or in need of protection. In many cases such legislation may cover the circumstances in which a young person is endangering their health or safety by engaging in volatile substance abuse.

Groups such as the Criminal Bar Association of Victoria (CBAV) contend that there are mechanisms already in place under the *Children's and Young Person's Act 1989* (Vic) to initiate the intervention of the protective services of the Department of Human Services for young people thought to be at risk of, inter alia, volatile substance abuse and its consequences. Victoria Police has argued that such processes are ineffective and cumbersome. In its most recent submission to this Inquiry, Victoria Police recommended:

> [t]hat the *Children and Young Persons Act* 1989 be amended to allow for a more simplified and streamlined protection order application process for police and protective workers in dealing with children who are likely to suffer significant harm as the result of chronic volatile substance misuse.[230]

Police are particularly concerned that the law as it currently stands does not allow police to act 'pro actively' in addressing volatile substance abuse.[231] In particular, the powers of police to seize inhalants from people who are 'chroming' are unclear:

> There are no laws preventing the use of these substances that will enable police members to take early action or act as a deterrent to use by seizing the volatile substances or paraphernalia.
>
> Members have no legislative powers to arrest and protect people intoxicated by substances or transport them to a place where they can be supervised. At present, failure to act may attract some civil liability for any resulting harm, yet any action to detain or transport the intoxicated person to a place of safety may attract criminal charges of assault or false imprisonment. Many members feel the line between duty of care and civil liability is blurred.[232]

These views are outlined further in the following chapter concerning the 'policing' of volatile substance abuse.

230 Submission of Victoria Police, Policy and Standards Department, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.4.

231 The community agency Anglicare argues that statements of public health aims and objections similar to those found in the preamble and Sections 5 and 12 of the *Tobacco Act (Vic)* should be placed in any legislation dedicated to addressing volatile substance abuse. Such statements of aims and objectives could be used to guide policy and practice in this area from a public health perspective. See Submission of Anglicare to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, pp.12 ff.

232 ibid, p.2.

Specific legal provisions concerning VSA

Victoria

Drugs, Poisons and Controlled Substances Act 1981

Section 57 of this Act regulates the sale and distribution of 'deleterious substances'. These are classified into two broad categories:

- Methylated spirits (or an admixture containing methylated spirit), and
- Other volatile substances.

Volatile substances are comprehensively defined and include but are not restricted to:

- Plastic solvents
- Cleaning agents
- Glues
- Nail polish remover
- Lighter fluid
- Petrol or petroleum based products
- Paint thinners
- Aerosol propellants
- Anaesthetic gas.

Other substances may be declared to be volatile substances by order of the Governor in Council.

Under Section 58 of the Act it is made an offence for a person to sell a deleterious substance to another person if the person:

> knows or reasonably ought to have known or has reasonable cause to believe that the other person intends –
>
> - to use the substance by drinking, inhaling, administering or otherwise introducing it into his body; or
> - to **sell** or **supply** the **substance** to a third person for use by that third person in a manner mentioned in the previous section.

The maximum penalties for convictions under this section are, in the case of methylated spirits – 5 penalty units, one month's imprisonment or both; and in the case of volatile substances – 50 penalty units, imprisonment of up to two years or both.

Note that this section refers to 'a person' and therefore is not restricted to the sale of these substances to minors.

The problem with provisions such as Section 58 of the *Drugs, Poisons and Controlled Substances Act* is that it is very difficult to prove or establish in court what the intention of the shopkeeper or supplier was in these circumstances.

For this reason, prosecutions are seldom launched and are rarely successful.[233] This was certainly the case under the former methylated spirit provisions of the *Vagrancy Act* (now superseded by the *Drugs, Poisons and Controlled Substances Act*). There is little reason to believe that similar problems will not be applicable to prosecutions concerning the sale of volatile substances.[234]

It should be noted that the Victorian *Transport Act 1983* allows police and other authorised officers to seize and destroy on application to the court any graffiti implement. Although this section does not apply directly to volatile substance abuse, it could conceivably be used in circumstances where the person is both inhaling and using the chrome spray to paint graffiti.[235]

South Australia

Controlled Substances Act 1984

Section 19 of the South Australian legislation provides as follows:

- A person must not sell or supply a volatile solvent to another person if he or she suspects or there are reasonable grounds for suspecting, that the other person –
  - Intends to inhale the solvent; or
  - intends to sell or supply the solvent to a further person for inhalation by that further person.

The applicable penalties are a maximum fine of $10,000 or imprisonment for two years. The parent Act also gives the Governor in Council powers to make extensive regulations with regard to, inter alia, the production, manufacture, distribution, packaging, sale, prescribing, possession and storing of volatile solvents.

Graffiti Control Act 2001

A recent development of importance in South Australia is the passing of anti-graffiti legislation that in effect prohibits the sale of spray paint cans to juveniles. Although the *Graffiti Control Act 2001* is not targeted at chroming nor volatile substance abuse per se, it will clearly have an impact on the accessibility of paint cans for young people, whether such cans are used for graffiti, chroming or legitimate uses. The parliamentary debates that discussed this legislation during the bill stage are fascinating for *not* mentioning chroming. The debates are entirely concerned with the perceived problems in

233 For further discussion of supply regulation measures and the problems for police of prosecuting under the Act, see Chapter 13.

234 Burrows 1983, in an interesting early article, makes the comment that the genesis of certain sections of the then Drugs, Poisons and Controlled Substances Bill was the manifest concern in the early 1980s about inhalant use, particularly glue sniffing, 'with mass media articles appearing regularly though intermittently across all areas of Melbourne' (1983, p.163). In fact the bill in its early form had a separate part concerning Volatile Substances with heavy penalties (for the time) for users ($500.00), abetters ($1000) and suppliers ($5000). As far as we can ascertain the criminal user penalties did not make it to the final draft legislation.

235 Sections 223C and 223D See also discussion of South Australian graffiti legislation below.

Adelaide and South Australia of a major and growing problem with graffiti. The rationale of the bill is outlined by Mr Atkinson, Member for Spence:

> The second aspect to the bill is that it introduces three new offences with respect to graffiti. The first is that cans of spray paint on sale must be safely secured. So, the government bill provides that, if a person wants to buy a can of spray paint in South Australia, he or she will have to seek the assistance of a shop assistant to get access to the can of spray paint. The paint manufacturers oppose this bill, because the modern method of retailing will no longer be possible. The modern method of retailing is to leave items around the shop freely accessible to members of the public so that shoppers can pick them up, inspect them and then take them to the counter and purchase them or, as was happening in South Australia from time to time, steal them. Let's face it, many of the spray cans that were used for graffiti vandalism were not purchased: they were shoplifted.

One member of the South Australian parliament likens the bill to restricting demand for cigarettes. Mr Atkinson continues:

> The member for Fisher says it is like cigarettes, and there is some merit in that comparison, except that in this case the harm is done not to the purchaser but to society in general, when the goods are used in the way that the purchaser intends.

Clearly, these comments suggest that concern about volatile substance abuse is not the genesis of the legislation.

The legislation came in to effect in February and April 2002. Its main features are paraphrased as follows:

- A person must not sell a can of spray paint to a person under the age of 18.
- A person selling cans of spray paint must ensure such cans are effectively secured in locked cabinets or in a manner otherwise prescribed by regulation.
- Notices must be displayed in prominent positions advising that it is unlawful to sell cans of spray paint to persons under age 18 and that evidence of age may need to be supplied.

'Authorised Officers' under the *Local Government Act 1999* may be appointed to enforce these provisions. In effect, this means that such officers may inspect traders' premises to ensure that the regulations are being complied with.[236]

The *Graffiti Control Act* has received much opposition from a variety of groups in South Australia and elsewhere. Such groups include the Australian Paint Manufacturers' Association, the Australian Retailers Association and the Youth

236 For extracts from the relevant legislation, see Appendix 16 'South Australia Graffiti Control Act 2001'.

Affairs Council of South Australia. The Act and the opposition to it are discussed further in Chapter 15 dealing with sale regulation.

Public Intoxication Act 1984[237]

Finally, both adults and children may be civilly detained and apprehended for being intoxicated in a public place under the *Public Intoxication Act 1984*.[238] The Act applies equally to adults and children. Intoxication is defined as being under the influence of a drug or of alcohol. However those intoxicated must be by reason of the intoxication *unable to take proper care of himself or herself*. 'Drug' is further defined as including any 'substance declared to be a drug for the purposes of the act' and thus conceivably can include volatile substances. If, however, a child is apprehended and detained, the parent or guardian of the child (if any) must be notified as soon as practicable after the commencement of the detention.[239] Children in detention must as far as possible be kept from coming into contact with adults detained under the Act.[240]

Children and adults alike are given rights under the Act to communicate with a solicitor, friend or relative. Solicitors may request that the detained person be released into the custody of the solicitor, a friend or a relative capable of caring properly for the detained person. The officer in charge of the police station may accede to this request at his or her discretion if satisfied that the solicitor, friend or relative is in fact capable of caring properly for the intoxicated person.[241]

Western Australia

Protective Custody Act 2000

The *Protective Custody Act 2000* (WA) defines intoxicants as *specifically including* volatile substances. It does not therefore have the lack of certainty or clarity that is found in other state legislation as to whether these substances can be counted as drugs for the purposes of public intoxication legislation.[242] Furthermore, it also gives authorised officers such as police the power under Section 5 of the Act to seize an intoxicant from a *child* if:

- The child is consuming or inhaling the intoxicant; or
- The officer reasonably suspects the child is likely to become intoxicated if the intoxicant is not seized;
- The intoxicant may be seized even if the child is not intoxicated; and
- The officer may destroy the intoxicant.

237 For further discussion of Public intoxication legislation, see Drugs and Crime Prevention Committee, *Inquiry into Public Drunkenness – Final Report*, 2001, Part G.

238 Section 7.

239 Section 7(7)

240 Section 7 (10)

241 Section 7(9)

242 For example, New South Wales (see below).

Previous Western Australian legislation allowed police to apprehend persons in possession of a 'deleterious drug'. A challenge to that legislation resulted in the Western Australian courts ruling that volatile substances were not drugs.[243] The current legislation, the *Protective Custody Act 2000*, gets around this problem by specifically defining intoxication as including volatile substances. In its recent *Final Report* on public drunkenness, the Drugs and Crime Prevention Committee of Victoria recommended the adoption of legislation similar to the Western Australian *Protective Custody Act 2000*. Specifically, it was recommended that the definition of intoxicant and intoxication encompass the inhalation of volatile substances (Drugs and Crime Prevention Committee 2001).

The provisions of the Western Australian *Protective Custody Act 2000* are comprehensive and apply to both adults and children. However, under more general welfare legislation there is also the possibility for a police officer or welfare worker to apprehend a juvenile who is abusing volatile substances and take them to their home or into the care of a responsible adult.[244]

There is also a special provision in Western Australian by-laws that concerns the possession of solvents by a person on railway premises. This provision makes illegal the possession of a volatile substance 'capable of producing a narcotic effect if inhaled or ingested' unless there is a lawful excuse for such possession.

In a recent submission to this Inquiry the Criminal Bar Association expressed some reservations about the applicability of the Western Australian model to Victoria, questioning in particular its civil apprehension measures:

> One concern that the Association has is that any such power of civil detention is not seen to diminish or abrogate the responsibility of the Department of Human Services as responsible persons for young persons on protective orders. Such a "responsible person" should always be present where a young person is in the care of the Department of Human Services.[245] The provision of sobering up centres for young persons should become a priority. In addition, the provision of suitably qualified medical staff to monitor and treat young persons suffering from the intoxicating and harmful effects of inhaling an intoxicated substance should also be on hand.[246]

It has similar reservations about other aspects of the Western Australian legislation:

> The first two criteria of Section 5 of the *Protective Custody Act 2000* (WA) enabling the seizure of insolvents in certain circumstances from children

243 Similar provisions exist in New South Wales under the *Intoxicated Persons Act 1979* (as amended by the *Intoxicated Persons Act (Amendment) Act 2000*).

244 Section 138B *Child Welfare* Act 1947.

245 That is, young persons on protective orders, including interim accommodation orders where the child is in the custody of the Department of Human Services.

246 Submission of the Criminal Bar Association of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, pp.5-6.

> appears to have merit, however, the Criminal Bar Association would caution against enabling the seizure of any intoxicant that may have a legitimate use from a child in the absence of additional evidence that the child may use the substance for intoxication.
>
> Similarly, provisions that seek to prohibit or criminalize the possession of volatile substances in prescribed circumstances (such as at railway stations) in the absence of reasonable excuse are too broad. The reality of a broad range of household products containing potentially intoxicating inhalable solvents makes such provisions unnecessarily prohibitive and restrictive. The Criminal Bar Association opposes the reversal of onus of proof provisions in such instances.[247]

New South Wales

Intoxicated Persons Act 2000

The *Intoxicated Persons Act* 2000 has consolidated and amended provisions of the *Intoxicated Persons Act 1979*. The new Act was assented to in June 2000 and commenced by proclamation on 16 March 2001. The original Act was primarily concerned with the civil apprehension of persons who were intoxicated by alcohol in public places. The 2000 Act broadens the definition of intoxication to include drugs other than alcohol. Unlike Western Australia, however, it does not specifically include volatile substances in its definition of what counts as a drug for the purposes of intoxication.[248]

The 'new' Act reflects a change in emphasis whereby primacy is given to placing the intoxicated person in the hands of the *responsible person*; making provisions for the health and welfare of the intoxicated person while in custody; and generally simplifying some of the definitional sections of the Act. The Act applies equally to adults and children, although generally juveniles must be separated from adults and special protocols have been developed with the Department of Community Services to address the needs of 'at risk' youth.[249]

Moreover, a person found intoxicated in a public place will *only* be able to be detained by a police officer. Such officer will be *required* to release the person into the care of a responsible person, such as a friend or family member or the staff of a facility for the care of intoxicated persons. Only if such a course is impracticable will the person be able to be detained in a police station. The

247 ibid, p.8.

248 However, the medical literature on volatile substance abuse generally refers it to as producing a form of intoxication similar to other intoxicating drugs (see Chapter 4). Therefore it is arguable should the matter ever be the subject of judicial review that volatile substances that are capable of producing intoxicated states would be considered drugs for the purposes of the New South Wales legislation. Although it should be noted, as discussed earlier, that this was not the case in Western Australia where drug was defined under earlier Western Australian legislation as not including a volatile substance.

249 For a general discussion of the *Intoxicated Persons Act 2000* and its 1979 precursor, see Drugs and Crime Prevention Committee, *Inquiry into Public Drunkenness – Final Report*, June 2001, Part G.

responsible person will only be able to receive such persons into their custody when such persons are released into their care by a police officer.

Section 5 of the 2000 Act allows a police officer to detain a person who *appears* to be *seriously* affected by alcohol or another drug or combination of both in a public place, if he or she believes that person:

- is behaving in a disorderly manner;
- is likely to cause injury to self or another;
- is likely to cause property damage; or
- is in need of physical protection because of intoxication.

So prima facie it would seem that the legislation delimits the circumstances in which a drunken person can even be taken into custody without arrest.

The only circumstances in which an intoxicated person may be detained in police custody includes where:

- it is for the temporary purpose of locating a responsible person or facility willing to receive the intoxicated person;
- a responsible person cannot be found or is not willing to receive the intoxicated person into their custody;
- it is impracticable to take the intoxicated person home; or
- due to the violence or threatened violence of the intoxicated person a responsible person would not be capable of taking the person into their care and control.

The 2000 Act builds in a protocol with regard to intoxicated persons taken into the custody of the police station due to their intoxication. Some features include:

- The intoxicated person must be given a reasonable opportunity to contact a responsible person.
- As far as reasonably practicable the intoxicated person must be kept separately from a person detained at the police station in connection with the commission or suspected commission of an offence.
- An intoxicated person apparently under the age of 18 must as far as reasonably practicable be kept separately from an adult.

The intoxicated person must be furnished with food, drink and bedding appropriate in the circumstances. (The use of the qualifier 'appropriate' would, one assumes, provide for the situation where it would be dangerous to give the person food due to their intoxicated state, for example the possibility of choking on their vomit).

There are also fairly circumscribed powers of restraint and search as are reasonable in the circumstances to protect the intoxicated person and or others from injury and protect property from damage (see Sections 5 and 6).

Ostensibly such provisions would allow police officers to remove inhalant implements or volatile substances from a person thought to be at risk.

Police officers and community services (DOCS) workers also have options to take a child into welfare custody for volatile substance abuse under child protection laws.[250]

There is little readily available evidence that provides guidance on how effective this legislation or its attached protocols are in combating volatile substance abuse among young people.

New South Wales retail and industry groups have also produced a *Voluntary Industry Strategy for Graffiti in New South Wales*. Unlike South Australia, this agreement does not have legislative force nor sanctions. The Strategy contains the following clause:

> When serving a potential customer, a retailer should enquire as to the proposed use of the product. If on the basis of these enquiries it appears that the likely use of the product is unlawful, the retailer may refuse to sell the product. (Voluntary Industry Strategy Mark 2, 1999, Clause 8).

Such a voluntary strategy is the preferred option of the Australian Retailers Association whose members are currently 'developing a uniform nationwide strategy for the management of graffiti and substance abuse'.[251]

Australian Capital Territory

Intoxicated Persons (Care and Protection) Act 1994

Laws of a similar nature and application to the New South Wales civil apprehension laws are to be found in the *Intoxicated Persons (Care and Protection) Act 1994* of the Australian Capital Territory.[252]

Tasmania

To the best of the Committee's knowledge, after having consulted with the Attorney-General's Department and the Police Department in Tasmania, there are no dedicated provisions to deal with volatile substance abuse. Public intoxication legislation, for example, deals only with being drunk through alcoholic liquor.[253] Young people thought to be at risk, including due to the

250 See, *Children and Young Persons (Care and Protection) Act 1998*.

It is of interest to note that there has been very little response to this Inquiry on the issue of volatile substance abuse in New South Wales. Neither is there much literature on the issue to be located, other than in very general terms. This is despite overtures to most relevant New South Wales government departments and community agencies and a painstaking search of the available literature.

251 See submission of the Australian Retailers Association to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, p.3. For further discussion of retailer initiatives and approaches, see Chapter 15.

252 See discussion of *Intoxicated Persons (Care and Protection) Act 1994* (ACT) in Drugs and Crime Prevention Committee, *Inquiry into Public Drunkenness – Final Report*, June 2001, Part B.

253 See *Police Offences Act 1935* (sec 4).

consumption or ingestion of drugs and other substances, are subject to the provisions of child welfare legislation.[254]

Queensland

Queensland does not have specific legislation that pertains to volatile substance abuse control, such as in Western Australia. Indeed, as the Queensland Police Service acknowledges: 'Currently, neither the Queensland Police Service nor the Government generally has a policy for dealing with the issues and impacts of inhalant abuse'.[255] Nonetheless there is limited legislative authority for police to address volatile substance abuse through Section 371A of the *Police Powers and Responsibility Act 2000*. This section provides Queensland Police Service officers with the power to seize potentially harmful things if:

> ... a police officer finds a person in possession of a potentially harmful thing in circumstances in which the police officer reasonably suspects the person is inhaling, or is about to inhale, the thing.

Police may ask the person to explain why they are in possession of the potentially harmful thing and seize it if they do not provide a reasonable explanation. Under the legislation, a 'potentially harmful thing' means something that may be lawfully possessed and contains a substance that may be harmful if inhaled. Glue, paint or solvents are cited in the legislation as specific examples.

In its submission to this Inquiry, the Queensland Police Service outlines future directions for tackling what is perceived as a growing problem of volatile substance abuse in that state. These initiatives are explained further in the chapter on policing.

Northern Territory

Misuse of Drugs Act 1996

Section 18 of this Act provides that:

> A person who sells or supplies a volatile substance to another person and who knows or who ought to know that the other person intends to use the substance by administering it to himself or herself or a third person or to sell or supply it to a third person for use by the third person to administer it to himself or herself or to a fourth person, is guilty of an offence.
>
> Penalty: $2,000 or imprisonment for 2 years.

The definition of a volatile substance is wide and includes petroleum, paint thinners, glues and lighter fluids. As with most legislation of this type, the

254 See *Child Welfare Act 1960*; *Child Protection Act 1974*.

255 Submission of the Queensland Police Force (Mr G.A. Nolan, Assistant Commissioner, Operations Support Command) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002.

Minister may, by notice in the *Gazette*, declare a substance to be a volatile substance.

It should be noted that across Australia there is no uniform definition of volatile substances. In some states the definition is according to the type of product that is circumscribed (for example, paint thinner or petrol). In other states the definition may be according to the constituent chemical compounds of the substance.

Laws pertaining to specific Indigenous communities

A contentious issue is whether there should be special laws or legal sanctions in place for isolated, remote or other Indigenous communities. Usually where such laws have been put in place it has been at the behest of Indigenous communities themselves.

D'Abbs & MacLean report that a conference of 40 Aboriginal communities recommended 'that the Northern Territory, South Australian and Western Australian Governments be instructed that uniform legislation to enable community by-laws in relation to sniffing should be enacted for the tri-state region' (NPY Women's Council 1999b, quoted in d'Abbs & MacLean 2000, p.47). The use of such by-laws, however, has certainly not been universally acclaimed. As will be noted in a subsequent chapter, this is particularly the case with regard to penalising the use of volatile products. As d'Abbs and MacLean note, in the particular context of petrol sniffing:

> [T]he failure of legislative controls to reduce other forms of drug use, concern about incarcerating Aboriginal youth, and ambivalence about the effect of such by-laws where they have operated, have tended to discourage policymakers from supporting this option (d'Abbs & MacLean 2000, p.47).

Western Australian legislation (*Aboriginal Communities Act*) allows for Aboriginal communities to make by-laws against petrol sniffing and other forms of inhalant abuse within their community lands and boundaries. Similar provisions have also been enacted in South Australia and the Northern Territory. For example, under the Junjuwa Community Incorporated By-laws (Section 3) the Junjuwa Community have the power to apply by-laws on community land prohibiting the use of deleterious substances (including glue or other volatile liquids).

It is also illegal to sniff petrol on the Ngaanyatjarra Lands in Western Australia. D'Abbs and MacLean state:

> For many years convicted petrol sniffers received jail terms. Collectively more than 100 years of jail terms have been ordered in one of the Ngaanyatjarra communities…
>
> In November 1996 the West Australian Sentencing Act was amended so that any offence attracting a three month jail term would no longer attract a custodial sentence. This meant that petrol sniffing offences no longer attracted

> a jail term. This change did not effect juveniles, as a jail sentence for petrol sniffing did not apply to them. Community members considered that the change led to an increase in petrol sniffing and related problems (Peter Rapkins in Stojanovski 1999, 18). McFarland quotes police and other sources in support of this view (1999, 28). However, arrest statistics from one Central Desert community suggest that the change did not increase the number of adults sniffing, and the author concludes that jail probably did not act as a strong deterrent to adults (Shaw 1999, 19–20). (d'Abbs & MacLean 2000, p.47).

In South Australia petrol sniffing has also been proscribed in certain traditional homeland areas. By-laws under the *Pintjantjatjara Land Rights Act 1981* make it 'an offence to possess or supply petrol for the purpose of inhalation' (Commonwealth Department of Health and Family Services 1998, p.108). Brady writes that these by-laws enable magistrates on the Pitjantjatjara Lands 'to make a variety of orders regarding the treatment or rehabilitation of sniffers' although actual options are generally limited to imposing fines and good behaviour bonds (Brady 1992, p. 123, quoted in d'Abbs & MacLean 2000, p.47).

As noted earlier, there are conflicting views as to whether such by-laws are appropriate for Indigenous communities and this is further illustrated by d'Abbs and MacLean in the following:

> 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 (Drug and Alcohol Services Council 1998). However, a representative of the Anangu Pitjantjatjara Lands Council is quoted in a letter from Drug and Alcohol Services Council as strongly opposing revoking of the by-laws without alternatives in place to combat petrol sniffing (Watts 1998, quoted in d'Abbs & MacLean 2000, p.47).

The issue of penalising the *use* of volatile substances is clearly a controversial one. This will be discussed in detail in Chapter 14 in the context of volatile substances other than petrol, particularly paint inhalation. The following chapter will also discuss some of the practical problems facing the police in addressing issues of volatile substance abuse and applying the law (or lack thereof) in dealing with this issue.

13. Policing Volatile Substance Abuse

Police, welfare organisations and youth workers have all been critical of the lack of a comprehensive system for assisting young people who have been found abusing volatile substances or are known to do so. A staff worker from MacKillop Family Services described the impasse those who work with young inhalant users are often faced with:

> The problem is that if you ring the police they'll say it's not illegal and it's not a police issue and then you ring child protection, and they say it's not really a protection issue, contact mental health, so then you contact mental health, and they say it's a protection issue, and then child protection says, have you tried the police? Workers have literally been on the phone all day from 10.00 a.m. to 10.00 p.m. trying to get someone from these services or from drug and alcohol to do something, and absolutely nothing happened.[256]

An Indigenous community worker at a forum on inhaling organised by the Aboriginal Justice Advisory Committee, Victorian Aboriginal Advancement League and other Koori community agencies has made similar criticisms:

> The police … were saying that they are also frustrated by the fact that it is not illegal to sniff glue. We seem to have a number of kids within the group who are glue sniffing who are very much aware of their rights in that area. They were going into one particular shop in Swan Hill, purchasing glue, putting it in a bag with a receipt and going away. They would then use. Then they would come back with another person with the empty can, the receipt in the bag and proceed to lift another can off the shelf – a replacement can – and walk out the door again.
>
> The shop owners who came to the meeting were quite concerned about that. The police were also saying, well look, we really can't do anything in the sense that there is a receipt in the bag, there is a full can, and so there has been no crime committed. We can't pull these kids up walking down the street. We know what they have been doing. There really is an issue for the whole community in how we tackle this. The police powers to prevent self-harm such

256 Staff worker, MacKillop Family Services, in Submission of MacKillop Family Services to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, October 2001, p.23.

> as suicide need to be extended to cover inhalants. That comment is the one that has been put forward by our drug and alcohol counsellor because of his previous experience within the police force. I think the police also need to be aware to take possession for safekeeping, if you like, of items from people they believe on reasonable grounds, will be used for inhaling and then a parent or a responsible person from behind the community needs to be contacted. It is no good locking them up. It is not about charging them or anything like that.
>
> The use of drug diversion initiatives for persons they found in possession of inhalants needs to happen. As Barb said before, we need places set up to which we can refer them. We don't have anything up our way, and neither do you fellas down here. We are frustrated by this. Our court system is frustrated by this. The community is frustrated by it.[257]

This sense of frustration felt by the police and the community alike forms the basis of the next section.

Problems in 'policing' volatile substance abuse

Operational and legislative constraints

Victoria Police has stated that it frequently responds to critical and non-critical incidents involving the inhalation of volatile substances reported to it by members of the public. Victoria Police views itself at the frontline of addressing volatile substance abuse, particularly among children and adolescents, but without sufficient legal support or appropriate resources. Their problems are compounded by being one of the few 24-hour per day service providers available to deal with issues pertaining to young people at risk. In its most recent submission to this Inquiry Victoria Police said:

> Members are often the first emergency response personnel to respond to incidents of inhalant misuse either by reports from the public or by locating young people as part of routine patrols. Many such incidents occur in unsafe environments such as public spaces, the public transport system (such as train lines), disused buildings and near rivers and roadways.
>
> Due to its disinhibiting effect, people often commit offences such as criminal damage or assault while consuming volatile substances. There is also a danger to police members attempting to apprehend users in these circumstances as they are frequently agitated, aggressive and uncooperative.
>
> There are further concerns in these situations as there is potential for the user to experience health complications such as heart failure when police attempt to speak to the inhalant user and they become startled and abscond.
>
> Determining whether a person is intoxicated as a result of inhaling volatile substances or use of drugs or alcohol is not easy for police. If a person has used

257 Indigenous Youth and Community Worker, views expressed at Indigenous Forum on Chroming, Melbourne, 17 August, 2001.

> more than one substance and is incoherent then the first option is to call for medical assistance, which is not always immediately available.[258]

In Victoria, the police are also frustrated with the legal framework as it currently exists. Victoria Police has stated that prosecutions of suppliers under Section 58 of the *Drugs, Poisons and Controlled Substances Act 1981* rarely succeed, requiring as they do proof of knowledge of the supplier that the substance is to be used for deleterious purposes.

In response to questioning from the Committee as to how many prosecutions had been launched under this section and how many convictions obtained, Victoria Police responded:

> A … search has been conducted of police reports and … only two cases that refer to volatile substances have been recorded on the LEAP system … neither case involves charges being laid against a retail outlet. Both cases involved police from Preston in March and April (2002). In the first case a group of young people were located inhaling paint from spray cans and one was spoken to regarding supplying the paint to others in the group but no charges were instigated.
>
> In the second incident, two young males were apprehended for stealing spray cans and plastic bags from a supermarket and charged with theft. During the interview process the offenders admitted stealing the items for the intention of using to inhale.[259]

Attempts to prosecute users under the offensive behaviour provisions of the *Summary Offences Act 1966* have been similarly unsuccessful and in any case are acknowledged by many police to be counter-productive. Provisions of the *Children and Young Persons Act 1989* that allow for police to seek protection orders for young people who are deemed to be at risk of physical harm are cumbersome and 'require a significant provision of police resources'.[260]

This is not necessarily the view of Jennifer Coate, the Chief Judge of the Children's Court of Victoria. When she met with the Committee recently she stated:

> Both the Department of Human Services and Victoria Police are statutory protective interveners within the statutory scheme of the Children and Young Persons Act. So the police have the authority, according to law, to make their

258 Submission of Victoria Police (Policy and Standards Division) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, pp.1–2.

259 Correspondence from Superintendent Paul Ditchburn, Victoria Police, Corporate Policy Division, to the Drugs and Crime Prevention Committee, 15 May 2002.

For police recommendations with regard to tightening these provisions of the Drugs, Poisons and Controlled Substances Act 1981, see Chapter 12.

260 Information taken from Victoria Police (Policy and Standards Division) Submission to the Drugs and Crime Prevention Committee Inquiry into the Inhalation of Volatile Substances, August 2001.

> own apprehensions if they believe a young person is at immediate and substantial risk of harming themselves.
>
> … The reason why they don't do it is via a protocol that exists between the Department of Human Services child protection authority and Victoria Police, which of course has nothing to do with us and nothing to do with the legislative scheme. It is an agreement they entered into, and its history is about the introduction of the Children and Young Persons Act, which was an attempt to take police out of child protection and put them into only the criminal division. So it was that halfway house of making that step, where the Parliament, when it enacted the Children and Young Persons Act, didn't take the police out. But shortly thereafter, by way of a protocol between those two departments, the police agreed to not ever – I shouldn't say ever – to not bring applications before the Children's Court. So they are a huge notifier to the child protection authority.
>
> I think where their frustration may come, to put it as delicately as I can, is that they are perhaps frustrated with the fact that when they notify it might not be acted upon by the child protection authority.[261]

Nonetheless, the Committee has received submissions from a variety of divisions of Victoria Police making similar comments about their 'powerlessness' in dealing with (young) people who misuse volatile substances. One submission states:

> There have been unsuccessful attempts made by Victoria Police to prosecute inhalation of volatile substances with charges of Offensive Behaviour, s.17 of the *Summary Offences Act* 1966.
>
> Provisions of the *Children and Young Persons Act* 1989 allow for protection order applications for young people who are likely to suffer physical harm. This process is complex and requires a significant provision of police resources.[262]
>
> Victoria Police has no legislative powers to protect people intoxicated by substances, or to transport them to a place of safety where they can be supervised. This is of great concern to Victoria Police members who have a duty of care to a person who is intoxicated through the inhalation of a volatile substance, at risk to him/herself, and unwilling to be transported to a place of safety. Victoria Police members are concerned that failure to act may attract legal liability for any resulting harm, yet any action to transport the intoxicated

261 Jennifer Coate, Chief Judge of the Children's Court of Victoria in conversation with the Committee, 6 May 2002.

262 In its most recent submission to this Inquiry, written after the publication of the Inquiry's *Discussion Paper*, Victoria Police repeated this criticism and recommended:

'[that] the *Children and Young Persons Act 1989* be amended to allow for a more simplified and streamlined protection order application process for police and protective workers in dealing with children who are likely to suffer significant harm as the result of chronic volatile substance misuse.'

> person to a place of safety may attract criminal charges of false imprisonment.[263]

Moreover, as was discussed in Chapter 12, police are concerned that there are no laws that will enable police members to seize or confiscate any volatile substances or paraphernalia associated with them.[264]

These problems are felt to be particularly acute in rural and regional Victoria. In the Mildura/Swan Hill area the problem is perceived as being of such magnitude that police officers from that area have applied to the Victorian Law Drug Enforcement Fund for funding to coordinate and host a one-day workshop and ongoing interventions on the issue titled 'Kids and Chroming – A recipe for disaster'.[265]

Inspector Trevor Carter, District Inspector for the Swan Hill area, claims that:

> Traditionally police have had a reactive role in dealing with persons affected by inhalants. That is, contact with persons using inhalants is usually made through public complaint or patrols in known high-risk areas. Inadequate legislation and supportive processes limit the ability for police to adequately deal with persons affected by inhalants. A common complaint from police facing these situations is that there is little that can be done to prevent and detect persons using inhalants, let alone assist them when they are affected.[266]

Operational police feel the most frustration at this situation, so it is worth reproducing the following comments at length:

> I have lived in the Swan Hill area for the past 26 years and know that this has [been] and is an ongoing problem that is gaining popularity among the youth of the area.
>
> Most of the locations that the youths use for chroming are in secluded areas [but] the police station [also] received numerous calls in relation to children chroming in the main street of Swan Hill. The local war memorial, which is located only 100 metres from the police station in the main street, is commonly used by these youths. This memorial is next to the post office and is situated in the centre of town with most of the local traffic passing by.
>
> On Thursday the 10th of August I was working divisional van duties with another Probationary Constable John Lal. At approximately 11.30 p.m. we received a task to attend an address in X Street, Swan Hill. Upon arrival I spoke

263 Submission of Victoria Police (Policy and Standards Division) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.4.

264 See chapter 12.

265 The application has been successful and is now being funded. See Submission of the Department of Human Services (Victoria), Drugs Policy and Service Branch, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, p.7.

266 Submission of Victoria Police, General Policing Department, Region 3, Division 5, Swan Hill Ganawarra District Office to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001, p.1.

to a young Aboriginal male who was approximately 15 years of age. This male informed me that there were approximately 4 male and 12 female Aboriginal youths in the rear yard of the house who were chroming. Further information received from this male indicated that there were approximately 30 people in the house, due to a funeral for an elder in Swan Hill the previous day. The male that had asked for police to attend was concerned about the other youths chroming. The male also stated that all he wanted was for the other youths to stop chroming in his uncle's house. This put Constable Lal and I in a position where we had a complaint but could not do anything about it. We had no power of entry under legislation that was clear enough for us to enter at that time. This made the complainant feel as if we were just brushing off the matter and did not want to help him. He asked why we couldn't do anything about the kids chroming. After explaining why we could not enter the premises the male stated that he would go in and sort it out himself, seeing as we were not going to do anything about it. There was no breach of the peace at the time or offensive behaviour, and we did not have any powers to stop the youth chroming, as it is not an offence under any Act.

The problem has been the topic of many discussions between some of the members at Swan Hill, with members reading parliamentary acts and legislation.

Members have considered charging the offenders with a number of offences such as:

- Offensive behaviour – Section 17(1) of the Summary Offences Act.
- Possess articles to cause criminal damage – Section 199 of the Crimes Act.
- Littering – Section 5 of the Litter Act.

This list of offences has been discussed with senior members ranging from the Senior Sergeant at Swan Hill, Swan Hill's Prosecutor and the Regional Training Officer. It has been suggested that members are pushing the boundaries of the meaning in these Acts. In the past, members have resorted to calling in a C.J.P or ringing the Aboriginal Co-Op and passing the information on to them, in the hope that they may be able to do something about the youths. This is done for both Aboriginal and Non Aboriginal youths, as the groups are nearly always together. As a junior member I am not in a position to push the boundaries of any legislation for fear that a complaint file for pushing the boundaries may in one way or another affect my confirmation. This is always on your mind. And the thought that if you arrest or charge someone on the technicalities of legislation that costs may be awarded against the Police force.

It has been suggested that certain contents contained in spray paint should be deemed as a drug/poison pursuant to section 11 of the *Drugs, Poisons and Controlled Substances Act.* This is largely due to the similar effects that chroming has to the use of other drugs such as marijuana. If spray paint was classified in such an Act it would give the police a power to remove items and to charge the offenders. Police could be justified without fear of backlash on themselves

> or the department … Laws giving Police a power to seize items from children when chroming can only be seen as a good thing, after all, is it not the children's welfare that is our primary concern? I do not believe that any adult, parent, could or would oppose a legislative bill that helps to protect the children in our communities.[267]

Of particular concern to the operational police of the Mildura/Swan Hill district was the issue of people driving while under the influence of chrome paint or other volatile substances. Again the views of a senior Swan Hill police officer are apposite:

> Swan Hill Police have established direct links between several local crimes and inhalants, including commercial burglaries, thefts from motor cars and an incident of dangerous driving … On the dangerous driving occasion the offender was found by myself sitting at the steering wheel of the vehicle. He was inhaling or drinking petrol from a plastic bottle, he had just endangered the lives of the occupants of the other vehicles. This same offender has also acted in a violent manner on other occasions when it was suspected that again he was under the influence of the inhalant petrol.
>
> This incident highlighted a serious problem with Section 49(1)(a) [of the] *Road Safety Act*. The legislation which covers driving a motor vehicle whilst under the influence of alcohol or drugs [does] not cover this situation … there is not an offence for driving under the influence of an inhalant.[268]

Indigenous community representatives have also expressed their concern about the inability (or perceived unwillingness) of police to act in these circumstances:

> The inability of existing legislation to prohibit chroming or to restrict access to chroming materials is undermining strategies to address chroming practices and reduce the damage being done to young Aboriginal people. If existing legislation is inadequate then specific legislation or regulations should be considered. Legislative impotence does little to impede the move to substance abuse, in general, and chroming as its most available expression …. The capacity of the police to assist in dealing with chroming is compromised by the legality of the materials … and the apathy of the police force to utilise preventative practices with Aboriginal youth. It would appear the police are unwilling to be proactive, even where they have reasonable belief of the intent to commit a crime, or where they would reasonably have a duty of care to act in the best interests of the young people, due to the fears of being accused of racism or harassment and the difficulties in finding someone to refer the young people on to.[269]

267 ibid, pp.5–6.

268 ibid, p.2.

269 Submission by the Binjirru and Tumbukka Regional Councils (ATSIC, Victoria) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, October 2001, pp.4–5.

Agencies working with young people in the field express similar qualms. This response from Berry Street Victoria is representative:

> One barrier, which can severely impact on the ability of an agency such as Berry Street implementing [their suggested] strategies, is the understanding of local law enforcement personnel. It has been Berry Street's experience that Police struggle with the issues relating to inhalant use. Whilst the substance use is not 'illegal', community expectations suggest that Police should be 'doing something' about young chromers in their neighbourhoods. Whilst Berry Street would not necessarily advocate changing current legislation, Berry Street would encourage the Victoria Police to provide education for its personnel in relation to harm minimisation and harm reduction strategies in relation to inhalant users. This may assist in developing consistent strategies for Police to deal with inhalant users, rather than the ad hoc experiences which range from Police ignoring inhalant users, to Police targeting inhalant users and 'locking them up' to get them off the streets.[270]

Lack of comprehensive training

Many community agencies have stated that Victoria Police must be properly trained with regard to issues pertaining to volatile substance abuse. This is an exhortation with which the Victoria Police themselves would appear to concur.[271]

270 Submission of Berry Street Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances. August 2001, p.9.

271 It is not only the Victoria Police who endorse training for their members in this area. A recent communication by the Northern Territory Police Service to the Inquiry outlines proposed measures to train Northern Territory police officers with regard to petrol sniffing and other forms of volatile substance abuse. A letter from the Acting Commissioner of Northern Territory Police states:

'There is a paucity of research relating to policing practices in response to petrol sniffing in indigenous communities.

To that end, the Drug and Alcohol Policy Unit of NT Police, in collaboration with several other States, has sought funding through the National Drug Law Enforcement Research Fund to undertake a study entitled *Petrol Sniffing and Other Inhalants and Policing Practice*.

The objectives of the project will be in two stages:

Stage One.

1. Ascertain current police activity in regard to petrol sniffing and other inhalant use;
2. Determine best practice of current activity;
3. Levels of petrol and other inhalant use;
4. Identification of current harms (including criminal activity) of petrol sniffing and other inhalant use;
5. Consultation with appropriate indigenous and other community groups to obtain community attitudes towards inhalant use.

Stage Two will be the production of national protocols/guidelines for distribution to police which will include the following;

1. A set of national guidelines that will address recognising and safe handling of intoxicated inhalant users.
2. A set of national protocols for law enforcement to work in a preventative framework to address petrol sniffing and other inhalant use.
3. A set of recommendations for national implementation of the guidelines and protocols, including a simple evaluation methodology.

It is envisaged that this national project will assist law enforcement in general and more particularly those officers who come into contact with inhalant users on a regular basis. It is anticipated that the project outcomes will better equip officers to deal with intoxicated inhalant users so that the potential for harm to that individual is either reduced or at least not increased.' (Letter from Acting Commissioner Bruce Wernham, Northern Territory Police, to the Drugs and Crime Prevention Committee, April 2002.)

At a forum of youth agencies and organisations convened by the Youth Affairs Council of Victoria (YACVic), a call was made for constructive yet minimalist police intervention regarding volatile substance abuse:

> I think you need to minimise interaction between police and young inhalers because the nature of the police is they are authority figures who expect to be obeyed and who get quite narky if they're not and the nature of adolescents is to be sassy and difficult and it's a nightmare situation.[272]

Of particular concern is the need for police to be aware of the physical and medical consequences of inhaling volatile substances. For example, if stressed, a young person who is chroming can experience cardiac arrhythmia:

> It's very difficult because the very uniform will have that effect. Even if I'm very friendly, the uniform will cause a rush of adrenalin which is what sudden sniffing death is all about.

YACVic participants acknowledge, however, that as police are often the first people to detect young people inhaling volatile substances, it is not possible to prevent all police interaction. They suggest that police can act constructively by removing young people from dangerous situations. For example in one rural area:

> The community squad is involved and the police aren't going to lock up kids and make them criminals because that will lead to worse things. The police are just patrolling the streets. They will just drop them back at their place of residence. The policing squad talk to the parents and say this is happening and give them support.

YACVic and its constituent agencies believe that where police do come across young people who are chroming they could adopt a similar approach to that advocated by the High Risk Adolescent Project.

> This project fosters collaboration between police, young people and support workers. When police see young people at risk on the street, they talk to them and refer them to an appropriate agency with the young person's consent. In this way, young people are not charged or detained but linked into longer-term support.[273]

The Victorian Aboriginal Legal Service (VALS) supports the preferred position of YACVic:

> [a]lthough Police involvement with young people inhaling volatile substances should be minimised, police are often the first people to come into contact with young people and can assist in removing them from dangerous situations.
>
> YACVic quote a rural area where Police take young people at risk to their place of residence and talk to the parents or guardians. YACVic advocate an

272 Participant at YACVic community forum on volatile substance abuse, February 2002.

273 YACVic submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.16.

> approach based on the High Risk Adolescent Project which fosters collaboration with young people and support workers. Young people at risk who police encounter are referred to an appropriate agency with the young person's consent. This program is currently being run by the Shire of Campaspe.
>
> VALS supports the need for Police to have specific training about how to deal with "chroming" and that Police need to be linked into broader [and culturally sensitive] community efforts to tackle the issue in a more holistic way. Intervention should be premised on treating this problem as a health and social issue, not a criminal one.[274]

The Federation of Community Legal Centres, the peak body for community legal centres in Victoria, advocates on behalf of its constituent members that not only police but other agencies that are likely to come into contact with inhalant users should be appropriately trained in interacting with these young people:

> Groups likely to come into contact with VSA such as police, public transport officers, retailers, local council enforcement officers, doctors, ambulance officers, schools, community health workers and youth specific services should be trained about VSA and its impact on users. For instance they need to be informed that the use of force with a person affected by VS may induce a cardiac arrest.[275]

Positive police strategies

One recognises the frustration community workers feel about what seems to be the helplessness of the 'system' to address problems associated with volatile substance abuse. Nonetheless, it would seem that this is a frustration keenly felt by police themselves, as can be noted from the various submissions received by the Committee from Victoria Police and its individual officers. As the Committee stated in its *Discussion Paper*, the police are caught between the Scylla of upholding the law as it currently stands and the Charibidis of assisting young people, their families and community who are clearly in vulnerable positions. Certainly a system such as that in place in Western Australia whereby police are empowered to use 'welfare interventions' seems to have promise. It also has the potential to satisfy *both* community groups and police, as young people may be taken to youth appropriate health and welfare placements without being arrested or facing criminal charges.

Furthermore, Victoria Police need to be commended for its efforts in taking pro-active approaches to assist in preventing volatile substance abuse. There are

274 Submission of the Victorian Aboriginal Legal Service (VALS) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.3.

275 Submission of the Federation of Community Legal Centres (Victoria) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.3.

a number of Victoria Police initiatives that seek to address volatile substance abuse in a pro-active and sensitive manner. The involvement of Werribee Police with local traders and community groups in minimising 'chroming' in that area has already been mentioned. Swan Hill Police are to be commended in its efforts to raise awareness of inhalant abuse in its region through community oriented policing strategies and its efforts to conduct and host seminars and workshops on the issue in collaboration with the local Indigenous community. Their attempts to develop a local community project to address volatile substance abuse has been recently funded by a grant under the Victorian Law Enforcement Drug Fund (VLEDF).

> Under the program, parents of Aboriginal children and teenagers will be involved in a workshop, to be coordinated by the Swan Hill police Aboriginal liaison officer. Police and local agencies including the Salvation Army, the Victorian Aboriginal Legal Services and other community and education services will be involved in a separate workshop to look at ways they can together develop strategies to address the issues of chroming in the local community.[276]

Another initiative that has shown promise is the 'Street Surfer' bus located in the western suburbs of Melbourne. This project is run in conjunction with the Sunshine Chroming Awareness Programme. The local police Youth Liaison Officer has a bus which is fitted with Nintendos and other 'Play station' games. It visits shopping centres and other places where young people identified as 'chromers' congregate on Friday nights. It aims to distribute information about chroming (when desired) in non-threatening and non-didactic ways.

Approaches by other police services

The Committee has sought information as to how police services across Australia have addressed volatile substance abuse in their respective states. Letters were sent to the Chief Commissioner of Police in each state and territory and also the Attorneys-General of the states and territories. The Committee has focused on Queensland and Western Australia as they seem to be the states in which the most comprehensive strategies involving police and the community are to be found. This is not meant as a criticism of other state police services. Rather it reflects the fact that the legislative regimes in Western Australia and Queensland seem to allow a more comprehensive and creative response to the problems of volatile substance abuse by police officers in those states.

276 Department of Human Services (Victoria) *Alcohol and Drug Services Update* (Victorian Government Initiatives Addressing Inhalant Abuse Amongst Young People), March 2002.

Queensland

The Queensland law pertaining to volatile substance abuse has already been outlined. The Queensland Police force has only recently begun to grapple with what is perceived to be a growing problem in that state.[277] In its submission to this Inquiry it stated:

> The Queensland Police Service, through our Drug and Alcohol Coordination area, is currently in the process of applying for funding from the National Drug Strategy Law Enforcement Funding Committee to conduct a project to improve the knowledge and skills of police in Queensland in dealing with volatile substance use situations. This proposed project would involve a survey of selected police officers and health and education workers to gauge the location and extent of volatile substance issues in Queensland. It will also involve the provision of a number of workshops to discuss issues, strategies and network with other agencies concerned with this issue. A resource is also to be developed which will provide police with a range of strategies for local implementation to address volatile substance concerns in their communities.[278]

Queensland Police, like their Victorian counterparts, are also involved in local strategies on an area by area basis:

> A number of individual police officers and police liaison officers in affected metropolitan and regional areas are already working with local agencies to address problems caused by volatile substance use. In some cases this has involved working with retailers to raise their awareness of the problems surrounding volatile substance use. Some retailers in Queensland, in conjunction with local action groups involving police officers, have introduced self regulation regarding access and sale of volatile substances to young people.[279]

This is in conjunction with involvement in cooperative approaches on a state-wide basis:

> The Queensland Police Service is also involved in addressing this issue through the intergovernmental Youth Alcohol and Drug Action (YADA). YADA is a special purpose working group established by the Queensland Drug Coordinating Committee to consider youth drug issues. It has been meeting since November 2000 and includes representatives from the Department of Families, Queensland Health, Queensland Police Service, Department of Aboriginal and Torres Strait Islander Policy, Education Queensland, Arts Queensland, Department of Employment and Training and other representation as needed. The issue of volatile substances has been discussed at recent meetings to determine the nature of the issue in Queensland and the

277 Concern is such that in March 2002 the Queensland Government announced an Inquiry into aerosol paint sniffing. The investigation will be conducted by an appointed taskforce which will report to the Queensland Police Minister.

278 Submission of the Queensland Police Service (Mr G.A. Nolan, Assistant Commissioner, Operations Support Command) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.2.

279 ibid.

> Queensland Government response to date and possible future action or involvement by YADA.
>
> Police representatives were also involved in a recent cross-sector chroming meeting facilitated by the Community Engagement Division of the Department of Premier and Cabinet.[280]

Finally, individual Queensland police officers are kept informed of issues appertaining to volatile substance abuse through the use of information technology. This is particularly important for police officers in remote and rural parts of Queensland:

> Information about volatile substance issues is readily available to all Queensland Police Service officers through their intranet–Bulletin Board. The Drug and Alcohol Community Education Resource (DACER) is available electronically for use within the community. At associated training for the use of DACER, police officers discuss the caution required when addressing volatile substance abuse concerns particularly within a school setting.[281]

In short, it would seem that the police have both a pro-active and reactive role in dealing with volatile substance abuse. The reactive role is with regard to coming into frequent contact with young people inhaling volatile substances in public places. At the same time, many police officers and police stations are pro-active in seeking ways in which they can constructively engage with young people, youth workers and other agencies within their communities.

Western Australia

The Committee was fortunate to meet with a variety of policy and operational staff from the Western Australia Police Service during its trip to Perth in May 2002.

As was noted in Chapter 12 from a legislative basis, young people who abuse volatile substances can be dealt with under either the apprehension sections of the *Protective Custody Act 2000* or the juvenile welfare protection provisions of the *Child Welfare Act 1947*. The *Protective Custody Act* is predominantly used with adults who have been found intoxicated in public places, including those intoxicated through the use of volatile substances. Police are authorised to take the intoxicated person into custody without arrest or charge and release the person to his or her family or the care of an agency prescribed under the Act. Police Standing Orders outline strict procedures as to how people intoxicated by volatile substances are to be treated and the protocols to be followed in confiscating and destroying any volatile materials.[282]

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280 ibid, p.2.

281 Submission of the Queensland Police Service (Mr G.A. Nolan, Assistant Commissioner, Operations Support Command) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.2.

282 See Western Australia Police Service, *Commissioner's Orders and Procedures Manual OP-16.2 Intoxicant – Volatile Substances Possession & Destruction*, June 2001.

The Committee is grateful to Assistant Commissioner T.J. Atherton, Crime Investigation Support, for supplying the Committee with copies of these orders.

Mr Jim Migro, Acting Divisional Officer with the Crime Services Division of the Western Australia Police Service, explained to the Committee how the *Child Welfare Act* can be used to complement the provisions under the *Protective Custody Act*:

> Section 138B of the Child Welfare Act has been around for a long time and is a very broad provision. The Protective Custody Act came along at the end of last year. We had to utilise something that was in place prior to last year. We started this process in 1996, and for four years we had to use a piece of old legislation. The Protective Custody Act has now given us the extra facility of being able to justify the disposal of whatever intoxicant they use. Generally, from a city point of view, the Protective Custody Act is considered to benefit adults more than children. The use of the Child Welfare Act keeps it within the realms of juveniles and children.
>
> We utilise section 138B of the Child Welfare Act in those apprehensions. That provision enables police officers to apprehend children who are not currently at their place of abode, who are not under the supervision of an adult and are behaving in a manner that places them or others at risk. That provision is very broad and requires an assessment by the police officer. Those children are then apprehended and taken to a facility that until recently occupied the same space as the police station, but has now been moved to a separate purpose-built facility in cooperation with Mission Australia. While the police officers are making all endeavours to locate the parents and make an assessment about the lifestyle and behaviour of the child, Mission Australia looks after their needs and keeps an eye on their condition. One of the things about using volatile substances is the propensity for the substance abuse to mask other more serious cocktails of drugs or behaviour that is a result of things that are happening at home. One of the reasons we set up this arrangement with Mission Australia and the other government agencies is to provide a first point of contact, and in that way we can case manage individuals through the system. The children do not get charged with an offence under that arrangement. The only records kept are part of the management system that allows us to know which parent or group of parents they belong to and their place of residence.[283]

However, Constable Coombe of the Midland Police (North East Perth), an area where volatile substance abuse has been particularly prevalent, adds that there are definite advantages to using the Protective Custody Act:

> One of the main benefits of the Protective Custody Act is that a lot of the sniffers have now reached the age of 18, and we cannot use the Child Welfare Act, so we must use the Protective Custody Act to apprehend them and take the substances from them.[284]

283 Acting Superintendent Jim Migro, Western Australia Police Service, in conversation with the Committee, Perth, 2 May 2002.

284 Constable Troy Coombe, Western Australia Police Service, in conversation with the Committee, 2 May 2002.

The other major way in which local police address volatile substance abuse in Western Australia, particularly Perth, is through the use of community liaison committees and partnerships. This has been a particularly valuable strategy in the Midland area of Perth where there has been a noticeable problem with volatile substance abuse among young people for some time.

Midland Police, particularly through its Alcohol and Drug Advisory Unit, have been particularly active in working with the North East Community Drug Service Team to address the problem. This partnership in conjunction with local retailers has resulted in the highly successful *Retailers Acting Against Solvent Use* Resource Kit. This project is described in detail in the section dealing with local strategies in Chapter 22. Suffice to state that this partnership approach has generally been successful in not only reducing the number of young people using volatile substances in public places but also reducing the levels of theft of spray cans and other inhalants. This approach has also been successful in assuaging the concerns of community members, including local retailers, with regard to solvent abuse.[285]

Conclusion

The role of police is certainly crucial in effectively addressing inhalant abuse. Yet the burden of addressing volatile substance abuse and its consequences obviously cannot rest with them alone.

An issue not only for police but also for the wider community that has received some media coverage in recent times is whether the user of volatile substances should be targeted with legal sanctions for engaging in the practice. In other words should the act of chroming be subject to criminal penalties. This is the subject of the next chapter.

285 Information received from First Class Constable Daniel De Giuseppe, Officer in Charge, Alcohol and Drug Advisory Unit, in conversation with the Committee, Perth, 2 May 2002.

14. Introducing New Laws on Volatile Substance Abuse. Criminal Sanctions or Civil Apprehension Models?

The previous chapter discussed the problems associated with addressing volatile substance abuse from a police perspective, particularly the frustration Victoria Police feel with the current legal system, which in their view prevents pro-active policing in this area.

In this chapter the Committee examines possible strategies to address these perceived problems. In particular, the Committee discusses the controversial issue of criminalising or penalising the *use* of volatile substances by people who inhale them for the purposes of intoxication.

The second half of the chapter looks at alternative methods of taking (young) people into custody for their own protection without either using criminal sanctions or applying to the Children's Court for care and protection orders. In this discussion attention is given to the provisions of the Western Australian *Protective Custody Act 2000*.

Penalising use

In the *Discussion Paper* published in January 2002, the Committee discussed briefly existing proposals to criminalise the inhalation of volatile substances. The Committee also posed a series of questions that sought to elicit community views on the desirability or otherwise of imposing sanctions on the user of volatile substances.

The responses to these questions, whether through written or oral submissions, presentations at our public hearings or discussions at other forums or meetings were overwhelmingly opposed to such penalties. It should be stated from the outset that this was a view generally shared also by Victoria Police, as recommended in its most recent submission to this Inquiry (quoted in Chapter 12). Most of the academic literature is also strongly opposed to 'widening the net' by creating more crimes that will impact disproportionately on young people.

Before further analysis of these views, it is worth canvassing some of the arguments for and against the criminalisation of volatile substance abuse. The

best way to do this is to first revisit some of the debates that have taken place in New Zealand, for it is in this jurisdiction that these debates have been most comprehensively discussed, argued and analysed.

The New Zealand rejection of penalising use

Proposals to criminalise volatile substance abuse have been raised on several occasions in the New Zealand parliament and community, most recently in 1997. In that year the Justice and Law Reform Committee of the New Zealand Parliament was asked to write a report on a petition presented to the Parliament to, in effect, make the inhalation of volatile substances a criminal offence. The petition was worded as follows:

> The Petition requests that the House of Representatives enact legislation to make it an offence to be under the influence, or in possession, of substances commonly associated with what is termed 'glue sniffing'. In particular, the Petition seeks to make it an offence
>
> "to unlawfully and without good cause be in possession of or misuse any hydrocarbon based chemical or combination of chemicals or similar toxic substance or substances which are capable of inducing or have brought about a drug induced state of any person or persons."[286]

The report commissioned by the New Zealand government to address the submission was far-reaching and comprehensive. It examined the medical, social, health, welfare and legal aspects of the issue and finally recommended that such an offence not be adopted. It concluded:

> The legislative proposals in the Petition are fraught with difficulties in interpretation, evidential matters, and enforcement and administration…
>
> In our view, it is more appropriate to approach solvent abuse as a social problem. As such, rather than legislative intervention through the criminal justice system, what is continued to be required is a co-ordinated approach by government agencies, private and community groups, schools, and caregivers, with a focus on harm minimisation and restoration to personal and social health.[287] This approach is supported by government crime prevention and drug/mental health strategies that also seek to address the wider circumstances of young people at risk.[288]

286 Submission by the Justice and Law Reform Committee (New Zealand) to the Government of New Zealand, October 1997, p.1.

287 This approach is recommended in J. Watson, *Solvent Abuse*, 1986, pp.204–214; K. Pickens, *The Young and the Volatile: Coping with Solvent Abuse*, 1985, p. 40; and more recently in World Health Organisation, Programme on Substance Abuse: *Solvent Abuse: Report of WHO Consultation, December 1992*, Geneva, World Health Organisation, 1993. The Government's crime prevention and drug/mental health strategies also seek to address the wider circumstances of young people at risk.

288 Submission by the Justice and Law Reform Committee (New Zealand) to the Government of New Zealand, October 1997, pp. 8–9.

Ultimately, the government agreed with this recommendation. The New Zealand Justice and Law Reform Committee's detailed reasons for rejecting the proposal of a criminal 'inhaling' offence are worth repeating:

- A legislative framework already exists in New Zealand for dealing with intoxication-related offences, other offending by solvent abusers, the care and protection of children and young persons, and the labelling of toxic substances.
- Given the predominant age profile of solvent abusers, enforcement of any legislative sanctions in New Zealand generally would be dealt with under the care and protection or youth justice provisions of the *Children, Young Persons and Their Families Act 1989*. Principles under that Act require concern for *whanau*/family[289] participation in decisions affecting children and young persons, that the welfare of the child or young person be given first and paramount consideration, that criminal proceedings should not be instituted against a child or young person if there is an alternative means of dealing with the matter, and that any measures taken under that Act for dealing with offending must have due regard to the victims of that offending.
- Other concerns such as the health and income-earning capacity of solvent abusers, and the degree of seriousness of related offending, generally would provide barriers to imprisonment and/or the payment of fines.
- A solvent abuse conviction could have other consequences which may not be proportionate to the harm caused (for example, be detrimental to subsequent job prospects).
- The provision of additional criminal sanctions is unlikely to have any further effect on the incidence of solvent abuse. Overseas experience in jurisdictions which have placed sanctions on the supply of solvent-containing substances have shown that there is little (if any) correlation between criminal sanctions and disincentives to solvent misuse, or to reduction in solvent abuse. Solvent abusers may simply move on to other substances if the use or supply of a particular solvent is restricted.[290]
- Experience has shown that where the Police and local authorities have sought to control public solvent abuse, solvent abusers generally tend to move to areas where they escape or receive less attention, often placing themselves at greater risk. In such an event, there is also less chance of intervention. [291]

The arguments put by the New Zealand Justice and Law Reform Committee are persuasive.

289 'Whanau' refers to the customary concept of the extended family and kin in traditional Maori culture. Further discussion about the importance of the whanau in New Zealand culture is found in Chapter 20.

290 J. Watson, *Solvent Abuse*, p.187.

291 Submission by the Justice and Law Reform Committee (New Zealand) to the Government of New Zealand, October 1997, pp. 8–9.

Overview of response to penalising use

In Victoria, as previously stated, most of the individuals and agencies working with or somehow associated with 'inhalers' that have submitted to this Inquiry are opposed to the creation of an 'inhaling offence'. This is also the predominant view of the academic literature.

The following views of Legal Aid Victoria are representative of many bodies working in the youth, drugs and alcohol and criminal justice fields:

> Many juveniles (especially younger adolescents) in the protection system are inhalers. These young people inhale because it is cheap and easy to locate these substances, as opposed to the harder substances … It is highly unlikely that any legislative change to make inhaling illegal would have any impact on the use of inhalants. All it would do is add another group of 'criminals' to the Children's Court … Criminalising the activity merely adds to the raft of problems already being experienced by these young people. It is not even part of a solution.[292]

This view is also shared by many police officers. When the issue was being debated in Western Australia, a senior police officer stated:

> … [p]olice cells are not, and that point can not be stressed enough, a suitable venue for the placement of juveniles [intoxicated on volatile substances] … the need is for involvement by departments more akin to welfare (Hanwell 1990, p.14).[293]

Another salient point with regard to criminalising inhalation of volatile substances is made by the Western Australian Drug Authority:

> The very high incidence of cannabis use amongst [inhalers] … throws doubt on the utility of making the use of volatile substances illegal. Indeed, such a move may elevate the status of these substances which are currently seen by the using population as 'gutter drugs' or 'kids drugs'. As opposed to most other drug use, volatile substances tend to decrease after the age of 15. In this regard, it may be better to let 'sleeping dogs lie' (Rose, Daly & Midford 1992, p.28).

As will be discussed in detail in a later section of this chapter, the recommendations of the Drugs and Crime Prevention Committee in its previous Inquiry with regard to public intoxication encompass the possibility of the police civilly detaining a young person who uses volatile substances for his or her own health and safety. Furthermore, such a recommendation has received the commendation of some members of Victoria Police.[294]

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292 Legal Aid Victoria, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001, pp.1–2.

293 Certainly it was the view of the Committee during the deliberations of its Inquiry into public drunkenness that in the context of alcohol intoxication criminalising the (non-violent) behaviour of juveniles was counter-productive.

294 Submission of Victoria Police (General Policing Department, Region 3, Division 5 – Swan Hill Gannawarra District Office, per District Inspector Carter) to the Drugs and Crime Prevention Committee Inquiry into the Inhalation of Volatile Substances, September 2001, p.2.

Specific community responses to criminalisation proposals

Since the publication of our *Discussion Paper*, almost all the submissions, presentations at public hearings and other communications with the Committee have refuted the need for criminal sanctions to be imposed on (young) people who inhale volatile substances.[295]

The following submissions are generally representative of this view:

Victoria Legal Aid

1. Victoria Legal Aid (VLA) rejects any suggestion that volatile substance use should be criminalised. Steps to criminalise inhaling are not only likely to be ineffective, but counterproductive.
2. Young people inhale because of a range of problems such as boredom and depression. The question of whether inhaling is a criminal activity is unlikely to figure highly in their decision making processes. Criminalisation is therefore likely to increase the number of young people in the criminal justice system without any corresponding decrease in use.
3. VLA's experience suggests that some young people inhale solvents precisely because they are not illegal. They make a conscious decision to inhale rather than get involved with illicit drugs. Criminalisation would encourage young people who might otherwise try inhaling and get over it, to try out other drugs when they would otherwise not do so. 'If it's all illegal, why not try anything.'
4. If inhaling is criminalised, young people will find moving on to harder drugs less of a quantum shift than at present. Currently, there is a perceived division between inhalants and illicit drugs. Illicit drugs are seen by many as 'cool'. Criminalisation elevates their credibility and even serves to advertise them. As the statistics show that a large number of inhalers are experimental young teenagers, criminalisation is unlikely to deter their inhaling. Rather it may incite it as a rebellious act.
5. On criminalisation, police will be obliged to detain and charge young inhalers, including those who are simply experimenting. This would introduce a whole new group of vulnerable young people to custody in police cells, other offenders and criminal activity. While, in principle, young people are not to be held in police cells, police members commonly feel they have no option but to do so. If the community response to inhaling were to shift to a police model, there would be considerable pressure on police to detain young inhalers. VLA would consider this to be a wholly unsatisfactory and hazardous result.
6. Finally, and most significantly in the medium to long term, criminalisation will serve to drive inhaling underground. As numerous

295 Discussion with regard to the penalising of retailers who sell volatile substances knowing they will be used for purposes of intoxication is to be found in Chapter 15.

> reports have indicated, the prohibitionist war against drugs has been lost. The risks faced by young inhalers who are forced to leave supported accommodation and other services because of chroming, for example, far outweigh the abhorrence felt by some that chroming exists. Criminalisation would simply serve to make inhalers less accessible to youth and health workers and, conversely, make young people less able to seek the assistance they need.
>
> 7. The harm minimisation approach, rather than criminalisation, is by far the preferable approach. It is, however, hampered by the conditions faced by young people in care, especially those who do not go to school or other day programs.[296]

In its submission, Victoria Legal Aid also provides the outline of a protocol that sets out a 'youth inhalant response network'. This protocol will be discussed in detail in Part G dealing with strategies to address volatile substance abuse.

Victoria Police[297]

As stated earlier in this chapter, Victoria Police has dismissed any proposal to criminalise the use of volatile substances where there is no other criminal behaviour or action. It states succinctly:

> It is not recommended that a separate offence be created to make the misuse of volatile substances a criminal offence.

Yarra Drug and Health Forum

The Yarra Drug and Health Forum (YDHF) was established in 1996 in the City of Yarra, based in the inner-city Melbourne suburbs of Collingwood, Fitzroy and Richmond: 'It evolved due to the visibility of drug use and dealing on Smith Street and concerns were raised by a myriad of people living, working and visiting the area'.[298] The forum meets on a monthly basis and is convened by the Chairperson and Executive Officer. Although as this and earlier reports have noted there is little firm or reliable data with regard to volatile substance abuse in this municipality, anecdotal reports suggest that volatile substance abuse is of growing concern in this area of Melbourne:

> Representatives from local welfare agencies meet with residents, traders, local council and government, police and other interested parties to discuss collaborative measures addressing social and health problems arising from substance use.[299]

The views of the YDHF on criminalising volatile substance abuse follow:

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296 Submission of Victoria Legal Aid to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, pp.2–3.

297 Submission of Victoria Police (Policy and Standards Division) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002.

298 Submission of the Yarra Drug and Health Forum to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2000, p.1.

299 ibid.

The YDHF believes that criminalisation would be retrograde. We say this for the following reasons:

(a) We do not believe that it would reduce the prevalence of VSA: While *some* potential users may *possibly* be deterred by its criminal status, we fear that criminalisation may actually serve to glamorise it and make it more attractive to others. Currently, 'chroming' is often labelled a 'gutter drug' and infantile. VSA does not currently attract the same respect other 'harder' illicit drugs, such as heroin, do. Criminalising VSA may serve to elevate the practice's credibility and thus make it more desirable and popular.

(b) For those not previously involved in the criminal justice system, it would compound their existing problems by adding a legal dimension (with all the ensuing concerns and complications). Essentially, it would be creating and branding a new class of 'criminals'.

(c) Some users choose VSA over illicit substances precisely because VSA is *not* illegal. Criminalising VSA would be removing this choice.[300]

(d) Criminalising VSA would simply force it 'underground', rather than making the practice disappear. The failure of 'prohibition' has been well documented over the last century.

(e) Forcing the practice underground would jeopardise treatment and support for those who are currently engaging in services and who are amongst the most vulnerable in our community. Agencies already report difficulties maintaining contact with users who have been asked to leave supported accommodation and other services, which operate on an abstinence model. Criminalisation would make it even more difficult for health services to provide a service to users, particularly chronic users.

(f) The court system is not equipped to deal with the social problems of inhalant users. The most likely common penalty would be a fine, which would only serve to exacerbate existing problems. Further, those most likely to be charged would be young people with chaotic lifestyles, already socio-economically disadvantaged/under privileged.[301]

Youth Affairs Council of Victoria (YACVic)

The Youth Affairs Council of Victoria is the peak body for community youth agencies and youth workers in Victoria. The main function of YACVic is to make representations to government and serve as an advocate for the interests of young people, workers with young people and organisations that provide direct services to young people. YACVic's resources are primarily directed

300 The YDHF submission includes and attaches the transcript of an interview conducted by a solicitor with the Fitzroy Legal Service and a current adult 'chromer'. It is the belief of this person that criminalising inhalant abuse would give it a level of cachet or glamour that it currently does not have, thus for some young people at least enhancing its attraction. See, YDHF Submission pp.7–10.

301 ibid, pp.2–3ff.

towards policy analysis and development through consultation with its constituency.

YACVic also opposes the criminalistion of volatile substance inhalation. It argues that:

- Criminalisation only serves to introduce more young people into the criminal justice system. Instead, YACVic recommends that those professionals dealing directly with young people, such as police, ambulance, railway and park personnel and educators, be adequately trained to address the issue and to ensure young people are kept safe while intoxicated to prevent the likelihood of injury.
- Criminal sanctions are not an appropriate intervention for what is essentially a social and medical problem. Criminalisation will not prevent the behaviour and will only serve to introduce more young people, particularly disadvantaged and Indigenous young people, into the criminal justice system.
- In a previous submission to the Drugs and Crime Prevention Committee, YACVic recommended the decriminalisation of public drunkenness. The current criminalisation of public drunkenness disproportionately impacts on particular groups in the community including young people, Indigenous Australians and homeless people because they tend to drink in public spaces. In a similar way, making 'chroming' an offence would impact severely on young people as 'chroming' tends to be confined to early to late adolescence and it tends to occur in public places.[302]

YACVic also claims that the criminalisation of chroming is contrary to current state government policy initiatives:

- Criminalisation of volatile substance inhalation would undermine the Victorian Government's commitment to reducing young people's contact with the criminal justice system. The 'Stronger Citizens, Stronger Families, Stronger Communities: Partnerships in Community Care' report promotes investment in strategies that prevent low risk young people from becoming more deeply involved with the juvenile justice system.[303] YACVic would oppose any recommendation to criminalise the inhalation of volatile substances. We should not stigmatise adolescent experimentation and we should not introduce experimental users to other drug users. Rather, we should develop strategies to link chronic users into services offering longer-term support that addresses the underlying issues.[304]

302 Submission of Youth Affairs Council of Victoria (YACVic) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.4.

303 Department of Community Services Community Care Division (2000) Stronger Citizens, Stronger Families, Stronger Communities: Partnerships in Community Care, p.26.

304 Submission of YACVic to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.16.

Victorian Federation of Community Legal Centres (FCLC)

Community legal centres across Victoria provide legal assistance and representation to some of Victoria's most marginalised youth, by way of both 'shopfront consultations' and outreach youth legal services. The FCLC is the coordinating secretariat for Victorian community legal centres. It argues that volatile substance abuse derives from 'individual and social problems and not from any *criminal intent*' (Committee's emphasis). It continues:

> To define this behaviour as crime serves only to create the crime, the criminal and the criminal sanctions where they are socially unjustified and counter productive. In this regard, the Federation endorses exerts from the 1997 Justice and Law Reform Committee of the New Zealand Parliament at pp. 86–88 of the Discussion Paper.[305]

Other reasons why the FCLC opposes criminalisation are:

- For young volatile substance abusers criminalisation will simply increase their social alienation and the most likely penalties, ie. fines, will exacerbate economic marignalisation and poverty, while having no impact on decreasing VSA.
- Given the nature of volatile substances, particularly that they comprise a multitude of common household products, are freely available across many counters and from self service supermarket shelves, we consider any attempt to make their use in a particular manner, for a particular purpose and only in some contexts a crime is not only a legislative drafting nightmare, but is also a step into the ridiculous.[306]

The FCLC also tends to dismiss or at least minimise any connection between volatile substance abuse and criminal or violent activity:

- Firstly, the Federation notes that there is little data or anecdotal evidence to suggest VSA does create, contribute to or increase established criminal acts. In relation to any conceivable criminal byproducts of VSA, the current provisions of the *Crimes Act 1958*, *Vagrancy Act 1966* and the *Summary Offences Act 1966* amply cover public order offences and other designated criminal acts, eg. offensive language and/or behaviour, property damage, resisting arrest, theft, begging for alms, and on…and on….
- The Federation opposes increasing the volume of existing criminal acts to include VSA. Police already target particular groups for increased surveillance and other policing, and arrests for suspected criminal offending can and often do create further charges of offensive language, behaviour, resist arrest and assaulting police officers. This situational degeneration changes one minor transgression into a number of serious criminal offences, the penalties for which include substantial imprisonment.

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305 Submission of the Federation of Community Legal Centres (FCLC) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.4.

306 The FCLC outlines the comments of young people it has been in contact with as case studies at the end of this submission. These can be found in Chapter 11.

Victorian Aboriginal Legal Service (VALS) and Victorian Aboriginal Health Service

The submissions and presentations from these two organisations understandably concentrate on the effect that criminalisation of volatile substance abuse may have on Victorian Koori youth, arguably already suffering the effects of disadvantage and marginalisation, particularly with regard to the criminal justice system.[307]

VALS argues that :

> The sheer range of inhalants and the difficulty of restricting access to them means that inhalants are unlikely to be effectively restricted by relying on criminalisation or use of the criminal justice system.
>
> The most likely penalties attached if VSA is criminalised (i.e fines) will impact unevenly and disproportionately on children, juveniles and those already socio-economically disadvantaged. The impact of such legislation will only serve to exacerbate the economic marginalisation, poverty, and social marginalisation of Koori youth.[308]

Similarly, the Victorian Aboriginal Health Service states:

> We would not support chroming being made illegal, as this would increase the rates of juvenile justice contact which is already disproportionately high in the Koori community. An initiative could be developed to take young people who are abusing volatile substances to a safe place or support service either by the police or through a specific community initiative (such as through a community patrol). This may require legislative support, or be possible through agreements between the Koori community and the police. However, a safe place or support service should also be able to accept young people who have been referred to them by family, friends, drug and alcohol workers, or the young person themselves. This could occur at the currently established Koori Community Alcohol and Drug Resource Centres if their guidelines were altered to enable referral from places other than the police or courts.[309]

Writing for the Cooperative Research Centre for Aboriginal and Tropical Health in the particular context of petrol sniffing, particularly as it impacts upon Indigenous communities, academics Dr Peter d'Abbs and Ms Sarah MacLean warn policymakers about the dangers of criminalising volatile substance abuse:

> Petrol sniffing, unlike some other forms of drug misuse, is not illegal under the criminal code of any Australian jurisdiction. The Commonwealth Senate Select Committee on Volatile Substance Fumes concluded that it would be

307 For further discussion of Koori people and their relation to the Victorian criminal justice system, see the Committee's *Inquiry into Public Drunkenness – Final Report*, Chapters 20–23 and the references listed therein.

308 Submission of Victorian Aboriginal Health Service (VALS) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2000, p.1.

309 Submission of Victorian Aboriginal Health Service to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.7.

> inappropriate to treat sniffers as criminals, in part because such a policy would possibly have a counter-productive effect of adding to the danger of an already rebellious act, and partly because, in the absence of rehabilitation facilities, it would have no lasting deterrent effect. Brady (1985) opposed making sniffing illegal on similar grounds. Sanderson et al, in a study of incarcerated Aboriginal inhalant users, suggested that criminalising volatile substance use would force sniffers to seek out isolated locations where medical help was less likely to be available if they got into trouble (1997, 127). It should be kept in mind that the introduction of legal sanctions against glue sniffing and a large-scale public education campaign in Britain coincided with an *increase* in deaths from butane and aerosol inhalation (d'Abbs & MacLean 2000, p.48).

Criminal Bar Association of Victoria (CBAV)

The CBAV categorically states that it 'rejects any legislative models that is "abuser-based" or criminalizes the conduct'.

When discussing the possibility of 'criminalising' the use of inhalants by (young) people, the CBAV refers to its submission to our previous Inquiry into public drunkenness. It states:

> A starting point for this discussion is to consider when particular conduct should be criminalized. In our view, there is no basis for criminalizing public drunkenness [volatile substance abuse] per se.
>
> The criteria for criminalizing any particular form of conduct was discussed in the 1992 Law Reform Commission Report:
>
> "Although the criteria for criminalizing any particular form of conduct are controversial, there are some basic areas of agreement:
>
> - The interests to be protected must be very significant – for example, protection against physical harm or damage to property;
> - There must be no other practical means of achieving adequate protection of those interests;
> - The benefits of criminalizing the conduct must outweigh its costs."[310]

The CBAV submits that 'the same principles apply to intoxication as a consequence of the inhalation of volatile substances'.[311]

The CBAV also makes the salutary point that as the predominant group of experimental users of volatile substances tends to be within the 12–14 year old age range, it would be difficult in any case to hold such children responsible for their actions because of the doctrine of *doli incapax:*

> In summary doli incapax is a legal presumption that children between the ages of 10 and 14 lack knowledge of "guilt" and the ability to discriminate right

310 Law Reform Commission of Victoria, Public Drunkenness Report no 25, 1989, p.8.

311 Submission of Criminal Bar Association of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, pp.8–9.

> from wrong and are incapable of committing a crime because of a lack of mens rea. In this context wrong means "gravely wrong", "seriously wrong", evil or morally wrong" and not merely "naughty and mischievous".
>
> It has been the experience of the association that many of the young persons who engage in the practice of "chroming" fall within this age group. As indicated it has been the Association's experience that a substantial proportion also suffer from intellectual disability and disadvantaged backgrounds which affect the realisation of their potential for moral development.[312] Given that the degree of appreciation of wrong doing is to be assessed on a case by case basis, according to the facts of each case and the necessary reliance on psychological research and practice, research and theory in the area of moral development, proving the necessary mental element for a criminal offence for the inhalation of volatile substances in such young persons would be extremely difficult in many cases. This is particularly so for that class of experimental or occasional users.[313] Consequently, criminalizing the conduct would serve little or no purpose in such instances.[314]

A practical problem associated with the creation of a user based offence concerns the measurement of the user's intoxication. Unlike breathalysers for the purpose of testing intoxication due to alcohol, it would appear that there is no objective form of measuring the level of volatile substance in the person's system or a device designed to do this. Given the enormous range of volatile substances and the different effects they may have on the user's body, the development of a reliable measuring system would be extremely difficult.

Finally, it should be noted that a further vexed issue is: if one was to criminalise the inhalation of certain volatile substances, which ones should be subject to penalties? Should the inhalation for intoxication of *all* substances be prohibited or should it be restricted to spray paint or petrol? Would everyday household items such as deodorant or fly spray be included? The wide range of products available and accessible for abuse compounds the problems associated with penalising the abuser of volatile substances.

A civil apprehension model?

Chapter 12 of this Report discussed the possibility of a civil apprehension model that would allow police to apprehend, detain and place in care inhalant abusers at risk to themselves or others. An equivalent model currently in place in Western Australia was discussed as a possible model. This model was also exhaustively canvassed in the Committee's *Final Report* for its Inquiry into Public Drunkenness. In that report it was thought that the Western Australian

312 For brief comment on volatile substance abuse and intellectually disabled persons, see Chapter 10 and Chapter 19.

313 These are views with which barrister, journalist and child advocate Moira Rayner concurs. In a recent article Ms Rayner adds that 'Criminalising chroming would ensure children wouldn't seek medical help and would burden them with a criminal record' (Rayner 2002, p.17).

314 ibid, pp. 9–10.

Protective Custody Act was an appropriate model to adopt in Victoria for dealing with people who are found intoxicated in public places and at risk of endangering their own health or safety or that of other members of the public.[315] Furthermore, the Committee recommended that the definition of intoxication for the purpose of such proposed legislation be broadened to include intoxication by volatile substance abuse. The Committee sees no reason to resile from that view in the context of this Inquiry.

The Victoria Police has guardedly supported such an approach. Their endorsement is conditional on a system of civil apprehension being backed up by sufficient health and welfare funding and infrastructure (such as sobering-up centres) to ensure that police resources and budgets are not adversely affected. In its most recent submission to this Inquiry, Victoria Police recommended:

> In considering the issues raised in the *Drugs and Crime Prevention Committee - Inquiry into the Inhalation of Volatile Substances: Discussion Paper*, the following recommendations are made on behalf of Victoria Police.
>
> 1. It is recommended that the Committee support the provision of legislation addressing the welfare of persons intoxicated by substances other than alcohol, as the Committee recommended in its recent report into the offence of public drunkenness.
>
>   The provision of this legislation will enable police members to take clear and decisive action when dealing with persons affected by the misuse of inhalants. If this option is to be considered, there needs to be sufficient resources and infrastructure in place prior to implementation.
>
>   Legislation similar to the New South Wales *Intoxicated Persons Act* 1979 and the Western Australia *Protective Custody Act* 2000 should be considered as suitable models. Police should be provided with suitable powers to apprehend a person who is misusing a volatile substance and convey that person to their home or into the care of a responsible adult or agency.
>
> 2. It is recommended that police be provided with the power to take preventative action to deter the use of volatile substances. Consideration should be given to enact legislation similar to Western Australia's *Protective Custody Act* 2000 that provides powers for police members to seize intoxicants from a child:
>
>   - if they are consuming or inhaling the intoxicant;
>   - if the officer reasonably suspects the child is likely to become intoxicated if the intoxicant is not seized;
>   - even if the child is not intoxicated; and
>   - destroy the intoxicant.

315 See Drugs and Crime Prevention Committee, *Inquiry into Public Drunkenness – Final Report*, June 2001.

3. It is recommended that if similar legislation is enacted in this state, that the above police powers be extended to dealing with all persons, not just children.
4. *It is not recommended that a separate offence be created to make the misuse of volatile substances a criminal offence.*[316](Committee's emphasis)

Certainly reports of the Western Australian police/welfare approach to intoxication under the *Protective Services Act* have generally been positive.[317] The Northern Territory Coroner has also commented on the desirability of such an approach. In the context of a coronial Inquiry pertaining to the death of a young Aboriginal petrol sniffer the Coroner recommended:

> [a]ppropriate legislative change to better assist law enforcement officers and others in addressing the behaviours of those suffering the effects of petrol abuse and of those who assist in the provision of petrol to such abusers.[318]

Of course, the 'policing' of volatile substance abuse by use of criminal sanctions or civil apprehension is not the only way in which the issue of inhaling volatile substances for the purpose of intoxication can be addressed. As with other intoxicants, such as alcohol, other forms of regulation and supervision might be appropriate in certain circumstances. These possible alternative measures of dealing with the problem are the subject of the next chapter.

316 Submission of Victoria Police, Policy and Standards Division, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, pp.3–5.

317 In a recent background paper produced by the Western Australian government's Working Party on Solvents Abuse a law aimed at the user was specifically not recommended. (WAWPSA 2001, p.2).

318 Coroner's Office of the Northern Territory, Case No. 3013, Coroner W.L. Donald, 2 September 1998.

15. Supply Reduction Strategies

Along with *demand reduction* and *harm reduction*, the issue of restricting supplies of various substances that may be problematic in terms of their use is one of the strategies that is commonly used as part of a coordinated drug policy.[319]

Debates over regulating supply have a number of main foci and raise a number of questions:

First: Should retailers, suppliers and distributors be penalised for selling volatile substances to people in the knowledge that they will be used for purposes for which they were not designed or without care for the consequences of such possible use?

Second: Should volatile substances be restricted to persons over a certain age (usually eighteen)? If so, which substances (from an array of many) should be targeted?

Third: Should volatile substances be secured in ways that make them less conveniently accessible (for example in locked cabinets etc.)?

This chapter reviews the debates surrounding the above questions.

There are also associated issues of product warnings, product labelling and scheduling of substances. These issues are raised in a separate section later in this chapter. Finally, voluntary and cooperative projects and partnerships between retailers and the community are canvassed.

Supply and distribution laws – Point of sale regulation

Penalising retailers

As with laws that criminalise the behaviour of users of volatile substances, there are also divided views as to the efficacy of initiating laws aimed at the suppliers and distributors of volatile substances and associated by-products. As noted previously, Victoria Police have been sceptical about the worth of prosecuting suppliers of volatile substances under the *Drugs, Poisons and Controlled Substances Act* in cases where they believe the supplier is aware that the purchaser will use them for deleterious purposes. Unless the legislation had a

319 For a general discussion of drug policy frameworks, see Part F, especially Chapters 17 and 18.

reverse onus of proof provision, in itself a contentious and controversial proposition, establishing the intention of the supplier in selling the product is notoriously difficult.

The Victoria Police in its most recent submission to this Inquiry points out the weakness of the legislative provisions under the *Drugs, Poisons and Controlled Substances Act*:

> It is often difficult to gain cooperation from retailers who supply products used by inhalers. Retailers are often reluctant to restrict access to these products and indifferent about preventing inappropriate sales or preventing easy theft of substances.[320] Prosecutions under section 58 of the Drugs Poisons and Controlled Substances Act are difficult, time consuming and often rely on admissions or very strong circumstantial evidence.[321]

As such, the police have made the following recommendation to the Drugs and Crime Prevention Committee:

> It is recommended that Section 58 of the Drugs Poisons and Controlled Substances Act be amended to strengthen controls on volatile substances. Present legislation makes it an offence to knowingly sell a volatile substance to a person suspected of misusing the substance. Obtaining a conviction under this section of the Act as it stands now requires proof of knowledge. In effect, this results in few successful prosecutions.[322]

Victoria is not the only jurisdiction in which debates about regulating the sale of volatile substances have taken place. As noted previously, it has been stated that laws in Britain aimed at prosecuting and restricting suppliers of volatile substance products have not been successful in reducing volatile substance abuse.[323] This has been the [tentative] view of both British academics and

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320 This was also the view of members of the South Australian Parliament in debating the *Graffiti Control Bill 2001*. The member for Spence for example stated during the second reading debates:

'The paint manufacturers oppose this bill, because the modern method of retailing will no longer be possible. The modern method of retailing is to leave items around the shop freely accessible to members of the public so that shoppers can pick them up, inspect them and then take them to the counter and purchase them or, as was happening in South Australia from time to time, steal them. Let's face it, many of the spray cans that were used for graffiti vandalism were not purchased: they were shoplifted.' (South Australian Parliamentary Debates 25 July 2001)

321 Submission of Victoria Police, Policy and Standards Division, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002.

Correspondence from Victoria Police shows that there have been no prosecutions launched by Victoria Police under Section 58 in recent years since data has been recorded on the LEAP system. (See correspondence from Superintendent Paul Ditchburn, Corporate Policy Division, Victoria Police to the Drugs and Crime Prevention Committee, 15 May 2002.)

322 Submission of Victoria Police, Policy and Standards Division, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.4.

323 As stated earlier the British supply side regulations are arguably very punitive. Not only can for example, a hardware owner or tobacconist lose his or her license for selling volatile substances, he or she also runs the risk losing any other age-restricted licenses. In effect, for breaching the volatile substance regulations a retailer may also have a licence to sell tobacco, alcohol or even lottery tickets revoked. This can happen whether or not there has been infringement of the alcohol or tobacco sale provisions.

researchers and those working in the field. The view is tentative because it has been admitted in Britain that there has simply not been enough evaluative research done to confidently draw such conclusions at this stage. Warren Hawksley, Director of Re-Solv, the British community agency addressing volatile substance abuse, outlines the difficulty in a recent communication with the Drugs and Crime Prevention Committee:

> We agree that the Intoxicating Substances (Supply) Act 1985 is difficult to enforce. But I have agreed with the Home Office to await the results of the effects of the 1999 legislation on Cigarette Lighter Refills before suggesting amendments. This information should show up in the next two years' St George's Hospital and Medical School's figures which come out each June.
>
> The problems with the Act are really two-fold. Firstly, it is hard to prove in Court that 'he knows or has reasonable cause to believe that the substance is, or its fumes are, likely to be inhaled by the person under the age of eighteen for the purpose of causing intoxication'.
>
> The second problem is that the Act has been interpreted by the Courts as only applying to the sales staff and not the company or firm involved. These are the two areas we will be looking to amend and if you are considering introducing similar legislation you might wish to give it due consideration.[324]

A recent report by the Western Australian Working Party on Solvents Abuse states:

> Legislative changes in the United Kingdom in the mid 1980s appeared to have the effect of shifting VSA from the less hazardous abuse of glue to the more hazardous abuse of butane gas and aerosols. While deaths from glue stabilised and even dropped a little, overall deaths from VSA went up from 82 deaths in 1983 to 132 in 1988. The increased deaths were all attributable to a three-fold increase in gas and aerosol deaths (Rose 2001, p.30).

Some tentative research by Esmail et al. looking at deaths from volatile substance abuse in Britain has commented briefly on the links between the introduction of the 1985 legislation, the decline of deaths due to glue sniffing and the subsequent shift to butane sniffing with an acceleration in butane sniffing deaths. The links are tenuous and the legislative provisions were by no means the main focus of the research. The findings are therefore inconclusive. The hypothesis, yet to be systematically tested, is nonetheless raised that the introduction of legislative measures designed to combat one form of volatile substance abuse will simply lead to (young) people switching to different products (Esmail et al. 1992; see also Anderson 1990; Bloor & Anderson 1990; Ives 1994; Taylor et. al. 1996; Health Education Authority 1999a).

Furthermore, Dr H.R. Anderson, a British expert in the field of volatile substance abuse, notes that while a variety of measures (including legislation)

324 Written communication between Warren Hawksley, Director of Re-Solv, and Drugs and Crime Prevention Committee, 18 February 2002.

to control glue sniffing in Britain may have been relatively successful, at least in containing deaths,

> [t]he unwanted side effect of this may have been a shift towards abuse of pressurised products, which are more dangerous, if only because the user finds the dose more difficult to control. Whether or not this is the case, it is now important that efforts to educate the population emphasise the dangers of inhaling gas fuels or aerosol products (Anderson 1990, p.41).

Drawing from Anderson's work, Richard Ives concludes that if in fact legislative restriction of glue products has led to the use of aerosol based volatile substances as substitutes, then legislative restrictions may prove futile given the huge number of products that can be used as inhalants:

> If this is so there is an important lesson here about the problems of restricting supply, and (more generally) about the paradoxical and unpredictable effects of any well-intentioned intervention (Ives 1994, p.40).

Finally a comprehensive recent report into volatile substance abuse in Britain also doubts the effectiveness of the legislation in achieving its aims and goals. It states:

> The 1985 *Intoxicating Substances Supply Act* attempts to control sales to young people, but because of the wide variety of products and the number of retail outlets for them, it has not been very effective (Health Education Authority 1999, p.1).

In the United States there was a strong push for both user and retailer targeted legislation in the mid-1970s and mid-1980s. However, according to one American source, in recent years:

> [t]he regulatory climate has cooled towards specific product controls as policy makers have come to understand the nature of the problem. Too many consumer products contain abusable solvents, gases or propellants to make supply side or specific product regulation feasible. Consequently, while there are exceptions, supply side controls have become less attractive and the emphasis is shifting to education.[325]

Notwithstanding this comment it is still true that legislative provisions restricting both user and retailer are extant in a number of American states. In particular, as was noted in Chapter 12, the state of Texas has some of the most strict laws aimed at both users and retailers in order to combat volatile substance abuse in that state. Unfortunately, there have been few evaluative studies or other research conducted to gauge their effectiveness.

325 Correspondence from Robert Hills, Executive Director, National Council to Prevent Delinquency (USA) to the Australian Paint Manufacturers' Federation, 22 March 2002.

Age restrictions

So far the form of control examined has been to prosecute the supplier for knowingly supplying a product for deleterious purposes. A different, although related, form of supply control is to restrict the sale of products containing volatile substances to people over a certain age, such as 18 years. If sales were not completely banned, products such as spray paint cans could be kept in locked cabinets or at least re-positioned in areas that are less susceptible to theft.[326] This would be similar to current restrictions on the purchase of tobacco and alcohol by juveniles. Young people would be required under such a system to provide age identification when purchasing products containing volatile substances. Britain has taken this approach with its recent regulations banning the sale of butane lighter refills to people under 18 years of age. As stated, it is too early to make any judgements as to the effectiveness of the British measures. Victoria Police has, however, recommended similar provisions in its latest submission to this Inquiry:

- Age restrictions on the sale, purchase, possession and consumption for misuse of certain substances that have been identified as harmful products and are the primary target of volatile substance misuse [should be put in place].[327]

It should also be noted that in 1993, following a coronial investigation into the death of three young people who died after inhaling volatile substances, the Victorian Coroner recommended that consideration be given to prohibiting or restricting the sale of lighter fluid to minors.[328]

Indigenous groups with whom the Committee has consulted are generally in favour of bans on sale to young people under 18 years of age. When the Committee met with the Noongar Alcohol and Substance Abuse Service (NASAS) in Perth, the workers stated that while the big stores such as Bunnings were generally responsible in locking up and securing paint products, it was still easy to access such materials from smaller stores:

> More and more children are coming in and are using volatile substances mainly because it is a lot cheaper for them to go to the supermarket and buy a can for $3 or $4. They can even go to the petrol station with a little can and buy petrol. If we are going to stop this from happening, some law must be put in place that affects retail outlets so that you must be a certain age, or have some proof of age, because these kids are just going in there and buying it.[329]

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326 Various local trading initiatives currently have put such restrictions in place. For a discussion of some of these initiatives see Chapter 22.

327 Submission of Victoria Police, Policy and Standards Division, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.4.

328 See State Coroner Victoria, Case No. 1754/91 (8 September 1992 – Coroner Maughan). As far as the Committee is aware such recommendations have not yet been implemented.

329 Ms Diana Reyes, Counsellor, Noongar Alcohol and Substance Abuse Service in conversation with the Committee, Perth, 2 May 2002.

NASAS agrees, however, that simply restricting sales to young people and/or securing products is not going to completely stop young people from accessing spray cans:

> [t]oluene and some spray cans are now not so easily accessible from shops. They are under lock and key. That put a bit of a barrier on access to these things, but unfortunately, we know that people over the age of 18 get the substances and then share them around, so kids are given the substance by somebody older. That is a problem. It is out of control.[330]

Moreover, the Committee was told by both Indigenous community representatives and members of the Western Australia Police Service that there is a disturbing occurrence of young people prostituting themselves for a supply of volatile substances and/or buying the products from opportunistic and unscrupulous adults who buy spray cans in bulk and on-sell them at inflated prices.[331]

Closer to home, some Indigenous agencies and individuals have also supported the idea of age restrictions on the purchase of paint and other volatile substances. Mr Peter Hood, Manager of the Kurnai Aboriginal youth crisis support centre, certainly supports such an initiative:

> It would be a big plus. I think it would help heaps …
>
> … Yes, 18 and up, just like the smoking policy and other things. That would help because as it stands now any 10-year-old can walk into a Bunnings Warehouse and buy a can of spray paint. And not so much being asked what they are going to do with it, it is just that they can go and get it and do pretty much what they like with it. I think that is a good idea – absolutely … That is an idea that we definitely support.[332]

A move to restrict the sale of spray cans to minors was recently introduced into the Victorian Parliament by a private member's bill. The Summary Offences (Spray Cans) Bill 2002 has the purpose of limiting the sale of spray cans containing paint to minors in order to reduce the incidence of volatile substance abuse. Any person who sells such a spray can under the proposed laws would be guilty of an offence and subject to a monetary fine. The bill also contains provisions for the display of notices as follows:

> A notice containing the following words must be displayed in a prominent position in premises from which spray cans are sold:

330 Ms Nancy Hampton, Senior Social Worker, Noongar Alcohol and Substance Abuse Service in conversation with the Committee, Perth, 2 May 2002.

331 This was particularly commented upon by First Class Constable Daniel Di Guiseppe, Officer in Charge, Alcohol and Drug Advisory Unit, Eastern Metropolitan Unit, Perth, in conversation with the Committee, 2 May 2002.

332 Mr Peter Hood, Evidence given at Public Hearings of the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, 30 April 2002.

> **IT IS UNLAWFUL TO SELL CERTAIN SPRAY CANS TO PERSONS UNDER 18. PERSONS MAY BE REQUIRED TO PRODUCE EVIDENCE OF AGE WHEN PURCHASING CERTAIN SPRAY CANS.**[333]

The bill has passed the vote in the Legislative Council but is yet to be presented to the Lower House.

Retailer groups have been less amenable to the imposition of age restrictions on the sale of volatile substances.[334] Their views on this and other forms of regulation are canvassed later in this chapter.

Securing products

When the Committee visited Perth in May 2002, it was escorted on a tour of the Bunnings Superstore in the suburb of Melville. Bunnings' stores in Western Australia keep all their spray paint cans and associated paraphernalia securely locked in reinforced 'cages'.[335] Spray paint cans are not sold to people under the age of 18 and there are signs prominently displayed advertising this fact. When a customer over that age seeks to buy a can he or she must go to a central desk, attract the attention of a salesperson who will then accompany him or her to the cage, unlock it and give the customer the can. The customer will then purchase the can at the register.

The Committee spoke to the Managing Director of Bunnings, Mr Joe Boros, the Category Manager, Ms Shelley Begley and a number of 'on the floor' salespeople.[336] There was agreement as to the following factors:

- Shoplifting of paints had generally been reduced either through the use of cages or the 'vetting' procedure at the registers;
- However, customers were generally displeased with the amount of time taken to access their spray cans through the procedure outlined;
- Much staff time was 'wasted' through this procedure. This issue was acute on days when the store was particularly busy, such as Saturday mornings. If one staff member was away from the paint desk to unlock the cages, that sometimes meant the paint desk itself would be unattended.

Clearly, there are both advantages and disadvantages in securing products in the way Bunnings does. American ethnographic research suggests that in certain cases, even where paints and other volatile substances are required to be kept under 'lock and key', substance acquisition is relatively easy. Fredlund (1994) examined volatile substance abuse amongst *adult* members of the Native American Kickapoo community in the borderland areas of

333 Summary Offences (Spray Cans) Bill 2002, Clause 16B.

334 They are also opposed to the private member's bill. See *News Release*, Australian Retailers Association, 16 May 2002.

335 See Appendix 17 for a photograph of these cages.

336 The Committee is grateful to Ms Begley for arranging the tour of the store.

Texas/Mexico (Eagle Pass). Texas, as noted in Chapter 12, has some of the strictest regulation against volatile substance use and distribution in the United States. Spray paint cans are required to be kept in locked counters under licence in that state and merchants are prohibited from selling cans to known users. In Eagle Pass, the habitual users of chrome paint were generally well known. Nonetheless, it was not overly difficult for paint sniffers to access cheap spray paint:

> Inexpensive spray paint was not always easy for Kickapoo volatile substance abusers (VSAs) to acquire in Eagle Pass. Texas law requires that it be kept under lock and key, and merchants are prohibited from selling paint to known users. A distinctive odour and appearance made the chronic VSAs easy to recognise. They dressed in tattered, paint-spattered clothing. The odour of toluene on their breath was unmistakable even hours after they stopped using. VSA informants insisted that the town merchants knew which people used paint and remarked that *"Indians can't buy paint in stores in Eagle Pass",* although VSAs were observed leaving retail outlets carrying bags containing spray paint.
>
> Occasionally Kickapoo VSAs bought paint from dealers who sold it from the trunks of their cars at $7.00 or $8.00 per can. Alternately, dealers sometimes sold small quantities of paint by spraying about an ounce into a soda can. This was enough to keep the user high for about an hour and cost $1.00 on the streets of Eagle Pass. VSA informants also reported that non-Kickapoo friends often bought paint for them, and sometimes they paid others to drive them to a neighbouring town where they were unknown and could more easily purchase paint. That the VSAs paid inflated prices or travelled long distances to buy paint suggests the state sales prohibition complicated the process of acquiring paint, but clearly did not prevent them from doing so (Fredlund 1994, p.6).

Earlier this year the Drugs and Crime Prevention Committee met with a young woman of seventeen, who gave a presentation with regard to her experiences as a former chromer. 'Julie',[337] who started seriously chroming at the age of 15, was also blasé about the ease with which chroming materials could be accessed despite the fact that they had been secured or otherwise restricted:

> I used to walk in the shop and down X Street and Clint's Crazy Bargains, and there were probably three stores that when all the chroming started – like the year 2000 – all the stores had – not all of them, but a few of them had – you are not allowed to sell them to people under 18. You had to have ID. I used to go into a shop in Pier Street, and they had them locked in their cabinet, and I used to go in. First of all they were on the shelf, then they put them in the glass cabinet, and I said, "Can I please get a spray paint can?" and she asked me if I had ID. I said, "I just want to spray my bike, you know. "Your bike? You want to spray your bike?" You want to spray just little things, and anyone would go in and ask for a spray paint can. They know you don't want it for that; they are

337 For obvious reasons her real name has not been used.

> not stupid. If they don't sell it to you, you go onto the street. It's only three bucks – "Can you please go buy me a spray paint can?" and someone would say, "Yep, sure". That's how I used to get mine if I couldn't buy them. Or if I couldn't buy them and they were at the back of the shop, or if they weren't in the person's eye, or there was no camera there, I would grab two spray paint cans off the shelf, steal one and the other one would go back on the shelf. So originally it only looked like I had grabbed one off the shelf.

Community responses to supply regulation

There have been a variety of critical responses to proposals for regulating the supply of volatile substances. The type of criticism will vary depending on the type of regulation that is being canvassed (age restrictions, retailer penalties, securing products). While some agencies such as the Victoria Police have supported these measures, more often there has been opposition to them. That opposition has come from an eclectic range of interests and organisations, ranging from corporate, retail and industry groups to civil liberties groups, youth workers and legal bodies.

Retail and industry groups

The views of the retailer and industry groups are emphatically against legal regulation of supply side measures.[338] Such groups view volatile substance abuse as a complex issue that requires multi-pronged strategies of counselling, education and local voluntary community partnerships to address the problem.

Australian Retailers Association (ARA)

The ARA believes that chroming as an issue of supply side regulation can and should only be addressed through a Voluntary Code of Retailers. Moreover, it is essential in the Association's view that such a code be national. Mr Stan Moore, Policy Director of the ARA, explains the rationale for such an approach as follows:

> I have a staff member at the moment who's been working on bringing together what I'd call a unified national approach on this. One thing we, particularly our national members, don't want is something different in each jurisdiction that they have to comply with. I believe in your original report you mention about a strategy or a code in Western Australia, we were aware of that because that really came out of the original work we did in New South Wales. What we're doing is bringing together the existing codes, strategies or whatever you call them from around the country, bringing those together, identifying the common areas and extending the purpose of that strategy. Its purpose was in relation to the sale of products that may be used for graffiti purposes.

338 See also Chapter 12 for a discussion of the opposition to supply side regulation and the prohibition of sales of spray paint cans to juveniles, in the context of anti-graffiti legislation enacted recently in South Australia.

> It would make sense, and what we're exploring, it would seem to make sense that many of the products that are covered under graffiti are similar products that this Committee would be looking at. Instead of having two separate codes for retailers to follow, why do we not crunch it down into one so there is really – if you're selling this product for whatever purpose it may be illicitly used or incorrectly used for, the retailer has a simple set of procedures to follow.[339]

Mr Moore adds that while some concern has been expressed about the ease of accessing spray cans from the two dollar type of shop, these stores have actually been very supportive of voluntary mechanisms to deter volatile substance abuse:

> The $2 shops actually have come back and indicated that they're very supportive of any initiative such as the Code of Practice in the retailing of these products. So I think that reinforces that they wish to be responsible retailers. As for those $2 shops able to obtain product, I think the paint manufacturers are probably in a better position to be able to comment on that. The quality of the product they believe is different, is what I've been told. Also many of the products they source are sourced overseas and are sourced from countries where the likes of the automotive people and the professional spray painters aren't sourcing their product, it's a different product.
>
> That seems to be the main difference in that a container load say out of China of spray cans can come in and the market is through the $2 shops. That seems to be the supply source whereas if you're doing touch-up paintwork or whatever you want to make sure that the paint you get is correct. I think that's the distinction that we see in the industry.
>
> There is a legitimate role, there clearly is a market place for the $2 shops and the products they sell, if there wasn't they wouldn't be in existence. But the feedback that I have from them, they're very comfortable with the approach of a voluntary strategy and also should – not that we're endorsing that you move towards a regulatory approach and restrict sales – but they're saying should you, that they are of the view that they would be seeking an age limit of 18 years as an age where one would say that under that age limit you'd need some sort of proof of identity and not be allowed to purchase products. So, I think they've taken quite a responsible approach in the feedback they've provided me.[340]

Of more concern to the ARA are spray cans being sold by market stall-holders who are not members of or covered by the ARA.

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339 Mr Stan Moore, Policy Director, Australian Retailers Association, in conversation with the Committee, Sydney, 26 April 2002.

340 ibid.

It is of interest to note that recently the Reject Shops in Victoria have implemented a policy of not selling spray can paint to people under 18 and accordingly have displayed notices advertising the fact.

The ARA is also strongly opposed to the compulsory securing of spray paint cans:

> Well, if you have a look at the evidence that we've gathered in New South Wales and also the overseas evidence indicates that lock-up programs don't work, all they do is increase the cost of compliance for retailers with very very little community benefit. Whilst we do not support the South Australian approach, our members in South Australia abide by that because they are the laws. But whilst they are the laws it doesn't necessarily mean that we agree with them.[341]

The ARA Voluntary Code of Practice is currently in draft form and is expected to be released later this year. Copies of the draft and the New South Wales Graffiti Code of Practice are attached in Appendices 18a and b.

Australian Retailers Association (Victorian Branch) ARAV

> The Australian Retailers Association Victoria (ARAV) represents almost 4,000 retailers across Victoria. A division of the Australian Retailers Association (ARA), which represents around 12,000 retailers nationally, the ARAV is the principal voice for retailers across Victoria, and from all sectors of the retail industry.
>
> ARAV membership includes the major national retailers, such as Coles Myer, Woolworths and David Jones, who comprise around 2% of the ARAV membership.
>
> Large single site retailers and the national and local chain stores represent a further 10% of ARAV membership. The bulk of members (88%) are independent retailers employing less than twenty staff. Around 53% of members employ less than five staff.[342]

The approach of the ARAV is that chroming is a social issue that requires the involvement of the whole community to address it. Retailers should play their part but not bear the brunt of the problem. In its submission to this Inquiry the ARAV has supplied a summary of its views on the issue. These are reproduced in full:

- Retailers' role must be kept in the context of legitimate business purposes.
- Changes to the sale of certain products and the very way in which retailers do business can be both onerous and costly for retailers.
- Restricting the sale of certain products deters legitimate sales and customers.
- Such restrictions ultimately harm retailers, thus in turn, manufacturers and legitimate consumers.

341 Mr Stan Moore, Policy Director, Australian Retailers Association, in conversation with the Committee, Sydney, 26 April 2002.

342 Information taken from the Submission of the ARAV to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, p.2.

- Restricting sales of certain products would potentially have minimal effect in reducing instances of chroming and certainly does not address the underlying desire or willingness to abuse substances by those who do so within the community.
- There are a wide range of "potentially harmful" products for sale in retail outlets, however, it does not seem practical nor financially viable to restrict sales of all such items which include (but are not limited to) hairspray, deodorant, nail polish remover and correction fluid, all of which are common, everyday items.
- If it seems impractical to restrict sales on the items above then it is equally as onerous and impractical to restrict any such items including spray paints, glues, paint strippers and petrol.
- Restricting sales is merely a "band-aid" approach to a much bigger and complex issue.
- Legislative remedies create additional costs whilst not addressing the issue of product substitution for the purpose of intoxication.
- A national retail code of practice along the lines of the NSW Voluntary Industry Strategy (VIS) for Graffiti would assist retailers in working with the community to sell products in a responsible fashion.
- The benefits of a national code of practice are broad and include adoption by retailers across all states.
- An industry code would support the notion of working with the community in a positive manner rather than focussing on avoiding penalties or criminal prosecutions.
- A code of practice would be more flexible and adaptable to community circumstances and changes.
- The ARAV suggests industry and government work together in the development/administration of such a code.[343]

The ARAV has particular concerns about issues such as age restriction and sanctions against retailers. With regard to the former the ARAV states:

> Retailers would prefer not to impose age limits on the sale of certain items, due to the financial and administrative problems that this causes. However, some members have already taken steps to impose age limit restrictions on the sales of spray paints (please refer to Attachment 2).
>
> However, if age limits were imposed, retailers generally suggest an age restriction of 18 years, which enables consistency with other restrictions imposed on alcohol and tobacco. This is also an age when certain forms of identification (eg. driver's licence) become available. However, it is important to note that there are many instances when people aged under 18 may legitimately be required to buy spray paints. *Retailers particularly note young*

343 Submission of ARAV to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, pp.3–4.

> *people who are employed by the age of 15 or 16, including apprentices, who are asked by their employer to purchase certain paint products.* The restriction of sales based on age creates many problems, especially for adults who look young but who do not carry identification, and for retailers that are disadvantaged by the increased time taken to process transactions, or refuse sales of items that are generally purchased for legitimate reasons.
>
> There is also concern about which products to place restrictions on. As stated in the introduction, restricting certain items such as spray paints does not address the likelihood of substance abusers substituting these products for something else that is available such as an everyday item like hairspray or deodorant. If it is intended to restrict sales of spray paints then surely this may also lead to imposing restrictions on other products, without impact upon chroming activity.[344]

With regard to sanctions, the ARAV feels that retailers would be unfairly punished for not reading the minds of the purchaser of the spray paint. In effect, for not being 'social police':

> Retailers agree that the imposition of criminal penalties would only damage their businesses and yet still not solve what is in fact a much wider and complex community concern, that is, the <u>desire</u> to abuse certain substances.
>
> If criminal sanctions were imposed, retailers would be placed in the difficult position of correctly ascertaining the age of their customers, many of whom do not carry identification and some of whom may carry false identification.
>
> It also raises concern that refusal to sell products to perfectly legitimate customers could result in claims of discrimination by those outraged at being perceived as potential substance abusers.
>
> The path of prosecuting retailers is an onerous and costly one. Retailers suggest working with the community in the production of voluntary industry standards which could result in the same outcomes (ie. the reduction of sales to persons aged under 18) as is expected from a legislative one.
>
> … retailers do not believe it is fair to impose penalties upon them for behaviour associated with the sale of products once they are taken off their premises. For in fact how can a retailer be expected to know the exact purposes intended for products, nor should they be encouraged to presume this of their customers. Again, this raises the issue of discrimination, for if retailers make a wrong judgement and refuse sales to certain customers, they not only lose out on sales, but also face the implications arising from potential discrimination claims and the associated bad customer relations that this creates. Retailers are not "social police" and cannot be expected to know the exact intentions of their customers. For even if they refuse to sell products to persons aged under 18,

344 Submission of ARAV to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, pp. 7–8. (Committee's emphasis)

> this does not rule out the supply of products by others (friends, peers etc) to substance abusers, nor to substance abusers aged over 18.[345].

The ARAV also gave evidence to the Committee at its Public Hearings in April. It stressed to the Committee the negative effects compulsory supply side restrictions would have on retailers, particularly smaller retails. It was particularly concerned about any proposal to compulsorily lock up or secure spray cans:

> Smaller retailers were concerned that they may only stock four lines of spray paint and if they have to install a lockup cabinet in their stores it could create physical problems for them in terms of the lack of space and the practicalities of having to reach into a locked cabinet with keys and that sort of thing.
>
> It is of enormous concern that any sort of lockup cabinet creates numerous problems for retailers, particularly for products of a reasonable size. For it to be effective it has to be in an area that is monitored. If it is simply sitting in a store away from any form of staff monitoring it will eventually be abused in a manner that normally renders it ineffective; that has been our experience and we have plenty of examples of that with vending machines around the state at the moment. However, if you are carrying reasonable amounts of product, to have it at the point of sale makes the point of sale almost an unworkable area. You end up with a great conundrum in terms of any form of lockup of product. It is certainly something we would be urging the committee to avoid at any possible costs and to be recommending as a means of last resort. Again, you have the issue of the transfer of substance from one product to another: what do you include in a lockup and what do you not include in a lockup.[346]

Australian Automotive After Market Association (AAMA)

The AAMA represents the interests of manufacturers, remanufacturers, importers, distributors, wholesalers and retailers of automotive parts, accessories, tools and equipment. They are a national association of nearly 700 members around Australia. Among their membership are members who manufacture, distribute and retail automotive spray paints and other solvent-based automotive chemicals and lubricants.

The AAMA has expressed concern about supply side regulation in two particular areas; the securing of products and age restrictions.

The AAMA refers to anecdotal evidence that in South Australia where such secure containment is obligatory, such compulsory lock ups, particularly for smaller outlets, are having a negative impact on these stores. Mr Kim Elliot of the Australian Automotive After Market Association stated to the Committee in this regard:

345 ibid, p 10-11.

346 Ms L. Hurley, Marketing Officer and Mr G. Porter, Acting Executive Director, Australian Retailers Association (Victoria) Evidence given at Public Hearings, Inquiry into the Inhalation of Volatile Substances, 30 April 2002.

> I just want to make one final point, and it returns to the issues of lockups and bans on sales to minors. Particularly in the substance abuse area the view of the two manufacturers in Australia of automotive spray paints of the small can variety is that all we will end up doing is shifting the abuse to another product. I think someone earlier today mentioned that some 200 products are potentially abusable. One of the things that is not seen favourably by the association and its members is that spray paints are now locked up in South Australia and banned from sale to minors, but there are still lots of other agents that are out there.
>
> We are having to pay on average something like $1500 to provide a lockup, some fairly reasonable costs in providing proper signage – Key Seven South Australia is not necessarily the cheapest producer of signage – and we are yet to be able to assess the loss of sales. Given that automotive spray paints particularly are high margin products, it can have a fairly skewing effect on the profitability of the establishment.[347]

Nor would the the AAMA be pleased to see an age restriction placed on the purchase of spray paint:

> [There] is a more reasonable position rather than coming out and saying that we are going to put some law in place that says you cannot sell to under 18s, for example, and the shopkeeper is responsible at the end of the day for administering that and making sure that they obey the law, and when they put their foot out of line a touch inadvertently or someone else buys something for someone that is under age and they get chopped in the neck, they also bear the brunt of the lost sales.
>
> There are legitimate uses for spray paint for people under 18 years of age, perhaps for the restoration of an engine of a motor vehicle or for all the other hobbies that young people participate in. It might be for model aeroplanes. There are a million and one different hobbies that they would be used in. I think the legislative approach of banning or restricting sales to particular age groups is over the top. It is not what is going to cure the problem or play a large part at the end of the day to solve the problem. I would question the costs and benefits to all parts of the community.[348]

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347 Mr Kim Elliot, Australian Automotive After Market Association, Evidence given at Public Hearings, Inquiry into the Inhalation of Volatile Substances, 30 April 2002.

Dr Philip Fleming of the Aerosols Association of Australia made similar comments in this regard when the Committee met with him in Sydney recently:

'Certainly you'd be aware that South Australia recently introduced such restrictions from a graffiti perspective. I think it's too early there to predict the impact, the only impact that we've seen so far is that some chains, and I won't name them, have stopped selling spray paint in South Australia because it's just got too hard' (Dr Philip Fleming, Executive Director, Aerosols Association of Australia in conversation with the Committee, Sydney, 26 April 2002).

348 ibid.

Australian Paint Manufacturers' Federation (APMF)

The evidence of the APMF to this Inquiry has predominantly concerned the issue of product modification of spray paint cans in order to reduce the deleterious effects of volatile substance abuse. This issue is discussed in detail in Chapter 24.

Nonetheless, when the Committee met with the APMF in April this year it did raise some issues more generally pertaining to supply side regulation. In particular, as with many of the other agencies and organisations canvassed in this chapter, they were concerned with the idea of age restrictions and 'lock ups':

> I don't think such a ban [on selling paint to young people under 18] would make an awful lot of difference. I don't think so firstly because if you look at the age of these people that have died as a result of sniffing here, you can go through their ages 17, 19, 18, 20, 22, 24, 21, 19, 17, they're all late teenagers, so they're going to have no difficulty getting the product anyway. From that point of view I don't think that would make it hard for the people to get the product. They will be able to get it. I think as we said on the graffiti submission, it can only create a black market where some older person buys the cans and on-sells them to the younger persons. So I have serious doubts about an age limit. So that's from that aspect.
>
> The other point I make is that a lot of these products are going to be available in the household anyway, the parents have bought them, they're in the shed, they're in the garage. Looking at all those cooking products there, they're in the kitchen. So on the one hand the products are going to be available in the household anyway and accessible without the young person having to go and buy them, so there's that point. The other point is a lot of these people are old enough to be over the ban limit anyway, they'd be able to buy it, they're over the age of 18 anyway.
>
> So I think that's a point, two points worth considering. One, the product is accessible in the household anyway and secondly a lot of the people are over the age limit and they'd be able to buy it in the first instance. I think we've noticed this in graffiti, a lot of the graffiti artists aren't 7 or 8 or 10-year-olds, they're actually mature teenagers over the age of 18.[349]

With regard to the securing of the product it was stated:

> I think what it could do is have effect on individual small retailers. Individual small retailers are faced with the costs of providing a lock-up facility and those costs may be more than they can meet and they may simply decide not to stock the product and then the product will just be stocked by the big chains that can afford to put in expensive display counters. So I think it will have an impact, if it is to have one, on small retailers.

349 Mr Michael Hambrook, Executive Director, APMF in conversation with the Committee, Sydney, 26 April 2002.

> … the question mark I'd put on it is, is it going to have any effect at all? I seriously doubt whether it will. I seriously doubt whether it will in the graffiti area by trying to restrict access, the supply side question. I seriously doubt if it will have any impact there for all the reasons I've mentioned, that the product is easily available, just go into dad's garage and pinch a can out of there, get the older brother or the trouble maker in the school or whatever to supply you with 15 or 20 cans, we're talking a matter of dollars to buy a can of aerosol, this is not beyond the ability of these people to obtain.[350]

In response to a question from the Committee as to whether legislative regulation such as the South Australian anti-graffiti legislation would make a positive difference in addressing graffiti and indirectly volatile substance abuse, the APMF responded that at this stage it was difficult to predict with any certainty as to what effect such supply side regulation would have. Mr Michael Hambrook, the Executive Director of the Federation, acknowledged that he could be mistaken in believing the legislation would make little difference, stating:

> Time will tell and these views that I've … expressed, which are not just my views, but the considered views of the industry may be proved to be wrong.[351]

Hardware Association of Victoria (HAV) and Timber Merchants Association of Victoria (TMAV)

The HAV represents predominantly small to medium sized hardware businesses in Victoria. Many of these are family run organisations. The TMAV represents businesses primarily selling timber and associated building products, including aerosol cans.

Both these organisations would be opposed to compulsory supply side measures to regulate the sale of volatile substances. The HAV has, however, adopted a voluntary code of practice containing guidelines on addressing volatile substance abuse for the benefit of its members.[352] It has also printed warning signs to be provided to all of its members for installation in their paint departments. The sign reads as follows:

> **ATTENTION**
>
> **AEROSOL PAINT CAN SALES**
>
> **We reserve the right to refuse to sell solvent based aerosol paint cans to persons under 18 years of age, unless such persons are accompanied by an adult.**
>
> **Proof of age may be required.**[353]

350 ibid.

351 ibid.

352 A copy is provided as Appendix 19.

353 A copy of this sign is provided in Appendix 20.

One of the main concerns of the HAV is the proliferation of cheap spray paint cans available for sale (or theft) in discount stores. The joint submission of HAV/TMAV states in this regard:

> The Associations are of the opinion that in the majority of cases hardware stores and timber and building material outlets are adopting a responsible attitude with regard to the display and marketing of pressure pack products. It has been observed that in a majority of cases the products are displayed in an area where there is regular monitoring of the products by a specialist in the sale of paint products or in some cases by placement in close proximity to sales counters.
>
> Changes in the retail market place over the past 10 to 15 years has seen the introduction of discount stores often selling spray cans for a low dollar value. A number of these stores appear to sell a significant volume of spray pack products. Often these products have been imported and not produced by a known company/brand. Enquiries made within the industry indicate that these products are often displayed in bulk and there appears to be minimal supervision of the sale of these products. The Associations are concerned that decisions could be made with regard to the sale of pressure pack products across the board and that responsible trades such as many within the hardware industry could be significantly disadvantaged.
>
> It is submitted that businesses selling such products should be encouraged to adopt a code of practice with regard to the sale and that a broader identification of the reason for the misuse of these products and ongoing education program should be adopted.[354]

Hardware Association of New South Wales (HANSW)

The HANSW are opposed to any compulsory form of sale regulation. They are particularly opposed to age restrictions, viewing them as ineffective and counterproductive:

> The hardware industry believes that restrictions on age would not work as a minor would probably get [his or her] other sibling or friend to obtain the products so that defeats the purpose of having an age limit. They also feel that to try and police that could be a major problem for retailers as well. Should the Committee decide to implement an age limit on purchasing volatile substances then it would be imperative that there is some protection for businesses with regard to age discrimination and prosecution. So that's what the retailers are saying to me and I've talked to my counterpart in Queensland and Victoria and they're saying the same thing.
>
> The hardware industry believes the real issues with regards to minors obtaining volatile substances and spray cans lie with the $1 and $2 discount stores that are selling these products at a price minors can afford. A normal spray can in

354 Submission of the HAV/TMAV to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, pp.1–2.

> a hardware store costs approximately $8 to $12 compared with $2 at a specialised discount store. The hardware retail industry believes the issues of inhaling volatile substances and graffiti is a community problem and that we all, community members, retailers, manufacturers, parents, teachers, police officers, government, all take part in its solution.
>
> Members of the hardware industry are happy to be an integral part of the solution, however they are not wholly responsible, as they do not hold the key to having the solutions to what is truly a community problem but they're very happy to be part of the solution. Certainly they do not want legislation either because they feel that legislation just would not work and it would be an impact on their business should legislation occur. They feel why should they be penalised for something that they're not doing. It's the minor that's going out there doing the wrong thing and they feel that they should not be penalised for that. So that's it from the hardware industry.[355]

Aerosol Association of Australia (AAA)

The Aerosol Association is opposed to forcible supply side regulation. It notes in its submission to this Inquiry that the problem of shoplifting of paint cans from hardware stores is not nearly as widespread as anecdotal claims may suggest:[356]

> Applying such supply side measures is problematic in the present Inquiry where a wide variety (literally thousands) of products – aerosol and non aerosol in format are potentially abusable. It would be particularly counterproductive to adopt any measures which act to highlight or draw attention to those products which deliver a better 'high' than others.[357]

Furthermore, the Association claims that any restriction of sales of paint cans to adolescents may simply lead to the 'very real danger of displacement' as may have happened in the United Kingdom. The Association states:

> The Association cannot, however, support the idea of a general restriction on the sale of aerosols to those under 18 years of age and would point out that under 18s have a legitimate use for many aerosol products such as body sprays, deodorants, hair mousses, colours and sprays and even novelty products such as "silly string". Similarly, they have legitimate uses for a variety of non-aerosol products containing volatile substances such as nail polish, modelling cements and glues etc.[358]

The AAA, however, supports the concept of 'Responsible Retailing' in addressing both issues of volatile substance abuse and graffiti. It states:

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355 Ms Yvonne Anderson, HANSW, in conversation with the Committee, 26 April 2002.

356 Based on discussions with South Australian retailers during the period leading up to the passage of the Graffiti Control Bill in 2001.

357 Submission of the Aerosol Association of Australia to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.3.

358 ibid.

> As an alternative to the prospect of regulation, the Association would promote the benefits of a partnership approach where retailers and manufacturers are encouraged to work with community groups and State agencies to address issues – which are frequently relatively localised in nature – relating to the sale and display of products.
>
> While it may not be feasible to extend the approach to all products containing volatile substances, there is certainly scope to build upon the "Responsible Retailer" model with regard to high profile abusable products such as paints and glues.
>
> This cooperative approach has the benefit of encouraging a sense of ownership in the solution by all parties and of allowing retailers to find a solution to identified problems (such as shop theft) which is appropriate to their particular situation or operation.
>
> For example, for some retailers, appropriate theft prevention measures might include removing stock to behind a counter. For other operators – especially those with a wide range of products – security measures such as the use of mirrors, CCTV and store security staff may be appropriate.[359]

When the Committee met with the AAA in Sydney in April this year, the Association stressed the importance of taking a 'whole of community' approach to this issue:

> I guess we then talk about the desire on the part of industry for a partnership type approach. Just in the last 24 hours re-reading our files I've certainly been impressed by the British approach when you read about how they established an industry forum in response to their Committee of Inquiry which brought together the British Retail Consortium representing retailers and the whole wide range of different industry sectors that have solvents in their products. So, like I say, a very real and genuine desire to work in partnership. We've seen the start of that, albeit with about three or four industry associations, on the graffiti strategy here in New South Wales and certainly I'd commend that kind of approach.
>
> The other thing I guess I would commend is the desirability of approaching this on a national issue. Many retail chains, most retail chains see Australia as one national market and I guess it's encouraging that the Australian Retailers Association are currently developing a national Code of Practice on the issue. So, as a result of some of the debates that the three of us have had, ourselves plus the Automotive After Market Association have had to date, they are looking at turning the New South Wales voluntary industry strategy into something that is nationally promoted and I think there's a lot more that could happen at that kind of level.[360]

359 ibid.

360 Dr Philip Fleming, Executive Director, AAA, in conversation with the Committee, Sydney, 26 April 2002.

Community and other groups

Community groups, as might be expected, have different views about why supply regulation may be a futile or counterproductive exercise. These range from the civil libertarian perspective that such regulation is an infringement on the rights of young people to purchase legitimate products, to those who see supply regulation as an unwarranted infringement on the retailing sector. The following submissions are a cross-section of such varied approaches.

'Lives At Risk'

This submission to the Committee from Mr Neil Ryan of Blackburn, Victoria, argues that supply restriction legislation '[I]s almost impossible to implement, let alone enforce'. He continues:

> When spray cans / lighter fluid etc are so easily obtainable from any number of $2 shops or hardware supermarkets, reducing usage by regulation is not likely to introduce any valid remedy/solution to stem the VSA tide.
>
> Regulation, even under, say, some forms of intoxicating substance (supply) Act or some other such Consumer Protection legislation places the retailer in an invidious subjective role and open to the proverbial catch 22 situation where he might well be charged (after some damaging event) with criminal negligence; even manslaughter.
>
> In many a practical instance of purchase, the cashiers, upon whose shoulders rest the responsibility to uphold the law, may very well be no more than 18 years old themselves.[361]

Youth Affairs Council of Victoria

Although YACVic does not oppose regulating restrictions on sale, it stresses that this must be only one of a number of multi-pronged strategies that should be implemented to address volatile substance abuse. It also states that as there are over 250 volatile substances that people can inhale and that most are inexpensive and readily available there is real doubt as to the effectiveness of such proposals:

> *'Has it worked with any other substances? No. And it's such a minority of people who are doing it that restricting it to the rest of the public is not effective.'*[362]
>
> There is a general consensus among youth workers that restricting the sale of spray paint would have little impact on the extent and seriousness of 'chroming' behaviour as young people will use substances that are still available, such as household products. Of great concern is that restrictions will lead to young people turning to other substances that have more serious medical

361 Submission of Mr Neil Ryan to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.7.

362 These comments are italicised because they refer to statements made by participants present at the community forum on chroming organised by the Youth Affairs Council of Victoria on 30 January 2002.

> complications such as petrol. As evidenced in the discussion paper, restricting the sale of glue in the UK has lead to increased inhalation of butane gas.
>
> YACVic supports the re-positioning of popular substances such as spray paint cans within shops to ensure young people do not have as ready access to these products. We do not oppose restrictions on the sale of items but we urge the Committee to consider this as just one possible response, not the key strategy. As highlighted above, strategies must account for why young people inhale volatile substances. Introducing restrictions on sale only addresses the accessibility of products; it does not address the more complex social and psychological factors behind many young people's 'chroming' behaviour.[363]

Moreland City Council

The Moreland City Council, based in the northern suburbs of Brunswick/ Coburg in Melbourne, presented their views to the Committee. Moreland and many other local government authorities are prepared to work with local traders through trader group networks to encourage cooperative initiatives to address volatile substance abuse. Nonetheless:

> While Council commends initiatives such as that of some traders who restrict access to some volatile substances, Council feels that the ready availability of so many substances with potential for misuse precludes any effective, sustainable controls over access that Council could implement.[364]

This is a view that many local government authorities share.[365]

Youth Substance Abuse Service (YSAS)

YSAS believes that 'Regulating the sale of specific substances from sale is inappropriate and impractical'. They state that restricting access to certain substances has the effect of providing non-users with information that may lead them to commencing use, and diverting current users to less safe substances. 'The outcome is harm-maximising rather than harm-minimising'.[366]

> If the sale of certain substances is restricted, and children and adolescents are no longer able to purchase certain items, retailers may be required, for example to set up "liquor-type" areas for the sale of these products. While this may be feasible for large retailers, it may not be for smaller retailers such as milk bars and convenience stores. An alternative may be to ask for proof of age before allowing purchase, but the effectiveness of this is questionable, as the situation in relation to the sale of tobacco products to minors demonstrates.[367]

363 Submission of Youth Affairs Council of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.15.

364 Submission of the Moreland City Council to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.6.

365 For further discussion of local government views, see Chapter 22.

366 Submission of YSAS to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.8.

367 ibid.

Rather than apply sanctions at the retail or consumer level, YSAS suggests a levy on spray paint products could be introduced modelled on existing levies on chloroflurocarbons:

> Simply put, this proposal would see a $10 per can levy applied at the manufacturing stage with audited control similar to that overseen by the Ozone Board. The levy would be introduced under the banner of 'responsible stewardship of the paint spray industry' or some similar motherhood statement with the understanding that the levy is collected and directed to DTS budgets specifically targeting 'chroming issues'. The increased cost per can would impact on the availability of spray paint for both 'chromers' and 'graffiti artists', thereby potentially reducing both 'chroming' and 'tagging' etc. Legitimate consumers would be unlikely to complain about the price rise providing the undertaking to direct all revenue to DTS was guaranteed, and distributors and retailers would be unaffected as the levy operates at the manufacturing level only. Finally we would raise to the DCPC attention that anecdotal reports suggest that there is an already well developed network of dealers supplying paint in bulk to 'taggers'. This information, if true, reveals that supply would probably at best be only temporarily interrupted by legislation as networks of black-market dealers are already in situ and well placed to profit from any such moves.[368]

Yarra Drug and Health Forum (YDHF)

The YDHF takes a similar stand to YSAS, arguing that regulating supply simply serves to shift the problem. In its recent submission to this Inquiry it states:

> The YDHF does not believe that proposals to outlaw the sale of chrome paint and other inhalants to young people aged under 18 years would be effective. We say this for the following reasons:
>
> (a) As stated previously, prohibition does not work; it simply forces that which it seeks to prevent, underground.
>
> (b) Children and young people under 18 years of age could be forced to purchase substances on the 'blackmarket', which in turn could introduce and expose them to an undesirable, adult criminal world.
>
> (c) Many agencies report that users frequently 'rack' volatile substances (particularly chrome paint), as alluded to in the Interim Report. Therefore laws prohibiting sales to under-18s would be ineffective in these instances.
>
> (d) It would be impossible to restrict the supply of all potential volatile substances, due to the nature of volatile substances and their prevalence in the home. Even if the regulation and policing of supply were successful in reducing supply with respects to some volatile substances (such as chrome paint), this would not prevent young people from simply shifting to a different option. Essentially, this is a 'quick fix'

368 ibid.

approach which ignores the reasons why people use volatile substances in the first instance.

(e) The range of potential inhalants available for abuse is so vast regulation of this extensive market would be extremely difficult.[369]

Federation of Community Legal Centres (Victoria)

The FCLC, the peak body for Victorian community legal centres, like many of the submissions to this Inquiry, views the sheer range of volatile substance products as an impediment to effective supply regulation in this area. It states in its submission:

> In terms of criminalising the supply of volatile substances, we acknowledge the ineffectiveness and difficulty in applying the existing provisions of the *Drugs Poisons and Controlled Substances Act* in relation to selling volatile substances to persons intending to consume those products and, consequently, the lack of enforcement of those provisions.
>
> … the endless range of common household products that can be used as inhalants renders attempts to regulate by banning or by restricting product design impractical, impossible and ultimately ineffectual in addressing the individual and social causes of VSA.
>
> The response to VSA should not focus on the supply of the substances, or the substances themselves, but on the use and the reasons for that use. VSA, probably more than any other drugs, indicates that some children and young people will use anything to alter their reality. Criminalisation and other punitive and/or controlling regulatory regimes are not only ineffectual but also risk increasing the problem at the expense of effective solutions. We refer to the comments made by young people in the case studies outlined at the end of this submission.[370]

Victorian Department of Human Services (DHS)

The DHS has responded somewhat equivocally to proposals to regulate the sale of volatile substances. This reflects the complex nature of this aspect of addressing inhalant abuse. In its submission to this Inquiry it states:

> The introduction of legislation to ban sale of certain products would require cooperative partnerships with traders to ensure such legislation is well supported and implemented. The current legislation (Section 57 of the Drugs, Poisons and Controlled Substances Act 1981) as evidenced in the *Discussion Paper* has been largely ineffective. Legislation to restrict the sale of certain volatile substances may have the benefit of providing clear directive to traders on this issue. However, what is not clear is whether, on balance, introducing

369 Submission of YDHF to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, pp.3–4.

370 Submission of Federation of Community of Legal Centres (Victoria), to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.5.

> legislation to restrict sale would ultimately be a more or less effective method of reducing inhalant abuse.
>
> In the implementation of any new strategies to reduce supply, care needs to be taken to ensure young people are not alerted to the potential to inhale volatile substances. This is especially important, given these products may appear more desirable to some young people, were their sale to be made illegal. Additionally the implementation of legislation to restrict supply would need to put in place strategies to counteract the likelihood that some young people will simply just steal inhalants, if they can't purchase them (such as ensuring spray paints are in locked cupboards).[371]

The DHS, however, does commend the implementation of voluntary strategies between retailers and the general community to restrict access to volatile substances by young people. The Department's proposed *Responsible Retailers Campaign* is outlined in the section detailing cooperative approaches to the sale of volatile substances later in this chapter.

Sandra Meredith, Department of Youth Affairs New Zealand

Some of the arguments against implementing supplier-directed legislation have been put forward by Sandra Meredith, a leading New Zealand policy analyst in the area of volatile substance abuse. She states reasons why such legislation may be counter-productive:

- Young people might be stopped unnecessarily when in possession of a product being used for perfectly legitimate reasons;
- Young people may have purchased a solvent based product on behalf of a parent;
- General enforcement would be difficult;
- Prosecutions would not necessarily change behaviour;
- If supplies of some products are restricted it could encourage use of other products;
- The problem could become visible again if there were publicity on restrictions (Meredith 2001, pp.3–4).

Ms Meredith's point that the banning of sale of some volatile substances could lead to the use of more dangerous products was borne out in the change from glue to butane in Britain. When the Committee met with Chris, the 'chromer' profiled in Chapter 11, he was asked what he thought the probable outcome would be of banning some volatile substances:

> *COMMITTEE MEMBER – If the committee makes a recommendation for the introduction of a law that requires all paint cans to be locked away and only sold to people who are over 18, what do you think would happen to chroming? You said you might go on to other drugs, but*

371 Submission of the Department of Human Services to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, p.2.

is it that simple? Would people who sniff paint try to get a high through other means?

CHRIS – Yes, like butane, a gas lighter.

COMMITTEE MEMBER – Have you tried that?

CHRIS – Yes.

COMMITTEE MEMBER – What does that do?

CHRIS – It makes you just all funny, all dizzy and all that.[372]

Ms Meredith more recently provided a comprehensive submission to the Committee and met with Committee representatives at its Public Hearings in April 2002. She forcefully reiterated her views as to the futility of regulating the sale of volatile substances to adolescents:

> We note that in the United Kingdom for example it is illegal to sell solvents to young people. A shopkeeper can be prosecuted for selling solvents. Whilst the legislation may reduce the use of some products there are other more obscure things that can be used by young people which would make legislation or restriction of sales more complex. For example you can melt ping-pong balls down and inhale the fumes they give off, or you can melt polystyrene cups and inhale the fumes.
>
> How you legislate to make it illegal to sell these products to young people or restrict the sales to minors we do not know. Making retailers responsible for restricting these items could be difficult. Also is it their responsibility that young people are inhaling products they happen to sell?
>
> This point is just to illustrate the complexities of legislating solvents.[373]

Ms Meredith suggests that for supply side interventions to be successful they must be based on cooperative rather than punitive strategies:

> New Zealand views solvent use as a social problem. It does not think that prosecuting suppliers and retailers will necessarily stop the problem. Also this approach would place a level of responsibility on them to determine the age of young people and whether or not they have a legitimate use for the product they are purchasing.
>
> We have produced retailer information and this is usually distributed by communities that are experiencing problems as part of a broader approach to the issue. We encourage retailers to restrict sales to young people if there is a major problem in the community.

372 'Chris' in conversation with the Drugs and Crime Prevention Committee, 12 February 2002.

373 Youth Affairs New Zealand, Submission of Sandra Meredith (Senior Policy Adviser) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.16.

> Some larger retailers have clear signs in their stores restricting sales to minors – those less than16 years. Individual stores are less likely to follow this approach so a direct approach is often required to seek a commitment to not sell.
>
> In the past this restriction of sales has posed problems as restricting sales can cause young people to target these shops and break into them.
>
> The value of a wider community approach has the effect of getting retailers, youth workers, police and other agencies to work together and develop an overall plan which should include restricting sales, alternative activities to solvent use, referral and support and some management options for long-term users.[374]

Ms Meredith also appeared at the recent public hearings for this Inquiry. She reinforced her emphatic objections to regulating the sale of volatile substances in a thought-provoking presentation to the Committee.

> When you are thinking about legislation, you have to be realistic about how much you are going to legislate. Can you just legislate against spray cans, which is why I used the illustration of the deodorant spray, because young girls use deodorants? My experience is that young girls also abused deodorants between 1985 and 1989. In high school changing rooms they sprayed deodorant cans all over the place. Teachers were saying, 'Gosh, I am sure we have sniffers in our school', but they were not sure what they were using. I was talking about the different products that young people used, and I referred to deodorant sprays and how young people sprayed their clothes, not just their bodies, and suddenly in a classroom meeting of teachers, the gym teacher got up and dashed off to the changing sheds and confiscated a whole load of cans. She said, 'Gosh, it was terrible. Now I know why they are all silly and giggly in the afternoons'.
>
> In New Zealand we even have cocktails. Young people mix petrol and Coca Cola and drink it. They mix orange juice and meths. But our meths has now changed in terms of its chemical compound so you can no longer sniff meths, but you can sure drink it. So when you look at the issue of solvent abuse, it is a lot more complex than just thinking these young people are sniffing a whole range of products. Yes, it would be great if we could simply say we can legislate again spray cans. What spray cans — fly spray, hair spray, room freshener, paints, thinners, polyurethane varnish, garden sprays, weed killers? I can go around a supermarket and pick up probably 460 items — boot polish, Brasso, bathroom cleaners, spray-and-wipes, all of those.[375]

Similar views were also expressed by the Minister for Health of Western Australia, the Hon. Bob Kucera when the Committee met with him in May this year. Mr Kucera made the interesting observation that whipped cream bulbs are quite commonly used as inhalants in Perth. In the context of proposals to restrict access to inhalant products he stated:

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374 ibid pp.17–18. Further discussion of cooperative strategies between retailers and the community follows later in this chapter.

375 Ms Sandra Meredith, Senior Policy Adviser, Youth Affairs New Zealand. Evidence given at Public Hearings of Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, 9 April 2002.

> The difficulty lies in differentiating between a legitimate need and an illegitimate purpose. The other difficulty is deciding what to legislate for. The inhalants that these young people will use will include those little soda syphons that are used in cream on top of cakes. They can be bought from local delicatessens. I have had constituents come to see me and give me written details about some local delis selling 20,000 of these things in a month, so there must be an awful lot of cream around the town! How does a government legislate to cover those things, as well as a can of spray paint that the child will use to paint his [sic] bicycle?[376]

Criminal Bar Association of Victoria

While not opposed to supply restriction measures, the CBAV acknowledges the cogency of the arguments outlined above by Ms Meredith. In its submission to this Inquiry it states:

> The (DCPC) Discussion Paper notes that volatile substances (ie. substances that produce chemical vapors that can be inhaled to induce a psychoactive, or mind-altering, effect) encompasses a broad range of chemicals found in hundreds of different household products that may have different pharmacological effects.
>
> The Association notes that legislation aimed at suppliers and distributors of volatile substances and associated by-products is very limited in its efficacy. Further, it notes that the effect of banning certain substances in the United Kingdom has resulted in the shifting of the type of volatile substance inhaled by users. Indeed, the United Kingdom experience appears to have resulted in the shift by users to more deleterious products.
>
> Product development and modification is clearly of benefit to harm minimisation and initiatives with retailers such as that by Wyndham City Council and Western Australia initiatives are laudable, but their success is unable to be measured in real terms.
>
> The reality of young persons obtaining products illegitimately and the breadth of available products makes any such supplier-directed legislation difficult. The Association, whilst acknowledging the merits of limiting supply, submits that the arguments by Ms Sandra Meredith as to why supplier-directed legislation may be counter-productive are cogent and forceful.[377]

In this review of community opinion, it is obvious that one of the most common objections or reservations associated with banning or restricting sales

376 The Hon Bob Kucera, Western Australia Minister for Health in conversation with the Committee, Perth, 2 May 2002.

In New Zealand, Prime Minister Clark has reputedly ordered an investigation into the misuse of whipped cream pumps after there was apparently a spate of children buying the canisters to get 'high' on the nitrous oxide inside:

'Children's Commissioner Roger McClay wants the sale of canisters banned for anyone under 18 … Sales of the canisters have boomed as the craze spreads. But users risk brain and lung damage from the addictive gas' (*Sunday News* (New Zealand) 12 May 2002, p.9).

377 CBAV, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, pp. 10–11.

of volatile substance products to juveniles is simply the huge range of products that can be used as inhalants, including many household products such as cleaners.

It is therefore argued that it would be impractical, if not impossible, to ban the sale of all possible products. Moreover, some workers in the field have made the blunt comment that if some young people cannot purchase the products they will simply steal them. For example, the Committee has received a submission from a Victorian supermarket manager:

> In my employment as a supermarket duty manager I have had experiences with young people who use spray paint and plastic produce bags to obtain these highs. Occasionally the paint is purchased but generally it is stolen. Initially when we had our problems, in agreement with the local police, we refused to sell spray paint to anyone who was not 18 years of age. This worked for a short time until it became easier for chromers to steal than buy.[378]

The Committee acknowledges supply regulation or reduction measures such as restriction on sale to minors may be a superficially attractive solution. Nonetheless, it is the Committee's belief that given the complexity of this issue and the competing positions on supply side regulation, such a solution cannot simply be dismissed out of hand without further investigation

Scheduling and labelling

All Australian states have adopted standards for the scheduling of drugs and poisons. Drugs and other chemical substances are classified in Schedules that restrict their sale, labelling and packaging. For the most part, the compounds and products used by young people are either exempt from scheduling or located in the schedule subject to the least restrictions. Many community agencies and health experts have in the past been vocal in pressing for butane to be listed on Poisons schedules (Rose, Daly & Midford 1992, p.27).

One form of 'regulation' used fairly widely in Australia and overseas is for volatile substance products to have clearly displayed health warnings printed on packaging and on containers such as spray cans. In Britain, for example, major producers of aerosol products have standardised warnings on their product labels with the exhortation 'Solvent Abuse Can Kill Instantly' (see Ives 1999). Such labelling seems to reflect the very good and cooperative relationship British health authorities and the voluntary sector have with industry. The Director of Re-Solv commented on this when the Committee met with him in July 2001:

> When we first suggested to marketers [that] they put the word "kill" on their cans they didn't throw us a party. In a way, when the problem was explained to them and the research was so extensive and [when it] showed very clearly

378 Mr Adrian Setter, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001.

> that it was understood people didn't … there was no negative reaction to a product that carried this label, it was very positive, we found absolutely no problem with acceptance of [it] by the industry at all.[379]

The British Office and the British Health Education Authority in conjunction with other government and community agencies has been very pro-active about producing education materials informing traders and retailers of their obligations under the law, and particularly their obligation to place warning notices, posters and stickers on their premises. Some of the required notices and stickers feature messages such as:

- Solvent Abuse Can Kill – We will not break the law and supply you with substances if we suspect abuse
- Heroin and Ecstasy can kill, but more teenagers die from sniffing household products than from abuse of all the illegal drugs.
- Solvent Abuse Can Kill – 18 and over only. It is illegal to sell gas lighter refills to anyone under 18.

Each notice has a picture graphic detailing an aerosol can with a cross running through it, similar to hazardous waste and poisons graphics.

The Health Education Authority pamphlet *Stopping Solvent Abuse –A Guide for Retailers* is seen as the best example of the British regulation/education approach. It contains sections such as the following:

- The problem of solvent abuse
- What is it?
- Who does it?
- Why do young people sniff?
- What products are abused?
- What you need to do
- Be sure of the law
- How you can help
- Case study examples of situations where you will need to use your judgement in allowing a sale
- Handling difficult situations
- How to get more support.[380]

The British measures can best be described as a mixture of cajolement and chastisement or a 'carrot and stick' approach. On the one hand, while British retailers can and are prosecuted for selling volatile substances to under-age purchasers and/or knowing they will be used for purposes for which they were not intended, education and training of retailers through pamphlets, education

379 Warren Hawksley, Director, Re-Solv in conversation with the Drugs and Crime Prevention Committee, London, 10 July 2001.

380 Pamphlet – *Stopping Solvent Abuse, A Guide for Retailers*, prepared by Richard Ives for the Health Education Authority (United Kingdom), London 1999.

materials, on-line information packages and seminars are thought to be preferable methods of reducing inappropriate sales of these materials. The use of 'case studies' relevant to when retailers should and should not sell various volatile substances to (young) people are seen as particularly valuable ways of educating the retail industry as to their obligations and responsibilities.[381]

Dr Jane Maxwell of the Texas Commission on Alcohol and Drug Abuse, one of the leading experts on volatile substance abuse in the United States, fully supports the implementation of supply reduction strategies, including labelling and warnings. In a recent academic review of volatile substance abuse deaths in Texas she states:

> Trade organizations and employee assistance programs should be made aware of the potential harm, including death, that may result from the abuse of inhalable products that are used on the job. Consumer products should have clear warning labels affixed to products subject to abuse. Material safety data sheets and other instructional material should be readily available. Intervention services for adult abusers need to be provided within the context of employee assistance programs, and all toxic chemicals, including volatile solvents, should be kept in a secure environment, with inventories regularly updated and checked (Maxwell 2001, p.696).

The Drugs and Poisons Unit of the Victorian Department of Human Services encourages manufacturers to place such warning labels on volatile substance products in line with the 1985 recommendations by the Senate Select Committee on Volatile Substances. The Department of Human Services (Drug Policy Branch) in its submission to this Inquiry states:

> [a]lthough there [were] arguments for not identifying products with a warning label, [thereby bringing the practice to the attention of young people] on balance the evidence in favour of warning outweighed evidence against them. It [The Select Committee] recommended that industry progressively identify all products containing abusable volatile substances with a warning against their misuse.[382]

The Department of Human Services and other agencies support the labelling of volatile substances with health warnings.[383] The question remains as to whether this should be encouraged as a voluntary undertaking or given the force of legal regulation. Victoria Police, while recognising the importance of

381 Some example of such case studies are given in Appendix 21.

382 Department of Human Services Victoria (Drugs Policy and Service Branch) Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001c, p.8.

383 In a recent submission to this Inquiry by the Department of Human Services, the Department advised the Committee that the state Government is:

'[s]eeking advice and support for the introduction of warning labels on solvent containers. The Government is in the process of obtaining the support of the relevant state and national bodies in this process.' (Submission of the Department of Human Services (Victoria), Drugs Policy and Services Branch, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, p.5.)

cooperative strategies, believes that legislative back-up is required by way of amendment to the *Drugs, Poisons and Controlled Substances Act*. In its submission to the Committee it states these amendments should include:

- A mandatory requirement for retail supply outlets of volatile substances to display warning signs within the vicinity of product display areas and at the point of sale.
- A code of conduct for retail supply outlets agreeing to restrict access to volatile substances by persons under 18 years of age either by securing or removing from open display products identified as hazardous to health.[384]

The Koori Solvent Abuse Working Group (KSAWG), established to examine the issue of volatile substance abuse among young Indigenous Victorian groups, also supports at least further discussion with regard to the labelling of volatile substance products. One of its recommendations to the Committee is as follows:

> [We recommend] To refer the matter of inhalant abuse to the Chief Health Officers forum, at Commonwealth level, with a view to establish a dialogue with manufacturers of inhalants to explore labelling and content issues.
>
> In view of the potential for minimising danger to at risk young people by limiting the supply and access of inhalants, the KSAWG recommended that the government explore discussions with manufacturers on responsible product labelling and content, through referral to the Chief Health Officers forum, at Commonwealth level.[385]

On the other hand, not all policy experts are convinced of either the necessity for or the wisdom of labelling volatile substance products with warnings such as those in Britain, or indeed legislating against their sale. MacKillop Family Services, for example, believes such warnings may simply serve to encourage children to experiment with these products. In its submission to this Inquiry it states:

> Identifying all substances that can be used for inhaling is also only likely to attract a young person's attention. The main task is to educate the community and ensure that the usually popular substances are less easily available in shops or in the community (eg. left lying on shelves in open garages).[386]

Richard Ives, expert on volatile substance abuse, has serious doubts as to the wisdom of introducing the labelling strategies in Britain as outlined above. In an article discussing the British measures when they were still at proposal stage he argued:

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384 Submission of Victoria Police, Policy and Standards Division, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.4.

385 Koori Solvent Abuse Working Party (KSAWP), Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.3.

386 Submission of MacKillop Family Services to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.4.

> Since the proposed labelling scheme would be voluntary, not all manufacturers would implement it. In particular, non-UK manufacturers are unlikely to, given the lack of concern about VSA outside Britain. Although the research reports that consumers will not be put off a labelled product by a warning label, this too is based on what they say rather than on any evidence about what they will actually do if given the choice between a label and an unlabelled product.
>
> Because this research is based on an analysis of opinions rather than consumer behaviour, it does not add to our understanding of the potential for warning labels. It was therefore a waste of taxpayers' money. If manufacturers act on this report and label their products as recommended they will probably be wasting their money too, as the balance of evidence is that it will make no difference.
>
> OK – you may say that it shouldn't be any of my business if manufacturers of sniffable products want to spend money-sticking labels on their cans. But it *is* my business. There's a very real danger that manufacturers who label will think that they have 'done their bit' and stop funding other initiatives. Currently, manufacturers and distributors of potentially sniffable products sponsor a wide range of prevention projects aimed at reducing solvent misuse. The British Aerosol Manufacturers Association has funded publications and educational initiatives while the British Adhesives and Sealants Association was involved in setting up the charity *Re-Solv*. If a great deal of time, effort and money is spent on labelling, manufacturers may be less likely not only to involve themselves in such programmes (retailer training and parent education are also urgently required), but also to pursue the search for other technical solutions such as product or container modification.
>
> It would be a great pity if the laudable efforts of manufacturers and distributors to reduce the risk of their products being misused were frittered away on an initiative which is of dubious effectiveness, when there are interventions which have more chance of reducing the problem (Ives 1997, p.15).

Western Australia Health Minister, the Hon. Bob Kucera, also doubts the effectiveness of applying warning labels, other than those associated with poisons, on volatile substance products. He stated to the Committee:

> Probably the only people it would have an effect on would be the parents. I do not think youngsters would take much notice of labelling. In fact, in some ways it may work against us, with the way some kids think. If it says a substance is dangerous, they may try it. I am not a great believer in that sort of stuff personally. I am not sure the labelling would help a great deal from the perspective of the children. It may help from a product liability perspective, that a supplier might think that somebody one day may sue them because a kid fried his brains sniffing something. I am not sure it would do anything apart from add costs to the product, and perhaps get the backs of the producers up.[387]

387 The Hon. Bob Kucera in conversation with the Drugs and Crime Prevention Committee, Perth, 2 May 2002.

The arguable futility of such measures is also attested to by the dramatic and thought-provoking presentation given to Committee members by Ms Sandra Meredith of the New Zealand Department of Youth Affairs at the recent public hearings for this Inquiry.

After throwing a number of ping pong balls to Committee members Ms Meredith continued by stating:

> These are ping-pong balls, okay? In the United Kingdom in 1985 they brought in legislation to make it illegal for shopkeepers to sell solvents to young people. Young people are incredibly resourceful, and they discovered that if you melt down a whole load of these in a saucepan they give off a horrendous gas which you can inhale. The other thing that you can also use is polystyrene cups. If anybody here smokes and has stuck a cigarette in a polystyrene cup, you will know that it gives off a gas, the same as these tiles on the ceiling, which is why sometimes in toilets young people will burn pieces of the roof or burn polystyrene tiles.
>
> [W]hen our 1987 private member's bill was put before Parliament, we had one MP who was so strongly against solvent use and spoke about the importance of making it illegal and suggested that every product that contained solvents should have a skull and crossbones on it. I said to him, 'What would you do with a ping-pong ball? What would you do with a bottle of Chanel perfume? What would you do with a deodorant spray? What would you do with a tub of boot polish?'. The range of products is so great…
>
> Young people are incredibly resourceful. They will find something else. If you say spray cans are out, they will go find something else. How do you legislate, for example, against petrol? How would you monitor petrol use, because the average person puts it in their car? That does not mean young people do not take it out of the car to sniff it, but how would you protect young people just because the general population needs petrol?[388]

The Aerosols Association of Australia is also equivocal about the effectiveness of supply side regulation such as the labelling of products. In evidence to the Committee, however, the AAA stated that if such a provision was to become mandatory, it should ideally be done on a uniform national basis, thus avoiding a duplication of effort and compliance costs.[389]

Finally, with regard to scheduling, the Aerosol Association of Australia makes the following points:

> Hydrocarbon propellants have been safely used in the aerosol industry since the first aerosol was invented in the 1920s and they have built up a

388 Ms Sandra Meredith, Senior Policy Adviser, Youth Affairs New Zealand. Evidence given at Public Hearings of Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, 9 April 2002.

389 Dr Philip Fleming, Executive Director Aerosol Association of Australia. in conversation with the Committee, Sydney, 26 April 2002.

considerable track record so that today they are accepted in the personal care and food industries (where they are recognised as a "permitted food additive" in cooking sprays and the like).

The prospect of hydrocarbon propellants – and hence most aerosols – being scheduled as 'poisons' would present major issues for international trade given that no other country has taken a similar stance and would also likely destroy the personal care and food markets for such products.

Like all household and industrial products, aerosols are regulated by the (Commonwealth) Standard for the Uniform Scheduling of Drugs and Poisons ('SUSDP') which determines their labelling, including any requirements for signal headings, cautionary warnings and first aid advice.

Depending on their formulation, many aerosol paints are already 'scheduled' products and bear the warnings mandated by the SUSDP.[390]

Voluntary and cooperative approaches

> If you are going to ban the sale of all aerosols for people under the age of 18, you will have a lot of smelly young people with bad hair.[391]

Various communities in both Victoria and interstate have sought to reduce the supply of and demand for volatile substances through initiating voluntary 'all of community' approaches. These often involve local retailers working in a cooperative effort to address problems regarding abuse of the volatile substance products they sell. In some cases, such as the Bunnings Intervention Project discussed later in this section, retailers may initiate these efforts.

In its original submission to this Inquiry the Drugs Policy Branch of Human Services Victoria suggested that:

> To reduce the supply of solvents to young people a campaign directed at retailers may be equally effective as legal sanctions and could be conducted in lieu of or in support of additional legislation. For the introduction of the UK legislation the British Health Education Authority led a 'responsible retailer' campaign. The other option (or additional step) may be to introduce a 'Code of Practice'. Currently no such code exists in Victoria, however most traders are reported to be cooperative when approached to ensure young people do not have access to volatile substances and many are active members of drug committees.[392]

390 Submission from the Aerosol Association of Australia to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.7.

391 Mr Jon Rose, Consultant on volatile substance abuse, Perth, May 2002.

392 Department of Human Services (DHS) Drugs Policy and Service Branch, Victoria, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001c, p.4.
This submission was received by the Committee prior to the publication of its *Discussion Paper* in January 2002.

Subsequent to the publication of our *Discussion Paper* on the inhalation of volatile substances, the Department of Human Services (DHS) advised the Committee of proposals for a Responsible Retailers Campaign designed to encourage retailers to restrict the sale of volatile substances to young people. In a recent submission to this Inquiry the DHS outlines its proposals:

> Spray paints and gas lighter refills will be the products targeted. It is not proposed that there be a publicity campaign as this is likely to sensationalise the issue and would potentially result in a resurgence in 'chroming'.
>
> The first stage is to establish a consultative committee consisting of retail representatives. The consultative committee will work together to develop a Traders Pack and to consider the introduction of a code of practice. Initial discussions have already been held with the Retail Traders' Association and work has commenced on the development of the pack.
>
> The *Traders Pack* would include:
>
> - An accompanying letter to retailers informing them of their responsibilities with regards to selling inhalants and outlining the content of the Traders Pack
> - A fact sheet about inhalant abuse
> - Scripted responses for retailers dealing with requests for inhalants
> - Advice on Point of sale
> - Contact numbers for retailers to call for further advice.
>
> The Traders Pack will be distributed to traders who retail spray paints and gas lighter refills and particularly those in the current 'chroming' hot spots.
>
> **Code of Conduct:**
>
> The Government will work with retailers to develop a Code of Practice which would potentially cover:
>
> - Where to best store solvents
> - Displaying information about solvents
> - Requesting identification
>
> Managing customers.[393]

The above comments and proposals indicate the importance of cooperative measures with traders and industry in addressing the problems associated with volatile substance abuse. Such cooperation would seem to be crucial whether or not restrictive legislation is proposed and many view this as preferable to a 'punitive' approach towards traders.[394]

393 Submission of the DHS, Drugs Policy and Services branch, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, p.5.

394 The British system, as discussed earlier in this chapter, is viewed as a mixture of legislative coercion/enforcement and cooperative education and information provision approaches.

Voluntary Initiatives by Retail Hardware Stores in Victoria.

During 2002, several hardware stores and chains located in Victoria have joined a united campaign to promote the responsible sale of spray paint cans in order to discourage young people from chroming and/or engaging in graffiti. The Mitre 10 chain of hardware stores sent circulars to all of its Victorian stores in January 2002, urging store managers to display signage in their stores to the effect that the store reserved the right not to sell spray paint cans to young people under eighteen years of age. Since that time, Mitre 10, along with other retailers such as PaintRight, Bunnings, Tait's Hardware and the Reject Shop, have developed official policies restricting the sale of paint products to minors. A kit informing retailers of their rights and responsibilities regarding the sale of solvents and containing factual information with regard to volatile substance abuse was launched by Victorian Health Minister, John Thwaites at the Clifton Hill Mitre 10 store in June 2002.

At the launch Mitre 10, Managing Director, Mr Frank Whitford and Mr Bruce Munday, a representative of PaintRight indicated how important it was for Government and the private sector to work in collaboration on difficult issues such as volatile substance abuse. Mr Whitford stated:

> We grasped the opportunity to take part in the retailers' reference group as a means of developing common, workable policies which could be adopted across the entire retail hardware industry.[395]

The Bunnings Intervention Project

An earlier approach in Western Australia for gaining the cooperation of local traders in combating volatile substance abuse was a stunningly simple yet effective example of *local* interventions that 'address the supply of [volatile substances] … but go beyond simple reductions in availability' (Helfgott & Rose 1994, p.19).

In the early 1990s the Volatile Substance Team of the Western Australian Health Department became aware of a number of problems being experienced by the Bunnings hardware store in the Midland area of Perth. These problems involved mainly young people:

- Arriving intoxicated from the inhalation of volatile substances or other drugs
- Stealing volatile substances for the purpose of intoxication
- Under the age of 16 trying to buy Schedule 6 general-purpose solvent (Helfgott & Rose 1994, p.19).

To address these problems workers from the Volatile Substance Team set up a meeting with the Manager and three other key position workers from the store. Helfgott and Rose documented the strategy as follows:

395 Quoted in 'Campaigns to tackle chroming launched', Media Release From the Acting Premier and Minister for Health (John Thwaites, M.P.). June 11, 2002.

> The aim of the initial meeting was to clarify with staff what problems were being experienced; what strategies were in place to deal with the problems; the knowledge of staff regarding their legal position in dealing with minors; and whether there were any links between the store and local community or youth groups.
>
> The Manager indicated that there were approximately three incidents a week in the store involving small groups of young people, trying to buy or steal volatile substances, which he believed were for the purpose of intoxication. The presence of groups of young people potentially being disruptive was a source of stress to staff. Some strategies, such as displaying dummy cans, were already in place in an attempt to deal with the issue. Otherwise, there was no comprehensive approach to deal with the problems experienced by the store.
>
> Concerns expressed by staff included a belief that if they denied young Aboriginal people certain products they could be contravening the Racial Discrimination Act (Helfgott & Rose 1994, p.19).

The meetings between Bunnings staff and the volatile substance team workers resulted in a number of intervention strategies to contain the problems outlined above.

First, a plan for the management and sale of volatile substances was discussed and given to the Manager for distribution among floor, register and management staff. A key aspect of the plan was how to respond to young people who are possibly or definitely intoxicated. Staff were given simple verbal responses that they could use in interacting with the young people. They were also provided with referral information for local support and youth agencies.

Second, signs were prepared stating: 'We reserve the right not to supply certain substances to minors'. They were displayed in prominent positions around the store:

> It was anticipated that this would be a clear message to customers that the store had a policy to deal with the sale of volatile substances to minors. The wording avoids unintended advertising to non-users by not mentioning specific substances.
>
> The advice from the Youth Legal Service suggested that if the store had a written policy regarding the sale of potentially intoxicating substances, displayed signs and acted equally with Aboriginal and non-Aboriginal customers, there could be no grounds for racial discrimination (Helfgott & Rose 1994, p.20).

Third, staff undertook extensive training with regard to volatile substance abuse and its consequences. Much of this training centred on the legal obligations of the company and staff. In particular, the store was reassured:

> [t]hat if the store had a *written policy* regarding the sale of potentially intoxicating substances, displayed signs and acted equally with Aboriginal and

> non-Aboriginal customers, there could be no grounds for racial discrimination (Helfgott & Rose 1994, p.20).

Fourth, the store was assured that there would be ongoing liaison with local outreach workers who had previously agreed to be involved in the project on invitation from the store. Local police were also committed to support Bunnings in this project.

Three months after this initial intervention, a meeting was held between the Volatile Substance Team to monitor and evaluate any change. The Manager discussed the following outcomes:

- One sign was prominently displayed on the entrance door.
- The staff were now clear as to their legal responsibilities and were no longer concerned at the possibility of being accused of racial discrimination. Staff [also] indicated that they are now more confident of their rights and responsibilities, and have some clear simple strategies to implement to deal with the sale or theft of volatile substances.
- Although no formal training had occurred, the process outlined in the flow chart was being implemented and staff were aware of what to say and do.
- Dummy cans continued to be displayed.
- Contact had been made with the Midland Youth Centre and Bunnings had donated a shade house to the Centre.
- From an average of three potentially disruptive groups in the store every week there is now only one group a week. Not only are less coming in, but there had been virtually no problems with groups of 'sniffers' in the past 4–6 weeks. This was a surprise to staff as it had included the school holiday period where traditionally groups of young people try to steal or buy volatile substances.
- No break-ins in the month (Helfgott & Rose 1994, p.20).

The Bunnings Intervention Project is an example of a deceptively simple yet effective project to address volatile substance abuse. Of course such strategies need to be evaluated and constantly monitored to ensure early successes are maintained. This is particularly the case in the retail industry where there may be a continual turnover of both managerial and sales staff.[396]

Nonetheless, as the authors documenting the project note:

> In the drug field, the supply side of the management of drug use is often left to the police or legislators. There are many factors which impact upon drug use. However, this is one example where a relatively simple community action may have had some effect on this aspect of drug use. Yet, the total amount of time put into this intervention was the equivalent of about one day.
>
> In this case, the client was not only the drug user, but also the workers in a retail

396 Despite the apparent initial success, the Volatile Substance Team were keen to investigate whether the problem was simply displaced to another location where it is easier to obtain volatile substances. The Volatile Substance Team planned to conduct further training with other retail hardware stores in the Midland area.

> outlet who had previously felt intimidated, frustrated and probably not well supported by drug services. The outcomes in this instance are not just about reducing levels of drug use, but are also linked in with the positive feelings of community empowerment. Ultimately, all the players benefit. To focus on the individual player is to risk losing sight of the whole play (Helfgott & Rose 1994, p.20).

Other Western Australian strategies with regard to suppliers and traders of volatile substance products have a three pronged 'carrot and stick approach', as described in the recently developed Western Australian framework on volatile substance abuse. These approaches consist of:

- Redeveloping and distributing the Retailers Resource Kit[397]
- The Retailers Resource Kit and Code of Conduct, aimed at supporting business to restrict the sale of solvents, will be redeveloped and subsequently further distributed by Local Drug Action Groups, Community Drug Service Teams and police
- Promoting businesses taking positive action
- Those businesses taking positive action regarding availability of solvents and other drugs will be promoted through the Drug Aware business program
- Pressuring non-compliant businesses
- Options, such as police intervention, for community members to influence retailers who ignore requests to reduce the supply of solvents to minors will be developed and publicised (Western Australian Working Party on Solvents Abuse 2001, p.8).

The Midland Retailers Project

The Midland Retailers Project is a community strategy that seeks to address volatile substance abuse in the Midland area of Perth, Western Australia. Despite its name, retail intervention is just one aspect of a variety of strategies employed in a community partnership to tackle inhalant use in this area. Because it is an 'all of community' response that seems to have been highly successful, the Project is described as part of a 'best practice' case study in Chapter 22.

Other community and cooperative approaches

Community approaches are strongly endorsed by the Wyndham City Council, which is based in Werribee on the western fringes of Melbourne. In its Wyndham Substance Abuse Strategic Action Plan the Council identifies volatile substance abuse as a significant 'drug' problem for the municipality and its youth. In its submission to this Inquiry it highlights the importance of community initiatives and local partnerships in addressing drug issues. The concept of community partnerships will be discussed in detail in Chapter 22 of this Report. It is suffice to state that in the context of product regulation the

397 Western Australia Drug Abuse Strategy Office, *Retailers Acting Against Solvent Abuse – Resource Kit*, Perth, 2001. For a description of this kit see Appendix 22.

Council applauds one initiative spearheaded by Werribee Police to combat volatile substance abuse among Werribee youth:

> During 2000 the Werribee Police commenced an awareness raising campaign regarding the misuse of volatile substances occurring in the Wyndham community. This was in response to growing community concern and prevalence of this practice in specific public spaces in Wyndham – particularly trains, train stations and parks. The awareness campaign was directly targeted to traders that sold the substances that could be potentially misused by inhaling. Through personal visits from local police officers, the Werribee Police were able to raise awareness of volatile substance misuse to traders. They were also able to provide useful strategies to reduce the availability of misused inhalants to the young people who were at risk of volatile substance misuse.

Some of the strategies identified included:

- re-positioning of stock in areas that are less prone to theft
- not selling the products to at risk youth
- recognition of symptoms of volatile substance misuse.

> Many of the local traders were very supportive of this campaign. Through their activities the police were able to reduce the publicly visible instances of chroming within the Wyndham community. This was a very positive result.[398]

Of particular value were the circulars drafted and distributed by local police to Wyndham schools and retailers. Copies of these circulars are attached in Appendix 23. They include advice as to the nature of volatile substance abuse, how to recognise symptoms, products that may be used, legal obligations of retailers and suggestions for retailers and teaching staff to minimise the problem in their stores and schools which will also benefit the wider community. Such suggestions for retailers include:

- Do not sell solvents to children unless they are accompanied by an adult.
- Do not sell large quantities without good reason.
- Display signs indicating your right to refuse sales – on the window or door, near the solvents or on the till.
- Do not keep solvent-based products on open display where shoplifting is easy.
- Keep solvents on high shelves, under the counter, near the till or in locked display cabinets. (You could display empty sample of products so that the genuine customers are aware of your range.)
- Make all staff aware of 'sensitive' products.[399]

These interventions by police are certainly examples of effective local community-police partnerships. While the circulars may serve as the basis of a statewide approach to addressing volatile substance abuse, they need to be

398 Wyndham City Council, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p. 4.

399 *Information for Retailers on the sale of Solvent Based Products 2001*, Victoria Police, Region 2, Division 2, District Crime Prevention Office.

tailored to local conditions and local communities. Furthermore, as satisfactory as these results are Wyndham Council warns in its own case that:

> [I]t was not clear whether the visible reduction in volatile substance misuse incidences in Wyndham resulted in a decline of the practice or whether it moved to a neighbouring geographical area or more chroming was occurring in the home.

The Council therefore concluded that for such a campaign to be successful it needs to be targeted 'across borders'.

As laudable as such cooperative efforts are, other agencies in the field have recognised that 'creating interest at a community level is problematic' (Sunshine Chroming Awareness Program Galaxy Project 2001b, p.5). The Sunshine Chroming Awareness Program, auspiced by the Salvation Army's Galaxy Project, is one of the leading initiatives in combating volatile substance abuse in Victoria. The Project has developed a comprehensive kit for traders informing them about volatile substance abuse and instructing them about the best ways to address it.[400] The response from traders has been mixed:

> Contact has been made with traders through a range of avenues and a number of traders have changed their selling and promotional practices in relation to chrome paint … Gaining support from smaller traders in relation to changing selling practices of chrome paint has proven to be more difficult than larger traders, who may have national headquarters who are aware of the issue and able to support local traders in changing their practices … One of the most successful avenues [in fact] in creating change was for letters to be sent to the head offices of larger traders raising the Group's concerns about chroming and requesting action to be taken at the local level (Sunshine Chroming Awareness Program Galaxy Project 2001, pp.5–6).

Another legitimate concern about engaging suppliers and traders in voluntary agreements is that consistency of approach is not necessarily guaranteed. This potential problem is outlined in the private submission of Reade Smith, writing about chroming in the Melbourne suburb of Frankston. This is an area also claimed to have a significant 'chroming' problem. As a result of this a 'partnership approach' was undertaken to minimise the problem:

> … Police, Council and local businesses agreed to restrict the availability of pressurised cans of paint and butane lighter fluid by placing these products behind the counter or in lockable cabinets. At this time I was performing duties as a member of the Police Force at Frankston Police Complex. During my patrols I noticed that this action drastically reduced the number of incidents involving these products.
>
> Over the years since that time, new businesses and managers have arrived to the area and have the obvious task of improving profits. The pressurised cans of paint have now reappeared from behind their secure areas and are easily available to a new generation of streetwise youth.

400 The Sunshine Chroming Awareness Program is profiled in more detail in Chapter 22. A copy of the traders 'kit' is to be found in Appendix 24b.

> I have been working in the youth industry in Frankston since leaving the Police Force in 1999 and have noticed the increasing ease in which these young people, often aged around 14 years, obtain these mind altering, oxygen restricting inhalants. Often the users enter the stores in large groups and 'rack' (shop-steal) the cans of spray paint in multiples of six cans each.[401]

Mr Smith concludes his submission by recommending that in addition to voluntary agreements, the Frankston Council should enact by-laws restricting and controlling the sale of inhalants.

In short, although local community partnerships can be extremely effective, there are doubts as to their sustainability without committed and vigilant participation from all parties. While groups such as Victoria Legal Aid commend community based approaches like those employed in Wyndham, they doubt that these approaches will 'provide optimal long term effectiveness without legal enforcement'.[402] However, the problem with using legal regulatory strategies is that it is highly unlikely that such strategies would receive the imprimatur of business and retailers, and effective participation by these key groups would arguably be jeopardised.

Conclusion

This chapter has clearly demonstrated a division of opinion as to the efficacy of supply side restrictions, particularly a point of sale ban of spray paint to people under eighteen years of age. On the one hand the Committee recognises that the huge number of volatile substance products on the market makes a general ban on volatile substance products impractical. It also takes note of the evidence that restrictions on the sale of one type of product may result in a displacement to the use of other, potentially more dangerous, products. There is also doubt as to whether a ban on sale will prevent young people from accessing spray paint by other means. Nonetheless, the Committee must take account of the views of significant interest groups, such as sectors of the Indigenous community, Victoria Police and of course parents and families, for whom point of sale restrictions are at least one part of the solution to addressing volatile substance abuse. There are persuasive arguments on both sides of this debate that deserve further investigation.

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401 Mr Reade Smith, Individual Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, p.1.

402 Victoria Legal Aid, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.4.

Victoria Legal Aid states that 'Enforcement of regulation is key' and notes with interest the United Kingdom model of:

'the possibility of linking punishment of suppliers with other licensing regimes (eg. a hardware shop found guilty of supplying illegally could be restricted from selling all solvents, including paints for a period of time; a general store or supermarket could have its liquor trading licence suspended)'.

On the basis of submissions received from retailer and industry groups it is doubtful whether that such a proposal would receive the arguably necessary support from these groups that could ensure the success of such a proposal.

PART F: Education Issues Pertaining To Volatile Substance Abuse

Overview

Education strategies with regard to volatile substance abuse are fraught with difficulty. This is largely due to the fact that the use of inhalants does not fit into the traditional templates used for educating young people about other forms of illicit and licit substances.

The first two chapters in this Part analyse a variety of approaches to drug education and the debates and controversies that may ensue from these various models. Chapter 16 examines some general aspects of drug education and then looks at some conservative approaches such as the Abstinence and Life Skills models. Chapter 17 examines in detail the approach known as 'harm minimisation', the debates surrounding what the term actually means, and its contentious application to volatile substance abuse.

Chapters 18 and 19 are more instrumental in nature. Chapter 18 examines the general issues pertaining to information provision with regard to volatile substances and their misuse. Teaching about the problems associated with volatile substance abuse, however, is fraught with difficulty. While one can warn the adolescent of the dangers of volatile substance abuse, as with tobacco and alcohol 'restricting their misuse by a determined young person is not so easy' (Meredith 1996, p.2).

Throughout this Part the vexed question as to whether educating young people about volatile substance abuse encourages the practice will be discussed.

Education on inhalant abuse has also 'been positioned down the "bottom of the list" for some time in terms of training, education and information. Consequently a number of agencies feel ill-equipped to deal with the issue of inhalant abuse'.[403] One of the reasons for this is the problem of whether information provision about volatile substances aimed at young people and adolescents actually encourages them to engage in a practice which they hitherto had been unaware of.

Finally, Chapter 19 examines specific groups for whom such information provision may or may not be appropriate. Some questions that are raised are: What role does drug education on inhalants have in schools? How can parents be best educated about the dangers that inhalants pose to their children? What do professionals such as medical and ambulance officers, police, community, drug and alcohol and youth workers need to know about volatile substance abuse?

403 Submission of the Department of Human Services (Drug Policy Branch) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001, p.11.

16. General Debates with Regard to Drug Education

The first section of this chapter examines briefly some of the general approaches to drug education and the debates surrounding their implementation. The second half focuses more particularly on the more conservative models of Abstinence and Life Skills Education.

General issues pertaining to drug education

One of the problematic aspects of drug education is that until relatively recently the term has been viewed synonymously with illegal or 'hard' drugs. Lee, one of the earliest proponents of health education with regard to inhalant use, argues this 'myopia' has particularly regrettable implications for issues such as volatile substance abuse:

> Drug concerns have to include substances legally and socially accepted as well as those which are illegal and frowned upon … What are the implications [of this] for drug education? First of all knowledge or information is required. This is not a 'soft' area of the curriculum where facts are irrelevant. Information is important (Lee 1989, p.332).

Lee subsequently poses a number of questions that should be asked in tailoring drug education strategies to particular substances:

> The questions are:
>
> - How much information?
> - How relevant is the information?
> - When is the information best considered?
> - How is it to be offered?
> - Is the information to be given by imposition or is it generated through sharing the knowledge offered by the teacher? (Lee 1989, p.332).

With regard to the last question posed, Lee is firmly of the view that students themselves may have valuable contributions to make:

> Too often knowledge is offered as if to fill the empty vessel, the learner. Yet with drugs, as with most other topics of concern, young people may possess a great

> deal of knowledge and experience, often more than the teacher … Education is about people, and drug education needs to consider people and their ability to cope in a drug-oriented society and not just to see drugs in terms of 'problems'. Schools offer a marvellous opportunity to consider the areas of knowledge, attitudes and skills and self esteem, for it is there that young people can learn, share, discuss, practise, refine and adapt these attributes (Lee 1989, p.332).

Researchers from the National Drug Research Institute (NDRI) based at Curtin University, Perth, also agree that schools can, at least in theory, make useful contributions to drug prevention strategies through education and this has been reflected in a number of federal and state drug education programmes.[404] Midford, McBride and Farringdon argue that school-based drug education is an attractive option for governments 'because it offers the potential to stop the next generation from experiencing drug problems' (1999, p.4). Given that schools are places of learning, 'there is a certain logical appeal to using school based drug education as a means of changing behaviour' (Midford, McBride & Farringdon 1999, p.4). Moreover:

> Drinking and other drug taking usually starts during youth. Most young people go to school and are a 'captive audience'. Most schools are places of learning; *ipso facto*, use schools to educate young people about the pitfalls of using alcohol and other drugs and thus keep them from harm. Despite this seemingly inherent logic, drug education has not been greatly successful, which a number of researchers put down to the emphasis of abstinence as the only acceptable programme goal. If the state programme objective is non-use, then any use, no matter how little, constitutes a programme failure (Midford, McBride & Munro 1998, p.319).

Problems with drug education

Experts in drug education, however, do see some problems in how drug education principles are applied in Australia.

One area of concern has been an over-reliance on American literature on drug education and a lack of critical analysis about the applicability of this to Australian settings (Midford, McBride & Munro 1998; Midford, McBride & Farringdon 1999).[405] The dominance of American research, particularly in the area of abstinence models and 'Life Education' is discussed later in this chapter.

404 For example, the National Drug Strategy 1993–1997; National School Drug Education Strategy; National Initiatives in Drug Education 1995–1997; Prime Minister's National Illicit Drug Strategy 1999; School Drug Education Project 1997 (W.A); Turning the Tide, (Victoria)1996–1997. See also the FACE model (Department of Education, Victoria) discussed in Chapter 19.

405 For an interesting analysis of the difference between British and American approaches to drug education in the context of volatile substance abuse, see Ives 1994. Ives believes that American education approaches (at least up until 1994) were more focused on the general harm to health that volatile substances pose, whereas British strategies were based more on preventing deaths (Ives 1994, p.44).

Second, notwithstanding some national frameworks in the past, there is no consistency in how drug education is supported and applied at state level:

> The infrastructure for drug education, as opposed to one off funding strategies or initiatives … are extensive in some Australia states and limited in others. Commitment to ongoing funding and long-term infrastructure seems to be somewhat cyclical and is determined by departmental priorities, political ideology and community demands based on reactions to drug use incidents. Currently New South Wales has the most extensive and long standing infrastructure which incorporates drug education support staff in each region of the state. Consequently there is a relatively high support staff to teacher ratio. Queensland, by comparison, has recently downgraded its in-house support of drug education … replaced in the main by individual schools purchasing drug education support from the community (Midford, McBride & Munro 1998, p.323).

Third, Australian educators drawing from British research agree that too often drug education and health promotion is inadequately supported by theory and that it too often ignores the social and cultural contexts of health and well being. Those who support social-cultural bases for drug education argue that too often such approaches are eclipsed by more conventional psychological theories of drug use, such as self-esteem deficits.[406] A recent report on Drug Education by the Health Education Board of Scotland (HEBS 2002) comments on the importance of understanding the drug user (including the volatile substance abuser) in his or her cultural, social and historical milieu:

> Yet within drug education relatively little attention is given to the consideration of cultural factors in shaping and determining individual action. This is a crucial omission in developing effective interventions … In particular, there has been almost no systematic investigation of drug use that is perceived by the user or other individuals as a taken for granted aspect of everyday life. For example, investigation might consider the socialisation of drug use and the way which it manifests itself in youth culture (HEBS 2002, p.1).

406 For a critique of such theories including self-esteem deficits, see Coggans 1991; Health Education Board of Scotland (HEBS) 2002.

A report of the HEBS in 1991 by Coggans et al.states:

'An assumption underlying much drug eduction is that young people experiment with drugs because they are in some way lacking in self esteem or are socially inadequate. While there is some evidence that people with positive health practices have higher self esteem, positive health practices or high self esteem do not necessarily preclude use of drugs' (Coggans et al. 1991, p.11).

Eleven years later HEBS reinforced this message:

'Self esteem theories … which focus on a presumed lack of self esteem provide a less than complex explanation for drug use … A recent review of the relationship between self esteem and use identified a number of methodological and statistical problems with the body of research, including deficiencies in measurement, invalid drawing of inferences from correlational studies and misrepresentation of data. The authors concluded that the evidence relating self esteem to drug use was insufficient to justify esteem enhancement as the basis for drug prevention interventions' (HEBS 2002, p.5).

This accords with d'Abbs and MacLean's exhortation that drug interventions and strategies, including education initiatives, must take account of Zinberg's analysis of 'drug, set and setting' discussed earlier.

> Successful strategies involve the use of a range of concurrent interventions addressing three variables labelled by Zinberg (1979, 1984) as 'drug, set and setting'. By these Zinberg means; the pharmacological-toxicological properties of the substance (drug); the attributes of persons using the substance, such as personality and physical health (set); and aspects of the social and physical environment in which consumption occurs (setting). No intervention strategy is likely to ameliorate petrol sniffing and the problems associated with it unless it addresses each of these factors, and the interrelated effects engendered by them (d'Abbs & MacLean 2000, p.v).

In the classroom such an approach might involve drawing upon the student's understanding and experience of drug use as referred to previously by Lee. Such an approach is in part premised on the idea that drug education should 'work with rather than against popular culture' (Backett & Davidson 1992, p.55). Drawing from the experiences of students' drug knowledge as a teaching intervention certainly has its detractors, particularly if it might encourage 'copycat' behaviour. This issue is discussed in the specific context of volatile substance abuse in more detail in Chapter 19. Fourth, and aligned to the previous point, much drug education material produced in Australia tends to be of the factual information provision type. As important as this is there has been very little education material that explores 'issues involved in decision making' about drug use (Midford, McBride & Farringdon 1999, p.6). This is viewed as a deficit in drug education strategies.

Fifth, a problem with some approaches to drug education is that they do not differentiate between different groups of children or adolescents:

> One of the reasons that drug education has been so ineffective may be that only a small proportion of those targeted are likely to progress beyond experimentation with drugs or low levels of recreational misuse. On the other hand, problematic drug users (those with physical, psychological or legal problems arising from their drug use) are likely to be beyond the limited potential of most drug education interventions aimed at adolescents. There appears to be a need to develop variable and targeted interventions which account for the needs of different groups. The educational needs of most young people who may or may not pass through a phase of 'normative' use will differ from the needs of those who have the potential to develop drug use problems. On a continuum of drug use from no use, through experimental and recreational use to problematic use, it is possible to view normative users as those whose experimental or recreational misuse does not result in perceived physical, psychological, economic or legal problems. It is important to note there is often a significant disparity of views between young people and adults (health/social care professionals, legal authorities and policy makers) as to what constitutes misuse. The difficulty here is to have any degree

> of confidence in being able to distinguish, at an early enough age for proactive interventions, between those likely to be non-users and normative users, on the one hand, and problematic users, on the other (HEBS 2002, p.10).

For example, in the context of volatile substance abuse the needs of and approaches to non-users or even experimental users of inhalants may need to be very different to those of chronic or regular users. This need for differentiation in strategy or a targeted approach is discussed in detail in Chapters 18 and 19.

Finally, some Australian researchers have bemoaned the lack of sophisticated evaluation studies of drug education programmes in this country, particularly those which are schools-based. Midford, McBride and Farringdon state:

> Despite commitments of tens of millions of dollars for the provision of illicit drug education, there is currently no research being undertaken in Australia as to what constitutes the best approach and how that can be translated into routine practice (1999, p.6).

Although the authors' comments are specifically directed to the context of illicit drugs (especially marijuana) there is no reason to discount this criticism in the particular context of volatile substance abuse. In fact they are perhaps even more pertinent given the dearth of education and prevention strategies in this area.

Despite the above concerns and criticisms, evaluative studies of drug education programmes have shown that they can result in positive outcomes if they are appropriately devised and implemented. White and Pitts (1998) recently analysed a number of Australian drug education evaluations. Midford, McBride and Farringdon report on their findings:

> White and Pitts (1998) reported that of the 55 school-based programs that met minimum evaluation standards, 64% successfully modified knowledge, attitudes, or intentions. However, only 27% reported statistically significant change in drug using behaviour. More detailed analysis of 18 school based program evaluations that were considered methodologically 'sound' indicated that 10 of these showed some impact on drug use. This suggests that the very best drug education programs *can* have an impact on drug using behaviour. The effect size however was small, as indicated by White and Pitts' findings that the soundly evaluated studies with a one year follow up delayed onset or prevented drug use in 3.7% of the students involved. Effect size also declined with time, as similarly 'sound' evaluations with a two year follow up had the same effect on only 1.8% of the participating students (Midford, McBride & Farringdon 1999, p.4).

Midford, McBride and Farringdon also caution that this 'modest change' in drug behaviour occurred under 'the very best research programmes, implemented under optimum conditions' (1999, p.4). In the 'real world':

> Routine implementation will be affected by normal day to day distractions such as school assemblies, teachers being away sick, management of

> classroom discipline, etc. and even proven institutionalised drug education programs are not likely to achieve this level of success. [Moreover] ... proven institutionalised drug education programmes are not necessarily the ones used in schools (Midford, McBride & Farringdon 1999, p.4).

Drug education, particularly in schools, is therefore clearly a complex matter. The particular challenges of educating students and teachers about volatile substance abuse in ways that do not encourage the practice and the role that school-based drug education has in this area will be discussed in Chapter 19. The rest of this chapter focuses on more traditional and arguably conservative approaches to drug education, notably the concept of abstinence.

Abstinence as a model for drug education?

It is perhaps as misleading to speak of an abstinence model as is to refer to a single concept of harm minimisation.[407] In fact there are several models of drug interventions which stem from abstinence-based models.[408] What most of these models arguably have in common is that they disregard the social context of (adolescent) drug use. Nonetheless, the simplicity of the 'just say no messages' underlying some of these models is, as MacDonald states, attractive and appealing to some people:

> The model relies on adult authority and scare tactics to intimidate adolescents into not using drugs. This cognitive approach maintains that, armed with the knowledge of adverse health consequences of drug use, adolescents will make a rational choice not to use drugs. It disregards the social context which seemingly drives much adolescent drug use; a context which is characterised by risk taking behaviours and the adolescent perception that drug use is a necessary 'rite of passage' to adulthood. The model is particularly ineffective because for adolescents who can't or don't want to say 'No' it provides no information or social skills on which safe decisions can be based. It disregards what Wragg (1992, p.7) calls "the faultiness of adolescent egocentric reasoning" (MacDonald 1999, p.12).

Providing information to adolescents about how to make 'safe' or perhaps more appropriately 'safer' decisions in the context of drug use is one aspect of the concept of harm minimisation. This concept is discussed in detail in the following chapter. Suffice to state at this point that often the concepts of abstinence and harm minimisation are erroneously viewed as absolutely exclusive of each other. Analysis in a report by the previous Victorian Drugs and Crime Prevention Committee found that harm minimisation approaches could still be part of an overall abstinence goal:

> It would be reasonable to think that because harm-minimisation, as that concept has been refined, does not require the cessation of drug use, it is

407 See Chapter 17.

408 Three of the key models are the Information Model, the Personality Deficit Model and the Psycho-social Model. For a detailed discussion of these, see MacDonald 1999.

> incompatible with abstinence, and that a drug strategy guided by harm-minimisation could not consistently include interventions with abstinence as an objective. This perception, though, is not correct.
>
> There are a number of reasons to suggest that abstinence-based interventions might have a place within a harm-minimisation framework. It was noted that such a framework can quite consistently contain programs, policies and interventions that have a variety of immediate "local" objectives, as long as those objectives contribute effectively to the minimisation of harm. It is a virtue to have a broad range of approaches to match the equally broad range of clientele, circumstances and harms that need to be addressed. It may well be that some users respond much more effectively to programs geared toward abstinence than others. Importantly also, it was seen that harm-minimisation is compatible with interventions that seek to reduce (or stop) use, as long as those interventions do so in a harm-sensitive way (ie, in a way that can reasonably be expected to reduce harm). There may be contexts in which abstinence-based programs are harm-sensitive in this way.
>
> Added to these considerations is the fact that the eventual cessation of use can always be a secondary objective of harm-minimising interventions. For instance, although the central purpose of the recent Swiss heroin trials was to stabilise and improve users' lives in various ways, another aim was to consistently expose users to treatment and rehabilitation options with the hope of them eventually ceasing their use. In this case, the central goal of harm-reduction was supplemented with a secondary objective of eventual abstinence. So there is a place for abstinence-based programs within a harm-minimisation framework, but only those programs that are harm-reducing in the right way, and great care needs to be taken to include only that sort (Drugs and Crime Prevention Committee 1998, pp.22–23).

Most of the criticisms of abstinence based models have been of ones that have 'zero tolerance' as their aim.

> Zero-tolerance: If this is taken to mean an absolute prohibition of drug use *under any circumstances,* where education and health-care interventions and the law are all geared to enforce or reinforce this *at all times*, then it is clearly incompatible with a harm-minimisation framework. If zero-tolerance never tolerates or allows the use of drugs, then it will be opposed to harm-reduction or minimisation which, as we have refined it, will sometimes tolerate the continued use of drugs when this is necessary to ensure the reduction of harm, or to avoid creation of harm (Drugs and Crime Prevention Committee 1998, p.23).

Munroe argues that drug education, particularly that based on zero tolerance has a history of perceived failure due to the imposition of unrealistic expectations (Munroe 1997). MacDonald takes up this theme:

> These expectations have typically focused on decreased drug use among school students as the only measure of school drug education effectiveness. In

> fact this is a health objective not an educational objective and it is outside the purview of the school education system to achieve (MacDonald 1999, p.13).

Much of the 'zero tolerance' approach to drug education is American in origin. Ives explains the rationale behind the American approach as follows:

> Americans have faith in education. It is part of the philosophy of a log cabin to White House society. And so they believe that education is their most significant weapon in the 'war on drugs'. The Drug-free Schools and Communities Act passed in 1989 required that every public school, in order to receive Federal funding, had to have a K through 12 (kindergarten to 12th grade) drugs programme that included the provision of age appropriate material and a written policy including descriptions of drugs being harmful and the consequences of their use … This legislation also set up the Office of National Drug Policy … as a co-ordinating office providing some executive accountability. Staff in this office take the view that drugs education in schools is effective, despite the equivocal research findings in the UK (Ives 1994, pp.41–42).

Many Australian researchers are as dubious as those in Britain about abstinence based programmes that stress zero tolerance. One of the main criticisms of American approaches is that they equate prevention with abstinence and abstinence exclusively with zero tolerance. As Midford, McBride and Munro state:

> As US federal guidelines actually mandate that prevention programs emphasise 'zero tolerance' and abstinence, it is not surprising that most research on the effectiveness of drug education has abstinence as the criterion for success (1998, p.320).

The Australian programmes that drew from such models were perceived after evaluation not to have made any demonstrable impact on behaviour,[409]

> [b]ecause they were evaluated in terms of preventing any drug use. Consequently, programmes that failed to maintain abstinence or at least delay onset of use were seen as ineffective [but] … Such programmes may have actually achieved other benefits, but typically, these would not be considered relevant (Midford, McBride & Farringdon 1999, p.5).
>
> If the stated programme objective is non-use, then any use, no matter how little, constitutes a programme failure [and according to Dielman] … this can mean that important programme effects are overlooked (Midford, McBride & Munro 1998, p.319).

Many of the abstention/zero tolerance based models have stemmed from the American Project DARE (Drug Abuse Resistance Education) developed in 1983 by the Los Angeles Police Department. Midford, McBride and Munro have stated that it is one of the most 'widely used domestically and proselytised

409 A review of evaluated prevention/education programmes for young people found that 76% were in fact American based, see Midford, McBride & Munro 1998, p.320.

internationally' projects of its kind. Its stated aims are to teach students the 'life skills' needed to resist drug use. Its zero tolerance goals are reflected in the DARE pledge recited by students before class commences: 'I pledge to lead a drug free life'. The evaluation of projects such as DARE have shown that results have been equivocal:

> DARE, the most widely used drug education programme and the one that explicitly sought abstinence was also one that produced no long-term change in drug-using behaviour. Rosenbaum in fact reported that DARE actually appears to have an adverse effect on drug activity in suburban communities. Students in these communities who were exposed to DARE actually had significantly higher drug use than comparable students who did not receive the DARE programme (Midford, McBride & Munro 1998, p.321).

Life education programmes

According to some researchers, even the less didactic programmes such as Life Education have not produced any positive results and in some cases may have in fact *increased* both licit and illicit drug use among students. Life Education is a popular drug education package supported by state and federal governments in Australia but run by community organisations. It consists of a number of caravans/displays that visit schools around Australia to deliver drug education abstinence messages. An independent study of the Life Education model after ten years of operation concluded that there was not only no preventative effect associated with the programme but it appeared to produce rather than reduce drug use in children (Hawthorne, Garrard & Dunt 1995; Hawthorne 1996; see also Wallace & Staiger 1998 for a general review of studies that have shown drug education programmes have no impact on the drug use of the recipients or are in fact counter-productive).

Such findings have led drug education researchers such as Dr Steven Wallace to ask 'Why drug education retains its primacy in the prevention portfolio despite its record of inefficacy?' (Wallace & Staiger 1998, p.169). Two reasons present themselves. First, as Midford, McBride and Munro indicate, the 'sheer volume of American literature on drug education is difficult to ignore' (1998, p.321).

Second, understandably, parents want to feel their children are kept safe from the risks and harms presented by drug taking. A 'just say no' message is deceptively reassuring in its simplicity. Despite this, it is hard to ignore the equivocal findings of much of the research studies. The Committee makes no judgement on the efficacy of programmes such as Life Education, that is not its brief. Nonetheless, it certainly believes a critical approach is necessary. This view is also as reflected in the work of the National Drug Research Institute:

> Abstinence, which is of such importance in the United States, may not be a realistic or useful goal for school drug education in the Australian context, particularly in relation to alcohol. Harm reduction forms the basis of Australia's National Drug Strategy and drug education programmes need to be assessed

> in terms of how they advance the aims of that strategy. This does not mean that harm reduction excludes abstinence. It does not. Rather it means that harm reduction needs to be seen as a goal rather than a strategy. Within a harm reduction framework abstinence may be an appropriate strategy, but it is not an end in itself.
>
> The other consideration in assessing the utility of existing drug education programmes to inform Australian efforts is whether they have been effective, how they have been effective and what are the common underlying strategies employed by those programmes that have demonstrated effectiveness. In this way there is some means to objectively differentiate between those programmes that may simply be well known and those that change behaviour. This may seem somewhat self-evident, but the American experience is that a great deal of money earmarked for drug education is spent on aggressively marketing programmes that have either not been evaluated, or have been shown to be ineffective, rather than implementing proven programmes. Australia is not immune from this sort of decision-making, with a case in point being the support received by Life Education. This high profile, early intervention programme continues receiving extensive public funding in several Australian jurisdictions, despite research evidence indicating no preventative effect and, in the case of some measures, an association with higher tobacco, alcohol and analgesic use at both the school and population levels (Midford, McBride & Munro 1998, p.321).

When one turns specifically to the use of volatile substances, can a 'just say no' message form part of the education programme? This is a complex issue. The way in which education messages can best be taught in schools is the subject of Chapter 19. Suffice to state at this stage that there have been submissions and communications that have both supported and opposed abstinence models just as there have been submissions that have supported and opposed the concept of harm minimisation, discussed in the next chapter.

Those who support abstinence-based models are of the view that a cabal of educators, media and health bureaucrats have simply not taken the concept seriously. For example a personal submission from Mr Neil Ryan of Blackburn, Victoria states:

> **What About Abstinence?**
>
> Newspaper and harm minimisation advocates trumpet – There is over-whelming evidence that drug education strategies advocating abstinence have little impact – yet absolutely no evidence to sustain their case is offered. *Abstinence simply has not been seriously addressed*. Nor has the community been asked by government to embrace (and support) effective rehabilitation programs. So the libertarians then win. Teaching responsible use, decriminalisation, normalisation and legalise. Harm minimisation is presented as the least expensive expediency. The community then begins to accept recreational drug use. Substance abuse continues unabated. But the

> embarrassing drug trade is removed from the streets and crime seems no longer to be its source of revenue. You hope![410] (Emphasis in original)

In a submission from a group called the Drug Advisory Council of Australia, it is stated that only education and prevention policies that do not tolerate any use of substances, including volatile substances, should be adopted. Abstinence and rehabilitation rather than condoning use are the preferred options:

> Our Council supports rehabilitation of vulnerable people that are involved in harmful activities. Accordingly, the [Drugs and Crime Prevention] Committee must not support recommendations that maintain harmful activities.
>
> We recommend that all people that are using volatile substances be placed in a long term residential rehabilitation programme to get them to a drug free state … Rehbilitation is an ideal occasion to eliminate a source of future users of other drugs. In fact it is an early intervention [and education] program.[411]

The Australian Christian Lobby, while generally expressing support for generic life skills-based education in schools, believes that:

> *Abstinence* is the ultimate form of harm minimisation and this should be actively promoted by the Government as its primary goal.[412]

These views are countered by submissions that express dismay or at least reservations about abstinence as a goal of drug education policy. Many of these come from youth workers and youth agencies. For example, the Victorian Youth Affairs Council does not believe abstinence models are effective for two main reasons:

> The first is that young people often do not see their behaviour as problematic:
>
> '*They don't see it as a drug issue. They don't see it as a problem unless they can see it becomes problematic in terms of functioning*.'
>
> '*It's a problem for DHS, local councils, schools and people trying to control their behaviour. It's not a problem for the kids*.'
>
> Secondly, for those young people who are more chronic users and who cannot easily withdraw from inhaling volatile substances, there must be a response that allows them to continue or reduce their use safely:
>
> '*When you're presented with difficult and limited choices you tend to be pragmatic. You want to find something that will work; "how do we keep these kids from harming themselves, how do we keep them safe in a way that doesn't alienate them from us?" Basically you can't do youth work by proxy or vicariously, you have*

410 Submission of Neil Ryan to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.9.

411 Submission of the Drug Advisory Council of Australia to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.4.

412 Submission of the Australian Christian Lobby (J.J.A. Wallace, Executive Chairman) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.1.

> *to do it face to face. This approach comes from the reality of the day-to-day practice, trying to keep young people safe.'*[413]

Similarly, the Youth Substance Abuse Service (YSAS) refutes the effectiveness of abstinence and zero tolerance models as being unsubstantiated either by research or workers' skills and experience:

> Total abstinence views on the American model (with either indigenous or WASP packaging) sit uneasily with harm minimization views. The antipathy of The National Inhalant Prevention Coalition to harm reduction has received much publicity in the media, in particular the comments of Harvey Weiss. In the United States the ONDCP is running a series of advertisements on inhalants, which airs during children's cartoons, in some cases while parents are away at work. Yet there is absolutely no evidence that advertising is likely to prevent drug abuse, and in fact highlighting drug use may have the reverse effect. According to David Kiley, the Senior Editor of the advertising industry's Brandweek, the research relied upon by the ONDCP, "hardly stands up to the slightest breeze of inquiry. In some cases the validity of key parts of the research is even refuted by the people responsible for it".
>
> Prevention is constantly offered as the panacea yet any honest reading of the literature shows that when primary prevention is linked to unrealistic total abstinence objectives it fails. The only analogous situation would be to promote celibacy as the goal of sex education. If education is to be a key component of any plan to change self-destructive behavior it must be completely factual and rational. By relying on scare-tactics and unfounded assertions current drug policy has failed to achieve its purpose.[414]

The views of agencies such as YACVic and YSAS reflect an endorsement of a much misunderstood and indeed maligned concept known as harm minimisation. Harm minimisation and its related concepts and practices are the focus of the following chapter.

413 Submission of Youth Affairs Council of Victoria (YACVic) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.14. Workers remarks are italicised.

414 Submission of Youth Substance Abuse Service (YSAS) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, pp.2, 5.

17. Debates Around Harm Minimisation

The concept of harm minimisation as it applies to drug policy is the subject of much confusion and misinformation. This much has become obvious since the publication of the Committee's *Discussion Paper* (2002).

In a report published by the previous Drugs and Crime Prevention Committee in 1998 it was stated that:

> [t]he importance of a clear and coherent understanding of harm reduction or minimisation cannot be overstated. As Eric Single points out: 'Lacking a clear definition, the concept of harm reduction or harm minimisation is in danger of being co-opted by persons who have very different conceptions of what harm reduction means in terms of policies and programmes' (Single 1997, quoted in Drugs and Crime Prevention Committee 1998, p.2).[415]

This chapter gives an overview of the much misunderstood issue of harm minimisation. It commences with an examination of the theoretical underpinnings of the concept. It then discusses the related but distinct issue of harm reduction and the strategies that have been devised from a harm reduction perspective with regard to volatile substance abuse. It looks at the harm minimisation and harm reduction approaches of a number of Victorian community agencies, particularly ones that have submitted to this Inquiry Finally, arguments both for and against harm minimisation in general and its applicability to addressing volatile substance abuse in practice are presented. These arguments draw from both academic writings in this area and the views expressed by community members in submissions received by the Committee.

Harm minimisation as defined by the Commonwealth Government refers to:

> Policies and programmes designed to reduce drug-related harm. Harm minimisation aims to improve health, social and economic outcomes for both the community and the individual and encompasses a wide range of approaches, including

415 Sometimes the term 'harm reduction' is used interchangeably with harm minimisation. While the Committee will occasionally use these terms in this way, it is more correct to view harm reduction as a specific aspect of harm minimisation. For further discussion of definitional aspects of harm minimisation, see the Report, *Harm Minimisation – Principles and Policy Frameworks,* Drugs and Crime Prevention Committee 1998.

- Supply-reduction strategies designed to disrupt the production and supply of [illicit] drugs;
- Demand-reduction strategies designed to prevent the production and supply of [illicit] drugs;[416]
- A range of targeted harm-reduction strategies designed to reduce drug-related harm for individuals and communities (Commonwealth Department of Health 1999a, pp.15–16).

In a submission to this Inquiry the City of Melbourne makes the salient point that there needs to be a balance struck between all three harm minimisation strategies. They write:

> Such a balance is important for not only achieving the intended aim of harm minimisation, but also for building whole-of-community support and confidence that such an approach can work. Past experience has shown that disproportionate emphasis on only one or two of the three strategies will jeopardise the overall aim of harm minimisation and threaten whole-of-community support and confidence in such an approach. For example, while supply reduction strategies such as criminalising the sale of chrome paint to minors may reduce the number of young people experimenting with "chroming", the vast availability of many other volatile substances (eg. glue, lighter fluid, hair spray) means that experimentation with alternative substances is still likely to occur. Hence, it remains important to provide a range of demand reduction strategies (ie. early intervention and prevention initiatives) and harm reduction strategies (ie. personal health and safety initiatives) in combination with supply reduction strategies.[417]

Harm minimisation principles are controversial at the best of times; in the case of volatile substance abuse they are particularly contentious. Harm minimisation is not necessarily a consistent policy, taking different forms depending on the drug in question and the group that is being targeted.

Theoretical foundations of harm minimisation

The concept of harm minimisation has an extensive literature.[418] The rationale for harm minimisation is based on the view that:

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416 Or in the context of volatile substance abuse, product modification measures etc.

417 The City of Melbourne also recommends to the DCPC that:

'The harm minimisation approach be considered as a best practise model for responding to VSA. Council's harm minimisation approach is the same as that adopted by the National Drug Strategic Framework, which includes [these] three distinct strategies' (Submission of the City of Melbourne to the Drugs and Crime Prevention Committee 2002, p.4).

418 There is a wealth of literature explaining the concept of harm minimisation and the related principles of risk reduction. In an Occasional Paper produced by the previous Drugs and Crime Prevention Committee in 1998 these principles are thoroughly outlined (Drugs and Crime Prevention Committee 1998). There are also many good secondary references on the subject that can be consulted. In particular the text by Hamilton, Kellehear & Rumbold (1998) offers an excellent overview. A recent worthwhile publication is that of Ryder, Salmon & Walker (2001). See also Erickson 1995; Hawks & Lenton 1998; Lenton & Midford 1996; Midford, McBride & Munro 1998; Single 1995; Strang & Farrell 1992.

Neither law enforcement (prohibitionist) policies nor prevention through information and education strategies have succeeded in curbing either the supply of drugs or the demand for them, and many treatment responses have met with only modest success. This has led to the emergence over the past decade of a new way of thinking about drugs: harm minimisation. Harm minimisation tries to assess the actual harm associated with any particular drug use and asks how this harm could be minimised or reduced. This approach accepts that:

- Psychoactive substances are and will continue to be part of our society;
- Their eradication is impossible; and
- The continuation of attempts to eradicate them may result in maximising net harms for society.

The objectives of the harm minimisation model are:

- The identification of the harmful consequences for individuals, those around them and the community overall; and
- The implementation of strategies to minimise this harm. (Hamilton, Kellehear & Rumbold 1998, pp.135, 136).

Conceptually, Erikson et al. (1997) identify the following elements as being part of harm minimisation strategies:

- A value-neutral of drug use;
- A value-neutral view of users;
- A focus on problems or harmful consequences resulting from use;
- An acceptance that abstinence is irrelevant;
- A belief that the user has and should continue to have an active role in making choices and taking action about their own drug use (Erikson et al. quoted in Hamilton, Kellehear & Rumbold 1998, p.137).

These conceptual elements ideally produce practical strategies that:

- Seek to maximise those strategies that lead to harm reduction;
- Support pragmatic programmes that can be eclectic and flexible;
- Incorporate any scheme that will assist in net harm reduction;
- Aim to be user-centred, including users in planning;
- Emphasise choice, taking account of the users' own interests and the responsibilities they retain in their societal context (Hamilton, Kellehear & Rumbold 1998, p.137).

While acknowledging that there are people in the community who use drugs, harm minimisation policies neither condone nor encourage drug use.[419]

In current drug policy, needle exchange programmes are a clear example of harm minimisation to reduce the transfer of blood-borne diseases. In the context of volatile substance abuse, a policy of allowing residents of community agencies to inhale on premises in strictly delineated circumstances is an example of a particular aspect of harm minimisation, albeit a contentious one.

Much of the misunderstanding concerning harm minimisation seems to stem from the fact that harm minimisation would appear to mean different things to different people. It also runs the risk of being loaded down with ideological meanings across the political spectrum that have little to do with what the term or the concept actually means. A worker from the Youth Substance Abuse Service exhorted the Committee to be clear as to what the concept does and does not mean. It is worth reproducing this statement in full as it is one of the clearest expositions on the nature of harm minimisation that the Committee has received:

> It is important to look at the philosophical underpinnings of harm minimisation. Harm minimisation is actually a goal rather than a strategy or set of policies, so it is a position a worker in the field might adopt when trying to provide care for a young person.[420] It is absolutely essential to mention that the only method to divine whether an activity is harm minimisation is by the observation of the consequences – does it reduce harm? A lot of people seek

419 D'Abbs and MacLean argue that in certain circumstances 'non-intervention' can be viewed as a form of harm minimisation:

'In some circumstances, non-intervention itself can be a form of harm minimisation. It has been argued that strategies addressing volatile substance misuse should be targeted carefully to existing users, to avoid encouraging others to try it themselves: "solvents and aerosols are seen by young people as 'gutter drugs' and the best way of making sure they don't become big in the drug culture may be to allow these in-built cultural sanctions to operate without interference" (Munday 1995, 7–9). The UK experience has been that the introduction of legal sanctions and a public campaign against glue sniffing in Britain coincided with an increase in deaths from other inhalants (Munday 1995, p.8)' (d'Abbs & MacLean 2000, p.70).

In the context of petrol sniffing, however, d'Abbs and MacLean do not advocate 'non-intervention':

'Harm minimisation measures inevitably raise ethical issues. In our view, ignoring petrol sniffing in Aboriginal communities is usually not appropriate, for three reasons. Firstly, petrol sniffing is a particularly damaging form of inhalant substance misuse and has serious social and health consequences. Secondly, in-built sanctions such as those discussed above do not always exist in relation to petrol sniffing, or if they do they may be weak. In some communities petrol sniffing is part of a powerful culture of rebellion among young people, and these cultures serve to reinforce rather than undermine the practice. Thirdly, the 'sniffing career' of a young person in a remote Aboriginal community is likely to be both more intensive and sustained over a longer period than that of an urban inhalant abuser. For instance, a study of sniffers in Maningrida [Aboriginal community in the remote Northern Territory] found that the mean period which current sniffers had been inhaling petrol was eight years (Burns et al. 1995a), giving them far greater opportunity than most urban sniffers to sustain neurological and other damage' (d'Abbs & MacLean 2000, p.70).

420 This idea of harm minimisation as a *goal* rather than a policy per se is echoed in the academic literature, In particular, see the work of Midford, McBride & Munro (1998) and Midford, McBride & Farringdon (1999) discussed below.

to put zero tolerance at one end of the continuum and say that harm minimisation or harm reduction is at the other end of the continuum. In fact harm minimisation is a goal that is off that continuum altogether. If you could show or demonstrate that zero tolerance was able to reduce harm, you could embrace that as a harm-minimisation strategy or approach.

People often say that harm reduction or harm minimisation does not work for adolescents, which in some ways is a ludicrous thing to say because what would be the alternative – maximising harm for adolescents because it is a goal? What they are often talking about is that adolescents have a need for structuring and nurturing containment, as well as that need to take risks, bust out and find their own identity. People often react to that need for some sort of containment. Young people are often involved in very chaotic behaviour that can be very harmful, and so people will often seek a response like zero tolerance, which is an extreme response, whereas what we are advocating is … illustrated by the next overhead I will show.

For harm minimisation strategies to work, you need to get as much information or evidence as possible about the circumstances presenting in front of you, whether that is at a broader policy level, around how the media responds, or from a youth worker with a young person in front of them who engages or has engaged in volatile substance inhalation. Secondly, all the needs of affected individuals and groups need to be considered. It is not just looking at the actual individual but at other stakeholders and other people involved.

Also, we need to deal with the unique specific circumstances that present. Given that we are looking at a goal rather than a set of strategies, one strategy that reduces harm in one circumstance may actually increase it in another, so we should not adopt strategies holus-bolus because of their effectiveness in one context.

Last is the importance of monitoring and evaluation, and that is in the short and long term. To come up with an effective harm-minimisation strategy you would need to consider all those factors. I contend that is the most responsible measured approach because it focuses particularly on the needs, the health and wellbeing of the person who is involved in the act of volatile substance inhalation and not just on the drug use itself. One of the problems with a lot of policies and strategies that are implemented is that they focus on the use regardless of the consequences for the individual or the other stakeholders involved.[421]

421 Mr Andrew Bruun, YSAS. Evidence given at the Public Hearing of the Drug and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, 9 April 2002.

Harm reduction

While harm reduction, as stated above, is often used interchangeably and sometimes confusingly, with harm minimisation, for the purposes of this discussion it will be examined as one specific form or 'subset' of harm minimisation.[422] In this context the leading ethnographer of petrol sniffing among Indigenous Australians prefers to call it 'casualty reduction' (Brady 1985).

> Harm reduction is an approach to substance misuse that rests on an acceptance that total prevention or eradication is not always possible, and that therefore health educators and others should introduce strategies to minimise harmful consequences (d'Abbs & MacLean 2000, p.69).[423]

In 1980 the British Institute for the Study of Drug Dependence (ISDD) conducted a 'casualty reduction' education programme in an effort to reduce risk factors associated with volatile substance abuse. A variety of strategies resulted in a dramatic reduction in the number of deaths occurring due to plastic bag asphyxiation (ISDD 1981). Similarly, this British programme stated that one of the worst hazards associated with volatile substance abuse was that parents and educators were giving out undifferentiated 'don't do it' messages. It found this simply did not work.[424] It therefore recommended to workers and parents the following health education counter-measure:

> Don't be afraid to point out that some already familiar glues, already commonly used are relatively safe if used sensibly … Kids learn to leave the more dangerous products completely alone, using glues in place of other solvents (ISDD 1981, p.4).

While such advice may be appropriate in the case of glues, the 'jury is still out' on whether similar advice can apply in the case of substances that are recognised as more dangerous, such as chrome paint. The practical and ethical

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422 For example, as stated earlier, the Commonwealth government definition of harm minimisation would also include demand and supply reduction principles. These have been considered separately elsewhere in this Report.

423 In the context of petrol sniffing, d'Abbs and MacLean point to the introduction of Avgas or unleaded petrol as harm reduction measures (see Chapter 23.) Brady also suggests the following factors for consideration:

'Sniffers should be discouraged from sniffing in small, secret, enclosed spaces such as caravans and cupboards, as the presence of several sniffers in such a place is more likely to lead sniffers to lose consciousness.

Sniffing from large containers, with larger surface areas, is more dangerous than small tins; the combination of a large container in a small space can prove, and has proved, fatal. (Volatile substances may also be sniffed from a soaked rag, be placed in a bag and inhaled or sprayed directly into the mouth. These means result in a higher vapour concentration than sniffing from an open container and hence present greater risk (Dinwiddie 1994).

Children should not be surprised or given a scare when sniffing, or engage in violent physical exercise after sniffing, as sudden sniffing deaths appear to occur when sniffers receive a shock, jump up and run away.

Precautions should be taken against accidental burning as a result of sniffers spilling petrol' (quoted in d'Abbs & MacLean 2000, p. 69.)

424 The British approach is reflected in the Western Australian pamphlet *Solvent Sniffing: An Information Guide for Parents* (Dear & Helfgott 1997) referred to above.

dilemmas surrounding harm minimisation policies as they apply to volatile substance abuse are exemplified in the following quote:

> The Institute for the Study of Drug Dependence (ISDD) in London has found that attempting to stop people using volatile substances simply does not work and may be positively harmful in denying sniffers the information they need to minimise hazards and to avoid accidents. But the strategy of harm minimisation has been criticised and even those educators and workers sympathetic to it have had both practical and political problems in trying to implement it. Richard Ives of ISDD says on the one hand, the impossibility of cutting off such supplies of solvents made harm minimisation seem a more realistic strategy than trying to prevent all use. On the other hand, the fact that potential sniffers of solvents are so young raised ethical issues and practical problems about whether harm minimisation messages would be misunderstood. These issues have become less public, but have not been resolved (Mundy 1995, p. 10).

Despite the general acceptance of harm reduction approaches in Britain, the ACMD in its report on volatile substance abuse was at pains to state that '[w]orkers and adults generally should not put themselves in a position of arguing for "safe sniffing". It is a contradiction in terms' (Advisory Council on the Misuse of Drugs (ACMD) 1995, p.57).

The Western Australian Working Party on Solvents Abuse in its recently published *Background Paper* recognises there is a place for harm minimisation policies in the area of volatile substance abuse. It states:

> It's not always possible to stop young people engaging in VSA. The message to give these young people is that while any VSA is hazardous, there are ways to reduce dangers:
>
> - Change to less hazardous substance (eg. aerosols more hazardous than glue).[425]
> - Use in less hazardous places (not near rivers, railways, roads and with someone else).
> - Use less hazardous methods (do not spray directly into throat, keep flames away from volatile substances), exercise and excitement can result in sudden sniffing death (SSD).
> - Explaining harm reduction measures can be counter-productive if the young person is suicidal or engaging in self-harming behaviour or thoughts.

425 However, the Report of the British ACMD in 1995, after having discussed substance specific risks, concluded they could not recommend that aerosols and gases were more hazardous than glues:

'The evidence for different levels of harm for different substances is too weak to justify such an identification of greatest harms from specific substances' (ACMD 1995, p.57).

- Use sensitivity to inform caregivers, parents, peers and workers as necessary (Rose 2001, p.30).[426]

A recent comprehensive Report written for the Victorian Department of Education on volatile substance abuse advises caution in the application of harm reduction strategies:

> Young people who decide to continue to use volatile solvents and engage in practices that could be harmful and sometimes life threatening need to discuss possible harms and strategies to prevent these. Schools must be clear in understanding their role in helping young people to access such information.
>
> School staff are advised to consider and, if appropriate, explore harm reduction strategies related to student health and safety; however, many harm reduction strategies are complex and beyond the experience, expertise and role of the school. Such information should be provided by trained health professionals.
>
> Discussion of possible harm reduction strategies might take place with individuals or with a group. Working with a group is most effective when young people are consistently using together. However, where a group has only one or two regular users with the others still in the experimental stage, the decision to work with individuals or as a group is more problematic. The counsellor may decide to do both.
>
> To begin with, the facilitator needs to take the curious and interested approach in an attempt to understand the volatile solvent using behaviours of the group. When an understanding of these behaviours has been gained, the hazards associated with that use can be examined, along with strategies for minimising these harms. For example, if young people are sniffing petrol or gas, the facilitator might inquire about the precautions the sniffers take if they are smoking. A focus on immediate risks is often more realistic than overly concentrating on the longer term.
>
> Risk reduction strategies might relate to:
>
> - Short-term and long-term health risks
> - Alternatives to volatile solvent use
> - Safe and unsafe places to use (e.g. away from machinery, traffic, deep water, heights and other places where accidents can occur)
> - The importance of avoiding strenuous activity while intoxicated
> - The importance of minimising the risk of suffocation by not sniffing alone
> - Problems associated with using other drugs while using volatile solvents
> - How to help friends or get help for friends who become ill or unconscious after use (Bellhouse, Johnston & Fuller 2002a, pp.39–40).

426 Other suggestions have included not putting plastic bags over the head and not having lit cigarettes near inflammable substances (see Ives 2000).

Academic expert on drug education, Dr Steven Wallace of Deakin University, Victoria, views such practices as 'very sensible and evidence based interventions'. He continues:

> As I have said in other places, the problem is not what we know or what they know. If we were to go backwards and go beyond just those very practical issues, the kind of education that I would be suggesting with the targeted groups is to do these practical things, such as saying, 'Do not sniff on railway sidings, use porous materials, do it with others – do not do it alone – and do not do it after using alcohol'. We could go on ad infinitum with those sorts of practical tips.[427]

Despite urging caution, the Bellhouse, Johnston and Fuller Report referred to above recognises the reality of volatile substance abuse among Victorian school students and other young people. Nonetheless, it concludes its section pertaining to harm minimisation by acknowledging that application of harm reduction principles is best left to the experts:

> [h]arm reduction strategies are best facilitated by a health worker with experience and expertise. The role of the school is to ensure student safety, provide referral options and monitor and support students (Bellhouse, Johnston & Fuller 2002a, p.40).[428]

Richard Midford is a leading academic and expert on drug education based at Curtin University's National Drug Research Institute. He and his colleagues would agree with Bellhouse, Johnston and Fuller that teachers might not necessarily be the best people to instruct on harm reduction. Moreover, while sympathetic to pressures faced by teachers and education administrators, he warns against school policies that may be viewed as 'contradictory':

> Teaching harm reduction in the drug education curriculum, but retaining exclusively punitive measures when responding to actual drug use, creates a dissonance.[429] Harm reduction needs to be considered in the context of a consistent, holistic approach to drug education. This will require a balancing of the school's legal responsibility for dealing with student drug use with pastoral concerns for the students and the harms they may experience. It is doubtful

427 Dr Steven Wallace, Deakin University in conversation with the Committee, 12 February 2002. Transcript, p.19.

428 For further discussion on harm minimisation and other drug debates principles in the context of drug education, see Midford, McBride & Munro 1998; Midford, McBride & Farringdon 1999; and the discussion in Chapter 19.

Suffice to state at this point that Midford argues in the context of drug education that:

'The sheer volume of American literature on drug education is difficult to ignore, but findings are equivocal and applicability to Australian settings needs to be assessed critically. Abstinence, which is of such importance in the United States, may not be a realistic or useful goal for school drug education in the Australian context, particularly in relation to alcohol. Harm reduction forms the basis of Australia's NDS and drug education programmes need to be assessed in terms of how they advance the aims of that strategy. This does not mean that harm reduction excludes abstinence. It does not. Rather it means that harm reduction needs to be seen as a goal rather than a strategy. Within a harm reduction framework abstinence may be an appropriate strategy, but it is not an end in itself' (Midford, McBride & Munro 1998, p.321).

429 For example, expulsion of students for drug use might result in worse outcomes for that student in terms of escalating drug taking and at-risk behaviours. See Chapter 19 and Chapter 23.

> that many schools have the capacity to deal with these complex issues without external guidance and assistance.
>
> Overall, teachers indicated that a national and state level mandate for harm reduction was beneficial, because it: legitimised past practice; helped ensure a uniform approach; reduced teacher subjectivity; was practical; was conceptually more sound and was of greater value to students than past abstinence-based approaches.
>
> Students have also indicated that harm reduction is a more realistic approach for drug education. It provides the scope for students to be honest about their drug use and allows them to explore drug use issues without being judged. Students who choose not to use drugs also commented that the utility information provided in a harm-reduction approach has immediate practical application in terms of caring for friends who use, and for possible future application if they ever decided to use. Insights gained from focus groups with teenage students can also be used in developing more meaningful school-based education programmes. Students suggest that for drug education programmes to be effective in reducing harmful outcomes, there is a strong need to acknowledge students' own decisions with regard to use; to provide them with the opportunity to have input into the planning and delivery of education; to provide up-to-date utility knowledge about drugs and to ensure that teachers who have credibility with young people are responsible for overseeing the programme. Such an approach to drug education is quite different to the types of programmes often provided by schools, if schools provide drug education at all. To increase the relevance of such programmes, a fundamental change in the process of developing and delivering drug education is required (Midford, McBride & Munro 1998, p.324).

The above discussion is indicative of the very real difficulties and paradoxes faced by those workers who interact with people who use volatile substances. Even the British ACMD, despite their reservations about harm reduction approaches referred to above, recognise the dilemmas facing teachers, youth workers and others working in the field of inhalant abuse. They argue that in giving information on the dangers of 'sniffing':

> There is an important distinction between advice confidently and sensibly given and which is likely to carry credibility, and preachy or scaremongering pronouncements which are only likely to alienate the user and lose the informant his credibility. The aim of advice is to enable the individual to make an informed and healthy personal choice (ACMD 1995, p.74).

They were also sympathetic to the helplessness youth workers might feel in such circumstances, as is Richard Ives, a British expert on volatile substance abuse:

> Many professional working with young people … give … harm reduction advice. Although conclusive evidence of effectiveness may be lacking, many workers have 'street knowledge' about particularly dangerous local practices,

> which can be shared with vulnerable young people … The provision of harm reduction advice requires appropriate training and professional support will be needed. It is sometimes a heavy burden for professionals working with young people to have to accept that there is nothing that they can do to prevent a young misuser from continuing this life threatening activity. They must live with the possibility that their client may die at any time. Appropriate non-managerial supervision may help workers to deal with their feelings and to act more effectively in helping a young misuser to do so less dangerously, while maintaining the ultimate goal of cessation (Ives 2000, p.37).

It is the experience of those youth and other workers who are at the 'frontline' of dealing with volatile substance abuse that is the subject of the next section.

The experience of field workers

A number of submissions have been received from a variety of Victorian community agencies. Most would appear to support the application of harm minimisation principles in working with volatile substance users, at least in terms of providing information about 'safer' inhalation practices. Views as to the harmful nature of volatile substance abuse and the appropriateness of harm minimisation policies have even divided staff members within the same agency.[430] The following are some of the ways that various agencies have incorporated harm minimisation policies into their daily work or recommended strategies to those ends, as described in their submissions to this Inquiry.

Youth Projects Inc.

Youth Projects is a non-profit organisation providing support for youth and families in Melbourne's north. In its submission to this Inquiry, it states:

> It is commonly recognised that inhaling paint and other volatile substances is dangerous – there is no safe way to do it. However, there may be some ways of inhaling that reduce the environmental risks of the user. These are:
>
> - Encouraging users not to inhale alone;
> - Offering CPR training through schools and youth services;
> - Encouraging users not to use near potentially fatal sites, such as water and railway lines;
> - Some substances are less harmful than others, ie. glue versus paint;
> - Encouraging users to find alternatives to plastic bags. Eg. a young man was observed by a NESP (Needle and syringe exchange programme) worker 'chroming' out of a paint filled coke bottle. This would drastically reduce the risk of death by asphyxiation.[431]

430 See for example, the submission of the Salvation Army (Southern Territory) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.3.

431 Submission of Youth Projects Inc, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances. August 2001, p.20).

Youth Substance Abuse Service

The Youth Substance Abuse Service in working with substance-dependent young people advises that 'interventions need to be tailored to the individual young person in a friendly non-judgmental way'. The role of the youth worker in such circumstances is to:

- Provide support that is consistent and responsive to changing needs.
- Safeguard the young person's respect and dignity.
- Negotiate support roles relevant to the young person's priorities.
- Assist the young person to develop insight into the context of their use.
- Assist the young person to maximize control, by focussing on positive strengths, skills and goal setting.
- Provide access to relevant information.
- [Utilise] Best practice aims to reduce the harms and risks associated with use as well as educating/supporting the young person with clear and individually tailored information/interventions.[432]

The Youth Substance Abuse Service developed and has implemented a harm minimisation tool known as a Chroming Wheel. This has been used since 1997. It is described as a 'simple tool for engagement and discussion with the young person'. It is a tool to measure what young people perceive the main risks of chroming to be and how they address them. Using the wheel:

> [f]orms the basis for introducing harm minimisation information in context. The wheel is used in conjunction with prompts such as:
>
> "Would you know what to do if your mate was sniffing and dropped?" This would open the way to a discussion regarding the dangers and potential harms.
>
> "What is most dangerous – glue or butane?" Opening the way for dissemination of information regarding toxicity and long term harms.
>
> "Where is the best place to chrome?" Discussion of environmental risks like falling from roofs, into canals etc.
>
> "Do you know any one who chromes alone?" Social/environmental harms.
>
> By keeping such questions in the third person they remain non-confrontational.[433]

It should be noted that the Youth Substance Abuse Service believes its 'chroming wheel' has been misunderstood and misconstrued. In a second submission received by the Committee after the publication of its *Discussion Paper*, YSAS responded in the following manner to criticisms raised by another agency that believed the approach could encourage children to chrome:

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432 Submission of Youth Substance Abuse Service to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.5.

433 ibid, p.5.

> The purpose of the 'chroming' wheel is of course to facilitate a discussion about chroming in order to make an assessment of a given young person's perceived and functional risk behaviours. It is not distributed to young people and only professionals who have undertaken in-service training are supplied with the wheel. The in-service includes an overview of prevalence and morbidity statistics, a history of prevention efforts, and advice as to the best communication styles to adopt in facilitating such assessments. It is of course totally inaccurate to refer to such an assessment as "*showing kids how to chrome properly*."(Emphasis in Original)
>
> The 'wheel' is based on harm minimisation principles but a quick literature search will reveal that the assertion that such approaches have somehow exacerbated VSA issues is untenable. VSA is a problem in countries all over the world, including those that entirely reject harm minimisation efforts such as the USA.[434]

Victoria Police

The following comment was published in the Committee's *Discussion Paper* for the Inquiry into the Inhalation of Volatile Substances (January 2002):

> Victoria Police supports the concept of drug education but not necessarily from a harm minimisation focus.[435]

In a submission to this Inquiry subsequent to the publication of the *Discussion Paper*, Victoria Police have expressed annoyance with this sentence, stating that it is both misleading and a generalisation. It continues:

> The Force follows the National Drug Strategic Framework and has consistently demonstrated a commitment to this approach in education programs within the demand reduction and harm reduction approaches.[436]

This commitment to harm minimisation policies has been officially recognised in Victoria Police strategy documents. The Victoria Police Drug Policy states:

> The principle of harm minimisation acknowledges that early intervention strategies that reduce the risks of harm connected with drug use, without necessarily eliminating use, can be of benefit to the individual users and the wider community.[437]

The comments made in the *Discussion Paper* with respect to Victoria Police's approach to drug education were placed in the particular context of 'supervised chroming' Moreover, the *Discussion Paper* commended and encouraged the drug education projects and strategies conducted by Victoria Police. The Committee

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434 Submission (Number Two) by Youth Substance Abuse Service to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, pp.1–2.

435 Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, *Discussion Paper*, January 2002, p.109.

436 Submission of Victoria Police, (Drug and Alcohol Policy Coordination Unit), to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.5

437 Victoria Police (2002) *Drug and Alcohol Policy Coordination*, see http://www.police.vic.gov.au

regrets any misunderstandings that may have occurred. It accepts that the Victoria Police do indeed endorse and follow harm minimisation principles.

Berry Street Victoria

In the Committee's *Discussion Paper*, Berry Street provided various case studies of clients that were in their care. These profiles canvassed some harm reduction approaches that address volatile substance abuse. In particular these interventions were targeted at reducing the amount of volatile substance abuse by their clients and encouraging them to use in safer environments. Berry Street's policy was based on the view that in certain circumstances banning chroming in their residential premises was futile, counter-productive and dangerous.

Such a position is clearly contentious. This form of harm reduction is justified by pointing out that a 'hard core' of users may engage in extremely dangerous behaviour while chroming at high levels. Walking across busy freeways, stumbling on to live railway lines and falling off rooves being not uncommon occurrences. It was thought that allowing supervised chroming with stringent safeguards on Berry Street premises in conjunction with intensive counselling and other harm reduction programmes was a lesser 'evil' than children and young people dying as a result of accidents and the harmful practices they engaged in while chroming. Berry Street Victoria based their policies on harm minimisation policies.

> Harm minimisation is a public health model that involves the assessment and identification of the actual harm associated with drug use and asks how this can be minimised or reduced. In adopting this approach, Berry Street recognises that, unfortunately, licit and illicit drugs are part, and will continue to be part, of our society. The objectives of the harm minimisation approach are to identify the harmful consequences for individuals, those around them and the broader community and to implement strategies to minimise these harms.
>
> Harm minimisation contains three core strategies to minimise drug-related harm:
>
> - Supply reduction – designed to disrupt the production and supply of drugs;
> - Demand reduction – designed to prevent the uptake of harmful drug use, including information provision and education;
> - Harm reduction – designed to assist people using drugs to do so in the safest possible manner.
>
> Harm minimisation approaches may use a single harm reduction strategy or a combination of demand, supply and harm reduction strategies. For example, an approach may simultaneously enforce laws against possession and sale of these drugs (supply reduction), and also provide a clean needle program and safe injection/vein care information for young people who continue to use (harm reduction) (Berry Street Victoria 2001, p.26).

Berry Street no longer allows 'supervised chroming' on its premises.

Oppositional positions to harm minimisation

It is simplistic to state that the issue of harm minimisation is problematic, particularly with regard to volatile substance abuse. The Drugs and Policy Branch of the Victorian Department of Human Services also recognises that 'a harm minimisation approach in this area is contentious and seen by some in the community as something of a last resort'. In its submission to the Committee it states:

> However, while most efforts are likely to be focused on preventing young people from engaging in inhalant abuse, harm minimisation approaches such as labelling on products, education to those who currently inhale volatile substances and public safety issues are necessary and important measures.
>
> Currently there is limited harm minimisation information available in Victoria both to those who inhale volatile substances and to those who work with them and this gap needs addressing.[438]

As has been stated, not every agency or individual worker within an agency would agree with harm minimisation or harm reduction principles as applied to volatile substance abuse. In the United States, for example, this approach is not always met with approval. Neither Harvey Weiss, Director of the National Inhalant Prevention Coalition (USA) nor Dr Jane Maxwell, Chief of Research of the Texas Commission Against Drug Abuse, gives their imprimatur to the use of harm minimisation policies as applied in this context.[439] In fact when learning of some of the approaches used in Australia, Mr Weiss replied 'I was kind of stunned at the notion of the harm reduction as related to inhalants'.[440]

Closer to home, a private submission by Mr Neil Ryan of Blackburn, Victoria states that the policy of harm minimisation generally and in its particular application to volatile substance abuse is fundamentally flawed. Mr Ryan states that concepts of harm minimisation 'are beyond any logic or intelligent rationale'. He continues:

> By definition, harm is acknowledged, if not endorsed.
>
> In the present case of inhalant abuse every act of abuse carries with it the potential of irreversible damage, even death.
>
> What life security can any abuser ever have from a program which is –
>
> - Value neutral in (*endorsing*) further (*ab*)use.
> - Where the user is him/her -self not valued.

438 Submission from the Department of Human Services Victoria (Drug Policy Branch) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001, p.7.

439 These views were expressed in meetings with the Drugs and Crime Prevention Committee (Dr Maxwell, 23 October 2001) or in personal communications between Mr Weiss and the Committee's research staff.

440 Personal communication forwarded to Mr Pete Johnston, Research Officer, Drugs and Crime Prevention Committee by email, 6 November 2001.

- When the focus is essentially on harmful consequences.
- When abstinence (freedom from abuse) is irrelevant.

> Whatever the motive of harm minimisation is it is a flawed message indeed. Licit or illicit chemical substances acting upon the central nervous system (brain) to alter mind perception, in any way, is hazardous. And should be discouraged. Not endorsed by accepting some ill-defined level of harm; endangering the individual and often putting at risk others in the community.
>
> … Safe-use of a mind altering substance is an oxymoron; ridiculous in the extreme.
>
> Harm minimisation does not logically promote cessation or even reduction in use. Any concept of monitoring or safe supervision likewise should be regarded as an 'aiding and abetting' indictable offence. Clearly in the case of illicit substances at variance with the law. And for volatile substance abuse carrying the risk of criminal negligence.[441]

In a similar vein, the Australian Christian Lobby states that:

> Abstinence is the ultimate form of harm minimisation and this should be actively promoted by the Government as its primary goal.[442]

The Victorian Aboriginal Health Service, while not dismissive of harm minimisation principles per se, definitely has misgivings about some aspects of their application.[443] In its submission to this Inquiry it stated:

> Harm minimisation practices such as those incorporated by Berry Street Victoria are problematic for most people involved in this submission. The general feeling is that chroming can never be harmless because of the harmful physical effects of these substances – any amount of chroming will have long-term negative effects on the health of young people. Allowing young people to chrome 'safely' is openly supporting the activity and sends a negative message to other young people. There are concerns that other young people could be initiated to chroming as a result. Also, VAHS workers are concerned that the underlying issues faced by the child are not being addressed. However, there is also some acknowledgment of the safety benefits of a harm minimisation approach. One parent whose son had chromed said that if there had been some place where his son could have been safe, even if he was continuing to use, then he "would have felt at ease" and less worried about his son's welfare.[444]

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441 Submission of Mr Neil Ryan to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.8.

442 Submission of Australian Christian Lobby to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.1.

443 VAHS is not the only Indigenous group to be troubled by harm minimisation or harm reduction practices when applied to volatile substance abuse. The views of Ms Marion Hansen of ATSIC (Victoria) as reproduced in the Committee's *Discussion Paper* are a case in point. See DCPC 2002, p.116.

444 Submission of Victorian Aboriginal Health Service to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.9.

Despite such concerns, Berry Street Victoria has received much support for its approach.[445]

Community responses to aspects of harm minimisation

The majority of the responses outlined in this section come from submissions to this Inquiry received since the publication of the *Discussion Paper.* They are also for the most part reflections from those who work with young people and understand the dilemmas, stresses and pressure that community and youth workers face, particularly in addressing substance abuse issues.[446]

Youth Affairs Council of Victoria (YACVic)

YACVic makes the very salient point that while harm minimisation has generally been accepted in relation to adults 'the community appears more reluctant to accept the principles in relation to children and young people'.[447] YACVic continues:

> YACVic supports the adoption of harm minimisation principles in relation to volatile substance inhalation. We believe these principles should underpin any strategic response to the issue because the aim is to keep young people alive while working with them to limit or cease their drug use and the harms associated with it. For those young people who are more chronic users and who cannot easily withdraw from inhaling volatile substances, there must be a strategy which allows them to continue or reduce their use safely.
>
> Workers agree that the primary danger in using volatile substances is how and where it is used. Dangerous practices include sniffing with a large plastic bag, sniffing near or on roads and railway lines or next to water. To address these concerns, responses must provide immediate information about less risky behaviours while at the same time promoting reduction in use over the longer term.[448]

The agencies that attended the forum on chroming organised by YACVic expressed various levels of support for harm minimisation principles as applied to volatile substance abuse.[449] Most, however, agreed that for those inhalant users with a chronic problem (as opposed to the casual or

445 A majority of submissions received by the Committee were supportive or at least understanding of the Berry Street Approach.

446 In addition to the abovementioned, see the submissions of :

- Federation of Community Legal Centres
- Youth Substance Abuse Service
- Felton Bequests Committee
- DAS West

447 Submission of YACVic to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.13.

448 ibid, pp. 4, 13.

449 A list of participants who attended the YACVic forum is attached as Appendix 25.

experimental user) responses are needed that 'allow them to continue or reduce their use safely'.[450]

> *When you're presented with difficult and limited choices you tend to be pragmatic. You want to find something that will work; 'how do we keep these kids from harming themselves, how do we keep them safe in a way that doesn't alienate them from us?' Basically you can't do youth work by proxy or vicariously, you have to do it face to face. This approach comes from the reality of the day-to-day practice, trying to keep young people safe*'.
>
> Interestingly, one approach was discussed in our consultation that promoted gradual reduction in the number of cans sniffed. This approach echoed the successful QUIT campaign as one participant pointed out:
>
> *They count the number of cans being used. That sort of focus on someone's behaviour ie. how many cans do you have a day? And they say four or five and they don't really know. That strategy of counting the cans is like the old QUIT campaign; put the elastic band around a cigarette packet, write down the reasons why you're smoking each cigarette. Those sorts of things that stop you from an involuntary action to something that you've thoughtfully decided to do. And we saw a reduction in cigarette use because we had people think, 'do I actually want a cigarette, why am I lighting this up?' And it made people think, 'I'm smoking 30 cigarettes a day but I actually only want five of them'. It made people think about it.*[451]

Children's Welfare Association of Victoria (CWAV)

The Children's Welfare Association of Victoria (CWAV) is the peak body representing community services organisations that deliver child, youth and family welfare services in Victoria.

In its submission to this Inquiry it states:

> CWAV believes that the application of harm minimisation principles in the development of strategies to address the inhalation of volatile substances is appropriate. Harm minimisation is the primary principle underpinning the National Drug Strategy, and its adoption leads to humane and pragmatic harm reduction strategies.
>
> In working with children and young people who are misusing substances (be they volatile inhalants or other substances), the primary priority is care and concern for children and young people's safety, health and well-being. The workers' practice in the context of a harm minimisation policy framework ensures that the children and young people will stay alive whilst working with them to limit or cease their use and the harms associated with it. Often this demands a "persistence of presence" by the workers as they struggle to determine how best to work with children and young people who are resisting

450 Submission of YACVic to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.14.

451 ibid, pp.14–15. The comments in italics are by unnamed participants at the YACVic chroming forum.

> intervention. There is evidence that in the end the treatment is in this engagement process. The question foremost in the minds of the workers is "Which of the child or young person's needs, in being met will help reduce (and hopefully eliminate) the need to inhale a volatile substance?[452]

The CWAV also gave evidence at the Public Hearings of this Inquiry in April this year. Mr Ken Patterson, Deputy Chief Executive Officer of the CWAV, again stressed the fine line that workers must tread in addressing issues such as volatile substance abuse:

> If the alternative is going to be zero tolerance, the concern of a lot of people working in these settings is that if that exclusion happens, the activity is going to happen often in environments that place these young people at great risk. We have seen a number of examples of young people falling under trains, off bridges, whatever – in the instance that we saw in January, the night that that policy was applied by Berry Street at the government's insistence, those young people ended up in hospital – so you are balancing risk. To manage and balance the risk and be encouraging and working with those young people to moderate – avoid – their behaviour, you have to physically be there with them in order to be able to do that.[453]

The Felton Bequests Committee

> The Felton Bequests is a perpetual charitable trust which distributes half its income to charitable purposes in Victoria, with a primary focus on the physical and emotional health of women and children, particularly those in rural area and urban areas of disadvantage.
>
> Harm-minimisation approaches … for use with the most challenging and disadvantaged young people in their care are considered responses to complex problems. We are sympathetic to the difficulties faced by all professionals who adopt such approaches. They risk their motives being misunderstood and their approaches receiving a simplified, often hysterical response, in contrast to the careful consideration that has gone into the development of such policies. Such responses also ignore the fact that very caring staff are daily confronted with behaviours they do not condone but must tolerate in order to pursue the agreed and considered strategy founded on professional expertise and judgement.[454]

452 Submission of Children's Welfare Association of Victoria (CWAV) from Colleen Clare, Chief Executive Officer, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, pp.1–2.

453 Mr Ken Patterson, Deputy Chief Executive Officer of the CWAV, Evidence at the Public Hearings of the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, 30 April 2002.

454 Submission of the Felton Bequests Committee (Professor Emeritus, Sir Gustav Nossel, Chairman) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002.

Department of Youth Affairs, New Zealand

Ms Sandra Meredith, is a Senior Policy Adviser to the Department of Youth Affairs New Zealand, In her Department's submission to this Inquiry she states:

> Tailoring individual programmes that are consistent and responsive, support and address needs, help the young person maximise control over their use of solvents is by far the best approach to changing behaviour. This approach allows low key educational messages to be provided within the context of support.
>
> Whilst the average person may not understand why for example you would provide supervised chroming, experience in New Zealand suggests that this can be helpful in providing safeguards, and can serve to be a useful means to introducing a reduction programme.[455]

Ms Meredith states that the problem with harm minimisation strategies as they are applied to volatile substance abuse concern not so much the strategies themselves as the issues that prevent and hinder their application. Such concerns include:

- The media can sabotage attempts of harm minimisation with scare tactics about the dangers.
- People being given mis-information about the issue and challenging it as an inappropriate approach, but not having a better alternative that has been shown to work.
- Not having enough people who are prepared to help with harm minimisation work with solvent users
- Not having a commitment from a range of helping agencies who may be required to provide some level of support that harm minimisation is the best approach.[456]

Conclusion

The confusion over the meanings of harm minimisation and its application to drug policy and practice emphasises not only how contentious harm minimisation policies may be in their application but also the great importance of ensuring that such policies are not misunderstood or misrepresented.

Earlier this year the Committee met with drug education expert Dr Steven Wallace of Deakin University, Victoria. Dr Wallace stressed to the Committee the importance of drug education strategies that were based on sound evidence of what works (and what doesn't) rather than populist or politically acceptable

455 Submission of Ms Sandra Meredith, Senior Policy Adviser, Youth Affairs New Zealand to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.18.

456 ibid, p.20.

strategies that are based on 'bad practice'. In the context of harm reduction and volatile substance abuse he stated:

> [f]rom an academic perspective … there has been so much of what might be called populist politics with respect to this. Again I need to say the one thing which I think all major parties can be accused of is populist politics with respect to the drug issue. That is of considerable concern to me – that in fact when it comes to the drug issue we seem to have agreement and consensus which I would argue is very problematic because the consensus is almost in a non-evidence based direction. What I am saying is that some of the approaches, however unpopular they may be seen at a popular or political level, I think are usually well founded in evidence-based practice.[457]

In 1998 a previous Drugs and Crime Prevention Committee wrote the following exhortation in its *Occasional Paper* on harm minimisation principles:

> A comprehensive and complex drug strategy will succeed in minimising harm only if it also has the capacity to manage those things that threaten its continued viability. Different threats will arise in different ways at different times, and strong social and political vigilance and commitment to harm-minimisation will be needed to overcome them as they arise. But two major forms of threat are worth explicitly noting here: (i) objections to a harm-minimisation approach that result from misinformation or misunderstanding of its meaning and purposes; and (ii) the public misperception that the "use-tolerant" dimension of harm-minimisation constitutes an official acceptance of drug use, with the effect that this acts to normalise that use.
>
> To address both threats, a harm-minimisation framework should come bundled with appropriately targeted public education that outlines the motives, rationales and processes of harm-minimisation, and also seeks to redress any inadvertent normalisation of drug use that "use-tolerant" harm-reduction might engender.[458]
>
> The element of controversy or uncertainty should not be allowed to paralyse decision-making. It is important, however, that the decisions that are made about which activities to give more attention to and which less are made in as rational, informed and justified a way as possible (DCPC 1998, pp 13,18).

It is particularly important that such views are kept in mind in developing policies and practices to address volatile substance abuse.

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457 Dr Steven Wallace in conversation with the Committee. 12 February 2002. Transcript, p.14. Dr Wallace's views with regard to drug education are canvassed further in Chapter 19.

458 Of course, as outlined in Chapter 22, any programme that applies harm minimisation principles at any time should be supported by appropriate research, evaluation, training and a planned and coordinated approach.

18. Providing Information about Inhalants and Volatile Substance Abuse: A Need for Caution?

> Myself and John have come down here from Shepparton. We all work there. We have a young client at the moment who is 20 years old, a male, and we are all at a loss. We don't know what to do with this client. He is chroming, we guess, three, four, five maybe cans a day; we don't know. We have got to the stage now we are depressed in ourselves. We are disheartened, and we don't know what to do with him. I think what I am asking is that if there is anyone in here who is willing to give us their phone number before they leave that we can ring up and talk to you, so if anyone has any advice for us, could you come and see us before you go? Anyone?[459]

Wanted urgently – Information on VSA

The above comments are from a young Indigenous Drug and Alcohol worker based in country Victoria. They were expressed at a forum of Indigenous workers and community agencies convened to discuss the problem of volatile substance abuse in Indigenous communities. They reflect her desperation at her inability to find either information about volatile substance abuse or ways of assisting her clients, or referrals for ongoing care. Members of the Committee attended the forum. Unfortunately, this was not an isolated complaint. Indeed, throughout this Inquiry common questions from individual workers, parents, agencies and other affected parties, both Indigenous and non-Indigenous, are: Where is the information? What can I do? Who can help?

Certainly there are information brochures produced by generalist drug and alcohol agencies[460] (often reproduced from overseas material) as well as specialist information pamphlets directed at specific groups such as traders.[461]

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459 Indigenous Drug and Alcohol Youth Worker participating at the Indigenous Forum on Chroming, 17 August 2001, Melbourne.

460 For example, see the brochure produced by the Australian Drug Foundation titled *Inhalants – How Drugs Affect You* (Australian Drug Foundation 1999).

461 See for example the brochure produced for traders by the Sunshine Chroming Awareness Program. This brochure is discussed in Chapter 8 and reproduced as Appendix 24b.

Medical information on the effects of volatile substance abuse is published in medical and academic journals but is often inaccessible to the general reader. The Australian Drug Foundation also has a helpful web-site with a page devoted to Inhalants.

Nonetheless, despite these resources, the perception among both professionals and non-professionals in the community is that this information is scarce, referrals are few and there is no coordination between or within community agencies or government departments who may have involvement directly or indirectly in issues pertaining to volatile substance abuse. Coordination between and within non-government and government agencies has been recognised in other jurisdictions as a key part of effective programme development and implementation in addressing volatile substance abuse (Meredith 2001, p.12).

For Indigenous people, the few programmes that are operating may not necessarily be culturally appropriate. The views of a trainer of Indigenous Drug and Alcohol workers is representative:

> With the chroming issue there is very, very little out there at all. When we did consultations around the state, one of the first things we were asked was: is chroming included in the drug and alcohol training? It was. We have been asked to touch on that a little more than the other substances, and that tells me a hell of a lot. It tells me, one, the problem is still there; two, that nothing has ever been done in the past to deal with it, even though it has been in demand all these years; and three, it is still not going anywhere. We are still sitting here today talking about the same thing … There is a lack of information, a lack of resources, a lack of culturally appropriate programmes out there. There is an absence of a coordinated approach.[462]

Information provision and media publicity concerning volatile substance abuse and its dangers can therefore clearly be a contentious issue. The way in which the media in particular provides information with regard to volatile substance abuse is controversial. This is covered in detail in Chapter 25 and is not foreshadowed here. Despite some misgivings that various agencies and individuals may have about supplying information regarding volatile substance abuse, it has been argued there are some benefits in publicising the issue.

Positive aspects of publicity

The Western Australian Working Party on Solvents Abuse (WAWPSA) in its recently published *Framework for Action on Solvent Abuse* (2001) has acknowledged that well targeted local publicity and information campaigns can be of benefit in addressing problems associated with volatile substance abuse (WAWPSA 2001, p.6).

462 Ms Barb Honeysett, Western Suburbs Aboriginal Drug and Alcohol Outreach Worker (Ngwala Willumbong) at the Indigenous Forum on Chroming, 17 August 2001.

The United Kingdom's experience

In Britain a concerted media advertising campaign in 1991 was launched aimed at alerting parents that domestic products could be used as 'drugs'. The Department of Health had expressed great concern about the rising number of deaths of young people attributed to volatile substance abuse. Subsequently, it spent over two million pounds putting volatile substance abuse on the 'drug abuse agenda'. This went against the received wisdom that publicising the alternative use of such products would encourage young people to take up a practice which hitherto they may have been unaware of. In fact the campaign seems to have been remarkably successful. When the Committee met with Dr John Ramsey of St George's Medical School, London, he testified to this fact in a comprehensive presentation outlining volatile substance abuse in Britain:

> The first slide on the other page, this is a statistical manipulation of the data, and it shows that the decrease in deaths, which is represented by that vertical bar is absolutely coincidental[463] in time with the Department of Health's advertising spin. Since that date we have all concluded that we believe this roughly halving of mortality in the UK was attributed to the focus on advertising aimed at parents alerting them to the fact that ordinary domestic products could be used as drugs and were killing young people.[464]

The Report by the British Advisory Council on the Misuse of Drugs (ACMD) in 1995 acknowledged that heightening the public's awareness of volatile substance abuse may serve only to encourage abusers but that, on balance, 'the advantages exceed the disadvantages'. This is particularly the case given that, in Britain at least, survey data shows that more than three-quarters of 11 to 14 year olds in England knew about solvents and glue sniffing. The proportion is even higher for older age groups (see Ives 2000, p.31 and refer to Chapter 6 in this Report).

The ACMD continues:

> Our view is that informed [publicity] and media coverage on the subject is to be welcomed. There are examples of national, regional and local campaigns which have had impact. The media have an important part to play in influencing the social agenda which could and should be used to trigger action at local level for dealing with VSA (ACMD 1995, p.68).

In 1994, at a time when volatile substance abuse was of heightened concern to health, youth and community workers in the field, the British Government launched a national three-month campaign on volatile substance abuse aimed specifically at parents. The campaign included television advertising. Evaluation of the campaign showed:

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463 Coincidental in the sense that it coincides in point of time with the advertising campaign. The word is not used in the sense of 'by chance'.

464 Dr John Ramsey, St George's Hospital Medical School, London in conversation with the Drugs and Crime Prevention Committee, London, 10 July 2001.

- a slight increase in awareness by parents that drug misuse and VSA could be an issue for them and their children;
- a slight increase in awareness that peer group pressure could be an important factor;
- evidence that parents felt better informed and better placed to talk to their children.

> Among those who had discussions with their children, the television advertising was found to have been a significant prompt to constructive dialogue. Knowledge of Department of Health leaflets was found to have increased from a 1992 level of 25% to 39% and possession of the item to have increased from 4% to 15% in the same period. Possession of leaflets made parents feel better informed and more confident in discussing the subject with their children and more likely to have done so.
>
> The Department of Health acknowledges that the changes were slight but points to evidence that most successful social persuasion advertising, such as the drink-drive campaign, works in this way. The VSA mortality data shows that the number of deaths dipped in the months following the campaign. If it is the case that the fall in deaths was contributed to by the campaign, then this is very welcome … (ACMD 1995, pp.68–69).

It is certainly the case that Britain, through both government and non-government bodies, puts much more effort into publicising volatile substance abuse and its risks to targeted groups such as teachers and parents, and in some cases children, than in Australia. The national community agency Re-Solv is tireless in producing a range of materials outlining the hazards of inhalant abuse. These include training manuals, videos and booklets to parents, teachers, medical officers, police and community groups. Re-Solv training officers also provide training with regard to inhalant abuse to a variety of organisations in both industry and the community sector. Such training is delivered in person and on-line.[465] The United States also provides similar materials through the non-government run National Inhalants Prevention Coalition. In Britain a Drug Prevention Week highlights volatile substance abuse, while in the United States an Inhalant Awareness Week provides a forum for community-based information exchange and interventions.

There have also been some responsible and positive media representation of volatile substance abuse in Victoria. This is discussed in Chapter 25. Nonetheless, the wisdom of publicising information about volatile substances and their abuse is still contested in this country.

465 For details of these materials, see Re-Solv 2001a, 2001b.

Debates about publicity on VSA

The following figure outlines the arguments for and against education and intervention as summarised by the Sunshine Chroming Awareness Program.

Figure 18.1: Arguments for and against the provision of information with regard to 'chroming'

FOR INTERVENTION:

The dangers of chroming are well known – to stand by while young people potentially harm themselves is wrong.

If nothing is done, the problem will grow.

There are pressures from some individuals/groups to take action.

Young people need to see that people will take action when they behave in potentially dangerous ways.

AGAINST INTERVENTION:

Much chrome use may be a "passing phase".

Young people may rebel and use more if interventions are established.

If chrome users are seen to be getting "special attention" other young people may be encouraged to engage in similar activities to get equal action.

Source: Sunshine Chroming Awareness Program 2001a, p.12.

Nonetheless, given that the majority of 'chromers' are experimental users, whether publicity is through the media or as part of education and prevention campaigns, it is incumbent on those who publicise volatile substance abuse to:

> [b]alance the dubious success rate of such processes with the risk of advertising the existence of a product that in many instances may be found in any household's laundry and kitchen.[466]

The British agency Re-Solv also stresses the importance of achieving the 'right balance' in both media publicity and education strategies:

> Young people will probably be aware of a wide range of products which can be sniffed … Most young people will know more about volatile substance abuse than their parents. However, much of their knowledge is picked up from their friends and may be misinformed … Education on VSA should take into account the 'innocent' element who may only have a sketchy picture of the problem. It is unnecessary to provide details of abusable products, beyond

466 Submission of Youth Substance Abuse Service to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.5.

> what is usually 'common knowledge', for example glue-sniffing. Too much information may alert children to potentially sniffable products about which they previously knew little (Re-Solv 2000, p.3).[467]

The Youth Affairs Department of New Zealand shares these concerns. It states in the context of volatile substance abuse education:

> Youth Affairs is of the opinion that general education about solvents does have the potential to:
>
> - Cause experimentation
> - Increase use in a community where there may be a small group that is undetected
> - Lead to possible Sudden Death Syndrome (Youth Affairs New Zealand 2000, p.3).

Youth Affairs New Zealand (YANZ) believes education strategies among young people can only be effective if linked to other support services such as the family or, in the New Zealand context, the *whanau*.[468] It is also thought that education with young people *must* be complemented by working with retailers, medical personnel, teachers and parents in communities where volatile substance abuse has been identified as a problem (YANZ 2000, p.3).

The dilemmas surrounding drug prevention and education are also prominent in the United States. When the Committee met recently with Dr Jane Maxwell, Chief Researcher with the Texas Commission on Drug Abuse (TCADA), she expressed her own doubts as to the wisdom and effectiveness of education strategies in this area:

> I think the hardest thing with inhalants – and it has always worried me – is that in a sense you want to educate parents about inhalant abuse, but some of the campaigns show the various products that can be used. I always had a concern about whether we are just telling kids about substances they have not thought of using, but then you think that they probably already know about it. I do not know.
>
> … It is a dilemma: how do you educate the parents without telling the kids that gold and silver paint are better than red and blue paint?

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467 The Yarrambiack Shire Council located in the Wimmera region of Western Victoria has been grappling with these issues. In its Submission to the Committee it states:

'Inhalation of volatile substances (chroming) is not a major problem in Yarrambiack Shire Council – yet! We believe this is due to the lack of knowledge about inhalants in our community, however this will no doubt change. People can legally obtain the substances required for 'chroming' and will no doubt do so when they are more knowledgeable about inhalants.

To date educators, police and community workers have avoided talking about chroming. If we tell the kids about it – they will try it!

Unfortunately, an article on the front page of the *Wimmera Mail-Times* (27 August 2001) will certainly raise the profile of this activity.'

(Submission of Yarrambiack Shire Council to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001, p.1).

468 The *whanau* refers to the customary concept of the extended family and kin in traditional Maori culture.

> Some people say that clearly education through the schools is very effective. I do not have an answer on this one. I have gone back and forth on this one. It is a knotty problem. Some of the posters that our agency put out I did not really like, because I thought they were showing specific substances and giving kids ideas.[469]

Some of these dilemmas stem from the basic fact that children will *always* experiment with and be curious about any form of substance that their parents view with disdain. Phil Mythen of Health Promotion England, the British government's health promotion and education unit, puts the paradox well:

> [w]hen I was at school there were kids at school with me who would sit at the back of the classroom and sniff a bottle of Tippex, which now they can't do because the toluene is no longer in Tippex. I don't think any of the children actually thought they were taking drugs. They are kids who were experimenting at the age of 12, 13 upwards, with trying out new things – getting on with it. I don't think you could ever expect to have zero abuse. That would be ideal but it is very unlikely.
>
> If a girl sat painting her nails and she liked the smell of nail varnish because over a short period of time – she might feel different over the five minutes she spends painting her nails and makes a connection that it is the nail varnish that makes her feel like that, you can't stop them from painting their nails. So the education that these are potentially harmful products – you can go down that route – but you have to temper it with not advertising potentially harmful products that generates interest in them, so it is a fine line to walk along.[470]

The response to this Inquiry since the publication of its *Discussion Paper* in January this year has been for the most part against providing material or education with regard to volatile substance abuse directly to children and adolescents, particularly those of younger years. It is thought that if such information is to be provided it should be targeted only at those adolescents and children who are already using inhalants and particularly those who could be said to be chronic users. For example, the Youth Affairs Council, the peak body for youth agencies in Victoria, has submitted to this Inquiry that it does not recommend information be given directly to young people 'as this may provoke another "wave" [of volatile substance abuse] by introducing the practice to non users'. At a forum on chroming organised by the Council, its constituent youth workers were also of this view. Although the following quote refers predominantly to media coverage, youth workers were generally of the view that unless publicity is targeted and very carefully handled it has the potential to do more harm than good:

469 Dr Jane Maxwell, Texas Commission on Drug Abuse in conversation with the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, Melbourne, 23 October 2001.

470 Mr Phil Mythen, Health Promotion England in conversation with the Drugs and Crime Prevention Committee, London, 10 July 2001.

> Youth workers overwhelmingly agree that media publicity does have an advertising effect in relation to volatile substance inhalation: '*they're at a developmental stage where they do want to experiment and they will be influenced by what they see in the media*'. This effect has been documented in relation to other drugs, particularly where reports provide details about how and where to attain drugs:
>
> 'a voyeuristic and sensationalist style of reporting adds to growing negative perceptions and has an advertising effect, outlining exactly where to buy drugs, who from and how, the drug quality and cost'.[471]
>
> Participants at YACVic's consultation agreed that '*kids who didn't know how to do it last week certainly will now*'. This is because of the visibility of the reports on 'chroming' and the details provided within articles such as what products are used and favoured locations for use. Ironically, the type of reporting that may induce young people to experiment with substance inhalation will then 'further the creation of a moral panic' and so the cycle continues.[472]

In recent months the debates over information provision in the area of volatile substance abuse have been, not so much whether an education role is appropriate, but for whom should the information be designed and disseminated to and who are the most appropriate people to deliver the message. These questions and issues form the basis of the final chapter in this Part.

471 H. Rodd & S. Leber, 'Beyond gangs, drugs and gambling', *Metro Education*, no. 12, 1997, pp.17–25.

472 Submission of Youth Affairs Council of Victoria (YACVic) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.20.

19. Who Should Education on Volatile Substance Abuse be Aimed At?

At the close of the previous chapter this Report stated that the debate over information provision in Victoria was not so much as to whether information or education about volatile substance abuse should be provided as *to whom* it should and should not be targeted.

The following groups have been identified by the Committee as those for whom targeted education strategies 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
- Indigenous workers and Communities
- Police, Ambulance officers, Railway personnel
- Traders and Industry representatives
- Editors, Journalists and Media representatives.

Young people and adolescents

The specific issues pertaining to the potential dangers of providing young people with information about volatile substance abuse and inhalants were dealt with in detail in the section pertaining to publicity in the previous chapter. At this point it is sufficient to point out that targeted interventions for young people may have to differentiate between those who are using volatile substances to intoxicate and those who are not.

A recent development in health policy and public health intervention has been to target specific groups for various levels of intervention depending on whether they fall into what have been classified as *universal, selective,* or *indicated* populations. The Australian National Council on Drugs (ANCD) describes these discrete groups as follows:

> Universal: target entire populations (e.g school students) with messages to prevent, or at least delay, use.
>
> Selective: target at risk youth who are not yet using to prevent or delay use.
>
> Indicated: target those who are already using to prevent abuse, and target those who are abusing substances to prevent progression to further harms (ANCD 2001, p.55).

It is generally thought more appropriate that information pertaining to volatile substance abuse is provided to the third and possibly second groups (indicated and selective) but not the first (universal). The Drug Policy Branch of the Department of Human Services Victoria states in this regard:

> Broad-based community education has generally not been a feature of the prevention approach to inhalant abuse in Victoria. This is because broad-based community education aimed at non-users has been found to be counter-productive in attempting to reduce the incidence of chroming, in that education has been found to increase the profile of the drug and raises the interest of potential new users (Mundy 1995, Ives 1990). Consequently most education projects tend to be directed at welfare workers (such as school staff, youth workers, the police and staff of youth residential units) and to a lesser degree current inhalant users.[473]

Dr Steven Wallace of Deakin University, an expert on drug education, generally believes that there are real dangers in targeting education material on volatile substance abuse to young people who are not already users. When he met with the Committee he stated:

> With respect to education, and drug education generally, it has had not even a chequered career but a very unfortunate career. Its successes are minuscule. Its failures are well documented. I am sure you are aware of all of that. The idea that drug education is unproblematically a good idea I believe has come under some scrutiny recently. The proposition that solvents are unproblematically a bad idea has also come under some discussion. So one is faced with what are the problems of solvents, particularly on an evidence base – and I read through your report, which I think is particularly well informed. The problems are problematic. The solutions are more problematic, particularly with respect to education.
>
> I would like to start by saying if I were given something like a carte blanche to develop an education policy, what kind of approaches would I take? Solvents is a peculiar problem. It seems that – and I will come back to this in a second – attempts to educate young people with respect to solvents have been mired by all kinds of problems. So I am very unconvinced at the necessity to mount large-scale education programs particularly targeted at young people. On the other hand, if one was to say what kind of education or what kind of

473 Submission of Human Services Victoria, Drugs Policy and Service Branch, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001, p.5.

> educational targets do I think would be appropriate in terms of solvents, I have some suggestions.
>
> I think any education should be evidence-based, but who would be the targets? The media, school teachers, shop assistants, police officers and even politicians – that is, I would argue the kind of people that perhaps should be our primary targets of education about solvents: not young people, but others. Why am I going to say that? The evidence with respect to solvents and young people is I think unproblematic. It has shown that in this area solvent education can be and perhaps is an exemplar of what we call an iatrogenic approach – that is, a solution that creates the very problem it is designed to avoid.[474]

With young people who are not currently engaging in volatile substance abuse it is thought preferable to use educational material and strategies that concentrate on general drug education, through schools, youth groups, churches and other community organisations. When New Zealand had a major problem with solvents in the mid to late 1980s it was found that provision of specific information on solvents to students who were not engaging in solvent abuse was counter-productive. The problem was exacerbated by the high media coverage that the issue received in New Zealand at this time. Research conducted by New Zealand government agencies in conjunction with the World Health Organisation concluded that:

- Discussions with young people showed that the increased knowledge also made them inquisitive about solvents and more likely to try them;
- The lists of solvent products media gave out also told young people what they could use;
- The increased information escalated experimentation and the potential for fatalities;
- Survey [research] of 25 older users in New Zealand indicated that this group had learnt about solvent use from their peers and *from education programmes that discussed the dangers of solvents* (Youth Affairs New Zealand 2000, p.1). (Committee's emphasis)

This issue of 'information as encouragement' is discussed further below.

A different approach is recognised as appropriate for those young people who are already engaging in volatile substance abuse. In its submission to this Inquiry the Youth Substance Abuse Service (YSAS) states that information provision needs to be straightforward, direct, non-judgemental and minimalist: 'Chromers will simply not read heavy pamphlets'.[475] While it is impossible to draw general conclusions from one-off examples, it is interesting that this was certainly the opinion of Julie, the young ex-chromer with whom the Committee recently met:

474 Dr Steven Wallace in conversation with the Committee, 12 February, 2002. Transcript p.12.

475 Submission of YSAS to Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.1.

> I mean, pamphlets, I was never interested in them. I didn't care what they said. I was just more interested in [the buzz] – I didn't care about the effects. I was more interested in the outcome of it, like how high I would get and what buzz I would get, and I mean, after months of chroming you don't get the same buzz any more. But it is an addiction; it is like cigarettes, it's like alcohol. It's an addiction, and it is too hard. Mine was all willpower. Mine was just: I have given it up. I am not touching it. I have got a boyfriend. I have got grouse friends I am hanging around with. None of them chrome. They don't want to do it. Someone else, it could be heaps harder.[476]

To minimise this indifference, YSAS suggests any information given to young people should be given by workers who can 'knowledgeably discuss chroming related issues with the recipient'. In doing so the worker's role includes:

- Providing support that is consistent and responsive to changing needs;
- Safeguarding the young person's respect and dignity;
- Negotiating support roles relevant to the young person's respect and dignity;
- Assisting the young person to develop insight into the context of their use;
- Assisting the young person to maximise control by focussing on positive strengths, skills and goal setting;
- Providing access to relevant information;
- Having best practice aims to reduce the harms and risks associated with use as well as educating/supporting the young person with clear and individually tailored information/interventions.[477]

Most importantly, YSAS argues that education and information provision with young volatile substance abusers must avoid moralistic and judgemental approaches to drug use in general and recognise the reality of the substance use from the user's point of view:

> Shock tactics, which [seek to] dissuade experimentation by emphasizing drug horror stories [are counter-productive]. The marked lack of success enjoyed by such approaches led to information approaches. These too failed because drug use [and by extension, all risk taking] was presented as abnormal and negative while failing to recognize the obvious [at least to adolescents] pleasurable and functional aspects of drug use. Attempts to inculcate moral disapproval of drug use succeeded only in ensuring drug use became a major symbol of generational difference.[478]

The approach promoted by YSAS is based on principles of *harm minimisation*: a strategy that 'avoids the minefield of moralistic arguments about whether

476 'Julie' in conversation with the Committee, 12 March 2002.

477 Submission of YSAS to Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.5.

478 Submission of YSAS to Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.2.

drug use is inherently bad or good' (Hamilton, Kellehear & Rumbold 1998, p.138). The concept of harm minimisation principles and the controversy surrounding their application have already been examined in Chapter 17.

Currently the Drugs Policy and Services Branch of the Human Services Department (Victoria) attempts to incorporate the methods suggested by YSAS in providing drug education through its provision of Youth Outreach Services (YOS) as outlined by the Department in its submission to this Inquiry:

> It is well known that young adolescents are generally less inclined than young adults and adults generally to access drug treatment services, and particularly so when the drug in question is a volatile substance. To address the issue of access for young people to drug services the Youth Outreach Services (YOS) were established. The YOS aim to assist these young people to access help and there are currently fifty-eight Youth Outreach positions (funded by the Drugs Policy and Services Branch of DHS) located throughout the state. The Youth Outreach workers provide outreach to young people and connect them to appropriate services including drug treatment. Specifically Youth Outreach [workers] provide information about drug treatment and youth services, assist young people to improve their health and reduce harm related to drug use; assist with accessing treatment such as drug withdrawal and residential services, and assist with accessing legal help, welfare and employment services.[479]

The Western Australian Working Party on Solvents Abuse has also identified adolescents and young adults in detention and juvenile justice centres and supported youth accommodation agencies who are substance users as discrete groups and possibly requiring different types of education. This is a concept whereby it is thought those who 'have been there' are best suited after appropriate training to interact with their peers and contemporaries about their own experiences with volatile substance abuse and the associated dangers.[480]

Education with regard to volatile substance abuse is problematic for a range of reasons. Nonetheless, it would seem important to bear in mind, as Berry Street Victoria states, that:

> No one strategy applies to every young person – all strategies adopted need to be flexible, creative, and individually applicable to the young person with whom you are working.[481]

479 Submission of Human Services, Drugs Policy and Services Branch (Victoria), to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001, pp.5–6.

480 The Committee is aware that Berry Street Victoria user peer educators as part of its own strategies to address volatile substance abuse. In some cases the peer educator may still be a (residential) client of the agency.

481 Submission of Berry Street Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.8.

The role of schools

> While the educative role of our schools will always be paramount, most people would agree that, along with the family, the school is the most important socialising agent we can offer our children (MacDonald 1999, p.14).

Schools, both public and private, along with parents are at the 'frontline' when it comes to influencing children and adolescents about a range of issues pertinent to the world around them. Substance use and abuse is clearly one of the most important of these issues. Notwithstanding the fact that many young people who are *chronic* users of volatile substances might be either prone to truancy or out of the school system altogether, as was stated earlier 'the great majority of youth are attending school when they start using drugs and are a captive audience' (Hansen 1993).

A comprehensive Report on volatile substance abuse in the United States published in 1997 has stated that children who use volatile substances in other than experimental ways tend to have multiple problems in a school environment:

> Inhalant users have serious problems in school. Inhalant users seem to disappear from school based surveys beginning with the eighth grade … Research results indicate that these students drop out. When compared with either non users or with users of other drugs, inhalant users tend to have greater difficulty in school. They are more likely to have high absenteeism, to have been suspended, to drop out or have been expelled, and to have poor academic performance and lower grades (Texas Commission on Alcohol and Drug Abuse (TCADA) 1997, pp. 14–15 and see also the references listed therein).

Until relatively recently there were few education programmes devised for teachers, student support and welfare workers (including the staff of youth residential and juvenile justice units) that were auspiced by the Victorian Departments of Human Services or Education. The Department of Human Services itself recognised that 'This type of training occurs intermittently'.[482] The Youth Affairs Council of Victoria (YACVic) in its submission to this Inquiry regretted that the school sector was ill-equipped to deal with problems associated with volatile substance abuse among its students:

> YACVic believes it is very important that schools are involved more closely in the development of community responses. There is currently a sense among workers that schools are not acknowledging the problem of substance inhalation and that educators need appropriate training to be able to respond to the issue if it arises in their school.[483]

482 Submission of Human Services Drugs Policy and Services Branch (Victoria), to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001, p.5.

483 Submission of Youth Affairs Council of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.19.

Some community workers with whom the Committee has met or received submissions from have also been less than impressed with the level of expertise and knowledge displayed by some professionals who interact with young 'chromers'. This criticism has been particularly directed towards teachers and health professionals:

> We have been sitting here talking all day about education, schools and spiritual stuff and everything, but why can't we have someone from the education department on this committee. I was asked by our local schools to go in there and do some drug and alcohol education. I did that. I went in and spoke to the principal. She told me – her exact words were, to quote her – "Chroming is not an issue in our community". So they need some education themselves. If you want to get into the schools to do [education] you need to get one of them into this committee, too.[484]

Fortunately, in 2002 there has been a concerted response by both Departments to address volatile substance abuse as part of their portfolios. Strategic responses from the Department of Human Services are outlined in Chapters 22 and 23 and later in this chapter. Broad policy statements and specific strategies pertaining to schools auspiced by the Department of Education have been outlined recently in the Education Department's submission to this Inquiry as follows:

> From 1997 to 1999 every Government primary and secondary school and 80% of Catholic and independent schools were involved in the development of Individual School Drug Education Strategies (ISDES).
>
> By the end of 2002, all ISDES schools will have completed a review of their drug education programs and will have developed a further three-year action plan to enhance their drug education provision.
>
> Effective drug education is aimed at minimising the harm associated with drug use by young people. The key outcomes of effective drug education include:
>
> - Increased student knowledge of relevant and accurate facts about drugs
> - Development of personal, social and cognitive skills that equip students to deal with drug-related issues in a variety of contexts
> - Increased student understanding of the continuum of risk associated with drug use
> - Increased understanding of the impact of drugs on society
> - Increased student knowledge and skills that will equip them to contribute to the public debate about drug use.
>
> Significant elements of the ISDES model for drug education include:
>
> - A broad community response
> - A focus on prevention and early intervention

484 Ms Barb Honeysett, Indigenous Forum on Volatile Substance Abuse, 17 August 2001. The committee referred to is a committee established at this Forum to address issues of volatile substance abuse among Victorian Indigenous communities.

- A whole school approach
- Student welfare support as well as curriculum approaches
- Parent information, engagement and partnerships
- A supporting policy structure including an action plan on responding to drug related incidents
- Community links.[485]

A key specific element of the Department of Education's strategy to address volatile substance use and abuse issues in Victorian schools is the commissioning and publication of an information and training resource known as FACE (Fresh Air Clean Environment, cited as Bellhouse, Johnston & Fuller 2002a, 2002b).

The comprehensive Report on which FACE is based has been referred to extensively in the course of this Report. This document outlines training procedures and materials pertaining to volatile substance abuse for teachers and support workers in Victorian schools. It will be distributed to all Victorian schools once selected staff have participated in professional development training.

The FACE document comprises five sections:

1. Policy guidelines, rationale and background information summary
2. Background information on volatile substances and their abuse
3. Supporting strategies for schools
4. Community programmes to address volatile substance abuse
5. Appendices (these include advice for parents and lesson materials).

The rest of this section will be drawing from FACE in highlighting a number of areas pertaining to volatile substance abuse education in schools that need to be addressed. In doing so, it will also refer to other academic literature and practice both in Australia and elsewhere.

Generic versus specific education

Expert on drug education, Dr Steven Wallace of Deakin University, is less than convinced about the merits of education as a way of addressing volatile substance abuse. In a meeting with members of the Committee he argued:

> Education has been shown not to produce the results that we have hoped for in the solvent area. It would be I think unreasonable to expect education to achieve results in just about any of the addiction arenas or drug arenas. In most areas education does not do harm. It might do zero, but it does not do much harm. In the solvent area it appears that education has the distinct prospect of

485 Submission of the Department of Education and Training to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, May 2002, p.3.

> doing harm – that is, it seems to have this wet-paint effect, greater than for other drug groups.[486]

Dr Wallace's preferred option is to concentrate on teaching students 'life skills' as part of a more broad based generic curriculum. He states:

> So, for example, things like socioeconomic status of the family, family strength, environments and I guess some of the aspects down there with respect to school would be important. I would argue that in terms of education we would probably do better to strengthen our generic school education in terms of alienation and social rejection – the idea of throwing kids out of school for smoking dope is a good example of alienation and social rejection.[487]

This was an approach that also found favour with the British Advisory Council on the Misuse of Drugs (ACMD) in its landmark report on volatile substance abuse published in 1995:

> There [is] a consensus that drug education is more likely to be effective when it is sustained and intensive, and more likely to have an impact when it teaches decision making and life skills rather than relying on a didactic approach (ACMD 1995, p.60).

The Life Skills approach is not to be confused with the 'just say no' messages of the Life Education programmes referred to in Chapter 16. Rather, this generic approach is seen as buttressing and supporting positive adaptive patterns to the stresses and problems that children face in their daily lives. It is viewed as particularly important for children of younger years such as those in primary schools. A recent consultation report conducted by the British Drug Education Forum stressed the importance of relating drug education to broader issues that children may face in their daily lives:

> Like adults, children and young people do not think about drug education and support in a vacuum but relate these to other issues or concerns in their lives. Their honesty and openness enables us to consider carefully not only how we deliver drug education and support, but also what we can do now to support them in tackling issues that they face every day (Butcher 2000, p.1).

The British 'life skills' approach is based on the guidelines set down by the World Health Organisation as outlined by Richard Ives, expert on volatile substance abuse:

> There is a widespread consensus that education about substance use should be further integrated into education about other aspects of social life and health … Life skills are "abilities for adaptive and positive behaviour, that enable individuals to deal effectively with the demands and challenges of everyday life … they are those abilities that help to promote mental well being and confidence in young people as they face the realities of life" [WHO Report]. Life

486 Dr Steven Wallace, Deakin University in conversation with the Committee, 12 February 2002. Transcript, p.14.

487 ibid, p.18.

> skills education is practical and activity-oriented. Interactive methods are used. Part of the approach includes creating a safe environment where young people can practise and develop skills. Having the right classroom atmosphere is therefore an important component of the life skills approach (Ives 2000, pp.32–33).[488]

D'Abbs and MacLean also refer to the importance of a life skills approach in addressing volatile substance abuse among Indigenous communities, although the age group that they refers to is somewhat older than the primary students to whom life skills are most directed:

> Educational initiatives that seek to impart life skills and work skills as well as knowledge about substance misuse are not widely reported in the literature but would appear to offer scope for development, as the two programs discussed previously under "School and training opportunities" suggest. Although programs designed for use among youth in American Indian communities cannot simply be "lifted" and used in an Aboriginal context, initiatives taken in this area could usefully be explored as a source for local, culturally relevant skills enhancement programs. For example, Gilchrist et al. (1987) report on a program trialed among a number of American Indian communities. It consisted of 10 one-hour skills enhancement sessions, the overall purpose of which was to improve youths' skills for coping with environmental demands, interpersonal pressures and developmental stresses. In a six months follow up, the study found that, compared to young people in a control group, participants reported a significantly lower usage of alcohol, marijuana and inhalants (but not tobacco). Participants also had significantly more knowledge about substance misuse, but assessment of self-esteem did not yield any significant difference between the two groups (d'Abbs & MacLean 2000, pp.41–42).

John MacDonald, a writer on drug education, agrees that the future of school-based drug education lies within a life skills and personal development focus:

> Increasingly, though, we need to look to other Key Learning Areas to contribute to the goal of making our students safer in a society that uses drugs. The Key Learning Area with the most to contribute is English. Consider for a moment the following rationales from the national English K–6 and 7–10 syllabuses, which seem particularly relevant to drug education:
>
> *Competence in English will enable students to learn the role of language in their own lives, and in their own and other cultures. They will then be able to communicate their thoughts and feelings, to participate in society, to make informed decisions about personal and social issues, to analyse information and view points …* (Board of Studies, English K–6 Syllabus 1998, p.6).

488 For an account of life skills approaches in the context of Australian developmental health education, see Lee 1989.

> *It is mainly through language that human beings explore their public and private worlds, organise their experiences and form their values.* (Board of Studies, English Years 7–10 Syllabus 1987, p.5).
>
> … Some of these issues may not seem specifically related to drug education. The main thesis of this paper, however, is that in both curriculum and welfare fields we have for too long had a narrow view of drug education which is possibly unrelated to some of the broader difficulties and issues our students are facing. A more holistic approach in curriculum and welfare is required to fully realise the potential of school education to contribute to students' safety in a society within which drug use occurs (MacDonald 1999, pp.14, 15).

While the Committee would agree with the sentiments expressed about 'life skills' as broad statements of principle, such sentiments do not concentrate on what specific messages should be given to children, particularly primary school children, with regard to volatile substances. Jon Rose, consultant on volatile substance abuse in Western Australia, has stated to the Committee that while there certainly needs to be a generic approach to drug education, teachers must also be given some training as to how to deal specifically with volatile substance abuse, particularly when there is an 'outbreak' in the school:

> Generally speaking, it is important that these generic issues are dealt with in schools through schools having in the first instance a school drug policy. They should have health promotion in schools and a system for teaching drug education. However, in the first instance, if there is an outbreak of solvent use in a school, we [need] specific resources for teachers. That was a recommendation for Framework for Action, which was part of a strategy for dealing with solvent abuse in WA. In case of outbreaks in schools, resources should be developed to allow teachers to work with students in their groups. It might be a group of male Year 9 students with whom they work. Teachers should have a resource on how to do that. It has not yet been developed, although it is part of a strategy to be developed.[489]

Ms Sue Helfgott from the Drug and Alcohol Office of Western Australia agrees with the statements of Mr Rose. She believes, however, that it is, understandably, not always easy to persuade teachers to address issues such as volatile substance abuse in their classroom:

> The issue is very difficult for many teachers. We have undertaken training in schools at which there have been outbreaks of solvent abuse and tried to get them to look at the types of people who use and the reasons they use. Obviously motives for use are important. For some young people it fulfils something very essential in their lives. Getting teachers to look at harm reduction so that kids who would continue to use may not get into harm until they outgrow it has been resisted very strongly. What they want is for the use to stop. However, we know that often it does not stop for the reasons we have mentioned.[490]

489 Jon Rose, Consultant, in conversation with the Committee, Perth, 2 May 2002.

490 Sue Helfgott, Principal Planning and Project Officer, Drug and Alcohol Office, Western Australia, in conversation with the Committee, Perth, 2 May 2002.

One specific approach that has been adopted in various jurisdictions is to teach about the dangers of volatile substances in an occupational health and safety setting rather than as a 'drug'.

A submission from the Barwon Adolescent Task Force to this Inquiry states that this is generally the considered view of people working with young people in this area:

> Education, prevention and treatment strategies need to be framed within a more general process of drug education. *There is general agreement that solvents should be included in drug education as a poison*, and definitely addressed and discussed if raised or identified by young people during drug education. This would allow a focus on prevention and harm minimisation in relation to VSA. Any form of education runs the risk of promotion therefore it is essential that educators come from a professional capacity having a sound grasp of the subject, comprehensive knowledge and adequate training.[491] (Committee's emphasis)

The Western Australian Working Party on Solvents Abuse has endorsed this approach to providing information with regard to volatile substance abuse. It quotes with approval from one American approach to the issue:

> The Massachusetts Inhalant Abuse Task Force recommends schools to review their approach to teaching about volatile substances. Rather than teaching about these substances as a drug they recommend they are linked to prevention messages around topics such as poisons, product safety, first aid, and fire safety:
>
> '*Prevention messages should promote awareness that these products may contain poisons, toxins, pollutants, and/or highly flammable liquids and gases. Procedures for appropriate and safe use of these products should be emphasized. Using this approach associated these products with product safety concerns and poisons instead of drugs*.'
>
> This may be a useful strategy, particularly for pre-adolescents. It allows volatile substances to be discussed without increasing its attraction as a drug and possibly reducing its status as a reputation enhancing substance(s), particularly as these products are implicated as environmental pollutants (Rose 2001, p.26).

Jon Rose has generally been supportive of such an approach. In particular, he believes that by concentrating on volatile substances as hazardous chemicals, to a certain extent you are making them less attractive or 'glamorous' to those whose curiosity may otherwise be aroused:

> The other point I would like to mention is that Harvey Weiss from America suggested that when volatile substances are taught about in schools, they should be taught in the context of environmental and fire hazards, so rather than talking about volatile substances as a drug per se, they are taught in

491 Submission of Barwon Adolescent Task Force to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.4.

> another context which gives them a bad name. That is happening in Texas now. Sue [Helfgott] made a point about teaching about volatile substances. If you were to say that these are gutter drugs and that young people should not use them, you would have mentioned the term "drugs" and you would have captivated a number of people. If young children at around the Year 4/5 level, which precedes experimental use for most young people, were told that the product was hazardous to the environment, a fire risk and a generally nasty sort of thing, it would create a negative mindset about those products. That is one way, particularly in terms of aerosols, that your State could enhance that protective factor without necessarily advertising its use too much.[492]

Such an approach has recently been endorsed in the Victorian Education Department's FACE Report. Drawing from the experience of Melbourne health educator, Carol Guthrie, the Report advises teachers, particularly in the primary schools, that volatile substances should be spoken of as hazardous materials and chemicals and the problems associated with them should be discussed in the classroom accordingly:

> We live in a world of chemicals and chemicals can be dangerous. Volatile solvents are chemicals that are used for a variety of purposes around the school and in the home. They are a safety issue. Young people should be taught about their correct use, how to use them safely, possible harms to people and the environment, how to prevent harm, and how [to administer] first aid should an accident occur. This could be done as part of an environmental education or Occupational Health and Safety programme without referring to hazardous chemicals as drugs. Parents and teachers should also model safe use of chemicals by storing chemicals correctly, making sure the rooms are properly ventilated when exposed to potentially toxic fumes, and by using safety equipment such as gloves, masks and safety glasses (Carol Guthrie quoted in Bellhouse, Johnston & Fuller 2002a, p.32).

The Department of Education has generally incorporated these suggestions into its teacher training and classroom materials. Examples of these training materials, including fact sheets, games and classroom assignments can be seen in the FACE Report Appendices.[493]

The British approach to classroom teaching in this area has perhaps been less cautious than that proposed for Victorian schools. A recent Report by the British Drug Education Forum on volatile substance abuse drew from the views of children and adolescents themselves as to what was needed from drug education in this area. The feedback from both children and teachers was seen to complement and support current policy in Britain with regard to volatile substance abuse. The Report stated that:

492 Jon Rose in conversation with the Committee, Perth, 2 May 2002.

493 See Bellhouse, Johnston & Fuller 2002a, 2002b, FACE Report, particularly Volume Two (2002b), pp. 48ff.

In summary, the children and young people's views support current policy and guidance which recommends that:

- drug education begins at primary school
- pupils receive drug education which progresses as they move up through the key stages
- effective teaching strategies are used such as discussion and role play
- parents have an important role to play in supporting their child's drug education
- teachers have a responsibility to deliver drug education
- teachers require training and support in order to feel confident in addressing drugs and related issues with pupils
- visitors have a valuable role to play in supporting drug education
- dedicated and comprehensive services for children and young people on drugs are vital in offering information and support
- 'just say no' approaches do not work
- drug education should be honest, age appropriate and delivered as part of [Life skills training] and across the school curriculum
- the Police add value to a drug education programme by focussing mainly on drugs and the law
- pupils should be taught about medicines, alcohol, tobacco, solvents and illegal drugs
- they should be offered opportunities to develop their knowledge, understanding and skills to assess risk and utilise personal safety strategies (Butcher 2000, p.3).

As stated, Australian educators have been perhaps less enthusiastic to make specific links between volatile substances and drug abuse, at least at primary school level and with children who have either shown no signs of using inhalants for the purposes of intoxication or may have used in very limited or experimental ways. This does not signify that such an approach is inappropriate in certain contexts. As the FACE Report states:

> The United Kingdom has an overt volatile solvents public health program. It widely acknowledges that volatile solvents are drugs and includes them in mainstream school-based drug education programs. This is understandable in the United Kingdom context where volatile solvents have been responsible for the deaths of between one and two young people per week for ten years and are clearly a major public health problem.
>
> The Victorian context, however, varies greatly from the United Kingdom experience. Historically drug education programmes in Victoria have taken a more cautious view and have consciously avoided discussing volatile substance use with students. Reasons for this approach include:
>
> - low death rates attributable to volatile substance abuse

- low rates of use by young Victorians
- protective factors that discourage use; and
- the nature of risk factors that may influence use (Bellhouse, Johnston & Fuller 2002b, p.7).[494]

Engaging visitors and outsiders

Many teachers have made the reasonable claim that they are *not* drug educators and therefore do not have the expert knowledge to impart with regard to substance abuse. The FACE Report recognises this dilemma and the importance of engaging the whole community, including experts in drug education, in addressing the issues posed by volatile substances:

> Young people using volatile substances, particularly regular or chronic users, require a holistic response. Most students who use volatile solvents do so away from school; that is, at home or in the community. Many of these young people will also be truanting, some on a regular basis. Some young people may be marginalised, economically disadvantaged and in need of a range of services, including those that maintain or attempt to establish community connectedness. To be effective in meeting the needs of students, schools may need to engage the broader community in an effort to:
>
> - Establish important community links
> - Benefit from the range of networks, services and expertise available

494 While the conventional wisdom in Drug Education programs in Australian schools is to avoid teaching young people about inhalant use, an organisation that takes a different approach to the issue is Father Chris Riley's Youth off the Streets. Established in 1991 as a charity organisation, the Sydney based Youth off the Streets work with disadvantaged young people including youth who are chronically homeless and drug addicted. The organisation provides a range of services including crisis care for homeless youth, a refuge for young people and an outreach program.

Youth off the Streets has compiled a teaching unit for lower secondary school students (Years 7 and 8) on inhalants. This information package was distributed to all Australian secondary schools in May of 2002. The package includes Lesson Plans outlining a range of activities to assist teachers in the classroom.

The aim of the lesson plans is to enable students to develop knowledge and understanding about the skills needed to help them deal with problems experienced by young people together with increased knowledge about the consequences of inhalant use.

The teaching units have been sent to each Private and State Secondary School in Australia. Contrary to recent statements in the Victorian Parliament it has not been adopted as a part of Education policy or curriculum in any Australian State. A spokesperson for the Deputy CEO of 'Youth Off the Streets', Ms Sarah Cupit stated in correspondence to the Committee:

'Youth Off the Streets did not consult with individual State and Territory Education Departments prior to issuing the Inhalants Teaching Unit to schools and we are not aware that the Teaching unit has been formally adopted by State and Territory Education Departments' (Letter to the Drugs and Crime Prevention Committee, June 3, 2002,).

The unit was sent to Victorian schools without consultation with the Department of Education and Training. The Committee believes that the contents of the teaching unit are at variance with current Victorian drug education policy and expert advice in the area. The Committee have also received advice that there has been no evaluation as yet of this teaching unit.

See, 'Inhalants: Teaching Unit for Lower Secondary Students', Father Chris Riley's Youth off the Streets, 2002, Merrylands NSW.

- Maximise protective factors and minimise risk factors within the community (Bellhouse, Johnston & Fuller 2002b, p.13).

The employment of outside experts might take two forms. First, expert educators and health workers may be employed to run train the trainer programmes with teachers and education staff. It is envisaged that this will happen with Victorian teachers when the FACE resource is implemented later in 2002. Second, experts in the field may be engaged to come into the schools and do 'hands on' sessions with students. This is seen as being more generally appropriate at secondary school level. To a certain extent this has been done in the past, as the consultations with the community undertaken during the preparation of the FACE Report recognise:

> In an inner suburban secondary school where the school was experiencing a widespread outbreak of volatile substance abuse the welfare coordinator reports that:
>
> *'We engaged many health workers from the neighbouring area. They approached the lessons like a forum, with everybody sitting around in a circle and relating in an egalitarian and non threatening way. The students were incredibly frank. They nominated tobacco and chrome as the drugs they would most like to know about. They wanted information about the dangers. Many had seen scary things. They suspected inhalants were dangerous. They had experienced memory loss, waking up unaware of where they were and some nasty accidents. Opportunities to see health workers after each lesson was arranged and the classes were supported by strong pastoral and welfare structures, eg community connections and genuine relationships*.
>
> *The programme began with the students' experiences and developed from there. The issue of inhalants wasn't glorified, since it was part of an overall strategy including risk taking and sexuality. Those taking* [ie. teaching] *the lessons while being outsiders, often come to the school. They weren't seen as outside experts*. (Quoted in Bellhouse, Johnston & Fuller 2002a, p.33).

The above approach, while clearly having merit, is thought of as being only appropriate among older students, particularly where there may have been an 'outbreak' of volatile substance abuse in the school, as in the above example. With younger students, outside visitors may more appropriately be an officer from the local fire brigade, or a chemical scientist who can demonstrate the hazardous nature of volatile substances.[495]

In some jurisdictions police officers have also been engaged to present drug education 'classes'. Project Dare (Drug Abuse Resistance Education) emanated from the Los Angeles Police Department and uses police officers to provide drug education information in the classroom. Variants of this programme have

495 In Britain the issue of outside visitors to the classroom in the context of drug education has produced much debate. For an account of these debates, see Drug Education Forum 2001a, pp.4–5.

been adapted in several Australian jurisdictions, although, as was noted in Chapter 16, their effectiveness has been questioned:

> DARE is however well known, because it is aggressively marketed and may be appealing to a number of different stakeholders in drug education for reasons other than efficacy. Ennet et al (1994) suggest that it appeals to political decision makers, because it links drug education and law enforcement. At the same time it is attractive to students, because it involves the unusual opportunity to hear a policeman talk about drugs. Teachers also see the program as attractive because of its appeal to students and the break provided by somebody else delivering a lesson (Midford, McBride & Farringdon 1999, pp.4–5).

In Britain the use of police officers as 'drug educators' has generally been welcome, although with some caveats. Certainly the involvement of police in the classroom has been viewed as a good thing by teachers, although according to a 1991 review of drug education in Scotland, not necessarily for appropriate reasons (Coggans et al. 1991). A later English study is more critical about such involvement:

> At first hand, schools are very positive about the visits made by police during drug education. Police forces make sterling efforts to address public anxiety around drug issues and help fill a perceived gap in school drug education.
>
> Unfortunately, their efforts are hampered by schools' and teachers' lack of confidence and capability in drug education. As a consequence, police often stretch beyond their remit of 'support' to become 'experts' in an educational enterprise for which they are not equipped (Drug Education Forum 2001a, p.1).

More importantly, as with other professionals, police are simply not as yet sufficiently trained to properly address the issues pertaining to volatile substance abuse themselves, let alone take a role in training others in this regard. The need for police to be trained in this area is discussed later in this chapter.

One area that needs to be treated very cautiously when the engagement of outside visitors is being considered is the engagement of 'ex users' to speak about their experiences in the classroom as a deterrent to 'would be' users. The British Drug Education Forum states in this regard:

> The children and young people's requests for ex-users to teach drug education needs further exploration. Historically good practice guidance has been mindful of recommending ex-users as visitors who could support drug education programmes in fear that they may glamorise the issue (Butcher 2000, p.2).

Certainly, such a measure would not be appropriate in primary school and the early years of secondary school. Even with much older students it would seem that caution and discretion should be used by school authorities. Peer group education measures are probably only appropriate among students or other young people who are already and regularly using volatile substances. As one Victorian outreach worker in a non-school context states:

> We were called into a residential care unit. Two young people were chronic users of inhalants, four were experimenting, six had not used. How could they protect the six who were not using and stop the other four? We suggested the first port of call was to spread the health information message among the chronic users. Try to convince them not to fuck their mates over. This could include using the least dangerous substances, providing information about the risks etc. This approach is borrowed from the AIDS strategy where you value the user as a health promoter (Inner city outreach worker quoted in Bellhouse, Johnston & Fuller 2002a, p.35).[496]

The 'too hard' student

For the student who is a chronic user of volatile substances standard education messages may be insufficient. In such cases it may be appropriate to use tools such as peer education, harm minimisation and harm reduction techniques and explorations as to why the student uses these substances. It goes without saying that such information must be given by a person who is appropriately trained and experienced to do so. This is assuming of course that the student is attending school full-time or even intermittently.

For many students from disadvantaged and troubled backgrounds, truancy or non-attendance at school may be the norm rather than the exception. This may be particularly, the case when the student's background and manifestations of antisocial or 'difficult' behaviour is such that schools have basically 'given up' on him or her. The complex issue of young people, often those who are in state residential care, who have fallen out of the 'education loop' through expulsion, suspension, intolerance to truancy or 'self removal' and the strategies needed to address it, are discussed in detail in Chapter 23. Suffice to state that it is important to have alternatives for children who find mainstream education unmanageable. A submission from the North Melbourne–Flemington–Kensington Drug and Health Forum stresses the need for a school system that does 'try harder' with students who may otherwise be discarded into the 'too hard basket':

> Providing an adequate and appropriate education system including alternative schooling and harm reduction programs is important for the development of school connectedness. It is important that young people remain at school *even if they are inhaling,* particularly for those at risk of homelessness, in Australia on refugee status or humanitarian grounds, or from culturally and linguistically diverse backgrounds. It is essential that programs be developed to cater for the needs of all young people.[497] (Committee's emphasis)

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496 Certainly, the reputation of volatile substances as 'gutter drugs' among some young people may be put to good use as a protective factor in education messages. For a discussion of such protective factors, see Chapter 5. For a more detailed debate as to the place of peer education strategies in the substance abuse area, see Drug Education Forum 2001b, pp.7.ff.

497 Submission of the North Melbourne–Flemington–Kensington Drug and Health Forum to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.5.

Ms Colleen Clare, Chief Executive Officer of the Children's Welfare Association of Victoria, also stresses the importance of keeping 'difficult' young people in the education system:

> [t]he education department, although it has indicated some willingness, still has quite a way to go in providing for these children in school. They are children who are emotionally upset, whose behaviour is often inappropriate, and nor do they want it known that they are in care, so it needs to be a very subtle but dedicated response on behalf of the education department to keep more of these young people in school or, where they out of school, to take responsibility for providing alternative programs, either in mainstream settings or in other settings. You can imagine what it is like when you have these children out of school, because we know that is one of the ways that children develop their bonds with peers and their sense of what their role in life is at this point in time. So I also would like to state that there is a major role for the education department to focus more on children in care.[498]

In a submission to this Inquiry, the Yarra Drug and Health Forum writes in similar vein:

> Of particular concern is the prevalence of young people under 15 years of age who are not attending school, especially in rural Victoria. This is frequently caused by the system officially expelling a young person from one particular school, however in practice the young person is excluded from all schools thereafter. The Government must take responsibility for the future welfare of children and young people who have been expelled. Real and meaningful alternatives need to be established and provided.[499]

The dilemma of course, is that if a child is known to be inhaling and is allowed to stay at school, how can it be certain that this will not inspire 'copycat' behaviour.

These vexed questions are discussed again in Chapter 23.

The Committee acknowledges that teachers have a very difficult role and task in the 21st century school. They cannot be expected to take the full responsibility for minimising volatile substance abuse among their students. As Lee states in the context of volatile substance abuse education:

> It is in the home and community where much behaviour is learnt and applied and it is incumbent upon them to share responsibility for the educational process (Lee 1989, p.333).

The FACE Report rightly points out that school responses and strategies should be incorporated into other drug-related health and welfare policies (Bellhouse, Johnston & Fuller 2002b, p.4). The Victorian Department of Education aims to

498 Ms Colleen Clare, Chief Executive Officer of the Children's Welfare Association of Victoria, Evidence to the Public Hearings of the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, 30 April 2002.

499 Submission of the Yarra Drug and Health Forum to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.6.

do this through the implementation of the *Framework for Student Support Services in Victorian Schools*. In its submission to this Inquiry the Department describes this as a document:

> [w]hich has an emphasis on primary prevention designed to enhance the emotional and social health of all students. Much of this primary prevention is aimed at building resilience in young people through establishing a supportive environment where a sense of belonging and wellbeing are strengthened.[500]

Support services such as school counsellors, welfare and social workers, student nurses, parents and parent bodies and outside experts all have their role to play, as the following sections of this chapter will indicate.

Health and welfare professionals

Doctors, nurses and other health workers are another professional group that may be in need of comprehensive training with regard to volatile substance abuse. This has certainly been the case in the United Kingdom where:

> A survey of professionals revealed that there is a general lack of understanding of substance abuse and that, as a group, GPs demonstrated less awareness of the problem than teachers and other professionals. There is an overall gap in the knowledge of solvent abuse and misconceptions about the products available, their effects and the symptoms to be aware of. Due to a lack of confidence, GPs seem unwilling to take on the problem and are the least likely to have the appropriate materials and information for reference. Less than half the doctors involved in the study had literature available for reference, though all were keen for more general information. However the common feeling was that specific information was not necessary until the GP came into direct contact with the problem (Re-Solv 2000, p.5).[501]

The Committee was keen to know whether a similar situation exists in Victoria and other states of Australia. It sought knowledge as to what training programmes, if any, medical and health professionals and students receive on volatile substance abuse. Certainly one worker with whom Committee members have had contact has been less than impressed with the extent and depth of knowledge about 'chroming' in the medical sector:

> I am part of the Aboriginal family support workers at the Royal Children's Hospital. Chroming hasn't been addressed at the Royal Children's Hospital and

500 Submission of the Department of Education and Training to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, May 2002.

For an account of the importance of welfare programmes in schools to address students with special needs to stay at school (for example the Breakfast Programme) see MacDonald 1999.

501 PPP Health Care (UK) (a British health fund) in conjunction with Re-Solv, the national umbrella organisation in Britain on volatile substance abuse, now funds and trains British general practitioners on volatile substance abuse. Doctors who do this training course are subsequently accredited by the Royal Society of General Practitioners as specialists in this area.

Information provided by Warren Hawksley, Director of Re-Solv, in conversation with the Drugs and Crime Prevention Committee, London, 10 July 2001.

> I was outraged when I went around the different departments to find that no-one is addressing it. I have been consulting with the adolescent health unit in regard to the communities concerned about chroming. At this point in time we have a couple of paediatricians who are going to donate their time in terms of travelling around the communities doing mental assessments. When that comes on board I am happy to pass on that information. If anyone wants to travel up to the communities, we are happy to do that. It has been a long time coming, but I think these medical assessments can take place in the community where community members can still feel safe and have that community support rather than them coming down to the Children's Hospital and being isolated.[502]

Unfortunately, despite overtures on our part, responses to this Inquiry from medical groups including the Australian Medical Association were either not forthcoming or of limited usefulness.

Of course, a lack of knowledge about volatile substance abuse among medical and health professionals is not necessarily due to indifference on the part of doctors, nurses or allied professionals. Sometimes there is simply no appropriate training available for medical staff or medical students to access. This dilemma is expressed well by staff at the Victorian Aboriginal Health Service in a submission to this Inquiry. The comments are worth reproducing in full:

> Doctors and Health Workers at the VAHS do not have enough knowledge about chroming to recognise those involved and do not generally ask questions specifically about chroming in the consultation setting. Although they may ask "do you use other drugs", the patient may not identify chroming with this question. Doctors and Health Workers are also conscious of introducing young people to the idea of chroming or in some way encouraging it through their questioning. They are concerned that because they are dealing with a younger age group than is the case with other drugs, there may be questions as to the level of maturity of the young people to process and utilise the information that doctors and health workers are able to currently provide. In addition, the young age of those chroming raises issues of consent and involvement of parents in these consultations. Doctors and health workers have noted that, even were they to identify someone who is chroming, they would not necessarily know what information to give them and what services they could offer them. Education needs to be available to doctors and Koori Health Workers (not only Koori Drug and Alcohol Workers) so that they:
>
> - are able to recognise when someone may be chroming;
> - can ask the right questions to assess their use, and in a way that does not encourage use;

502 Indigenous community worker (name unknown) at Indigenous Forum on volatile substance abuse, Melbourne, 17 August 2001.

- can give them correct and current information about the effects of chroming and how to stop or reduce their use, in an age-appropriate manner; and
- are able to refer them to appropriate programs and services to assist them.[503]

With great respect to the staff of VAHS and without minimising their particular concerns, the Committee suggests that such needs are felt by, and services needed for, all doctors and health workers in this state, not just those working with Indigenous communities.

Knowledge about and responses to volatile substance abuse among professional workers seems to be variable in Victoria, particularly across Victorian government agencies:

> For example the Child Protection and Care Division of DHS are developing training resources around the issue for their staff, the Department of Education, Employment and Training (DEET) Student Wellbeing Unit are finalising a manual for school staff on the issue titled FACE – Fresh Air Clean Environment, Responding to Volatile Solvent Use. Additionally a number of Community Drug and Alcohol services provide education on an ad hoc basis to school staff and youth workers in their area.[504]

Since the publication of the *Discussion Paper* inquiring into the inhalation of volatile substances the Committee has been provided with another submission from the Victorian Department of Human Services (Drugs Policy Branch). An encouraging development is that the Department has provided funding to enable the Turning Point Alcohol and Drug Centre to provide training to DHS-funded alcohol and drug and residential workers on volatile substance abuse. Equally commendable is its funding of the Australian Drug Foundation in order for the Foundation to provide pamphlets with information on chroming to parents and health professionals. This type of information provision is very important, for a lack of knowledge among health and welfare professionals as to what volatile substance abuse is and how it should be addressed can have serious consequences for the user and/or his or her family. As such it behoves all professional who come into contact with young people to be aware of the possibility of volatile substance abuse, whether this is a doctor diagnosing a patient or a child protection worker engaging with a family. Richard Ives reinforces this necessity, drawing on his experiences during research for an information booklet on volatile substance abuse:

> We [the research team] believe professionals need to maintain their awareness of the possibility of VSA. In the research that was conducted in preparation for this publication, we frequently heard from professionals that VSA was a problem of the past. We were told that, whereas ten years ago everyone was

503 VAHS Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.8.

504 ibid.

> familiar with VSA and indeed, saw young people misusing substances in public places such as parks and shopping centres, nowadays there was no longer a problem.
>
> However, surveys consistently show that a significant minority of young people experiment with volatile substances. VSA may be less visible nowadays, perhaps this is because it occurs less frequently in public places and instead has become a more private pursuit for young people.
>
> It might therefore be easy for a social worker doing an initial assessment, for example, to overlook the possibility that some of the problems experienced by a young client may be related to VSA.
>
> A teacher might not think about VSA as a possibility if a child in the class is moody and difficult.
>
> A youth worker might not realise that the stash of empty butane gas cans near the youth centre is evidence of VSA.
>
> The drugs trainer might stop mentioning VSA or give it less priority on training courses.
>
> This is why it is important to keep VSA 'on the agenda', and to review regularly procedures for dealing with it. The need for staff training should also be regularly reviewed. As the ACMD report on VSA put it:
>
> 'In-service education should assist them (experienced professionals) in identifying the relevant knowledge and the generic skills that can be transferred to their work with volatile substance abusers' (Ives 2000, pp.53–54).

Community agencies have stressed to this Inquiry that any training or educational materials devised for teachers, doctors and other professionals take into consideration and incorporate gender and cultural differences and tailor the materials accordingly. The Committee suggests that such recommendations are equally applicable to any agency, body or group that provides training on substance abuse issues.[505]

Finally, notwithstanding the importance of factual and reliable information material, there are those in the community who believe this is not of itself enough. Many community agencies in the field that have communicated with the Committee argue, however, that the provision of such information is somewhat hollow when there are insufficient youth, health and alcohol and drug workers employed to adequately deal with the problems raised by volatile substance abuse and other drugs. The point made by the Youth Affairs Council of Victoria is representative:

505 In its Submission to this Inquiry the Buoyancy Foundation included a paper produced by the Foundation entitled 'Empowering Young Vietnamese Women Living in a Drug Culture'. This interesting and useful paper outlined ways in which drug education strategies for Vietnamese women (and indeed other ethnic groups) can be tailored to take into account cultural and gender specificities. See Submission of Buoyancy Foundation to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001.

> Workers agree that there are a lack of appropriate services and resources to address chronic volatile substance inhalation. Existing services are not resourced to provide the intensive assistance that some young people may require. Where available, treatment services may not be relevant to the needs of young people. We are particularly concerned to hear that users are being excluded from services because agencies are not equipped to deal with the complexity of their issues. YACVic urges the Government to provide an injection of resources into youth and drug and alcohol services to ensure that appropriate services are available, adequately staffed and that workers are trained to deal with the specific issue of volatile substance inhalation.[506]

Indigenous communities

The quote in the previous section by the Indigenous support worker indicates a level of frustration felt in the Indigenous community about volatile substance abuse and its effects on their children. There has been a fairly comprehensive literature on inhalant abuse and its effects on Indigenous communities. This material is elaborated upon throughout this Report and especially in Chapter 23. There have also been some excellent training materials produced for and by Indigenous trainers, educators and community workers on the subject.[507] Unfortunately, most of these materials are concerned with petrol sniffing and most are produced by and applicable to Indigenous communities in Western Australia, South Australia and the Northern Territory.[508] There has been little produced, for example, on chroming and its effect on Koori communities in Victoria.

The Department of Human Services (Drugs Policy and Services Branch) in its submission to this Inquiry provided a detailed and useful account of the structure of Koori drug and alcohol services in this state. Rather than 'reproducing the wheel' this part of the submission is reproduced in full:

> Currently the Drugs Policy and Services Branch of DHS funds two types of Koori-specific alcohol and drug treatment services in Victoria, the Koori Community Alcohol and Drug Worker (KCA&DW) and the Koori Community Alcohol and Drug Resource Service (KCA&DRS – formerly known as 'Sobering-Up Centres'). These services are provided to Aboriginal people and their significant others who are affected (either directly or indirectly) by alcohol and/or other drug use or who are at risk of being affected by alcohol and/or other drugs.
>
> The Koori Community Alcohol and Drug Workers (KCA&DW) undertake a number of program development activities based on a harm minimisation approach, including health promotion, information provision, education

506 Youth Affairs Council of Victoria (YACVic), Second Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.4.

507 See, for example, the excellent manual *Petrol Sniffing and other Solvents: Community Development* (Biven 2000).

508 For an account of such strategies, see d'Abbs and MacLean 2000, pp. 41ff.

activities, development and maintenance of community linkages, referrals, counselling interventions, the provision of advice to generalist services, liaising with relevant programs and fulfilling an advocacy role on behalf of the service user. There are seventeen workers across eleven Aboriginal community controlled services across the state.

The Koori Community Alcohol and Drug Resource Service (KCA&DRS) provides an alternative to incarceration for Koori persons who are found to be alcohol or drug affected in public. It provides short-term accommodation for up to 48 hours in a safe, culturally appropriate, non-threatening environment which is focused on meeting the needs of the individual and the continuity of their care through appropriate referral processes. The KCA&DRS operates from the basis of harm minimisation, which aims to reduce the harm associated with the use of alcohol and drugs. The Commonwealth Department of Health and Aged Care funds an additional seven Koori Alcohol and Drug Workers around the State.

On the issue of community education and prevention (as well as the work of the KCA&DW) currently DHS has allocated $450,000 (as part of Victorian Government Drug Initiatives) for the next three years for Koori drug prevention and community education activities. Additionally the Commonwealth *National Illicit Drugs Strategy* has provided funds (over $300,000) for a Koori Parent Drug Education program (ABCD program). The program will run statewide, over three years and provide education to Koori parents about drugs and how to deal with adolescent drug problems.

On the issue of training there has been a need to better resource the Koori Alcohol and Drug Workers. An accredited alcohol and drug training program specifically on alcohol and drug issues in the Aboriginal community has recently commenced. The training will be available to the 19 Koori Alcohol and Drug Workers across the state, along with the staff from the 7 Koori Alcohol and Drug Resource Centres, many of whom have no formal training in Drug and Alcohol issues. The training program will be completed by December 2001.

Turning Point Drug and Alcohol Centre (as a part of their service and funding agreement with DHS) is to evaluate the Koori Community Alcohol and Drug Workers Program along with the Koori Community Alcohol and Drug Resource Centre Program to determine future program directions. The evaluation will also ensure that these projects consider the issues of coordinated care, linkages between services, quality of care and equity of resources for Koori Services. The evaluation will also ensure that the program remains relevant within the context of the project and ensure that it is 'user friendly'.

Additionally DHS is in the process of developing a manual for the operating of the Koori Community Alcohol and Drug Resource Centres. This manual will allow for all seven centres to operate under the same guidelines.[509]

509 Submission of Human Services Victoria, Drugs Policy and Services Branch, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001, pp.6–7.

The Department of Human Services itself recognises that despite these initiatives the problem of inhalant abuse among Indigenous communities, though recognised, has not necessarily been dealt with effectively:

> Inhalant abuse has been recognised as a problem in the Koori community for some time. The KCA&DW have dealt with the issue in their own communities, often through calling 'public meetings' and working with the young people and their families directly. Recently the Indigenous Issues Unit of the Department of Justice initiated a Koori Chroming Workshop (held on 17 August 2001) in recognition of the seriousness of the problem and the need for a coordinated response. As a result the Koori Solvent Abuse Working Group has been set up in partnership with DHS, the Indigenous Unit of the Department of Justice and the Victorian Aboriginal Community Controlled Health Service (VACCHO) to address some of the immediate needs of the Koori community on the issue of inhalant abuse.[510]

Members of the Drugs and Crime Prevention Committee were present at the forum referred to. They are aware of the degree of powerlessness and frustration felt by many members of the Indigenous community on this issue. The Committee notes with satisfaction, however, that in the area of education the Koori Drug and Alcohol Workers training courses run by Ngwala Willumbong in partnership with Swinburne TAFE includes comprehensive educational materials on chroming and other forms of volatile substance abuse as part of its syllabus. The Committee's research staff have been privileged to attend parts of this course and they have found the instruction and material to be of a high quality.

Whatever education based interventions are devised for Indigenous communities they need to be culturally appropriate to the target audience. D'Abbs and MacLean outline the factors that must be taken into account in providing education and educational materials to Indigenous youth and Indigenous communities. Although the authors are writing in the particular context of petrol sniffing, their exhortations are for the most part applicable, or at least adaptable, to the needs of Victorian youth who may chrome. They state:

> Education-based interventions, in sum, appear to have a useful role to play, provided that they:
>
> - 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 sniffers, 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;
> - are culturally appropriate;

510 ibid, p.7.

- occur in conjunction with other interventions aimed at reintegrating sniffers with their families and the community; and
- are evaluated, so that subsequent programs can learn from them (d'Abbs & MacLean 2000, p.42).

Further strategies pertaining to volatile substance abuse among Victorian Indigenous youth and communities are outlined in detail in Chapter 23. Suffice to say that in the education context it is encouraging to report that the Department of Human Services, on the advice of the Koori Solvent Abuse Working Party, has recently agreed to fund the publication of a volatile substance abuse kit for Koori drug and alcohol workers. This resource will be based on the manual produced by the Aboriginal Drug and Alcohol Council of South Australia.[511]

Parents, guardians and caregivers

The Drugs Policy and Services Branch of the Department of Human Services (Victoria) has emphasised the importance of drug education for parents. In response to questions posed in the Committee's *Discussion Paper* it replied:

> The *Discussion Paper* asks the question 'How can parents be best assisted in undertaking a preventative and education role with volatile substance abuse?' There currently exists a number of parent drug education programs. Many of these programs are based on research that suggests that good communication in the family can act as a protective factor in preventing young people from taking up problematic drug use. Of course there are many factors that can lead a young person to develop dependent drug use, which education programs cannot on their own address. Given the often sensationalised reporting about drugs in the media, many parent drug education programs aim to provide factual information to parents about young people and drugs. This accurate information often assists parents to better cope with problems if they do arise and know where to go for further help if needed.[512]

In an earlier submission to this Inquiry, however, the Drugs Policy and Services Branch of the DHS stated that while there are various parent drug education programmes operating in the state, most do not specifically mention inhalant abuse:

> Rather, most parent education is designed so that educators are able to respond to the issue of inhalant abuse when it is raised by parents. DEET is responsible for the 'Creating Conversations' and Drug Summits program which is delivered in schools and aims to encourage conversation between young people and their parents on drug issues. DHS is responsible for the

511 Submission of the Koori Solvent Abuse Working Party (KSAWP) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002.

512 Submission of Department of Human Services (DHS) Drugs Policy and Services Branch, Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.3.

> ABCD parenting program which is a statewide parenting drug education program to commence early in the new year. Additionally there is the School Focused Youth Service (a joint initiative of DHS and DEET) which aims to coordinate preventative and early intervention strategies for young people around a range of issues including drug use.[513]

It has been suggested by a number of community groups that specific educative material for parents on volatile substance abuse be provided. This is particularly important in light of the fact that American survey research has found that 95 per cent of American parents surveyed 'would be extremely surprised to find out that their child was using inhalants' (National Inhalant Prevention Coalition (NIPC) 2001, p.6). A review of drug education in Scotland in 1991 found that:

> There was very little involvement of parents in drug education offered by schools to pupils and very little drug education offered by schools to parents. Where parents were involved it tended to be only at the level of schools informing them of the introduction of drug education programmes for pupils (Coggans et al. 1991, p.11).

The Committee believes education should be tailored as a prevention tool and also for parents who currently have a child who is a volatile substance abuser. Too often it is claimed that parents with children who abuse these substances feel lost, uncertain and overwhelmed. This was certainly the view of 'Anne' whose submission to this Inquiry introduces our Report.

Education materials for parents need to be easy to understand and access, and culturally sensitive to particular groups from culturally and linguistically diverse backgrounds. Some agencies believe they may also need to incorporate harm minimisation strategies. Dear and Helfgott (1997) state:

> Although an uncomfortable situation for many parents, being able to provide practical advice to your teenager and inform them of behaviours that are risky may reduce accidents (p.4).

The authors then list a number of ways in which parents can assist their child to minimise the risks of volatile substance abuse. These can include advising them not to sniff alone or in dangerous places, not to use plastic bags or to use smaller plastic bags to minimise the danger of suffocation, and not to smoke or drink alcohol while inhaling. Parents are also advised to be familiar with first aid and emergency procedures. According to the Advisory Council on the Misuse of Drugs, parents and carers must also take some responsibility to keep volatile substances under lock and key or at least out of reach:

513 Submission of Department of Human Services (DHS) Drugs Policy and Services Branch, Victoria, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001, p.5.

> Thus just as they might keep alcoholic drinks shut away or question the reasons for empty cans or bottles, they might think about the possibility of VSA if they find, for example, empty butane, aerosol or glue cans or plastic bags in places where their child has been. No parent wants to be constantly prying, but informed alertness is the basis of safeguard (ACMD 1995, p.63).

Such strategies are practical expressions of the concept of harm minimisation. This concept has been referred to in detail in Chapter 17. Midford, McBride and Munro advise, however, that any attempt to use harm minimisation strategies with parents must be done carefully and cautiously:

> Parents generally have concerns that stem from the desire to keep their child safe and they want to believe that this can be done by stopping drug use. Discussions with parents, however, indicate that they are aware of the widespread use of drugs, particularly use of alcohol and cannabis, and that realistically 'just say no' or narrow non-use approaches are not useful ways of skilling their child to make safer decisions. A number of Australian-based studies involving work with parents suggest that if harm reduction is to be used as a basis of school drug education this requires explanation, reflection and exploration of issues and concerns to ensure a certain level of comfort with the approach (Midford, McBride & Munro 1998, p.323).

As well as this specific 'practical' information about the nature of volatile substance abuse, British expert on inhalants Richard Ives told the Committee that:

> I think parents also need more general support in parenting skills and techniques. This might help them to recognise and address the problem before it gets too serious.[514]

This accords with the general British approach promoted by the volatile substance abuse charity Re-Solv. Their publication *A Parent's Guide to Volatile Solvent Abuse* advises parents on broader issues such as communicating with their children, sharing leisure time with their children, promoting healthy lifestyles by example and seeking support from schools and community agencies when needed (Re Solv 1998).

American education approaches also stress the importance of information provision for parents with regard to volatile substance abuse. For example an innovative full-page 'advertisement' that was placed in the *New York Times* was titled 'Every parent should take a drug test' and subtitled 'Learn about inhalants. What you don't know may surprise you'. The rest of the page was devoted to a multiple choice 'quiz' about inhalants and inhalant use. The advertisement was sponsored by the Partnership for a Drug Free America and included appropriate contact details and available resources.[515]

514 Written communication from Richard Ives to the Drugs and Crime Prevention Committee, 4 March 2002.

515 This advertisement is included as Appendix 26.

It would seem generally in the United States and Britain there is far more emphasis on involving parents in strategies to address volatile substance abuse. Such an approach is generally to be commended.

The Committee was pleased to hear the views of parents and other parties as to ways in which parents and caregivers can best be assisted to address the issue of volatile substance abuse. Recent initiatives of the Department of Human Services that will enable parental drug training to be accessed within and outside the school system in a variety of community settings are a positive 'first step'. These initiatives include:

- The 'Creating Conversations' and Drug Summits program which is delivered in schools and aims to encourage conversation between young people and their parents on drug issues.
- The ABCD parenting program which is a statewide parenting drug education program to commence in May, 2002. This prevention approach will assist parents to talk to their young people about drugs and deal with problems should they arise.
- Family Drug HelpLine has been established to assist parents to deal with and manage issues of drug abuse in the family setting.[516]

The FACE (Fresh Air Clean Environment) Resource produced by the Victorian Department of Education and referred to frequently in this chapter has also been proactive in providing useful advice to parents on volatile substances and their abuse. It includes a resource sheet titled 'Advice for Parents of Children Who Have Used a Volatile Solvent'. This practical and useful resource is attached as Appendix 27.

Police, ambulance officers and railway personnel

A variety of community agencies have stressed to the Committee the importance of police and ambulance officers receiving comprehensive and uniform training about volatile substance abuse. Certainly individual officers, commands and divisions of Victoria Police have made concerted efforts to address the problem in their jurisdictions. The efforts of the Swan Hill Police to raise funds for an awareness programme in their area is testament to this.[517] Victoria Police supports the concept of drug education. In its submission to the Committee it states:

> The Victoria Police Community Consultation and Crime Prevention Office and the Police-Schools Involvement Program indicate that the following issues should be addressed as part of any educational strategy. Inhalant abuse prevention education should:

516 See submission of Department of Human Services (DHS) Drugs Policy and Services Branch, (Victoria) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.8.

517 See Chapter 13.

- be done as part of general substance abuse education, not as an isolated focus or to the exclusion of other types of drug education
- avoid creating a "how to" primer for experimenters
- include parents and teachers.

Additionally, safety in relation to the handling of hazardous chemicals should be taught as part of a general education about these substances.[518]

When the Committee was investigating the issue of public drunkenness it found that comprehensive and culturally appropriate training of police and ambulance officers is essential in efficiently addressing the multi-faceted aspects of the problem. It believes that addressing volatile substance abuse is no less complex an issue than public drunkenness and requires similar approaches. In a submission to this Inquiry, the Federation of Community Legal Centres has stated that it is important that those groups likely to come into contact with people who abuse volatile substances are informed that the use of force with or running after a person who has been inhaling might induce cardiac arrest.[519]

Finally, Western Australian research has suggested that volatile substance abuse often takes place on railway property, such as disused stations, railway tracks and in railway tunnels (Rose 2001).

During the Committee's recent trip to Perth, nearly every witness it spoke with, including police and community workers, stressed that not only was volatile substance abuse prevalent and visible on public transport networks, particularly trains, but that these networks were used frequently in order to get inhalant users from one locale to another in order to purchase or steal solvents.

Anecdotal evidence from community workers and the material received in submissions suggests that a similar situation exists in Victoria. 'Julie' the ex 'chromer' with whom the Committee met, stated that the Melbourne train system was used to good effect as a vehicle to get from one 'chroming spot' to another. Chroming was also frequently done on the trains:

> We used to catch a train down to X suburb, about 9 o'clock – we used to catch about an 8 o'clock train to Y suburb. We used to wait for the shops to open, 8.30, 9 o'clock. 8.30, 9 o'clock, we would chrome to 3.30. The school train would go back.
>
> It is only a train trip from one stop to another. The whole A line from B suburb to C suburb we used to chrome. From B to C we always used to meet up. If we didn't get it there, we would come into the city and go find cans in the city somewhere and go sit on the Yarra River and chrome.[520]

518 Submission of Victoria Police (Policy and Standards) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.3.

519 Submission of Federation of Community Legal Centres (Victoria) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.3.

520 'Julie' in conversation with the Committee, 12 March 2002. The identity of 'Julie' has been changed to protect her anonymity. For this reason too, the Melbourne place names she mentions have not been identified. This account of 'Julie's' experience appears also in an earlier chapter of this Report as part of a longer discussion with the Committee.

If it is the case that chroming is quite common on public transport it would seem appropriate that railway personnel are also trained with regard to issues pertaining to volatile substance abuse. Again the Committee is disappointed by the lack of response to this Inquiry by the relevant public transport authorities on this matter, despite invitations and requests to do so. One response was received, and that was from Connex Melbourne.

> From data received, Connex experiences little instance of chroming on the [train] network. In other words, chroming seems not to be prevalent enough on the network to be of significant concern.
>
> … [a]ll station and transit staff complete anti social behaviour forms and these are the main media by which we analyse specific concerns.
>
> Instances recorded are followed up with police if specific hot spots are identified or patterns occur within the data via the anti social system.
>
> Staff are trained in handling the general public [but] the Rail Transport Act does not apply to Chroming and therefore a transit officer cannot act other than contacting the police.
>
> [Regarding] The comment in the [Drugs and Crime Prevention Committee Discussion Paper] … that suggested volatile substance abuse 'exists on disused stations and railway property in Western Australia', Connex has not experienced this level of behaviour on the network. Indeed the Connex network is heavily covered by CCTV that assists in monitoring un-staffed locations.[521]

The Committee thanks Connex for its input. It remains concerned, however, that its assertions that chroming is of little significance on the train networks is contradicted by much evidence, admittedly anecdotal, received from a variety of respondents to the Committee.

Industry, traders and retailers

It is of paramount importance that those involved in the manufacture and retailing of products that contain volatile substances be aware of the issues pertaining to volatile substance abuse. As this topic has already been comprehensively discussed in Chapter 15 it is suffice to state at this stage that the Committee reiterates its approval and support of the community/industry partnerships that have been established in the United Kingdom. The Committee fully supports the recommendations with regard to the education of retailers outlined in the Advisory Council on the Misuse of Drugs' *Volatile Substance Abuse: A Report*. In particular it endorses the following objectives for all staff working in the retail sector who deal with volatile substances:

- staff should know in general terms about VSA and that it involves the deliberate inhalation of a wide range of volatile substances;

521 Submission from Connex Melbourne to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, p.1.

- they should be able to identify all the abusable substances on sale in their retail setting;
- they should be able to distinguish between abusable and non-abusable versions of similar products (for example, solvent-and-water-based adhesives);
- they should know their legal responsibilities on VSA;
- they should know who to contact locally for additional information.
- In considering the range of training, attention needs to be paid to the ethnic make up of retailers. There are some for whom English may not be their first language. Also, the extent of any VSA problem in minority communities is not known. Thus there is a need for advice leaflets to be available in languages other than English and a particular need to ensure that the problem in the community as a whole is appreciated.
- There is a temptation to regard all retailers as independent isolated units when in fact many are covered by trade associations. We suggest that these trade associations have a responsibility in getting the VSA message to retailers (ACMD 1995, p.64).

The Committee also acknowledges the localised partnership strategies between police, traders and community agencies that have sporadically been formed in Victoria. An account of one of the most prominent – The Sunshine Chroming Awareness Program – is given in Chapter 22.

Media representatives

The need to address the way in which the media presents issues pertaining to volatile substance abuse will be comprehensively addressed in Chapter 25.

Training needs across the board

In 1990 the British Advisory Council on the Misuse of Drugs (ACMD) produced a report on training needs in the area of drug education. In its 1995 Report on volatile substance abuse it stated that most, if not all, of these 1990 recommendations had applicability to the specific area of volatile substance abuse education. The most pertinent of these recommendations that are relevant to Australian circumstances are repeated in Appendix 28. Many of these have been adapted and modified into the Committee's own recommendations in the area of education interventions.

Education is clearly an extremely important aspect of any strategy to address volatile substance abuse, but it is only one component of multi-pronged interventions. The need for other broad-based strategies tailored to diverse needs and circumstances is the subject of the next Part.

PART G: Addressing Volatile Substance Abuse – Strategic Frameworks and Local Responses

Overview

As the previous chapters have indicated, the response to the issue of volatile substance abuse must be carefully considered. A simple awareness campaign may succeed only in publicising an activity confined to relatively few individuals and, as mentioned in Part F, may do more harm than good. Conversely, there is an acknowledgment that some form of response is needed, and quite urgently if anecdotal evidence of an increasing incidence of volatile substance abuse is to be believed.

There is no one solution or strategy to address volatile substance abuse. Supply side measures cannot be seen in isolation from education programmes. Demand reduction will not work without some consideration of the legislative frameworks needed to address the issue. Scientific modification of products will be useless without strategies that address the underlying factors that cause young people to use drugs, including volatile substances. A British academic working in the area of volatile substance abuse states that there is too much reliance on quick fixes or single strategy solutions to deal with the problem:

> Experts agree that the prevention of volatile substance abuse cannot rely exclusively on technical modifications or retail bans. As [the] director of Re-Solv comments: "We are discussing the feasibility of product modifications and other prevention methods with manufacturers, but I don't think bans solve the whole problem. We need resources for broad-based primary preventative work

> within communities, to build partnerships between parents, schools, voluntary organisations, doctors and other professionals – there are so many people involved" (Russell 1993, p.23).

Strategies need to address not only the substance-related harms experienced by the user themselves, but also those experienced by third parties and society collectively (DCPC 1998, p.3). In short an 'all of community' multi-layered response by government, the community and private sectors, individuals and organisations is needed to combat this problem. To refer to the concept discussed earlier in this Report, strategies to combat volatile substance abuse must address *drug, set* and *setting* (d'Abbs & MacLean 2000).[522]

The opening chapter of this Part examines the ways in which volatile substance abuse has been addressed in New Zealand. New Zealand had a significant problem with solvent abuse in the early to mid-1980s. A series of national and local coordinated strategies developed by partnerships between government and the community sector and the establishment of the position of National Volatile Substance Abuse Coordinator contributed to a significant decline in the number of people abusing solvents and associated problems. The Committee visited a number of facilities that address substance abuse, including volatile substance abuse, and met with many individuals and agency representatives associated with this area. Of particular value were the programmes and facilities that deliver a culturally appropriate service to Maori people, particularly Rangatahi (young Maori). The Committee believes that with appropriate adaptations such programmes and facilities may serve as useful models for Koori people in Victoria.

Chapter 21 outlines the national and state-wide frameworks within which drug issues are addressed. Following a brief overview of these strategies, examples of 'inhalant specific' local community initiatives are noted in Chapter 22. This chapter also examines issues such as the need for recreational and leisure programmes and the role of local government.. Each of these initiatives was developed within either national or state frameworks. Chapter 22 also discusses a number of concepts that form part of the grounding for the implementation of local strategies. Such concepts include Social Capital Investment, Developmental Health Theory, Community Development Models and Structural Determinants of Drug Use. Chapter 23 examines the needs of particular groups within the community such as families, youth and Indigenous people. It also looks at the ways in which local government authorities can play a role in addressing volatile substance abuse in their shires and municipalities. Finally, Chapter 23 argues that any overarching strategies to address volatile substance abuse must take into account the way in which volatile substance abuse impacts upon these discrete and disparate sectors of our community.

522 See Chapter 3.

20. New Zealand: Learning from Past Experience

The Committee was most fortunate to visit New Zealand/Aoetaeroa[523] in April 2002. As will be discussed, New Zealand had a significant problem associated with volatile substance abuse throughout the 1980s. Best practice strategies and facilities developed in the 1990s have seen a marked reduction in volatile substance abuse and its attendant problems. The first section of this chapter outlines the history of inhalant use in New Zealand and the particular issues that faced both policymakers and the community with regard to this perplexing form of substance abuse.

The second half of the chapter discusses the strategies implemented to address the problem of volatile substance abuse. In particular, it examines a variety of programmes/facilities from three parts of New Zealand that have a reputation for 'best practice'. These are:

- The Te Whanau O Waipareira Trust, Henderson
- A community partnership approach in Hamilton
- Taha Maori Programme, Hanmer Springs.

These facilities, regarded as best practice models in New Zealand, were visited by the Drugs and Crime Prevention Committee in April 2002. The Committee, as will become clear, was extremely impressed with the programmes and facilities run by these organisations and individuals. Although they all took different forms (residential, day programme, community based, outreach) they had four major themes in common which are well worth replicating in Australia. These are:

- The programmes stressed local solutions for local conditions;
- They were culturally appropriate to Maori and Pacific Islander communities;
- They were holistic in nature, focusing on the 'whole person' rather than just the drug or substance use; and

523 The Maori name for New Zealand.

- They were part of coordinated and interconnected services that covered a broad range of service delivery.

At the outset of the chapter, the Committee wishes to express its gratitude to Ms Sandra Meredith, Senior Policy Adviser with Te Tari Taiohi , the New Zealand Department of Youth Affairs. Without her assistance the Committee's study trip to New Zealand would not have been as productive and rewarding as it was. The Committee would also like to express thanks to Mr Peter Hood of the Kurnai Youth Group in Gippsland who accompanied the Committee to New Zealand. It was thought prior to departure that it would be useful and appropriate for the Committee to have an Indigenous Victorian attend the meetings across the Tasman. Mr Hood was able to visit the indigenous and culturally appropriate services provided for Maori people and later advise the Committee as to the appropriateness of the models for Indigenous Victorians.

Background of volatile substance abuse in New Zealand[524]

Solvent abuse, as it is generally termed in New Zealand, was a significant problem in that country during the 1980s:

> During the early 1980's it was not uncommon to see groups of 20–100 or more young people using solvents in various cities in New Zealand. The larger metropolitan areas experienced the most difficult problems, although this was not exclusively a city problem. Solvent abusers can be categorised in three groups: the experimenters, the recreational users, and the chronic users. It is the chronic group that are of most concern.
>
> By the late 1980's there had been a significant decline in numbers and only small groups of older youths were still visible. Whilst it is acknowledge there are still small groups of solvent users in New Zealand, the problem has reduced considerably.
>
> In 1984 the Government established a National Advisory Committee on solvent Abuse, bringing officials and non-government representatives together. Issues that were addressed were resource information and direct consultation with communities. This included a resource book.
>
> In 1985 a National Coordinator was appointed by an Inter-agency group to work directly with communities and report to the Advisory Committee and appropriate Ministers on the matter. Emphasis was placed on the development and distribution of information. The main focus was on those working with the abusers, and through establishing direct contact with communities where there was a problem, to facilitate solutions (Meredith 2001, p.13).

524 The Committee is grateful to Ms Sandra Meredith, Senior Policy Adviser, Youth Affairs/Te Tari Taiohi New Zealand for supplying much of the information upon which this section is based.

As indicated above, a partnership between government, police and the community sector resulted in a significant decrease in volatile substance abuse in New Zealand by 1990.

Currently, there are small groups of users to be found in the larger cities. According to Meredith many of these are long-term users who commenced using many years ago:

> The vast majority of current users are in their mid to late twenties, or older, who have been solvent abusers since the mid 1980s. Those with long term poly-drug addiction problems, which this group fit into, usually keep a fairly low profile, and do from time to time seek help for their addiction. Over the past 5 years the number of new users appears to be very small. There seem to be few older users who have continued to use solvents into adulthood [Of these] … Older solvents fall into two groups. Those who only use solvents and those who are poly abusers but solvents are primary (Meredith 2001, p.1).[525]

By the 1990s a series of reports and Inquiries into the problem of solvent abuse and evaluations of strategies put in place to address it, showed:

- It was a major problem in the mid to late 80s;
- Solvent abuse and its associated problems had been significantly reduced, and it has not reappeared as a major problem since;
- In its early days it [solvent abuse] received high media coverage which increased the problem;
- Discussions with young people showed that the increased knowledge also made them inquisitive about solvents and more likely to try them;
- The list of solvent products media gave out also told young people what they could use;
- The increased information escalated experimentation and the potential for fatalities;
- A survey [by] the World Health Organisation in 1992 with older users in New Zealand indicated that this group had learned about solvent use from their peers and from education programmes that discussed the dangers of solvents;
- The average age for first use of solvents among [that] survey group was 11 years of age;
- Solvent use currently has a very low profile in New Zealand, which needs to be maintained. The *Drugs in New Zealand, National Survey* 1998 confirms this;
- Several communities where there are [still] small problems are working with the users to reduce the problem (Meredith 2000, p.2).

525 Anecdotal evidence given to the Committee by New Zealand community workers suggests, however, that solvent abuse is increasing among some young people, particularly in Christchurch.

In New Zealand the group most often associated with volatile substance abuse has been Maori.[526] In the period 1985 to 1989, Maori youth made up approximately 50 per cent of the user group with the remainder split between Pacific Islander and European groups. Maori youth are also much more visible in their use, with European youth more likely to use alone.[527]This is still the case:

> Solvent use does have a distinct culture of its own in New Zealand. The young people group together, they have common issues that require attention. They are the nightwalkers of the community.
>
> In New Zealand like Australia the age most likely to be using is around 13 years of age with some variations on this age in some communities. In New Zealand where solvent use appears it is now most often seen in the City suburbs.
>
> The most often seen user group is Maori. They are more marginalised than other groups in New Zealand. Many families have established themselves in the city resulting in the loss of connection to family/whanau, hapu and iwi for some.[528]
>
> Maori feature poorly in many statistics including health, offending, prison population, higher pregnancy rates amongst younger women, early departure from school.
>
> Government is currently looking at how it can help to increase the economic capacity of Maori and the involvement of Maori in the development and delivery of services by Maori for Maori.[529]

Some of the culturally appropriate services available for Maori are discussed further below.

Proposals for legal regulation of solvent abuse in New Zealand

The legal framework to address volatile substance abuse in New Zealand has been discussed in Chapter 12.

Suffice to state at this point that there have been several attempts to propose legislation that would restrict access to solvents, particularly spray paint cans in New Zealand. Often these have been initiated by community petition.[530]

> In 1986 a Private Members Bill was introduced into the House of Representatives by Graeme Lee MP, with comprehensive proposals to restrict sales; to criminalise the abuse of solvents for the purpose of intoxication; to

526 According to the 2001 New Zealand census, 6.2% of the New Zealand population are Pacific Islanders and 14.1% of the population is comprised of Indigenous Maori. See www.stats.govt.nz/domino/external/pasfull/pasfull.nsf/web/Media+Release+2001+Census+Snapshot+

527 Submission of Ms Sandra Meredith, Senior Policy Adviser, Youth Affairs New Zealand to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.10.

528 In the Maori language *Whanau* means the extended family, *hapu* the clan grouping and *iwi* tribal affiliation.

529 Youth Affairs New Zealand, Submission of Ms Sandra Meredith, Senior Policy Adviser, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.10.

530 See Chapter 12.

> provide for related non-associated orders, and to provide targeted intervention (including compulsory counselling) under children and young persons legislation. It also sought amendments to the Misuse of Drugs Act (1975) and Alcoholism and Drug Addiction Act (1966). The proposals did not find favour at the time due to the complexities of policing the problem, and the overseas evidence that community approaches appeared to have the best results.
>
> In 1986 a petition to Parliament sought legislation prohibiting the sales of solvents to young people, banning advertisements for solvents, and requiring labeling "to overcome the scourge of solvent abuse". The Select Committee considered the petition but did not recommend legislative change, recognising that legislation would not eliminate the problem of solvent abuse, and that education and information were the best ways to address the issue. We understand the outcome was not reported back to the House.
>
> In 1990, a further petition sought to restrict sales of solvents to young people and to ban some particular products, such as spray cans. The Justice and Law Reform Committee asked the Toxic Substances Board to investigate restricting sales of some products. After extensive consultation with interest groups, the Minister of Health was advised that the status quo should remain. The decision determined that due to the likelihood that legislation would be ineffective, the status quo should remain (Meredith 2001, p.14).

In particular, the Toxic Substances Board, treatment services, government officials and educators decided that the risks of displacement and the huge number of products available to abuse made legislation against their sale and use unworkable.

Finally, in 1997 the Justice and Law Reform Committee of the New Zealand Parliament published an extremely comprehensive Report. After reviewing all the evidence it did not recommend supply side restrictions or the creation of a criminal offence of inhaling for the purpose of intoxication.

All of these proposals have been rejected on the basis that the 'cure would be worse than the disease'. The reasons for such rejection have been comprehensively outlined in Chapters 12 and 15.

In her submission to this Inquiry Sandra Meredith stressed the futility of such measures:

> New Zealand has chosen not to introduce legislation but rather to continue its line of low key education and provide retailers and the community with information. It would prefer to encourage restricted sales through a voluntary goodwill approach with local retailers. Large retail stores have signs outlining restrictions on the sales of solvents to minors.
>
> Legislation has a number of flaws in our view in New Zealand. The range of products are so vast that to legislate or regulate some may create the risk that

> young people try other more dangerous products. Petrol of course is one such product that we consider most difficult to regulate against.
>
> Because young people use glues, spray products including fly spray and deodorant sprays it would also be very difficult to police, as the question would always have to be asked, "what is legitimate purchase and what is not?".[531]

When the Committee met with Judge David Carruthers, Chief Judge of the District Court he was of similar opinion and suggested that there were other approaches for dealing with volatile substance abuse. These programmes, he considered, were far more appropriate and had been successful. These programmes will be discussed later in the chapter.

One area of legal regulation that has been viewed in New Zealand as relatively successful is the use of local by-laws and toxic substance regulations to confiscate spray cans and plastic bags used as receptacles for inhalation. While Sandra Meredith recognises such laws are also problematic, she states:

> [these laws can have] a really positive effect on those young people who were in the experimenter and social groupings. They got fed up with having their bags removed and gave up using. Several other communities did the same thing with similar results. This was one of a number of strategies that was tried alongside other initiatives in some communities.[532]

Approaches to Education in New Zealand

In her submission to this Inquiry, Sandra Meredith states:

> Youth Affairs and other key government departments have supported low key education in relation to solvent abuse. Education programmes in schools do not specifically address solvent use. They are of a more generic nature.
>
> Education does however occur directly with the user group to ensure they are aware of the risks and ways to reduce Sudden Death. Information sheets have been produced for young people. This also includes information on where they can seek help.[533]

The position of the Youth Affairs Department of New Zealand, relying on expert opinion in the field, is that *general education* about solvents and volatile substance abuse is inappropriate. Teaching about solvents as *drugs* has the potential to:

- Cause experimentation
- Increase use in a community where there may be a small group that is undetected
- Lead to possible Sudden Death Syndrome (Meredith 2000, p.3).

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531 Youth Affairs New Zealand, Submission of Ms Sandra Meredith, Senior Policy Adviser, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.11.

532 ibid, p.16.

533 ibid, p.18.

> The Department, however, does believe that a low-key approach to providing regular or chronic users with information as to the dangers of solvent abuse may be warranted: It recommends that any education strategies should include:
>
> - Discussing safety issues with solvent users … if linked to other support services, which include the family or whanau
> - Working with retailers to discuss restriction of solvent supplies to young people in communities where a problem has been identifies
> - Identifying young people at risk through predisposition to solvents because of parent user history to prevent inter-generational use.[534]
> - Providing information to parents to help them understand the problems associated with solvents (Meredith 2000, p.3).

A Youth Worker with whom the Committee met in Hamilton in the North Island of New Zealand stressed the need to distinguish between experimental and regular users:

> We have brought some pamphlets along for you to have a look at. They are specifically for users. There are some things you need to be aware of with education when you are looking at solvent abuse in schools. You may go along and educate someone about cocaine, but they can't necessarily go home and say, "I learnt about cocaine today" and then take a shot. But if you teach someone about solvent abuse, they can easily go home and crack out a can of fly spray. In the information we have that deals with solvent abuse we tend to work on the solvent users rather than educating the general population.
>
> When we find an outburst of solvent abuse in some of the communities, like Fairfield, it generally starts with one person and goes around and around in circles. We will work with that group, and then it will die down for an amount of time. Often someone from Auckland will come into that community from another solvent using community and it will all spread out again, but if we educated the general population on solvent abuse we would find experimentation would increase and the problem would become bigger.[535]

534 In her submission to this Inquiry, Ms Sandra Meredith (Youth Affairs New Zealand) states that often current users of volatile substances come from communities 'where parents were users in the 70s and 80s' Submission, February 2002, p.5.

535 Mr Andre McLachlan, Youth Worker, The Hub Community Youth Centre, Hamilton, in conversation with the Committee, 10 April 2002.

Harm minimisation

The New Zealand Department of Youth Affairs generally supports harm reduction measures to address substance abuse among young people, including solvent abuse. While acknowledging the potential problems associated with controversial approaches such as 'supervised chroming', they also recognise such interventions also have their benefits:

> Solvent use is a worldwide issue. Youth Affairs are not aware of any country that has found an immediate and fool proof answer to the issue. However some innovative ideas have been tried with some success. Direct work with users including the approaches such as that by Berry Street Project in Victoria is needed to address the issue.
>
> Youth Affairs would agree with the approach taken by Youth Projects Inc. and the Youth Substance Abuse Service and the Berry Street Victoria project sited on *page 114 of the Discussion Paper*.
>
> Tailoring individual programmes that are consistent and responsive, support and address needs, [and] help the young person maximise control over their use of solvents is by far the best approach to changing behaviour. This approach allows low key educational messages to be provided within the context of support.
>
> Whilst the average person may not understand why for example you would provide supervised chroming, experience in New Zealand suggests that this can be helpful in providing safeguards, and can serve to be a useful means to introducing a reduction programme.
>
> It is important that agencies have good information and can work together in a positive way to address the issue. It is no good agencies working against each other.
>
> Allowing chroming in a safe environment also provides a place where young people are monitored and safe. If they want to they can talk about problems and seek help as they feel able to … [but it is] important that people in the neighbourhood feel safe and not threatened by solvent users. The impact on surrounding properties or the general community needs to be considered if using a monitoring system.
>
> … there is a need to get agreement within the government and non-government agencies that this approach can be supported.
>
> The issue is – if these young people were not with the Berry Street project where would they be? Would they be safer wandering the streets?[536]

536 Youth Affairs New Zealand, Submission of Ms Sandra Meredith, Senior Policy Adviser, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.20. (Emphasis in original)

A coordinated approach

The approach in New Zealand has been one of a coordinating strategy between all levels of government, police, community agencies, schools and industry groups. In particular, the New Zealand government appointed a Volatile Substance Abuse Coordinator to direct strategy and provide a framework for addressing the problem. The first such Coordinator appointed was volatile substance abuse expert Sandra Meredith who has been of great assistance to the Committee.

Because volatile substance abuse 'outbreaks' can arise unexpectedly in local communities, it is essential that a local strategy to address it is also coordinated between local and national agencies and other relevant parties:

> The key to any initiative is the co-ordination of support. Where several agencies are involved, these might include (Youth Service, Public Health, Schools, Drug and Alcohol Service) it is vital that everyone is clear about their role and there is agreement about the plan and how it will be monitored.
>
> It has been shown [in New Zealand] that where this team approach is taken the outcomes are much more effective than when one agency works in isolation from others.
>
> A [strategy] plan should cover at least a six month period or longer, this should be reviewed and if necessary continued as seen appropriate. Someone should take responsibility to report back at regular intervals to other team members to ensure that any problems that arise are dealt with quickly and effectively (Meredith 2001, p.5).

Sandra Meredith expanded upon this approach when she gave evidence before this Inquiry in Melbourne in April:

> In the 1980s I was a community worker in a place on the outskirts of Wellington city, with a high Maori and Pacific Islander population. It was starting to become an issue for the community. Very few of the youth workers knew anything about the issue at all. I had several encounters with young people who were using solvents and so I went on a fact-finding mission and started to find more information about the issue. As the problem increased in the early 1980s the government was also becoming concerned. The government established an advisory committee made up of key government agencies and some non-government organisations to look at the issue, review overseas information and identify how the issue could be best addressed in New Zealand.
>
> We looked at countries such as Singapore and the United Kingdom, and in particular places like Scotland and also other countries that had apparently experienced a problem in the 1960s and had addressed it in different ways. We tried to look at what was also happening in New Zealand, and that was about how communities were actually addressing it. In the community I lived in, we took what I call a multipronged approach – that is, we worked directly with the young person, we were trying to inform families and we were trying to work

> with schools – to help them understand what was happening. The more information we gathered, the better we felt we were dealing with the issue.
>
> By 1985 the government had decided that it would like to appoint a person in a national role to actually travel around the country and work directly with communities, for two reasons: one, to gather information about the issue and how communities were addressing it, and, two, to try to provide advice. It would be fair to say that most of our information that we found the most helpful came from the United Kingdom and Scotland. Agencies were working together in a cooperative manner. We identified the fact that often solvent abuse is not the problem; it is what appears as a problem but underneath there are a whole range of other issues that affect the person. It was about: how do you get agencies working together to support that young person in a holistic approach? Because our solvent abusers – the visible ones – were Maori and sometimes Pacific Islanders it was really important for us to come up with ways that worked with the wider family groupings so that you were not working with just an individual young person and putting them back into a family that may need some other levels of support.
>
> The Scottish example is probably the one that I personally found with my work the most useful, because that was very much about working hands on with the young person who was using solvents, and identifying why they were using and finding ways to change behaviour by providing activities and counselling support – whatever they needed – as alternatives to solvent use. We did not and still do not focus on the solvent abuse itself. We focus on those other issues.[537]

In a meeting with the Committee, Judge David Carruthers, Chief Judge of the District Court highlighted the need for an 'all of community approach' to address issues of volatile substance abuse and pointed to some examples where such initiatives had been extremely successful.

> One of the things that I have been impressed by – and just going back to the one I have seen working – these people every month have organised a big meeting of folk who are representative of the communities in Wellington. What was interesting about that – and useful I think in the context of your question – was there would be a general discussion from people across the board, teachers and church workers and street workers and youth workers and drug workers, about what was going on in the city, what was happening, where people were getting supplies from, where the booze was coming from, where the dangers were coming from, if there were any junior gangs gathering, what people were whispering about. There are always a few kids who chat away happily to everybody about what is happening, so there is a general sharing of information. Then they started targeting (problem issues) – "Kids are getting sprays from such and such a place" and then work out in this big group who would go and see these folk and close down what they were doing and tell

537 Ms Sandra Meredith, Senior Policy Adviser, Youth Affairs New Zealand. Evidence before the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, 9 April 2002.

> them – or police it – who else was going to be on the streets on Saturday night, just in plain clothes, to make sure that things didn't happen. They would organise buses to come in, so if kids were gathering for something, they would organise buses to take them all back home again.
>
> It is actually really interesting to see a community at work in a planned and coordinated way, sharing information and then getting ahead of the problem because of the information they have. And that applied to substance abuse just as to anything else. They were talking about safety for kids in the city. That changes all the time, and the group changes all the time because school counsellors, kids and teachers all came and went, but they all had a bit to add to the information about what was going on so they together could work out what to do to minimise the harm to people. It was a very interesting exercise. One, it would seem to me, to be very effective.[538]

Judge Carruthers also spoke positively of Family Group Conferencing, a juvenile justice initiative that provided an opportunity for family and community members along with the victim to address a young person's criminal and behavioural problems and prevent them from slipping further into the juvenile justice system.

Family group conferencing was developed in the early 1990s. It is based on dispute resolution principles which were present in Maori communities prior to colonisation but have been disappearing as traditional Maori social structures have become weakened (Morris & Maxwell 1993). These principles included an:

- Emphasis on consensus and involvement of whole community
- Examination of wider reasons for wrong doing
- Less concern about breach of law, more about restoration of harmony
- Desired outcome of consensus and settlement acceptable to all parties rather than punishment of offender (Marshall 1985 cited in Singh & White 2000, p.32).

The aim of family group conferences in New Zealand is to reintegrate these principles into the youth justice system. However it is important to note that 'Family group conferencing is not intended to replicate traditional Maori structures. Instead they are deigned to be both culturally appropriate and compatible with the contemporary context' (Singh & White 2000, p.32).[539]

As Judge Carruthers explained

> The emphasis ought to be on family groups and their responsibilities to each other and kids' responsibilities to the group, and helping them understand that

538 Judge David Carruthers, Chief Judge District Court, in conversation with the Committee, 11 April 2002.

539 Adaptations of the New Zealand Family group conferencing programme have been established in Australia. While these programmes have been heralded by some as being extremely successful others have been more critical (See Blagg,1997, Cunneen 1997).

> and their place in it and their identity, because when things go wrong and people get into trouble, people should not forget they have a home.[540]

A further initiative which has been instigated by the Court has been the development of a young offenders manual which provides information for police and community workers on how to deal with young people who are under 14 years of age and who have committed offences. This manual provides direction as to how these young people can effectively be dealt with under the care and protection program rather than a criminal system.

New Zealand has been largely successful in reducing the incidence of volatile substance abuse through instigating a coordinated, culturally appropriate and whole of community approach that is applied to local communities but within a national framework. As Judge Carruthers explained:

> The effect of this now is that there is a very clear path for everybody getting involved in working on the same problem and concentrating together to work out the solution as well. I think that has been one difference, but I would be hard pressed to qualitatively give you any figures about that. I have just seen successful outcomes, where in the past I would not have expected to see them.[541]

The rest of this chapter looks at a number of programmes and interventions which demonstrate such a coordinated approach.

The Te Whanau O Waipareira Trust, Henderson

The Te Whanau O Waipareira Trust (the Trust) based in the western area of Auckland is the biggest provider of culturally relevant social, health and economic services to the Maori people in New Zealand.

The Trust provides service delivery in four broad areas:

Training and Employment

Economic Development

Health Services

Community Services.

Each of these areas is interdependent with the other as part of a local 'wraparound' or whole of person approach. For example, a person attending the drug and alcohol service may receive assistance to find employment through the Training and Employment services. Particularly impressive is the fact that Te Whanau O Waipareira has developed a building company that has recently won a building contract with Housing New Zealand to build 38 homes and provide employment opportunities for those coming through their health and social service programmes.

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540 Judge David Carruthers, Chief Judge District Court, in conversation with the Committee, 11 April 2002.

541 Judge David Carruthers, Chief Judge District Court, in conversation with the Committee, 11 April 2002.

The Committee was privileged to meet with representatives of the Health Services arm of the Trust – *Wai Health* – during its trip to New Zealand.

Wai Health employs over 65 staff in a variety of primary health and health services, including general medical, dental, nutrition, mental health, child and maternal health and women's specific health services. Of particular relevance to this Inquiry is the comprehensive Alcohol and Drug Service.

All the Wai Health Services combine 'mainstream' (western) medical services with a holistic Maori specific cultural approach:

> We have governance from the community, a wide inter-disciplinary range of health services, and linkages to the other services that help to address the cultural and socio-economic determinants of health (Te Whanau O Waipareira Trust 2001, pp.13–14).

The following quotes taken from staff of Wai Health and recipients of their services eloquently explain the essential ethos of Wai Health and Te Whanau O Waipareira Trust. These quotes are also representative of the types of comments made to the Committee during our visit to Henderson. With their inclusion, very little further commentary from the Committee is required:

> 'The holistic way we work is to look at the person and offer an integrated service. Not only do they need education, but they might need budgeting skills, they might need social support. They need to get to know that this system is in place to help them, it's not against them' (Health Worker).
>
> 'I think if you look at the difference between Waipareira and other providers, be that in social services or in health, what we have here is a much more extensive delivery in terms of education, employment and training, health and social services. There is a holistic approach. We don't fragment the services like other providers' (Worker).
>
> 'Waipareira is unique in that they run a holistic service which I believe is a Maori way of doing things' (Client).
>
> 'So its main impact is the fact that it is not just a medical centre, but it also has rehabilitation, drug and alcohol counselling, kai and nutrition, family support and social workers' (Client).
>
> 'I think Waipareira is unique because the community can have more of an input. It's unique because you have the freedom to go outside that mainstream thinking and explore other areas. It's unique because it is able to do things that the government can't do like provide free health to under 16 year olds … with limited funding. I think our contract gets about half of what other mainstream organisations get, and they do exactly the same thing' (Community Worker).
>
> 'At Waipareira you are able to reach people who you wouldn't necessarily meet using mainstream approaches. In mainstream treatment centres, everything is split up and categorised. I see people coming out of treatment who fall over straight away, and when you get to talk to them they still can't read and write. So even though they've gone to treatment and they've done work around

> their dependence, the initial reason why they have had really low self esteem and no confidence hasn't been addressed' (Drug and Alcohol Worker).
>
> 'Te Whanau O Waipareira Social Services is an enormous organisation in terms of what it does for people. They come in for anything from power being cut off, no food in the house, spousal abuse, neglect of children, broken down car, can't get petrol to go to a tangi – you name it. They came to Waipareira Social Services because mainstream agencies were not willing or able to provide those services' (Health Worker).
>
> 'One of the things about mainstream agencies is that there is so much protocol and process to go through … One of the fundamental practices and philosophies of Te Whanau O Waipareira is that people and family come first whereas one of the fundamental issues with mainstream agencies [is that] process and policy procedure come first. They are guided by manuals that are so thick it drives you batty' (Community Worker).[542]

When it comes to addressing substance abuse, including solvent abuse, a 'holistic wraparound the client' approach is also taken by Waipareira Drug and Alcohol Services. It also employs the Maori concept of *Te Whare Tapa Wha*, four measurements used to investigate the whole person so that appropriate interventions can be tailored to that person. The *Te Whare Tapa Wha* comprises the:

> *Taha Wairua* (Addressing the spiritual and cultural needs of the client)
>
> *Taha Tinana* (Addressing the physical well being of the client, including medical, nutrition and housing needs)
>
> *Taha Hinengaro* (Addressing the mental health and counselling needs of the client)
>
> *Taha Whanau* (Addressing the health and well being of the client's family and extended family).

Russell Phillips, the Director of the Waipareira Drug and Alcohol Service, explained the philosophy of *Te Whare Tapa Wha* to the Committee as follows:

> As well as examining the individual we examine the whanau or family and community to ensure health is present on all levels of the person's living and growth and the fulfilment of potentially every level.
>
> … Treating the individual in relationship with their whanau and community has shown a high level of success; much more so than by treating the person as an individual and not related to the whanau or their community.
>
> Entwining issues of health, personal well being, dignity, whanau, future, education, employment and career development into a collective therapeutic whole has been by far more successful in preventing issues

542 All quotations in *Te Whanau (The Family): A Celebration of the Te Whanau O Waipareira Trust* Bronwen Christianos and the Te Whanau O Waipareira Trust, Te Whanau O Waipareira Trust 2001, Auckland, pp 61-67.

> arising from drug abuse from developing and their successful treatment should such an issue arise.[543]

When the Committee met with Mr Phillips in Henderson in April this year, he stressed that in mainstream drug services, treatment and clinical interventions are seen as the raison d'etre of service delivery. In the integrated model of Te Whanau O Waipareira, however, it is only one component of the overall package:

> We've had situations in New Zealand very often where somebody will go into [mainstream] residential rehabilitation, go in there and do quite well whatever behavioural or psycho dynamic methodology is used, they get out in the same high risk situation and within two or theree months they're down the same track as they were.[544]

Hamilton: An exercise in community partnerships

Hamilton is a city in the Waikato District of the North Island. The Committee attended a meeting with community, health, local government, criminal justice and drug and alcohol workers from a variety of services in the Hamilton/Waikato area. This meeting took place at the *Rongo Atea* Youth Drug and Alcohol Residential Centre, one of the few culturally specific residential centres catering for Maori youth with drug and alcohol problems, including solvent abuse.[545]

While services for young people, particularly Maori people, who are affected by volatile substances and/or other drugs do not come under as comprehensive an 'umbrella' as the Te Whanau O Waipareira Trust, the various agencies, organisations and workers in the Hamilton area do work in close and coordinated partnership arrangements. The rest of this section profiles the various services that interact with and provide services for young inhalant users in the Hamilton area.

***Rongo Atea* Youth Alcohol and Drug Residential Centre**

Rongo Atea is a residential holistic 'treatment' centre that addresses the substance abuse problems of predominantly Maori youth. It is a sixteen-bed centre that caters for both young men and women. Referrals are organised through recognised Drug and Alcohol agencies. Rongo Atea offers the following services:

- Structured seven day a week programme;
- Individual and Group Counselling;

543 Russell Phillips, Director, Drug and Alcohol Services, Te Whanau O Waipareira Trust, Unpublished paper given to Drugs and Crime Prevention Committee, 10 April 2002.

544 ibid.

545 Although Rongo Atea has been established by Maori for Maori and is culturally specific to the needs of Maori people, it does not exclude accepting clients from the Pakeha (European) community. Indeed, this is also true of the Te Whanau O Waipareira Trust in Auckland and the Taha Maori Residential Service in the South Island.

- Personal Recovery Plan;
- Maori Culture Programme;
- Twelve Step Meetings; and
- Recreation and Leisure Activities.

All programmes and services at Rongo Atea are based on the *Te Whare Tapa Wha* principle outlined in the previous section. While the Centre is not dedicated to solvent use per se, one of the Rongo Atea staff stated to the Committee that: 'at least fifty per cent of the youth that come through here, solvents will appear in some time of their using'.[546]

The length of the programme and the stay varies from person to person. The average 'term' or stay is four months. Some young people may actually volunteer to stay another term and are encouraged to do so. This is based on the research literature that states long-term treatment is best for adolescents. The age range of clients is between 12 and 17. The Manager of Rongo Atea, Ms Minoaka Kapaahiwalani-Fitzsimmons, explained the aims and programmes of the Centre as follows:

> Basically what you are looking at is people who do not normally have routines in their lives, so as part of the intervention you quickly establish a routine where they know exactly – or they make choices about what they want to do today, because what substances do, especially solvents, they leave you with minimal choices during the day. Having support in that – because obviously the underlying issues are family issues, or relationship issues, issues that are perhaps to do with how well they have done with their education and their families, their shames and all that stuff. So this is the place – or that type of intervention is very much needed, because you are not just dealing with the abuse of solvents, you are dealing with a number of issues. A person just doesn't go and pick up a spray can for the sake of it. There are a number of reasons why that person chooses to.
>
> We will do an extensive and comprehensive continuing care discharge plan. We try to work in a multidisciplinary team so we work with the communities, psychiatrists, child, youth and family, the Hub, all the community professionals and where they come from, where the young people come from, to support them in getting community support in their community, and professional support in their community. We are looking at educational needs. Adolescent treatment is a lot more comprehensive than adult treatment. With adults you consider 30 days is up, "goodbye, good luck". With adolescents we really like to follow them through, and we will keep in touch with them for anywhere from a year to two years once they leave us, and we hope the adults around them are accountable to help them and support them in managing the continual care.[547]

546 Staff member Rongo Atea, in conversation with the Committee. Hamilton, 10 April 2002.

547 Ms Minoaka Kapaahiwalani-Fitzsimmons in conversation with the Committee, Hamilton, 10 April 2002.

Rongo Atea is recognised as one of New Zealand's best practice models to address substance abuse among young people. It works in close conjunction with many other youth and community agencies in Hamilton. One of these is the Hub Community Youth Centre.

The Hub Community Youth Centre (The Hub)

The Hub is a Youth Centre open to both Maori and Pakeha youth in the Hamilton area. It operates both a fixed Youth Centre with a range of sporting and leisure facilities, such as a gymnasium, and a unique and innovative street outreach programme called 'Contact'. A key feature of Contact is identifying and assisting young, often homeless people, who are at risk through volatile substance abuse:

> A big problem for people who work with youth on the streets is getting the youth to come to them, interact and open up, so appropriate support can be given. CONTACT has attacked this problem headfirst by creating a mobile entertainment unit, which acts as a 'focal point' to attract youth to the staff.
>
> The entertainment unit is a mobile television and Playstation run through a power converter connected to the back of the CONTACT street support van which is an easily recognisable sign-written van with all the latest Playstation games on board.
>
> CONTACT staff travel a circuit of community and inner city streets and youth hot spots as identified by Police, businesses, community and youth agencies. CONTACT patrols operate from late night till early morning, fortnightly on Friday nights.
>
> The CONTACT van with five youth workers parks in the vicinity of groups of youth who are walking the streets, at parties, parks or hanging around town. They take a turn on the Playstation ... Staff are then able to offer food or a hot Milo to assist in gaining rapport with the young people. Staff can chat with the youth, assess their safety, offer information, support and referral advice.[548]

All Contact staff are volunteers recruited from local community agencies specialising in youth work, care and support:

> Twenty team members of different gender, cultures and experience are rostered on duty, making each team a dynamic group to interact on the streets with young people.
>
> Along with professional youth workers, young role models have been successful. The benefit of this is two fold, young people talking to young people (peer education) is an effective form of promoting positive messages as well as having trained, positive young role models and entering their communities and schools passing on their knowledge and support at grassroots level.[549]

548 Contact Street Support, *Life on Da Street,* Booklet produced by Contact Street Support, 108 Grandview Road, Hamilton New Zealand, (n.d.), p.3.

549 ibid, p.4.

The Committee met with and was extremely impressed by staff representatives from the Contact outreach programme. Coordinator of Contact, Andre MacLachlan, described the service as follows:

> [We] identify those kids who are out there sniffing and on the streets involved in youth crime. We have got a van with a Play Station connected to the back of it, and we drive around between 9 o'clock at night and 4 o'clock in the morning and basically pop the boot, turn the Play Station on, and the kids who are out in the street or in the bushes or in the parks, they come out and we process the kids then and there. First we feed them, get them playing the Play Station. If they are not using, they will clear up. We don't bribe them and say "Give us your cans and we will let you play" because we know with some small interaction the next fortnight we will get a bit more and a bit more, and we need to build the relationship until they are willing to come in and see us.
>
> I had four 9-year-olds and I called the police at 2 o'clock in the morning and I said "I have four 9-year-olds in the back of my van who are wasted as; come and pick them up". When the kids get older, 15, 16, 17, we tend to see them several times; then they come and see us for some things that we can do for them, and then we start working with them. If we had more powers we could obviously pick them up, but we don't want to burn off the kid, because if the kid is older and the police take him home nothing may ever happen and they may never approach us again; and they are the ones that need to take help.
>
> The younger kids will generally accept or be made to take help from the police, because then people like [Family Support Services] get involved. But [they] can only get involved with offending and care and protection, and solvent abuse is not always a care and protection matter. So we generally try to create a strong relationship with the child over several weeks, and we let them know what we have at our Youth Centre. We have a gym, we have more Play Stations, we have some arcade games, and we can help them sort out a CV for a job. They come to us and then we find out where they live because we drop them home, and we just bug them from then on. If they don't come to us, we go to them.[550]

In response to a question from the Committee as to whether Contact interacted regularly with the same children, Mr MacLachlan responded:

> Yes, and that's the good part for us; we get to build that relationship. We get to know where they live. If we get to meet the parents, you know – if they are in flats, we get to go from that. If they are of a certain age, the police – we have a good relationship with the police – they pick them up, and they don't let it go. They will get the parents' details; they will follow it up. But you need to be working with the police so they know that's important to do, so that they keep information.[551]

550 Andre MacLachlan in conversation with the Committee, Hamilton, 10 April 2002.
551 ibid.

One of the most impressive aspects of Contact's work is that it has a secondary function of collecting information and material which can form the basis of further research:

> Staff constantly documents all observation interactions and support given through specifically designed research forms.
>
> This information is then collated and presented to community and Statutory agencies, local and central government representatives. This information will highlight the real needs and issues of 'Youth at Risk' and will assist in the provision of effective youth strategies.[552]

Tony Westbrook, a researcher with the local Waikato University, for example, is having close contact with The Hub and Contact to inform his research on measuring volatile substance abuse in the Waikato region. This partnership between academia and local agencies aims to get better information on solvent abuse in order to plan appropriate services to address the needs of youth.

Another innovative service provided through The Hub and Contact is the idea of school and community mentors. Andre MacLachlan also explained this initiative to the Committee:

> We have just got funding from [Department of] Internal affairs for money for training community mentors, so it is free training. We have sports coaches, youth leaders, grandparents coming in, and they are going to come to three two-day workshops every year now just to talk about developing young people. So if you can start providing people in the community with a bit more knowledge, with some skills, it is building that broader sense of family. They may not be able to go to the family, but they have those support networks that we talked about, positive role models with knowledge.
>
> … [there is also] the program of mentors of students in schools, for people who have not necessarily had a positive or a firm educational experience. They actually go and sit in class with a young Maori person, and just be there as moral support.[553]

The workers at the Hub stress the importance of Contact being a local initiative devised to suit local conditions. While the agency will gladly accept funding from a national level, they say it is imperative that the development and implementation of programmes stay in local hands:

> If it [was] at statutory national level, things like this [sniffing] pamphlet would be generic and would not work, and creative initiatives like going around in a van with a Play Station wouldn't run throughout the country. I mean for Hamilton, [we] investigate our community, and our community's needs.

552 Contact Street Support, *Life on Da Street,* Booklet produced by Contact Street Support, 108 Grandview Road, Hamilton New Zealand, (n.d.), p.5.

553 Andre MacLachlan in conversation with the Committee, Hamilton, 10 April 2002.

Other local services in the Hamilton area

There is a range of youth, family and support services in Hamilton that work in tandem with the agencies outlined above. Many of these are either run by or auspiced by the Hamilton City Council. The Council has recently produced a comprehensive Youth Policy (He Kaupapa Whakamana Rangatahi) that caters for both pakeha youth and Rangatahi (Maori youth). This policy and its associated Action Plan in turn draw from the broad policy parameters of the National Youth Services Strategy which plots strategy and provides facilities for young 'high risk' people throughout New Zealand.

The three key goals of the Youth Policy Action Plan are:

- To ensure Hamilton is a City that Empowers and Celebrates Young People
- To ensure Hamilton is a City that Provides [Culturally appropriate] Services/For Facilities for Young People
- To ensure Hamilton is a City that Cares about the *Holistic Well Being* of young people.[554]

Moreover, young people and rangatahi were included in the policy making process for both the Policy and the Action Plan through representation on the Council Working Party and through consultation with the Hamilton Youth Council and the Rangatahi Council.

A coordinated and culturally appropriate approach

The Council's Community Services Department and its Youth workers in association with the nationally coordinated and funded Children, Young Persons and their Families Service (CYPFS) and workers from the community sector strive to deliver a coordinated approach to youth strategies in the Hamilton area through both formal and informal networking systems.

A Hamilton community worker with whom the Committee met explained the process:

> We see a continuum with issues, and particularly with drugs, a continuum with experimentation and use. You know, you are looking at prevention there, you are looking at intervention for the abuse, and for addiction you are looking at treatment. We all kind of cover those gaps, but we work very closely together. Our networking is pretty amazing. We are always having coffee or talking about something. Most of us know the area very, very well, so we try to plug the gaps.[555]

On a more formal level are the family conferences held under the auspices of CYPFS. These conferences aim to avoid unnecessary duplication of effort and focus the most appropriate agencies or workers from both the government and community sector on the problem facing the child and/or his or her family:

554 Hamilton City Council, Youth Policy Action Plan 2001/2002, Hamilton, New Zealand, pp.1–5.

555 Community Worker, in conversation with the Committee, Hamilton, New Zealand, 10 April 2002.

> Strength within families … It started off with health, welfare and education, who felt that when they were involved in the same family, often one agency didn't know the other one was involved. So they formed a commitment to work more closely together. Initially it was all the government agencies, and gradually within the community we brought in all the community agencies as well. For instance, we might be working with a family and there might be up to 17 agencies involved. The family would get sick of telling their story to umpteen people, and they forgot which worker belonged to which family; so if it is not crisis work and the child is not in immediate danger, they can work within a strength in families meeting. Any agency can call a strength in families meeting. All the agencies involved get together and the family agree that the information that they hold can be shared for the benefit of the family … It might be that one agency that the family particularly feel they trust will become the lead agency, and they will coordinate what is going to happen.
>
> The family chooses, effectively. It is a formalised [process] in that we have signed contracts between the agencies; they are signed up to the strengthening families idea. There is a strengthening families coordinator in Hamilton.[556]

Andre MacLachlan from the Hub Youth Centre adds:

> It is a really good initiative to sit down with the agencies and make sure we are doing what needs to be done, make sure that there are not three agencies trying to do the same thing; it is good for gathering information from the past, past things that have been done with the child and the family. We are just not covering the same ground. It just saves a lot of wasting of time.[557]

By the families consenting to the family strengthening process and the involvement of various agencies, workers and agencies are able to share information on the child and the family that would otherwise be protected by New Zealand Privacy legislation. This is particularly important when working with Indigenous New Zealanders as the *whanau* or concept of family extends beyond immediate or nuclear family members to include grandparents, aunts, uncles, elders of the community etc., all of whom may play a useful role in assisting children and families in crisis.

Indeed the family strengthening process does recognise the positive role played by the *whanau* and the importance of strategies tailored to Maori culture:

> In New Zealand it goes a lot further than the nuclear family, being part Maori you are part of another family. So if you look at indigenous people, you have the nucleus of the wider family, then you have the actual cultural connection of a broader family; so you may not be able to fix the family, but if you can work on communities as well, if you can talk about the problem it helps.[558]

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556 Ms Katrina Hollis, New Zealand Department of Child Youth and Family Services, in conversation with the Committee, 10 April 2002.

557 Andre MacLachlan in conversation with the Committee, Hamilton, 10 April 2002.

558 Ms Hinengaro Davis, Therapist, Rongo Atea, in conversation with the Committee, 10 April 2002.

Taha Maori Programme – Hanmer Springs, South Island

> To lift the veil of addiction from their Tinana and Hinengaro allows the Wairua to flow through the person, creating a holistic wellness and healing as the name Te Aroha o Te Hauangiangi – The Warm and Gentle Breeze of Love.

The Taha Maori Programme is situated in the South Island of New Zealand at Hanmer Springs which is approximately 125 kilometres north-west of Christchurch. Hanmer Springs is called Washi Oranga or the Healing place by Maori people primarily because of the hot pools which are located there. Historically Hanmer Springs was a place of rest and healing for Maoris travelling to and from the east coast.

The Committee was fortunate to visit the Taha Maori programme and to speak to the staff, Maori elders and the young adults participating in the programme. The work of the Taha Maori Programme was impressive and showed how cultural beliefs and traditions can be incorporated into programmes to address drug and alcohol problems. The dedication and work of all those involved was quite remarkable.

Taha Maori is located on 20 acres of grounds and gardens within the township of Hanmer Springs. The staff describes the geographic location of their facility as one of the great attributes of their programme. The beauty and isolation of the area provides an excellent environment for participants to be "temporarily freed from the pressures of their regular lives and be able to undertake the process of freeing themselves from addiction".[559] The programme is one of the offerings at the Queen Mary Hospital, a hospital that is devoted exclusively to assist people with drug and alcohol problems.

The Taha Maori Programme was established in 1990 as an eight-week residential programme for young people from 16 years of age from all over New Zealand. More recently the programme has attracted participants from overseas. The programme is available to both Maori and non-Maori people wishing to address their drug and alcohol addictions.

Taha Maori incorporates both Maori culture and spirituality and a Twelve Step programme with associated mainstream medical and health services. As the Director explained to the Committee, the majority of the patients are actively seeking a sense of identity. Most are suburban Maori who have no contact with their Iwi (tribal affiliation) and many have come from institutionalised backgrounds. Drug treatment of itself is not enough to provide the directions necessary for recovery.

559 Amokuna Mullan, Continuing Care Coordinator, Taha Maori Programme, in conversation with the Committee, 12 April 2002.

The Director went on to explain:

> Taha Maori is a place which embraces a holistic philosophy. This philosophy is based on the belief that there are four key aspects or cornerstones to well being. Each of these cornerstones is of equal significance. They are
>
> Te Taha Tinan – Physical well being
>
> Te Taha Wairua – Spiritual well being
>
> Te Taha Hinengaro – Mental well being
>
> Te Taha Whanau – Family concepts.
>
> Strong links with Whanau, Hapu, and Iwi ensure that the three articles of the Treaty of Waitangi are embraced. Taha Maori incorporates the Tikanga (values beliefs, cultural practices) of Whanau (extended family), hapu (clan) and Iwi (tribal affiliation) to enrich our Tauiras (clients) perception of themselves. When these dimensions are functioning together the health and well being of the Tinau, Hinengaro and Wairu flow into the environment.

An understanding of the Maori past present and future is seen to be central to recovery. As the Committee was told

> If you understand the PRESENT
>
> You must understand the PAST
>
> The circumstances of TODAY
>
> Were shaped by the events of YESTERDAY
>
> To predict what will happen TOMORROW
>
> You need to understand what is happening TODAY.

The following chart which was explained to the Committee and to the young people present at the meeting provides a visual representation of this philosophy.

Figure 20.1: A Holistic Treatment Philosophy for the Maori People

Old World Te Ao Tawkito	Changing World 1953 Te Ao Aurihuri	New World Te Ao Hav
Whakapopa – identity language	Urbanisation – forcible removal	Te Reo (teaching children language)
Wherua – we owned the land	Serious health problems Alcohol and drugs Financial problems	
Need for rituals – need to retain them (being punished for speaking language)	Disassociation of land Disassociation of Whanau Disassociation of Hapu Disassociation of Iwi Disrespect for the environment	Recovery Education Equality Dignity and respect
Beliefs Respect Values Kuia – elders Waiata – welcome Haka Tohunja – healing Powhiri (entrance) The honoring of women and children	Maori overrepresentation in the criminal justice system Dishonoring of women and children	The honoring of women and children Tino Rangaira Tanga
	This cycle must be broken	
	Importance of Treaty of Waitangi Founding document	

Source: Presentation to the Drugs and Crime Prevention Committee from the Taha Maori Programme, Hanmer Springs, New Zealand, 12 April 2002.

The programme clearly aims to empower the participants to live alcohol and drug free lives and to gain a sense of identity and a sense of worth. During their stay at Taha Maori the clients participate in a range of educational, counselling, occupational therapy and health and wellbeing sessions. These include

a. education on the physical, environmental and cultural causes and effects of excessive alcohol and drug use;
b. promotion of spiritual and cultural awareness;
c. identification of personal and whanau alcohol and drug use patterns;
d. development of specific living skills e.g. interpersonal, assertiveness, relaxation/stress management, goal setting and problem solving skills;
e. relapse prevention;
f. culturally safe psychotherapy;
g. cognitive/behavioural interventions;
h. education on wairuatanga, karakia, tapu and noa;
i. waiata-a-ringa, kapahaka, pepeha;
j. development of support networks in the community e.g. self-help groups;
k. youth specialty groups;
l. outdoor experience activities (Queen Mary Hospital, 2001, p.2)

Families are encouraged to participate in the programme and towards the end are invited to participate in a five-day session. This assists the family to gain an understanding of drug addictions including volatile substance abuse and the effects it can have on the individual and the family.

As the Director of the programme explained

> This process helps the family to recognise the need to look at themselves and to seek the support of services available to them in the community. It also helps them to understand the problems that their loved one is facing and provides direction as to how they can assist them.[560]

Prior to leaving the programme, an individualised Continuing Care Plan is developed for each client to assist him or her adjust to everyday life and maintain his or her recovery. Clients are encouraged to participate in community Twelve Step groups such as AA or NA.

The Committee was most grateful to spend time with both the participants and staff at Taha Maori and to experience first-hand the teachings of Maori culture and traditions. The experiences of the staff and the responses to the programme by the young people, who were clearly determined to address their drug addictions, were extremely powerful and moving.

Conclusion

The Committee talked with many other agencies, workers and government officials during its trip to New Zealand.[561] For example in Christchurch it met with representatives of Odyssey House's day programme for young substance abusers, including solvent abusers. Despite Odyssey House being an international model, the therapeutic community model used in Christchurch includes individualised treatment plans that are culturally appropriate to the user. Such plans are based on the underlying philosophy that it is the person, be they pakeha or Maori that needs to be addressed, not the substance.

The importance of culturally appropriate strategies in the views of those Maori with whom the Committee met is based in the concept of Identity.

> We are talking about identity here. Some of the things that facilitate using substances is that if you don't know where you come from it is hard to know who you are today. In this world, as far as substance abuse, if the dysfunction comes in, if you don't know who you are today, it is really hard to know who to go to tomorrow.[562]

560 Pukekawa Wehi Kaumatua Programme Director, Taha Maori Programme, in conversation with the Committee, 12 April 2002.

561 A full list of these meetings is given in Appendix 6.

562 Ms Minoaka Kapaahiwalani-Fitzsimmons in conversation with the Committee, Hamilton, 10 April 2002.

These sentiments are echoed by another worker:

> I have something pretty simple, pretty basic to say. We have a saying as Maoris that in order to go forward you need to go back and you need to find your identity. Half the battle is won if you know who you are, where you came from. A lot Maori youth, Pacific Island youth, are being brought up in suburbs and losing contact with their culture; they don't know half that stuff, and their parents are usually whacked out of their brains on alcohol or drugs and they are not talking. In effect they lose that part of their identity. So half the battle is won if you know who you are and where you come from, and it restores a lot of pride in you.

There is much that Australia can learn from New Zealand's approach to substance abuse generally and solvent abuse in particular. Of particular importance is the question as to whether the approaches that are culturally appropriate to Maori people can be adapted for the needs of Victorian Kooris. Peter Hood, the Kurnai youth worker from Gippsland who travelled with the Committee, certainly believes they can. In fact parts of the Contact Street outreach programme have already been picked up by Peter:

> On my return I went to the youth group and I was telling some of the workers there [about the Hub] and the people who were getting involved with it. This is what we've got to do. I've got this great idea that I've seen from New Zealand, this is all their stuff. I showed them the pamphlets and this is what it does and it sets a play station at the back of this bus and that's how they get all the kids. So that's actually going to be operating in the next couple of weeks.[563]

This, however, was not the only agency with which Mr Hood was impressed.[564] Of particular importance for him was the fact that the programmes recognised as being most effective for Maori are the ones run *by* Maori *for* Maori. Such an approach in his view needs to be implemented in Victoria. The Committee believes that wherever possible this indeed should be the case.

Overall the Committee was generally impressed with the New Zealand approach and the responses to this difficult issue.

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563 It was extremely gratifying for Mr Hood and by extension the Committee that our hosts in Hamilton presented to Mr Hood a Play Station to take back to his Youth Group. This act of generosity was very much appreciated.

564 Our hosts in New Zealand were equally impressed with Mr Hood and stresses the importance of him being part of our delegation. The Manager of Rongo Atea for example commented:

'One of the most important things I would like to acknowledge for your own process here is that you at least have a Koori rep in your delegation. Even though it is one voice among eight or nine of you, it would be a waste of our time to sit down with you and just say "Here we go again", because at least your people are going to know that our people spoke to your people, and that's important for us because we are sick of having our Koori law interpreted, re-interpreted and misinterpreted on our behalf.

I am really grateful, but I hope it is not just a look, you know; I hope that it is the way you want to work because the only way it will work for our young people, is if their people have a say in the decisions that are made by them, for them and with them.' (Ms Minoaka Kapaahiwalani-Fitzsimmons in conversation with the Committee, Hamilton, 10 April 2002.)

21. National and State Frameworks

The national framework

The National Drug Strategic Framework 1998–99 to 2002–03 reaffirms Australia's commitment to harm minimisation as the guiding principle of national drug policy. It aims to improve health, social and economic outcomes for both the individual and the community. The framework includes a variety of integrated approaches.

One of the primary objectives of the above drug strategy is to develop a partnership approach to drug-related issues. The National Drug Strategic Framework policy document states:

> The development of a closer working relationship between the three tiers of government and affected communities (including drug users, their families and those affected by drug-related harm), community-based organisations, business and industry, the medical profession, and research institutions has therefore been identified as a priority. In recognition of this, and acknowledging that a partnership approach is still evolving, 'building partnerships' is the theme for this next phase of the National Drug Strategy (Ministerial Council on Drug Strategy (MCDS) 1998, p.21).

The Framework seeks to strengthen and expand partnerships in a number of ways, including:

- Through a commitment to consultation and collaboration on all aspects of Australia's response to drug-related harm, *emphasising community involvement* (Committee's emphasis);
- By allowing for representation of individuals from community-based organisations, business and industry, affected communities (including drug users, their families and those affected by drug-related harm), the medical profession and research institutions;
- By developing mechanisms at the State and Territory and local government levels to encourage organisations and individuals outside government to become involved in the development of policies and programs;

- By disseminating information about successful models of community action, to help communities develop local responses to drug-related harm. This will be facilitated by the Community Partnerships Initiative announced as part of the National Illicit Drug Strategy (MCDS 1998, pp.21–22).

According to the 1997 National Illicit Drug Strategy, the Community Partnerships Initiative was developed to encourage 'quality practice' in community action to prevent illicit drug use. It aims to demonstrate:

- A range of local community partnerships for primary prevention of illicit substance use;
- Examples of quality practice in community participation and action on a significant public health issue;
- An increase in capacity of communities to develop effective prevention action;
- National dissemination of quality practice in primary prevention of illicit substance abuse; and
- An increase in sustainable community action across Australia (Commonwealth Department of Health & Aged Care 2001).

The Community Partnerships Initiative provides grant funding to assist communities in developing their own community based education and prevention programs (Commonwealth Department of Health & Aged Care 2001a). The first two rounds of funding allocated $5.88 million to 87 projects. Applications for a third round closed in August 2001 (Commonwealth Department of Health & Aged Care 2001a). Programmes supported to date have included training schemes, peer education programmes, information dissemination and resource production initiatives (Department of Health & Aged Care 2001a). The Community Partnerships Initiative has also produced a *Community Partnerships Kit*. The Kit outlines a community action model that can be utilised by local communities to develop drug strategy plans. It is readily accessible and available on the Internet.[565]

While the Community Partnerships Initiative specifically focuses upon *illicit* drug use by young people and their use of illicit drugs, the relevant policy document recognises poly-drug use: '*as well as the issue in some jurisdictions of problematic use of solvents and of petrol sniffing*' (Committee's emphasis) (Commonwealth Department of Health & Aged Care 2001, p.3). Consequently, programmes seeking to address volatile substance abuse may apply for funding under the scheme.

Equally important as the National Drug Strategy are national frameworks for Drug Education supplemented by state-based protocols such as Fresh Air Clean Living (FACE – Bellhouse, Johnston & Fuller 2001a, for the Victorian Department

565 See www.communitypartnerships.health.gov.au/cpkintro.htm

of Education). The National Initiatives in Drug Education (NIDE) project has been commented upon in Chapter 16. The Committee simply reiterates the views of Midford, McBride and Munro that such national projects have been extremely important in paving the way for support for harm reduction models in school-based drug education, particularly among teachers.

While the minutiae of programmes and policies pertaining to volatile substance abuse must be devised and implemented at state and local level, the Commonwealth does have a role to play. Jon Rose, leading academic expert on volatile substance abuse, advised the Committee that coordinated national approaches are important, particularly in the area of information and resource sharing:

> Inquiries are currently being held in Queensland, Victoria and Western Australia regarding solvents (a framework for action has been developed in WA but not yet implemented – another inquiry is also being conducted in WA which relates to solvent abuse). This seems like a great opportunity to pool resources. The Commonwealth should also be involved.
>
> Given the multi-state nature of this issue and a previous Commonwealth Select Committee Inquiry into Volatile Substance Inhalation in 1985, it seems reasonable to again consult with the Commonwealth about a national approach for dealing with Volatile Substance Abuse.[566]

Certainly, there have been some positive initiatives that have sought to address issues of volatile substance abuse across state boundaries. The recently established Tri State Forum on Petrol Sniffing between the Northern Territory, Western Australia and South Australia is a good example of this. This inter-governmental forum was set up to monitor prevalence of volatile substance abuse in the cross-border Central Australian region and to coordinate services on a regional level.

The Committee agrees that where there is clearly a demonstrable need for cross-boundary cooperation a coordinated and cooperative approach to addressing volatile substance abuse is warranted and should be funded and resourced accordingly, wherever possible. The Committee also notes the warnings of Jon Rose that the implementation of volatile substances strategies or frameworks for action 'should be immune to organisational restructure or political change'. It acknowledges Rose's exhortation that:

> An implementation program should be developed which has contingency plans to cater for the possible restructure of organisations it is connected with and for political change.[567]

566 Correspondence from Jon Rose to the Drugs and Crime Prevention Committee, 5 May 2002.

567 Communication by Jon Rose to the Drugs and Crime Prevention Committee, 5 May 2002.
Mr Rose has been involved in developing two strategy frameworks for action on volatile substances in Western Australia. These strategies were affected by restructuring and funding shifts and seriously delayed due to a change of government in Western Australia.

The state framework (Victoria)

As discussed in Part F state-level initiatives have been developed in recent years that have specifically incorporated a harm reduction approach to state drug education and associated programmes. The *Turning the Tide* drug reform strategy was a clear example of this.

The need for local community action was further supported by the Victorian Drug Policy Expert Committee (DPEC). The DPEC was established by the State Government in November 1999 to provide advice on the implementation of drug policy. In fact, while recognising the need for broader coordination on the part of state and national authorities, the DPEC stated that opportunities to involve local communities had been missed in recent years and called for a systematic response at the local level (DPEC 2000a). The DPEC argued that local communities have a distinct role to play because:

- Many actions can only be taken at local level;
- Only local effort can harness local community resources;
- Each community is different and responses will need to be tailored accordingly;
- Communities that act on their own behalf are more healthy (DPEC 2000a, p.4).

The DPEC made a number of recommendations to the State Government with the intention of recognising existing local initiatives and encouraging further local action. The following is an excerpt from it's Stage One Report.

> **Local drug strategies**
>
> That broadly based and multifaceted local drug strategies be implemented as a key element of the Victorian Government's drug policy.
>
> Given the widespread problem being experienced across the State, the Committee believes that it is important that all areas and communities are encouraged and supported to play a role in reducing the impact of drugs on individuals, families and communities.
>
> ***Recommendation 1.1*** The Victorian Government provide support to local governments and communities, to assist them to mobilise community involvement in responding to local drug issues.
>
> ***Recommendation 1.2*** The Victorian Government encourage local governments, which have not done so, to develop formal local drug strategies relevant to the drug use in their communities, including strategies for prevention, treatment and rehabilitation and community safety. Such strategies should be explicitly linked to parallel processes such as municipal corporate plans, municipal public health plans and community safety plans.
>
> ***Recommendation 1.3*** The Victorian Government encourage local government to work with a range of stakeholders in the development of local drug strategies. These stakeholders include:

- drug users;
- Victoria Police;
- residents;
- traders and other local business;
- cultural and language groups;
- local schools;
- community organisations;
- drug and alcohol service providers; and
- other service providers.

Recommendation 1.4 The Victorian Government support communities of interest and the Koori community to similarly mobilise to respond to issues affecting them, wherever possible in association with local government initiatives (Drug Policy Expert Committee 2000a, p.7).

While the above recommendations are relatively broad, the DPEC did propose a number of elements seen to be central to any local drug strategy:

- Improving information provision and linkage between stakeholders;
- Providing youth-focused prevention and early intervention;
- Managing public space;
- Providing advocacy and advice to State Government;
- Intervening to reduce drug-related harms;
- Developing community support strategies (DPEC 2000a, p.4).

In 2001 the State Government accepted the recommendations of the DPEC pertaining to local drug strategies. A team was established within the Department of Human Services to work with local government to develop appropriate strategies for local areas (DPEC 2000b). As part of this strategy the Victorian Department of Human Services (DHS) advertised for submissions for the funding of 'Community Strengthening' projects, 'to enhance the capacity of local communities to prevent drug use and respond to drug issues' (DHS 2001d). Funding was offered for up to three years for projects focused on drug prevention.

There is clearly financial and political support at all levels of government for local community responses to drug issues. In providing for such responses, the national and state drug strategies acknowledge that those within a local community are often best placed to coordinate a response to issues that arise within that community. Indeed, an appreciation of the networks and sensitivities that define a local community's culture is of utmost importance when devising a response to a community drug problem.

Responses to volatile substance abuse

Victorian Government responses

In respect of specific state responses to volatile substance abuse, until relatively recently there have been few formal projects. Instead, inhalant abuse has been addressed in a generalist way through the existing service system which includes drug treatment, youth services, family support and special programmes such as the Common Assessment and Referral Project (CARP).[568]

CARP provides training for Police to enable them to make referrals for young people at risk. In some areas this has involved the referral of young people engaging in inhalant abuse. In order to make these referrals, police work in partnership with the DHS and local youth services, the latter who work to refer individuals to the appropriate agency.[569]The inability until now of the current state-wide service system to specifically address issues of volatile substance abuse again emphasises the necessity of a local response to the issue. Fortunately, since the publication in January 2002 of the Committee's *Discussion Paper* on the inhalation of volatile substance, a number of strategies have been devised and implemented to address this issue. Most of these have been auspiced by the Victorian Department of Human Services. A summary of these initiatives is given below.

Department of Human Services responses

A submission to this Inquiry by the Department of Human Services (Drugs Policy and Services) acknowledges that there are a number of problems pertaining to inhalant abuse in Victoria and that government approaches have traditionally been 'low key' in order not to publicise and therefore exacerbate the problem. Nonetheless, new policy and programmatic measures have been adopted by DHS to improve this situation in the following areas.

Data collection

The DHS states:

> DHS has responsibility for collecting alcohol and drug treatment service data and is currently looking at ways to improve the quality of the data it collects. DHS is aware of the problems with collecting data on inhalant abuse generally, and the need for better coordinated, and more reliable data across government on which to base policy development in this area. Data collection on inhalant abuse needs to take account of the unique aspects of this form of drug abuse. For example, targeting for survey samples must include a younger than usual age group (from as young as 9 years of age). Additionally sampling techniques for surveys must take account of the regional and localised nature

568 Submission of the Department of Human Services, Drugs Policy and Service Branch, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001c, p.3.

569 ibid.

of inhalant abuse, and also ensure that the sample group captures those young people often excluded in surveys (such as those not attending school).

The Victorian Government Drug Initiative has established a whole-of-government Drug Program Research and Evaluation Strategy. It is planned that these strategies and new initiatives will assist in addressing the problems with the data collected on inhalants.[570]

Clinical treatment guidelines

The DHS has funded Turning Point Alcohol and Drug Service to undertake a project to develop Clinical Treatment Protocols regarding inhalants, including practice guidelines for working with clients in residential and non-residential services.

The Drugs Policy and Services and Child Protection/Juvenile Justice Branches of DHS have also developed a coordinated response to develop protocols with regard to inhalant use among Departmental clients. New practice guidelines have been disseminated to all community agencies providing residential care services on behalf of the DHS. These guidelines include:

- No illicit drugs are allowed on premises;
- All children and young people with substance abuse issues must be referred to drug and alcohol treatment services;
- Children and young people are not permitted to have any non-prescribed inhalants in their possession or use such inhalants in residential care facilities. Items which are essential to the day to day operation of the residential care service and which could be used by clients as inhalants are to be securely stored;
- Strategies relying on passive observation of clients using substances are not permitted;
- Community service organisations are expected to do everything reasonable and consistent with safe work practices to stop young people from using non-prescribed inhalants, to remove inhaling implements as soon as possible, and to reinforce that using non-prescribed inhalants is not permitted;
- In situations where children and young people present to the residential care facility in a substance-affected state, a duty of care remains to ensure that they are appropriately assisted. This includes seeking medical intervention where required and monitoring the young person's well-being.[571]

570 Submission of the Department of Human Services (Drugs Policy and Services), to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, p.3.

571 Submission of the Department of Human Services (Drugs Policy and Services), to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, p.4.

Supply side measures

The DHS has stated in its submission to this Inquiry that it is currently conducting a *Responsible Retailers Campaign* aimed at encouraging retailers to restrict the sale of solvents to young people. A consultative committee has been established to develop a Traders' Pack outlining issues pertaining to volatile substance abuse. The committee will also consider the introduction of a Code of Practice. These initiatives have been previously discussed in Chapter 15 dealing with supply side regulation.[572]

Treatment

New treatment options pertaining to solvent users as outlined by the Department of Human Services are discussed in Chapter 23.

Solvent modification feasibility study

As a demand reduction strategy, the government is investigating the somewhat contentious issue of adding unpleasant additives to various volatile substances to deter use:

> The investigation will focus on the two most dangerous and commonly used inhalants, chrome paints and butane gas. The information gathered will assist the Government in decisions about the targeting and restriction of sale of particular products. The initiative will also examine the options for other product modifications (such as smaller containers and single doze nozzles). Whilst initial work has commenced to undertake this study, the nature of the research is such that there is unlikely to be a quick response.[573]

Training and education

DHS and the Victorian Department of Education have implemented a number of projects aimed at training and educating workers, parents and teachers (not children) about volatile substance abuse. These initiatives are discussed in greater detail in Chapter 19.

The Committee commends the Department of Human Services in realising that volatile substance abuse is an issue that requires urgent attention and must be taken seriously. Such programmes, however, are only one part of the required 'all of community response'. There is still a lot of hard work, resources and energy that needs to be expended before volatile substance abuse and its attendant problems are comprehensively addressed. Nowhere are the needs greater than in the state residential care system. Strategies to address these particular children will be discussed in Chapter 23.

572 It is of note that since the issue of volatile substance abuse has received publicity (partly because of the publication of the Committee's *Discussion Paper*) a number of retail outlets have implemented a policy of prohibiting sale of spray paint cans to young people under 18. Such stores have included chains such as Mitre Ten, Tait's Hardware and the Reject Shops. See also Chapter 15.

573 Submission of the Department of Human Services (Drugs Policy and Services), to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, p.4.

Conclusion

The types of strategies outlined in this chapter are supported by and have been long advocated for by academics and workers in the field of youth drug use. For example, Jon Rose recently advised this Committee in the context of state-wide strategies that:

> Those with heavy solvent abuse tend to have a range of other social, family, psychological & educational problems. Many agencies & individuals tend to get involved, often in an uncoordinated way. This uses up resources and often results in confusion for the client and frustration between agencies.
>
> While there may be many programs to assist volatile substance users with multiple problems, an inter-agency, case managed approach is the one I would highly recommend. We piloted such an approach in Perth with moderate success (the volatile substance epidemic passed in the area before the program had time to be fully implemented).
>
> In this approach, a number of health, welfare and accommodation agencies got together, trained and appointed "Primary contact officers" – 2 from each agency. These officers would orchestrate liaison and resources for the young person and the family of young person with solvent use and other problems. Primary contact officers meet on a regular basis to discuss approaches to problems and with permission of clients, to discuss client cases.[574]

Such an approach clearly has much to commend it.

This chapter has argued that any strategic interventions to deal with volatile substance abuse should be viewed as part of an overall coordinated response to deal with issues pertaining to youth drug use. Many useful programmes to address volatile substance abuse should be part of generic programmes that offer 'improved opportunities for parents, families and communities in general'. Such responses are usefully grounded in frameworks that are established at federal and state level. Nonetheless, the minutiae of the policy response and the details of the programmes are most usefully devised, implemented and evaluated at local and community level. Different communities have different problems and strategic responses need to be tailored accordingly. Local strategies and initiatives with regard to volatile substance abuse is the subject of the next chapter.

574 Communication between Jon Rose and the Drugs and Crime Prevention Committee, 5 May 2002.

22. Local Community Initiatives to Address Volatile Substance Abuse

The need for a local community response and for local preventative strategies to address the problem of drug use has particular relevance for volatile substance abuse. In 1992 the World Health Organisation (WHO) hosted an international conference and forum on volatile substance abuse. During this forum delegates from many nations with disparate cultural, legal, economic and health backgrounds gave presentations on the ways in which volatile substance abuse was manifested and addressed in their respective countries. Although each country was very different from each other there were two findings that were common among the participant nations:

- Data as to the extent and nature of the problem was insufficient and in some countries non-existent;
- Localised community strategies were viewed as being the best way of tackling the problem (WHO 1992, p.3).[575]

As a result of the conference, the WHO Programme on Substance Abuse published an extensive document on how local communities can address volatile substance abuse. It states that:

> The first step in setting up a project for the prevention of solvent abuse is to establish a community advisory group or steering committee to guide the direction of the programme planners. This may be a coalition formed especially for this purpose or a subcommittee of an already existing larger committee or board. In either case, it should include several representatives from various segments of the target community, project staff, and other individuals. Its role should be seen as one of empowering and facilitating as opposed to controlling or directing. A representative group may include the following:
>
> - Community residents;
> - Bilingual and/or bicultural professionals (if this is appropriate in the situation);
> - Representatives from the target population (solvent users);

575 The key participants and keynote addresses were from the Ivory Coast, Morocco, Rumania, Bangladesh, the Philippines, Guatemala and New Zealand.

- Other interested or influential people, such as elected officials, school personnel, religious leaders, staff from community health centres, representatives from local government and law enforcement, larger employers in that community, parents, voluntary organizations, social service workers, and any other representatives who may seem to be appropriate (WHO 1992, p.7).

The WHO states further that the importance of community strategies in tackling substance abuse problems lies in the fact that it encourages shared decision making and collaborative approaches. Furthermore:

> This approach empowers the community by providing a forum where they can take active roles in planning and implementing a solvent abuse programme. Working with a committee rather than separate, individual contacts has several other advantages:
>
> - The group's interaction generates more information and ideas from which to identify and develop strategies.
> - The group's interaction, particularly if it has diverse representation, can be informative about actual community dynamics.
> - It may help identify major opinion leaders in the community, who may be missed otherwise, but should be included in the planning process.
> - It can help identify and examine other community concerns or sub-groups that should be considered in developing the programme.
> - It allows more people from different segments of the community to 'buy into' the programme-building effort and serve as advocates for the programme (WHO 1992, p.8).

Closer to home, Rose (2001) outlines a number of varied interventions that should be implemented at local community level. Although they were developed for the Western Australian Working Party on Solvents Abuse framework on solvent abuse, with appropriate adjustments they could be applied usefully to Victorian communities. The recommendations include:

- Assessment, promotion, and where required, development of a range of recreational and diversionary programs, activities and facilities, and educational and employment opportunities for young people;
- Provision of resources to enable local retailers to improve controls over the sale of commonly abused products to those suspected of volatile substance abuse;
- Encouraging local schools to engage in [School Drug Education Projects] and to ban the use of commonly abused products such as aerosols and typists' correction fluid;
- Provision of general parent drug education which includes a section on volatile substances as well as other generic issues such as positive parenting and monitoring;

- Connection to other preventative programs run by [state government departments];
- Developing good relationships with local media and providing them with 'good news' stories about young people (Rose 2001, p.28).

Community development

One very important aspect of planning local community initiatives is the need to 'take your neighbourhood' with you. Sandra Meredith of the New Zealand Department of Youth Affairs states this is necessary in any area where youth and drug use is an issue, particularly with regard to residential services. This is even more so the case with an issue such as volatile substance abuse that many people in the community find visibly disturbing and repulsive. She commented in the context of 'supervised sniffing':

> The impact on surrounding properties or the general community needs to be considered if using a monitoring system. However I do not advocate putting services on the outskirts of a city so that problem can't been seen. Removing young people from one of their key social environments is not helpful and may serve to increase their vulnerability.
>
> As I mentioned before there is a need to get agreement … that this approach can be supported.[576]

Many respondents to this Inquiry, particularly those from the community sector, embrace a community development model to address problems of volatile substance abuse. Concepts of community development have a prolific literature,[577] but for the purposes of this Inquiry suffice to state that community action models are based on involving the wider community in solving the problem at hand. YACVic states in the context of volatile substance abuse:

> YACVic supports the development of strategies that involve the wider community as this will assist in addressing broader structural issues. Community development approaches also foster shared decision-making, collaboration and community ownership of the response. The key to community development approaches is enlisting the support of existing local networks and utilising local resources and knowledge:
>
> '*Rather than glossy advertising to get information about, have a chat to a local storekeeper to negotiate what they could do. Enlist support of local counsellors. Negotiate with park staff and give them a briefing about what is going on so they are not angry with the kids. You need to build relationships with users and with the affected community and see whether people can be engaged to keep the scale of the issue to a local level where they feel they can have an influence rather than*

576 Youth Affairs New Zealand, Submission of Sandra Meredith (Senior Policy Adviser) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.20.

577 See for example, Ife 1995; Rothman 1995; Checkoway, 1995; Abbot 1995; Menzies 1996; and Kenny 1999.

asking the State Government to legislate for something that may not be effective.'[578]

YACVic views the current projects initiated by Moreland City Council in Melbourne's northern suburbs and another community agency in Melbourne's west as an excellent example of community partnerships:

> Moreland Council is currently undertaking a community strengthening project which involves working with residents from housing estates, assisting them to establish community groups and educating them about key issues in the area, drug use being one issue. The groups work with health centres, community agencies and police to address issues collaboratively:
>
> '*You're working with the community over a long-period of time. You're not saying, "we will work with you for six weeks or six months and then we will go and next time you're in a crisis situation we'll give you support again". Instead we're trying to create something that's more sustainable to keep that support ongoing. It's a structural approach that looks at the broader issues rather than just a one-off education campaign and it also allows the community to identify issues early before a crisis begins.*'
>
> Another region has successfully implemented a community development approach to address concerns relating to substance inhalation by young people from an Islander background:
>
> '*A local action plan has been formulated between cultural community leaders, schools, traders and the police. This is facilitated by the council. Engaging the community elders has been quite successful as they exert particular influence over the young people. Police often pick the young people up and take them home without charging them. They are sent home with an Australian Drug Foundation brochure on chroming. Our experience is showing that there is nothing as effective as working with the cultural communities to address the problem. The elders have significant say over the behaviours of the young people and by working with the leaders we feel we can create a change.*'[579]

A key aspect of community development approaches is to involve members of the 'target group' in the consultation, planning and implementation processes. The Committee has been at pains wherever possible to include the voices of young people, including 'chromers' and 'ex-chromers' in its consultative processes. Their stories, experiences and insights have been invaluable in giving the Committee an insight into volatile substance abuse that it might not otherwise have been privy to.

Community programmes may be based on a 'whole of community approach' or restricted to partnerships between and across various agencies, sectors and

578 Submission of Youth Affairs Council of Victoria (YACVic) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.18.
YACVic organised a community forum on chroming attended by state-wide youth, community and health workers. Workers comments have been italicised.

579 ibid, pp.18–19. Workers comments have been italicised.

workers. They may develop broad-based inclusive strategies or simply target one aspect of the problem. For example, a supply reduction strategy might be based on a partnership between retailers, community workers and police such as in Midland, Perth.[580]

Indeed, community action approaches have been developed with all sections of the community: retailers (Bunnings Intervention Project, Galaxy Project), local government (Wyndham City Council, Moreland City Council, Darebin City Council among others), schools, police (Werribee Police Initiative, Kids and Chroming Project – Swan Hill Police), government and non-government agencies and charitable organisations (Salvation Army Breathing Easy Project).

Community action has been seen as a particularly valuable tool for Indigenous communities, particularly with regard to supply reduction and retail measures. An excellent resource on petrol sniffing and other forms of volatile substance abuse has been recently produced by the Aboriginal Drug and Alcohol Council (ADAC) of South Australia. Titled *Petrol Sniffing and Other Solvents* one of the four volumes in this publication is devoted to community development approaches to address volatile substance abuse. Community development is described thus:

> Community development involves *planning* and then taking *action* when people recognise that there is something they would like to do about a particular problem or issue. It's pretty simple really … The process involves:
>
> - Getting together to talk about the particular problem or the issue, finding out what options they have, deciding what to do and how to go about it (*Planning*)
> - Working together to make it happen (*Action*)
> - The final stage of community development is often to check what happened and to make changes if necessary based on what you learn from your successes and mistakes (*Evaluation and Further Action*) (ADAC 2000, vol. 3, p.1) (Emphasis in original).[581]

In the specific context of volatile substance abuse, ADAC points to the efforts of local Indigenous communities, particularly in Central Australia, to push for a change from petrol to AVGAS in their communities. In many Indigenous settlements, after initial education and information campaigns, communities did 'make the switch' to AVGAS with a resultant reduction in petrol sniffing and problems associated with it. With regard to volatile substances other than petrol, strategies have had mixed results but there is room for optimism:

> There have been a number of successful projects, particularly in rural towns, where all outlets selling volatile substances have been targeted in an effort to

580 See below.

581 The Koori Working Group on Solvent Abuse has recently adopted the ADAC publication for use in Victorian Indigenous communities. This has been funded by a recent grant from Human Services Victoria.

reduce availability. Shopkeepers may not be aware that kids are buying a particular product to sniff. Projects have been launched by concerned parents, substance misuse workers or local councils with the aim of educating shopkeepers and helping them to develop ways of reducing availability. Service clubs have been involved (the manager of the hardware shop may be a member of these clubs). On occasion it has been necessary to bring pressure to bear to force a shopkeeper to stop selling volatile substances to kids. This may not be all that difficult because shopkeepers rely on good customer relations and don't want to get a reputation as a 'drug pusher'. This strategy has obviously been less successful in cities where young people have a much greater range of shops at which to purchase or shoplift these products.

In terms of the provision of youth activities for all young people, community action has sometimes been successful in putting pressure on schools, government services, politicians and others to provide good facilities for young people. Youth services with youth workers who can help steer young people into positive and creative activities contribute to the prevention of a range of problems – juvenile crime, truancy, drug and alcohol misuse, violence, even mental health problems such as depression.

Other successful community strategies have involved getting rid of places where sniffers hang out – derelict buildings for example, and replacing them with recreational areas (AJAC 2000, vol. 4, p.21).

Social or cultural capital

Although 'Social or Cultural Capital' is a different concept to that of 'Community Development', the two concepts are related.

Social capital is based on the idea that societies need to invest in the developmental health of human populations and communities at each level (national, state and local). Social capital theory argues that any social policy addressing human needs (including by definition those pertaining to issues such as volatile substance abuse) must take into account the developmental needs of children. In other words to address simply the symptom of the problem (using inhalants) is closing the stable door after the horse has bolted. Healthy communities are assisted to support their youth from an early age.[582] Keating, one of the key theorists of this theory, argues that:

- The key necessities for supporting healthy child development are income, nutrition, childcare, stimulation, love/support, advocacy and safety.

582 For example, the recent *Health Development and Social Capital Project* conducted in a low socioeconomic area of Adelaide, South Australia found that 'involvement in social and community life improved health and acted as a buffer to declining socioeconomic status' (Australian National Council on Drugs (ANCD) 2001, p.8).

- Our societies have under-invested in development in the early years (0–5 years), compared to the school-age years, despite research that identifies that these early years are most important.
- To improve the quality of human development, attention needs to be paid to all levels of social aggregation: family, neighbourhood, school and the national socioeconomic environment.

Keating examined the costs of failing to provide supportive contexts for developmental health, in terms of reduced school performance, increased antisocial behaviour, and reduced work participation. He identified significant cost benefits from investing in child development. These cost benefits were greatest, up to $7 return for every $1 invested, when the investments were made in the deprived sectors of the population. This finding is consistent with other reviews of the cost benefits of early childhood interventions (Keating cited in Australian National Council on Drugs 2001, p.22).

A key element of addressing substance abuse from a developmental model is the need to implement health promotion planning. A framework that could be adopted to address volatile substance abuse might incorporate the following factors:

- Conducting needs assessments: identifying all of the relevant risk factors, protective factors and available resources
- Identifying and working with partners [and partnerships]
- Involving the target group [such as young inhalant users or ex users]
- Defining clear, achievable objectives
- Identifying strategies to achieve objectives and checking the viability of those strategies
- Establishing monitoring and evaluation mechanisms
- Identifying and monitoring possible side effects of any interventions.[583]

Dr Steven Wallace of Deakin University, an academic expert in drug education, stressed the importance of social capital approaches in addressing prevention of substance abuse among youth when meeting with the Committee. He stated:

> So you might start off with something like chroming, but through chroming you may be involved in other undesirable antisocial behaviours. I see that as being much more problematic than the chroming, as we see from the evidence. I think the problem is not so much what happens at the front end or what we call the exposure end, but what resources are available downstream — what sorts of personal, social, economic and cultural resources are available to someone who gets in trouble.
>
> Mr Cooper mentioned earlier the fact that when groups are socially impoverished (however you define that) and they get into health problems

583 See *Structural Determinants of Youth Drug Use*, Australian National Council on Drugs (ANCD) 2001, p.54.

> and other attendant social problems, they have much fewer resources to get out and recover. So I do not think we can underestimate the very proposition you raise, Mr Mildenhall, about what we might call [the necessity of] social capital and what kinds of resources kids have.[584]

The recently published Report *Fresh Air Clean Environment (*FACE), commissioned for the Victorian Education Department stresses the need for proactive early interventions as preventative strategies to address volatile substance abuse. It states that programmes offered by schools to mitigate risk factors associated with drug use should be those that:

- Provide adult supervision
- Provide opportunities for engagement in school and the community development
- Provide opportunities for relating to a range of non drug using friends
- Present challenging activities
- Encourage close relationships with adults, including through clubs, hobbies and mentor programmes[585] and one to one discussions with preferred teachers at school
- Monitor school attendance
- Encourage participation in school excursions, camps and extracurricular activities.

> These may include programmes that encourage young people to participate in sporting clubs, creative arts programmes, scouting, orienteering, spiritual groups, environmental organisations, voluntary organisations … local youth groups and the like. These activities provide supervision, positive role modelling, opportunities for positive relationships between generations, establish a range of peer networks and encourage sociable behaviour (Bellhouse, Johnston & Fuller 2002b, p.43).

While such programmes may be useful in addressing the needs of younger children as a preventative measure to discourage later drug use, as the discussion in Chapter 23 will discuss, such leisure strategies should only be considered as one of a number of interventions needed in addressing the needs of older adolescents who may already be engaging in volatile substance abuse.

584 Dr Steven Wallace, Deakin University in conversation with the Committee, 12 February 2002. Transcript, p.16.

585 The worth of such programmes are attested to by the North Melbourne–Flemington–Kensington Drug and Health Forum, see later in this chapter.

Structural issues

Social capital and developmental theories are related in turn to the need to address youth drug abuse as part of a wider structural matrix in which issues such as employment, education, health, welfare and taxation are interconnected elements. In other words, drug use and the problems associated with it, although clearly having effects on the individual, his or her family and the local community, are viewed as part of a macro environment that takes into account the economic, physical, social and cultural elements that impact upon communities and particularly young people.

As stated in earlier chapters, although volatile substance abuse and other forms of drug abuse are no respecters of social or economic class there is substantial research that indicates that 'Poorer neighbourhoods have been found to have greater drug use' (ANCD 2001, p.18 and the references listed therein). The recent ANCD survey *Structural Determinants of Youth Drug Use* has found that the weight of macro environmental risk factors (unemployment, poor health and education outcomes) fall heaviest on particular groups, namely Indigenous communities, rural youth, sole parents and people from lower socioeconomic backgrounds. Canadian theorists Coleman, Charles and Collins put it another way:

> [Inhalant] usage is higher in isolated communities and in communities that also experience high rates of unemployment, poverty, and violence. That is, the lowest rate of inhalant abuse occurs *in communities with high social assets* (Coleman, Charles & Collins 2001, p.2) (Committee's emphasis).

Certainly, research into volatile substance abuse among Indigenous Australians points to the importance of economic and employment opportunities for young Aboriginals:

> 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. A conference about petrol sniffing in Alice Springs (1998) identified 'proud work' for CDEP or other payment as a good way to divert sniffers (d'Abbs & MacLean 2000, p.39).

In their review of initiatives and strategies to address volatile substance abuse among Indigenous youth and communities, d'Abbs and MacLean place positive employment projects as paramount:

> One suggestion was that sniffers be employed to clean up houses and the community, or for ex-sniffers to work in a paid capacity on the night patrol. Burns concludes that the introduction of Avgas in conjunction with employment programs was critical to success at Maningrida (Burns 1996, 247). Four months after Avgas was introduced at Maningrida in 1993 (along with employment and skills training programs), petrol sniffing ceased (Burns et al. 1995b). 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 et al. 1995b, 83; Burns et al. 1993). Although this figure must reflect employment availability as well as individual changes experienced by young people, it is corroborated by a reduction in crime statistics (Burns et al. 1995b, 83).
>
> We have noted above Brady's observation that petrol sniffing is less of a problem in communities with an ongoing association with the cattle industry, providing occupation and excitement for young men. Some programs have attempted to reproduce this. A Petrol Link-up newsletter (1994a, no.6) tells of three community members who took young men out to West Bore to work with camels. Other Petrol Link-up newsletters tell of similar projects (no.3 and no.4). At Watarru Homeland "they keep the kids with them all day while they work. The kids are happy and don't sniff petrol" (Petrol Link-up 1994a, no.4).
>
> A program at Indulkana in South Australia is based on the belief that strategies must be able to be sustained in the long term by the community if they are to have more than a fleeting impact on sniffing: "petrol sniffing usually resumes when no ongoing sustainable programs are developed" (Aboriginal Drug and Alcohol Council (SA) Inc 1999). The Indulkana program entails the development of a cattle station and the provision of training to enable young people to run and maintain it. It is hoped that it will achieve two outcomes for the community: economic benefit as well as skills development and long-term employment for the community's youth. Evaluation is built into the program. It will be interesting to see its impact over the next few years (d'Abbs & MacLean 2000, p.39).

Recent correspondence from the Northern Territory Department of Health and Community Services to the Committee emphasises the need for local initiatives that address volatile substance abuse to be grounded in community development models that take into account the macro environmental considerations outlined above:

> Local evidence and experience has demonstrated that the community development approach is the most effective way to prevent and manage sniffing outbreaks. This approach relies on the community implementing clear and consistent sanctions against substance use, reducing the supply of those substances (such as substituting avgas for petrol) as well as promoting meaningful diversions for young people such as education, recreation and employment. This approach has been realised in the Territory through brokerage programs to fund localised responses and by providing community support to develop prevention projects and management plans.[586]

Although the problems of the Northern Territory, particularly with regard to petrol sniffing, are at least superficially different to the issue of chroming in Victoria, the Committee agrees that while local community approaches are crucial in addressing volatile substance abuse, such initiatives need to be

586 Correspondence from Mr Paul Bartholomew, Chief Executive Officer, Northern Territory Department of Health and Community Services to the Drugs and Crime Prevention Committee, 15 April 2002.

grounded in overarching state and national frameworks. It is such local projects in Victoria that the next section focuses upon.

Local community initiatives

Volatile substance abuse, as was noted in Chapter 11 is often an episodic and localised activity, particularly in rural communities. To recall the comments of the Latrobe Valley Drug Reference Group:

> Chroming is a highly mobile drug-taking behaviour – that is, it will appear in an area for a short period of time, disappear, and re-appear in another area, then move back or elsewhere, in a very short period of time.[587]

Such mobility makes broad policy development difficult and emphasises the need for very localised responses. Nonetheless, it is encouraging that a number of local communities have taken the opportunities and direction provided by the above 'strategic frameworks' to address drug use issues within their local area.

The Victorian Department of Human Services notes that a number of local drug action groups, comprised of concerned community members, have emerged across the state in response to 'outbreaks' of inhalant use in local areas.[588] These groups are often of temporary duration and tend to take a community development approach, establishing recreation activities for young people and reducing the supply of volatile substances.[589]

Local councils are also increasingly taking up the issue of volatile substances as part of local drug action plans. As part of its submission to this Inquiry the Wyndham City Council has given the Committee copies of its *Substance Abuse Framework Strategy*. This strategy is referred to in detail later in this chapter.

The following discussion outlines projects that incorporate community action strategies and local partnerships. The Committee has been made aware of these projects through the initial stages of the Inquiry.

The Galaxy Project

The Galaxy Project is a Salvation Army (Crossroads) project in its third and final year of funding under the Commonwealth Community Partnerships Initiative. Based in the Western Metropolitan Region of Melbourne, the Project aims to prevent and/or reduce the harms associated with drug use by young people. One of the programmes that has been initiated within the Galaxy Project is the Sunshine Chroming Awareness Program. The specific aims of the Programme are to:

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587 Submission of the Latrobe Valley Drug Reference Group to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.3.

588 Submission of the Department of Human Services, Drugs Policy and Service Branch, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001c, p.3.

589 ibid.

- Form a group with representatives from local community agencies and traders to develop an action strategy/pilot programme to address chroming issues in the Sunshine shopping areas;
- Document a best practice model for other communities to use when dealing with chroming and other commonly misused substances in their local areas.

The Programme draws together the key concepts of the Federal government's community-based partnership strategy. Throughout the course of the Chroming Awareness Program, active participants have included representatives from:

- Sunshine Police;
- Sunshine Youth Housing;
- Sunshine Traders;
- Alcohol and other drugs programme, Westcare;
- Good Shepherd Youth and Family services;
- Westcare Residential Services;[590]
- Youth Outreach Team;
- IMYOS (Mental Health Agency);
- Rotary Club;
- Department of Education, Employment and Training;
- Brimbank City Council;
- Smorgon Family; and
- Open Family. (Sunshine Chroming Awareness Program 2000, p.2).

These representatives have worked to address chroming-related issues in the local community. The most pressing problem identified was the need to reduce the accessibility of chrome paint. Representatives of the Chroming Awareness Program successfully established cooperative relationships with local traders. The traders were regularly involved in discussions at the Program's forums. These forums were seen as integral to the Program's success. They provided an opportunity for the expression and integration of wide-ranging views. Such views were seen as vital to the development of a 'whole-of-community' approach.

In July 2000 the Program reported major success in changing the paint-selling practices of several local traders. One of the most successful avenues used in creating this change was the sending of letters to the head offices of larger traders raising concerns and requesting action at local level. Of concern, however, is the information the Committee has received from representatives of the Galaxy Project that some of the momentum for maintaining this approach may be at risk. (Sunshine Chroming Awareness Program 2000; 2001b)

590 The artwork on the cover of this Report was produced by young people attending the programme run by Westcare.

The Galaxy Project has also undertaken data collection surveys to better understand the motivations behind 'chroming'. These surveys identified a number of underlying factors that were impacting on the use of chrome paint. Boredom among local youths was identified as the primary contributing factor (Sunshine Chroming Awareness Program 2001b). As a result, the Programme sought to redirect its focus to the development of affordable and accessible leisure activities for youth in the Sunshine area.

The project has also 'mapped' the areas of Sunshine in which chroming is either known or thought to take place. Survey data identified sites of chroming activity, such as the Sunshine Railway Station. Identifying this site enabled Project representatives to make contact with the relevant transport operators and to develop a working relationship as a means of minimising chroming activity in the vicinity (Sunshine Chroming Awareness Program 2001b). Acting upon information compiled through the surveys, the Sunshine Chroming Awareness Program has identified other places where chroming takes place. This information is able to assist preventative measures such as outreach teams and allow local authorities to act to deter such activity becoming established in known haunts.

Having sought to address issues of supply reduction in its initial stages, the next phase of the Program aimed to address the needs of young people and develop positive community strategies to support them.

Wyndham City Council

In March 2000 the Wyndham Substance Abuse Committee was formed, with representation from key stakeholders including local service providers, concerned community members, police and the business community. This group emerged in response to increasing local substance abuse issues and 'a need for a united community voice in response to these issues' (Wyndham Substance Abuse Committee 2001). It was committed to developing local strategies and actions to reduce the harm associated with the misuse of drugs in the municipality, adopting the DPEC local action model as the framework through which to do so (Wyndham Substance Abuse Committee 2001).

In a submission to the Drugs and Crime Prevention Committee, the Wyndham City Council noted that statistical data on the prevalence of volatile substance abuse was very difficult to obtain.[591] The Council praised the Galaxy Project as an example of best practice, stating:

> The Sunshine Chroming Awareness Project *(sic)* through the Galaxy Project has been an important source of information and has provided Wyndham with a model for community action on this issue.[592]

591 Submission of the Wyndham City Council to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001, p.1.

592 ibid, p.3.

The Wyndham City Council sought to build upon this model by outlining a proposed project, the Wyndham Chroming (inhalants) Awareness Project, as part of a Wyndham Substance Abuse Strategic Action Plan 2001–2004. The Project was proposed as follows:

1. **Target groups and project partners**
   - Local business (particularly those selling inhalants)
   - Shop assistants
   - Train services (in Wyndham Bayside Trains)
   - Local Council
   - Police
   - Schools
   - Drug & Alcohol Services
   - Frontline workers
   - 'At risk' youth.

2. **Phase 1 – Awareness raising, education and engagement of key community stakeholders**

   This phase of the project aims to:
   - Engage the key community stakeholders and raise awareness about chroming – its effects, what types of solvents are used, what strategies can be put into place to reduce the availability of solvent misuse.
   - Reduce the ease of access to solvents and other volatile substances that may be potentially misused.
   - Raise awareness amongst the 'at risk' group – (place warning stickers on products).
   - Develop/distribute a sales and stocking protocol on solvents and other identified volatile substances. This will include the development of an appropriate process eg. referral process etc.
   - Develop a data collection process to identify issues and hotspots. This information to assist in providing targeted prevention and early intervention programs to youth misusing these substances.
   - Collect data (statistical and/or anecdotal) on solvent and other volatile substances misuse.
   - Assist schools in delivering educational sessions on safe use and handling of solvents and other volatile substances.

3. **Phase 2 – Training and education program development and implementation**

   Training and education issues may be identified in phase 1 of the project.

   This project phase aims to:

   - Develop (in consultation with key community stakeholders) training and education program for relevant frontline workers and traders.
   - Engage relevant workers and groups/individuals in the Wyndham community that are more likely to be in contact or interact with youth that abuse solvents or other volatile substances.
   - Produce and distribute relevant resource materials, information and training sessions to those frontline workers/stakeholders that are most likely to come into contact with youth prior to, during or after they have inhaled volatile substances.
   - Develop workable strategies for workers/groups/individuals to implement regarding solvent and other volatile substance misuse, such as:
   - Development and implementation of a 'solvent sales and stocking' protocol – eg. location of products (ensure that they are not easily accessible or easy to shop lift).
   - Training of sales staff (ie. what 'chroming' is, identification of most 'at risk' youth, how to handle the situation, dealing with challenging behaviours).
   - Training of frontline workers (eg. Bayside train staff, police, community services workers, shop owners) how to interact with youth who have used solvents – not just adopt a move them on policy but provide them with information, services that they can attend etc.
   - Record the incident and develop a system for monitoring and distributing this data.
   - Develop referral protocols to services for instances of youth inhaling volatile substances.
   - Map public chroming hotspots.

4. **Phase 3 – Targeted chroming awareness program for at risk youth**

   Development and implementation of targeted interventions such as:

   - Group/peer support
   - Counselling provided to at risk youth
   - Recreational activities
   - Harm minimisation programs
   - Linking at risk youth to current community activities
   - Providing positive role models to reduce the likelihood of continued use, harmful use, or taking up abusing volatile substances and/or being involved in other antisocial or harmful activities
   - Ensure that these substances are less readily accessible

- Outreach to 'hotspot areas'
- Training, education and awareness of frontline workers and traders
- Ongoing support, education and training for key stakeholders
- Peer support/outreach provided to at risk youth
- Development of a referral process/protocol targeting at risk youth.[593]

Although this proposed plan is yet to be implemented, a number of initiatives have already taken place at the local level in Wyndham. Despite the lack of statistical data, anecdotal reports of increasing volatile substance use in public places in Wyndham – particularly trains, train stations and parks – have been sufficient to raise community concerns. A key proposal of the Wyndham Strategy Plan is the recognition of the importance of sophisticated 'mapping' of the 'hot spots' for chroming in the area and to note reasons as to why these may be popular places in which to chrome. In response to the growing concern about chroming in the Werribee area, Werribee Police commenced an awareness raising campaign regarding the misuse of volatile substances in the Wyndham community.[594] This strategy was targeted directly at local traders, who were made aware of the potential dangers of volatile substances through personal visits by police. Police identified a number of strategies through which traders could reduce the availability of misused inhalants, including:

- Re-positioning of stock in areas that are less prone to theft;
- Not selling products to at risk youth;
- Recognition of symptoms of volatile substance misuse.

Traders were reportedly supportive of this campaign and police were able to reduce the public visibility of chroming. However, it was not clear whether this reduction in visibility was due to a decline in the practice or whether it moved to a neighbouring geographical area. For this reason, the Council emphasised the need for coordinated community action across council boundaries.

Latrobe Valley Drug Reference Group

The Latrobe Valley Drug Reference Group was established in early 2000 as a response to concerns about the usage and level of chroming that had commenced in the Latrobe Valley area of Gippsland in late 1999.

It is a good example of a community strategy based on the needs of a rural and regional area with a relatively high proportion of Indigenous residents. The reference group is made up of the following representatives:

- Wanjana Lidj Aboriginal Family Preservation Program
- Department of Human Services – Intake & Program Coordinators
- High Risk Adolescent Reference Group

593 Submission of the Wyndham City Council, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001, pp.7–8.

594 ibid, p.4.

- Central Gippsland Aboriginal Health & Housing Cooperative – Bendin House & Kurnai Hostel
- Youth Substance Abuse Service
- Victoria Police
- Anglicare
- Latrobe City Youth Services
- Latrobe Community Health Service
- School Focused Youth Services
- Department of Education, Employment & Training – Turning the Tide Programme.[595]

The reference group was established in part due to some alarming statistics being collected by the Gippsland High Risk Adolescent Referral System. From August 1999 to July 2001 approximately 263 referrals were received from across Gippsland with regard to young people up to 18 years of age. The collated statistics showed:

- The average age of adolescents referred was 14 years 4 months;
- Overall 35% of referrals were for inhalant use;
- This was the major risk type for the two year period for referrals across Gippsland;
- Chroming was conducted by young people aged 9–18 years of age, both male and female, with average age of 14 years;
- 51% of Chroming referrals were for Koorie young people;
- 70% of Koorie referrals were related to Chroming;
- There is a high correlation between Chroming and mental and physical health issues;
- There is some correlation between Inhalant use and unstable accommodation (ie. transient and/or inappropriate accommodation situations);
- Four young people referred had been hospitalised, as they were unconscious due to Inhalant use;
- Six young people who were referred were found to be directly under the influence of inhalants, as observed by being found asleep on the street, unable to communicate clearly, walking down the middle of the street while under the influence, or walking down the middle of the railway line under the influence of Inhalants.[596]

595 See Submission of Latrobe Valley Drug Reference Group to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.1.

596 Submission of Latrobe Valley Drug Reference Group to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, pp.1–2.

The response of the Reference Group to what was perceived as an alarming state of affairs incorporates many of the community action strategies referred to above. The Group initiated the following actions:

- Gathering further information about the location and incidence of Chroming;
- Discussion with young people who were chroming, and with family members (funded by Court Fund);
- Extension of the currently operating High Risk Adolescent Referral System – utilised by Police to refer young people to appropriate Services (usually YSAS) on each occasion where Chroming was observed;
- Sending letters, followed up by personal visits, to local Businesses, who were in the market of selling volatile substances (usually Paints) at a low cost;
- Increased Police patrols in areas identified as being more likely places of Chroming behaviour;
- Clearing out of undergrowth etc where young people were known to be Chroming to make the behaviour more observable (and therefore more open to safety factors & responses);
- Teaching harm minimisation behaviours to users (supported by YSAS staff, Aboriginal Cooperative staff, Police etc);
- Establishing a Youth Club and youth program for Koorie young people in Morwell (with transport link-up to Moe, Churchill and Traralgon);
- Providing recreational, leisure, cultural, educational, health and social programs – funded by School Focused Youth Service ; and
- Establishing a communication flow between the Aboriginal Cooperative and other organisations (especially Schools – Secondary and Primary).[597]

Some of the observable outcomes over the past 12 months as a result of these initiatives have included:

- Reduced level of Chroming behaviour;
- Safer Chroming behaviours used;
- Withdrawal, or more appropriate placement of volatile substances (especially paints) within Businesses;
- Placing of volatile substances (eg. spray cans) on shop security systems (electro-magnetic field alarm system);
- Reduction of shop-lifting of volatile substances;
- Not selling volatile substances to anyone less than 15 years of age (checking identity etc);
- Increased involvement by young people in the Youth Centre/Club activities;
- Increasing number of volunteers who assist in Youth Centre activities;

597 ibid, pp.3-4.

- Schools beginning to make use of Koorie Drug & Alcohol Workers; and
- Increased promoting of Koorie cultural values/practices including employment of Koorie staff.[598]

The Latrobe Valley Reference Group provides an excellent example of community strategies being adapted successfully to the needs of the local community. It is to be congratulated on the comprehensive ways in which it has tackled volatile substance abuse and the outcomes it has achieved.

An important aspect of addressing local needs and implementing local initiatives is the role played by shires and municipalities.

The importance of local government in considering youth needs as part of its social planning function and the general role it can play in addressing volatile substance abuse is the focus of the next section.

The role of local government

The Committee acknowledges the importance of local government as a main player in matters affecting local communities. It has been therefore particularly keen to ascertain the views of local government authorities as to the extent and nature of volatile substance abuse in their shires and municipalities.

Each of the 78 local government authorities in Victoria were sent a copy of the Committee's *Discussion Paper* accompanied by a series of questions designed to gauge how big a problem volatile substance abuse is in their respective communities. Fifty-four councils responded with submissions. Of these submissions only five or six could be said to be 'in depth' submissions.

The local government submissions indicate that there are themes that are common and particular to local governance:

- Only a few councils see VSA as being a problem in their municipality. This is the same for both rural and metropolitan areas;
- Most councils now have Drug Strategy Plans (DSPs) or the equivalent. However, none of these specifically include volatile substance abuse;
- Many councils say their DSPs are flexible to include volatile substance abuse strategies should the need arise;
- One concrete strategy that many youth and community workers employed by local government seem to be agreed upon is the establishment of a *street-based outreach service.* As the City of Monash states, such a service is needed: 'as many young people who are no longer attending school have few if any community connections, and

598 ibid, p.4.

are therefore highly unlikely to be aware of support services, much less access them';[599]

- Some councils are concerned that volatile substance abuse is a 'cross-border issue'. Strategies should therefore be best devised and implemented in cooperation with and coordinated by neighbouring authorities to minimise displacement.[600] Ironically, some councils are concerned that the risks of displacement are greatest when neighbouring councils have implemented intensive, well funded and effective drug strategies in their areas;[601]
- Without doubt most councils see their role in this area as being facilitative. In other words, councils are best placed to bring together and in some cases fund meetings of concerned stakeholders in their communities with regard to volatile substance abuse. This may take the form of convening steering committees (as in Frankston City Council) or holding community forums (such as Wyndham City Council).

A common response from local government authorities is that it is difficult to implement a comprehensive policy with regard to issues such as volatile substance abuse and indeed health prevention generally without appropriate levels of funding. The City of Casey has stated that one of the main functions of local government is to advocate for increases in funding and its equitable distribution from state and federal government in order to provide appropriate programmes.[602]

Certainly many councils argue that they are witnessing an increase in the number and type of responsibilities being undertaken by local authorities but without a commensurate allocation of funding. Such a trend was remarked upon in the recent Report commissioned for the Australian National Council on Drugs (ANCD):

> [T]here has been a trend in western societies to reduce spending on infrastructure, and towards devolution of responsibility to the local community level. Devolution can be a good thing, given the importance of community influences on drug use and variants between communities in such influences. However, there has not been a transfer of funds to the local level along with the transfer of responsibility. Spending on developmental health needs to be seen as a social investment in societal adaptability and economic prosperity, rather than simply as a benefit to individuals (ANCD 2001, p.23).

599 Submission of City of Monash to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.2.

600 Displacement refers to the relocation of the manifestation of volatile substance abuse and its attendant problems to another geographic area.

601 See for example, the concerns expressed in the Submission of the City of Moreland to this Inquiry (p.10).

602 Submission of the City of Casey to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.7.

Funding is seen as particularly crucial with regard to collecting reliable data on the extent of the problem. The response of Frankston City Council is representative:

> Lack of appropriate funding is a problem confronting local government in relation to VSA. Council has identified two areas as requiring particular attention:
>
> 1. Research into levels of VSA in the community – the evidence base required for the development of appropriate responses to VSA
> 2. The Youth Services Team would like to visit each school in the municipality in an effort to make young people aware of Council services and the referral services available through the Council Youth Resource Centre.
>
> These are both resource intensive exercises not possible with current funding.[603]

Local councils acknowledge that their staff need to be better educated with regard to volatile substance abuse. In particular, youth services staff, recreation staff and parks, gardens and maintenance staff need an 'understanding [of] the effects of volatile substance abuse, what action to take if a person is found inhaling volatile substances and referral sources'.[604]

Most councils are not direct providers of drug and alcohol information, treatment or counselling services. Most local government authorities act as brokers, tendering such services out to community agencies. Nonetheless, many councils do view themselves as having a limited role in addressing volatile substance abuse within their communities. The views of the City of Casey, based in the outer southern fringes of Melbourne, are a good representation of the myriad, if indirect, responsibilities local government has in addressing this form of substance abuse:

> Council considers its role in addressing volatile substance abuse as follows:
>
> - Managing the Environment—responding to community concerns and requests to collect refuse, e.g. empty paint and glue containers, from public locations.
> - Facilitation and Leadership—Council has the capacity to bring key groups together in the community to develop local strategies to address volatile substance abuse (as is occurring with the development of the Casey Drug Action Strategy). These groups include local residents groups, businesses, treatment services and police. Council has the resources, such as venues, links with the key stakeholders and

603 Submission of Frankston City Council to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.5.

604 Submission of the City of Casey to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.8.

community members, and therefore the capacity to facilitate the community taking action to address local drug and alcohol issues.

- Building Community Connectedness—Council has a responsibility to build strong and healthy communities by developing infrastructure and programs that prevent young people from experimenting with drugs and minimising the harms caused to those young people who do use volatile substances. Council achieves this through: supporting sport and recreation clubs and services; developing civic programs that include young people; and promoting positive images of young people through Council and local media.
- Resource Allocation—Council has a responsibility to allocate its resources to those areas of highest, demonstrated need. The development of strategies to address volatile substance abuse will be addressed within the context of all the drug and alcohol issues identified for the full community.[605]

The Knox City Council adds that the strength of the local government in addressing volatile substance abuse is based in its:

> … relationship with local communities and its ability to deliver grassroots programs responsive to local needs. Planning and program development, raising community awareness and education on VSA are activities where the local government sector could take a leadership role.[606]

Non-government organisations also believe that councils have a key role to play. The Barwon Adolescent Task Force, the peak youth body in the Barwon/Geelong region, has generally good relations with the City of Greater Geelong. While it believes that more could be done through local government authorities to address substance use issues it also understands the funding and other constraints under which local councils operate. In its submission to this Inquiry it states:

> It is recognised that local government does have a role to play in developing and addressing the issues associated with VSA. Some ways in which local government can play a role is by implementing Community Planning Through Environmental Design (CPTED) principles. The City of Greater Geelong does develop and address issues in relation to drugs in general through the Local Drug Advisory Committee. Local government is responsible for the coordination and facilitation of this committee. Overall the role that local government plays is somewhat dependent on its existing role. As a minimum, local government should participate with key agencies in developing strategies through drug/safety work and or youth services. It should be recognised and acknowledged that local governments are only one of the key players within a community and therefore the entire responsibility should not fall on them.

605 ibid.

606 Submission of the Knox City Council to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.2.

> Some of the problems confronting local government in relation to VSA is that they are not service providers but an access point to the general community, therefore this ultimately limits their involvement. Local government can therefore play a role in education and informing the larger community and to respond to community concerns via the drug plan/strategy and the Local Drug Advisory Committee.[607]

Often the problems for local councils are compounded by the demography of the areas they govern. For example the Stonnington City Council has a very diverse profile ranging from the mansions of Toorak to the high-rise public housing in parts of Prahran. Tailoring programmes to address volatile substance abuse, let alone gauging its extent, is seen as difficult in such municipalities.[608] The City of Monash, which includes the culturally diverse areas of Oakleigh and Clayton, states:

> There is a range of difficulties faced by local government when addressing volatile substance abuse. These include language and cultural barriers, apathy in certain sectors of the community, and misinformation, particularly in relation to hysteria being fanned by media and fear. There is a real need for greater community participation. However, Council has noticed a prevailing attitude within sectors of the community suggesting that the resolution to a range of social issues is Council's responsibility rather than that of the broader community.[609]

Some councils have taken a more proactive role with regard to volatile substance abuse. This is particularly and understandably the case in areas in which the problem is perceived as being serious, where there are noticeable and visible manifestations of the abuse and/or there is an associated issue of graffiti in the neighbourhood.[610] Two local government authorities that have

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607 Submission of Barwon Adolescent Taskforce to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.7.

608 See Submission of the Stonnington City Council to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002.

609 Submission of City of Monash to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.2.

610 The Youth Affairs Council of Victoria makes the interesting observation in its Submission to this Inquiry that few inner metropolitan councils with which it had been in contact considered volatile substance abuse a problem in their area:

> 'Those councils reporting more problematic use tended to be outer-suburban, rural and regional councils. A key factor precipitating greater use in rural areas may be the lack of access to other drugs:
>
> "*In country areas drugs such as heroin are less accessible so chroming can become quite popular particularly in the 10–16 age group.*"
>
> "*It's a cheap and accessible drug in rural areas. There's also a problem in the lack of services so we can't adequately address the issue.*"'

(Submission of Youth Affairs Council of Victoria (YACVic) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.8. The comments of youth workers present at a 'chroming forum' organised by YACVic are italicised.)

The views of YACVic with regard to less volatile substance abuse occurring in inner city areas is not reflected in some of the information being provided to this Inquiry. Such contradictions merely reinforce the urgent need for effective data collection and research as to the extent of the problem. This issue is discussed further in Chapter 26.

taken the issue very seriously are the Wyndham City Council, based in the western fringes of Melbourne, and the Darebin City Council (The 'Can It' Project) in the metropolitan north. The projects and strategies of Wyndham City Council have been outlined earlier in this chapter. The 'Can It' Project is a local government approach to understanding and addressing inhalant abuse within a local area. It has recently received funding from the Victorian Department of Human Services. Two of the Project's officers presented at this Inquiry's Public Hearings and outlined the Project to the Committee.

Ms Sharyn Scott, Drug and Alcohol Senior Policy Officer from Darebin City Council, first outlined the reasons why the Project was thought necessary:

> The issue in Darebin arose in a particular park, which is a really beautiful park behind the Darebin arts and entertainment centre. What we were experiencing there were young people chroming in groups almost every day, and the group changed a little bit in nature. There are still young people using in that park. It varies over time – who is there and how many are there.
>
> The councillors were quite concerned about this and raised it at a council meeting, and that is when our local media caught on to the issue and we had a series of media articles. We have brought some along today. They are still continuing now, so there have probably been more than 50 newspaper articles – often front page, often photos of young people – throughout the year. It started last January and has continued for over 12 months now.
>
> There is also a school that backs on to this park. The parents at that school were really concerned about their children witnessing the chroming on a daily basis, and they were wondering what effect that was having on their own children. So we have been very involved with that school community and had a parents' forum and talked about issues of drug use with that school community.
>
> Other groups that we have been working together with a lot are the police, I guess, in their struggle as to what their role is around inhalant misuse. There have been occasions when we have encouraged the police to move users on. There have been other times when we have tried to work with the police to not do that.
>
> Another group that experiences some of the associated harms is our own park's staff at the City of Darebin. The park's staff who manage and maintain the park are in daily contact with young people who are using. Their experiences are often around vandalism, which it is their responsibility to repair, but also they experience threats and abuse from the different young people who use the park.
>
> Then there has been the bigger Darebin community and its response to chroming. Those responses have been really mixed, as you would expect, but we have received the clear message that it is difficult for other people in the community because there is so much fear associated with young people who are chroming. So the park is not often used by other people. People who would have used it for weddings and such things have been cancelling

> because they do not want to be associated with that space. There is also the fear expressed by parents and other people in the community about witnessing people chroming and finding that really difficult.
>
> It was recognised that it is a significant issue for our community, whether that is significant in terms of numbers or significant in terms of the harm on the community.
>
> I think anecdotally Darebin probably does experience more chroming than other areas, but it is something which is so difficult to gauge. I think in Darebin it has certainly been very visual and it has been very public use. It has also fluctuated over time.[611]

Ms Scott's evidence is testament to the multiplicity of issues that local governments face with regard to addressing volatile substance abuse within their borders and the variety of stakeholders, often with conflicting agendas, that they must serve. These sometimes conflicting views formed the backdrop to the Project.

The Project itself has the following stated aims:

- To explore and understand inhalant misuse in Darebin
- To undertake an action research project to inform a local area strategy
- To implement a local area strategy to address inhalant misuse in Darebin including primary interventions; secondary interventions; information and training for community groups, local traders, police, youth services; and public space issues.[612]

Ms Gina Mancuso, the Project Officer of Can It, outlined to the Committee the approach such action research will take:

> We are looking to capture people's experiences and views. … every one of those stakeholders has a different experience with chroming. In that sense we are conducting a qualitative methodology.
>
> We are looking to conduct a series of interviews with the key stakeholders to explore and understand what their experiences have been. The groups that we have chosen – and it is quite comprehensive – include the users themselves; parents and family; workers, the drug and alcohol workers that deal with clients on a weekly basis; traders; and police. We plan to access these particular populations just by snowball sampling through our own informal networks and that sort of thing.
>
> … we should come up with some sound recommendations that will then go to make the local action plan. In that we anticipate to include guidelines around a media communication strategy, guidelines to assist users and guidelines to assist parents, and it can almost act as a template for other local

611 Ms Sharon Scott, Evidence given at the Public Hearings for the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, 30 April 2002.

612 Darebin City Council, 'Can It' Project Briefing Notes presented at the Public Hearings for the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, 30 April 2002, p.2.

> governments should they experience chroming, as it is very much of a cyclical nature.[613]

The Committee realises that not all councils will have the funding nor the expertise to undertake community action or research projects with regard to volatile substance abuse. Other councils, perhaps misguidedly in some cases, simply do not believe the issue affects their municipalities In one local government authority where volatile substance abuse is thought to be quite high the response to the Committee's question '*What leadership focus should local government have in addressing VSA?*' was admirably frank, although given the levels of abuse thought to exist in that community somewhat disturbing:

> I would doubt that the majority of our Councillors would even understand what VSA is. So, in the first instance there needs to be an awareness raising campaign to get the issue out into the open and get some informed, healthy debate happening. Councils will have to grapple with how they are to weave the role of local government into a responsive strategy. Local government, as alluded to above, is in a position to have a facilitation and coordination role in the response to the issue of VSA. It may be that this role needs to be articulated and incorporated in the development of Municipal Public Health Plans or other strategic documentation.[614]

A common theme running through this Report is that, wherever possible, in addressing volatile substance abuse local needs should be met by local communities and local strategies. As a key player in local communities, shires and municipalities have an important role to play in this regard. This is particularly the case in areas such as leisure and recreation.

The importance of recreation

When Chapter 5 examined the issue as to why young people may engage in volatile substance abuse one of the issues that was clearly important was boredom. A lack of meaningful employment opportunities combined with a paucity of constructive leisure activities can be a clear indicator of susceptibility to volatile substance abuse. This is particularly the case for the experimenter or first time user.

While the Youth Affairs Council of Victoria have stated that leisure activities cannot be seen as a panacea or 'cure all' for problems pertaining to solvent use because they do not necessarily address the underlying problems contributing to drug use (particularly, 'escaping reality and mask[ing] pain'), neither should they be ignored or underestimated as *one* part of an overall strategy:

> One worker indicated that boredom was a key issue in her area and that the provision of alternative activities did reduce levels of 'chroming': 'c*ouncil did*

613 Ms Gina Mancuso, Evidence given at the Public Hearings for the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, 30 April 2002.

614 The Committee has decided not to identify this council in order to protect the anonymity of its employee.

> *run a drop-in centre and young people did attend and did not chrome on those days*'. This indicates that the availability of accessible and affordable recreational opportunities can have an impact on young people's drug use. For this reason, YACVic has urged the State Government to continue to resource the provision of supervised drug and alcohol free entertainment and to ensure these activities are relevant to all young people.[615]

The Yarra Drug and Health Forum concurs with this view. They add the rider that any strategies to address volatile substance abuse, including those pertaining to leisure and recreation, must be devised and implemented in consultation with young people themselves:

> Communicate with young people and ask them which activities would appeal to them and then establish them accordingly. Boredom can be the crucial factor that causes young people to experiment with chroming, therefore it is of vital importance that skate ramps, cinemas, swimming pools and other entertainment facilities are provided to young people at prices they can afford. In particular, greater emphasis should be placed on allocating funds to rural regions. The lack of public transport in rural Victoria [and outer metropolitan Melbourne] needs to be addressed, as this is a major obstacle for young people accessing all facilities.[616]

The YDHF adds that the need for leisure programmes and infrastructure is particularly acute in rural areas:

> The issue of isolation and ensuing depression needs to be addressed, again especially for Victorians living in rural areas. There is currently an abysmal lack of infrastructure in rural regions, which discriminates against people who are already disadvantaged and compounds the difficulties they experience living outside metropolitan Melbourne.[617]

This is a view endorsed by academics Patterson and Pegg. They argue that access to suitable recreational, sporting and entertainment facilities is 'severely restricted' in rural areas. This is particularly so for young women especially those who do not follow cricket, football or other sports (1999, p.27). The knowledge that there are such deficits in rural leisure facilities is hardly new. Patterson and Pegg refer to a Select Committee on Youth Affairs that had deplored this state of affairs in Western Australia:

> The Committee was particularly concerned about the lack of programs and facilities offering young people challenge and risk-taking opportunities.
>
> *Because of the lack of facilities and programs, and the resulting boredom, these young people often congregate in public places where they are often involved in*

615 Submission of Youth Affairs Council of Victoria (YACVic) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.9. See also Youth Affairs Council of Victoria (2002a) *At What Cost? The Impact of Funding Cuts to the FReeZA Program 2002*.

616 Submission of Yarra Drug and Health Forum (YDHF) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.6.

617 ibid.

> *illegal or antisocial activities* (Western Australia Legislative Assembly 1992, p.32) (italics in original) (Patterson & Pegg 1999, p.26).

Little has changed, according to both academic and community sources. This is particularly alarming because as Patterson and Pegg note there is a definite link between leisure boredom and drug and alcohol use and youth suicide, particularly in rural Australia (1999, p.24). Moreover, they continue:

> There is a growing body of knowledge to support the assertion that leisure is an important context for young people in terms of identity formation (Patterson & Pegg 1999, p.27 drawing from Kelly 1990 and Evans & Poole 1991).

Recreation is seen as a particularly valuable part of an overall strategy to address existing experimental volatile substance use or prevent the use of solvents in the first place. In this context recreation and leisure is seen as a protective factor, of particular importance among school children. Conversely, recreational programmes are seen as being of limited success or relevance to the chronic user, many of whom will not be part of defined networks such as school or family. D'Abbs and MacLean note that an earlier Senate Committee investigating volatile substance abuse in 1985 observed that recreational programmes are unlikely to appeal to chronic sniffers:

> 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 … [Aboriginal] Community members … saw recreational programmes as being more useful as preventative measures, appealing more to would-be sniffers and experimental sniffers than to current sniffers … Recreational programmes are not a substitute for treatment and rehabilitation programmes for chronic sniffers. Indeed, they may be of most value when they exist alongside more intensive programmes for chronic sniffers, as happened in Manangrida [a remote Aboriginal community]. Here a family worker provided a counselling and support service to chronic sniffers and their families and a recreation officer offered programmes of activity to a broader section of youth (d'Abbs & MacLean 2000, pp.37–38).

DAS West, a community health agency serving the western region of Melbourne, argues that recreation strategies:

> [have] been found to be particularly successful as a tool of engagement and reducing level of use amongst 12–14 year olds. This form of recreation often occurs with 1–2 young people and a youth alcohol and drug outreach worker. The recreation offered generally needs to cater for high risk groups as mainstream programmes such as local government programmes are not equipped to deal with challenging behaviours.[618]

The need for well funded and comprehensive leisure and recreational opportunities are seen as particularly important for young members of the

618 Submission of DAS West to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.3.

Indigenous communities. Although the particular needs of Indigenous volatile substance abusers are discussed in a later chapter, it is apposite to quote the views of a leading Aboriginal academic at this stage:

> Marcia Langton is convinced that providing kids with recreational facilities is one strategy that actually works: 'If kids are playing sport, or going on bush trips, or playing music, they are being provided with healthy ways of finding pleasure. Many communities are developing these initiatives, but they're not getting the funding they need to sustain them (Langton cited in Collinge 1991, p.22).

The need for adequate leisure is viewed not only as important for children and adolescents. A lack of leisure opportunities for families can also result in negative consequences:

> A lack of leisure time for parents means unsupervised and unfulfilling time for children as they grow up, particularly for children whose parents cannot afford alternative childcare. Further, people can be 'shut out of society' if they are unable to participate in customary leisure activities (ANCD 2001, p.16).

Related to the need for comprehensive leisure programmes, particularly those catering for disadvantaged children and adolescents, is the need for local management of public space that is not exclusive of young people. There is an extensive literature on how young people can be viewed as threatening or disruptive in the use of public space.[619] Many submissions to this Inquiry have argued that social planning strategies, particularly those at local government level, must be more 'adolescent friendly' as one part of a strategy to address youth drug use:

> Groups of young people are often seen as threatening or disruptive. Many times they are discouraged from using public space because of a perceived threat that if they are allowed to congregate they may engage in illegal or unsafe activities. Ironically, young people naturally form social groups in order to feel validated by the group. The management of public spaces must be youth friendly and should address their needs for recreation and leisure. Young people often need to occupy or use public spaces without being threatened or "moved on". It is important that management policies pertaining to public space reflect these needs.[620]

Further initiatives as suggested to this Inquiry

The lack of statistical data has proven an obstacle to the design of appropriate community responses to volatile substance misuse. Such responses are likely to be compromised without an accurate appreciation of the extent of the problem. Some have sought to overcome this obstacle by attempting to

619 See for example, Cowrie 1993; Cunneen 1988.

620 Submission of North Melbourne–Flemington–Kensington Drug and Health Forum to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.4.

measure local prevalence. Youth Projects Inc., for example, coordinated a project whereby a Drug Safety Worker kept a journal of chroming activity in the Kensington/Flemington area over a four-week period. As the worker responsible stated:

> The journal records four known 'chroming' sites in the Newmarket area. It seeks to provide a more accurate picture of 'Chroming' and other drug related activities in the area. It is hoped that more accurate strategies may be developed from the outcomes (Begley 2001).

The following recommendations for strategies to address volatile substance abuse in Victoria are taken from submissions presented to this Inquiry. Many agencies have submitted suggestions for strategic approaches to address volatile substance abuse. These appear in various sections of this Report appropriate to the relevant subject matter or topic. They are not repeated again in this section but should be borne in mind in an overall reading of this Report. Submissions from Koori organisations are addressed in the section pertaining to Indigenous issues in Chapter 23.

Two important factors should be noted at this stage. First, a common refrain from many respondents is that solvent users, while having many of the same problems as other drug users, do not necessarily 'fit well into a standard drug and alcohol programme easily'.[621] Second, the number of protective factors outlined in Chapter 5 that may prevent young people from starting or continuing with inhalant use also need to be borne in mind in devising or implementing any strategies targeting volatile substance abuse.

MacKillop Family Services

The community agency MacKillop Family Services (MFS) provides residential care to some of the state's most disadvantaged and disturbed children and adolescents. MFS argues that strategies to address the volatile substance abuse of young people 'in care' must have both a preventative and a secondary focus:

> First, there is need for a set of strategies to minimise the harm caused by chronic chroming among young people in care:
>
> (a) Inhalants are too readily available for purchase (or theft). Retailers must be made aware of the dangers of chroming and required to stock potential inhalants where products are out of reach of young people and always in view of staff. Current legislation prohibiting the sale of inhalants where it is suspected the product will be abused needs to be clearly communicated.
>
> (b) Peer pressure is highly influential. Agencies should not have to accept young people who are known to be chromers being placed with other young people who are innocent of chroming.

621 Youth Affairs New Zealand, Submission of Sandra Meredith (Senior Policy Adviser) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.19.

(c) It is difficult to intervene when a young person in care is in the act of chroming. Police, Ambulance, Child Protection, Drug and Alcohol services, Mental Health services and agency staff need to have a coordinated and mutually supportive response. An extra staffing position should be funded when a chronic chromer is placed in care, particularly to ensure there is an active 24-hour staffing option available.

(d) Young people who are chroming are at risk of considerable self-harm, but lack appropriate support or placement because their activities are neither illegal nor seen to fall into the normal category of self-harm. Between ordinary residential units and secure welfare, there is need for a residential facility that offers security, informal therapy and education, perhaps in a rural context where access to substances is limited.

(e) Where a young person is placed on bail, especially as a result of behaviour related to chroming, part of the bail condition might include imposition of a curfew and a prohibition on chroming.

Secondly, on the broader policy front, there is an urgent need for an increase in early intervention and placement prevention and for policies to address the underlying sense of hopelessness.

(a) There is need for an increase in funding for services that support and strengthen families where young people are at risk. While this seems obvious, in practice the funding of family support services has recently been reduced rather than increased, which raises the probability of young people coming into a dangerous chroming environment. This policy decision needs to be revisited urgently.

(b) Public Education needs to include at-risk young people, particularly in early adolescence, by providing schools with adequate resources to support and socialise these young people.[622]

Anglicare

The community agency Anglicare also deals with some of the state's most disenfranchised and disadvantaged children. It also provides residential services for these disturbed adolescents. Anglicare has impressed upon the Committee the need to be proactive and preventative in addressing volatile substance abuse rather than just reactive and intervening once the problem has manifested itself, particularly in the state residential care system. Drawing from its own Report 'Children in Crisis – Trends in Out of Home Care in Victoria', it found that:

> [I]f adequate family support and respite services were provided at an early age the need to remove children from their families initially may be averted, together with the associated impacts from this removal. Further, Sarah Wise's 2001 report with Anglicare Victoria for the Institute of Family Studies, 'The UK

622 Submission of MacKillop Family Services to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, pp.2–3.

> Children in Need approaches in Australia' has recommended that offering greater support and assistance to families in the raising of their children can help reduce the reliance on child protection services to manage cases before they warrant protective intervention, and help tilt the balance between support and protection more appropriately towards family support.
>
> There is the need both for a political and community will to accept responsibility for service delivery to its most disadvantaged members. Irrespective of whether children are known to statutory agencies, provision should be made for the adequate and timely support of children and their families on the basis of need. This will require highly skilled, specialist and trained staff to respond to individual cases and to support families under duress where a young person is experimenting or a regular chromer. The approach should be one of shared risk and responsibility between the community service organisation like Anglicare Victoria and the State Government who has statutory responsibility for the majority of these young people.[623]

Children's Welfare Association of Victoria (CWAV)

The CWAV, the peak body representing child and family community service organisations, is concerned that their constituent services do not have sufficient resources or capacity to provide the intensive assistance that people who use volatile substances (and their families) may require. In its submission to this Inquiry, CWAV states:

> Whilst there has been a major expansion in youth-focused alcohol and drug services over the past five or so years, it is sobering to acknowledge that in 1995/96 only 703 young people were registered as users of these services, and that this number grew to nearly 5000 young people in 1998/99. This is indicative of the need for the continuing development of a youth-specific drug treatment service system. Such development will be critical to increasing the sector's capacity to achieve favourable outcomes …
>
> In particular, CWAV believes that Government should invest in the establishment of the "Intensive Therapeutic Interventions Support Service" as a matter of urgent priority. The model put forward in "When care is not enough"[624] describes a service that would support the development and delivery of cross-programmatic services, including intensive therapeutic services, across Child Protection, Mental Health, Juvenile Justice, and Drug Treatment Services. Such a service would provide:

623 Submission of Anglicare to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.15.

624 Morton, Clark and Pead (1999) 'When care is not enough: A review of intensive therapeutic and residential service options for young people in out-of-home care who manifest severe emotional and behavioural disturbance and have suffered serious abuse or neglect in early childhood', Department of Human Services, Melbourne.

- Consultation, training and support to workers from the four program areas, including support to cross-program service development and service delivery groups
- Practice related research to guide service development and clinical practice
- Specialist direct care services including, specialist assessment, specialist crisis services, medium-term residential treatment types, and mandatory inerventions.[625]

In a separate document presented to the Drugs and Crime Prevention Committee, the CWAV made the equally salient point that:

> CWAV would also like to emphasise the need to increase the capacity of the residential care system to ensure that young people who have not been exposed to the inhalation of volatile substances are not placed with young people who are known to be chronic inhalers of volatile substances. At present the residential care system is nearly always at or above full capacity and therefore 'case mix' within each residential facility is more often than not less than ideal. Government needs to build flexibility into the residential care system so that greater matching of the individual needs of young people with available resources and facilities can occur (CWAV 2002a p.4).

Victorian Alcohol and Drug Association (VAADA)

VAADA is the peak body of community drug and alcohol agencies in Victoria. In April 2002 it convened a forum into volatile substance abuse held at Melbourne Town Hall.

> The aims of the forum were to address some of the practical issues facing agencies including the skills, experience, training and resources required to ensure adequate levels of support in working with complex, special population groups, particularly chromers (VAADA 2002, p.3).

Based on the input at the forum and the views of the participants, the VAADA Board of Directors has endorsed the following recommendations:

- In some instances, when all other options have been explored and no other strategies can safely be implemented, monitoring the health and wellbeing of chronic chromers may be the only remaining and appropriate (if not preferable) option.
- It is unrealistic to expect generalist services who are responsible for the care of many children, to be able to manage the most difficult and complex young people. In these instances, there is a strong case for provision of specialist alcohol and drug services that are adequately resourced to meet the individual problems of these most difficult of clients.

625 Submission of Children's Welfare Association of Victoria (CWAV) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.2.

- In Victoria at present, there are only eight residential intensive longer term drug treatment beds and 8 secure welfare beds available for these clients. While another nine treatment beds will be in place by 2003, this situation is clearly inadequate.
- The specialist drug and alcohol sector is not adequately resourced to meet the needs of our most desperate clients. We cannot expect drug and alcohol workers, who constitute the worst paid and least supported of health and welfare professionals in our community, to work miracles with our most complex individuals. This expectation can only lead to a failure of the service system to appropriately support the most difficult cases. If we are serious about addressing this problem, then clearly, this situation must be redressed (VAADA 2002, p.4).

North Melbourne–Flemington–Kensington Drug and Health Forum

This community forum made up of representatives of health services, community and youth workers and local government representatives (Moonee Valley City Council) in the inner north-west of Melbourne stresses the importance of local initiatives for local needs. These representatives view the use of peer group networks of young people for young people as equally important. The specific strategies they have recommended to the Committee are as follows:

- A mentoring service – It may be useful to develop a mentoring service using a peer support model. Young people who are struggling could be linked to other young people who have already developed strategies to deal with their own issues.
- Strengthening the broader community – This would need to include young people as integral members of civic and community life. This would be reflected in the services available to young people in the community. This may also include positive representations of young people within the community.
- There is often a lack of social supports, lack of leisure space, lack of recreational activities, lack of home space for leisure activities and a lack of resources for out of school activities for young people and their families who live in public housing estates. Creating opportunities for young people to feel connected, comfortable and "at home" in their living environment is essential for their development and safety.
- Agencies supporting young homeless people are able to address why young people feel the need to use inhalants. It is essential that these agencies continue to be supported.
- A co-ordinated local response to the factors that contribute to VSA is the most appropriate way to address this issue. It is therefore essential that

> local government, services, schools, traders and young people are supported financially and politically by state and federal governments.[626]

Youth Affairs Council of Victoria (YACVic)

In its submission to the Drugs and Crime Prevention Committee concerning the decriminalisation of public drunkenness, YACVic supported the establishment of sobering up centres to provide a safe space for young people to sleep off the effects of their intoxication. YACVic and some of its member agencies and youth workers believe that sobering-up centres could also play a (limited) role in reducing the risks associated with chroming. There are problems, however, associated with such an approach:

> The main problem is that the effects of volatile substance inhalation typically last for a short time. Thus, a person may have 'sobered up' by the time they reach the centre. However, the process of being picked up by an outreach worker and driven to a centre does fulfil harm minimisation principles in that it may remove the young person from a dangerous location and provides a safe space for them to sober-up. Sobering up centres would also be able to link problematic users into appropriate services:
>
> '*If they're wandering around, part of harm minimisation is to stay close and observe so if you've got somewhere they can be dropped off and there are no repercussions or charges, then that's good.*'
>
> Workers do not expect that sobering-up centres will necessarily prevent future use of volatile substances. As one participant noted, '*what's to stop them chroming again when they get out*'. However, it is one way in which young people may be kept safe while intoxicated.
>
> As mentioned in our submission to the public drunkenness inquiry, we believe these centres should provide an appropriate environment for young people. If not, young people may try to avoid being detected by police and outreach workers and this could result in more dangerous practices in less public places: '*if it's uncool, it would push chromers further underground*'.[627]

The City of Casey

The City of Casey based in Melbourne's outer southern region, like many other agencies, stressed the importance of peer educators. Peer educators may be the best people to educate young people who chrome about the dangers of the practice. Young people are more likely to identify with people of approximately their own age who engage with them in non-confronting ways. Peer education programmes may best be implemented through well funded street outreach

626 Submission of North Melbourne–Flemington–Kensington Drug and Health Forum to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.3.

627 Submission of Youth Affairs Council of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.17. The comments of youth workers present at a community forum on 'chroming' have been italicised.

services. The City of Casey sees a role for local government in delivering such services, although funding assistance from state or federal governments would be required:

> Building accessible community infrastructure that can respond to the current and projected increase in young people. Provision of youth programs that are attractive to young people and have the trust of parents is important in building protective factors in young people, thus reducing the likelihood of them engaging in volatile substance abuse. Programs need to be available during times when young people are most at risk of engaging in risk behaviours, mainly school holidays and weekends. Local government is dependent on both the Commonwealth and State Governments for much of this funding but has a key role in advocating for increases and equitable distribution of funding.[628]

Victoria Legal Aid (VLA)

VLA, as with most community agencies, argues that: First, any government interventions must 'reflect a sound analysis of user motivations'. Second, interventions and strategies targeted at experimental users may be ineffective on chronic older users. Third, there must be a substantial increase in social services resources aimed at young people, particularly in areas such as residential care and pre-and post-child protection services. Rather than place young people in 'secure welfare':

> A preferable approach would be to make greater investment in one-to-one placements so that young people already heavily into inhaling can be placed where they will have more support. A further advantage of this would be to reduce their contact with new entrants into the system, thereby limiting the access of more young people to the inhaling culture.
>
> Equally important is the allocation of resources to carers for providing extracurricular activities of interest to young people. As indicated above, many young people use inhalants to escape boredom and depression. It takes considerable resources and effort to provide them with alternatives.
>
> Some young people inhale to self-medicate psychiatric illnesses. While waiting lists for counselling has improved, they still exist for drug and alcohol services and adolescent mental health services. More outreach workers in both these service areas are necessary because young people are more likely to access a service in the community, rather than through formal set appointments.[629]

The VLA suggests as a best practice intervention the establishment of a 'Youth Inhalant Response Network'. This would entail the employment of dedicated youth and health workers to respond to inhalant related incidents:

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628 Submission of the City of Casey to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.7.

629 Submission of Victoria Legal Aid to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.3

> An incident might be the simple discovery of an inhalant affected young person in a public place, or more seriously, disruptive antisocial activity. The network should consist of trained workers, in many cases from existing agencies and organisations, who are ready to respond to incidents in public and private places when called into action by an agreed protocol. Depending on location and demand, members of the network could be available on-call or as a dedicated service coordinated by a central call centre. Such a network would provide benefits to users and the community.
>
> Young inhalers will benefit from a team of workers who are non-threatening, non-police, non-protective services personnel. Unlike many uniformed personnel, the workers will have a working knowledge of substances inhaled and their respective physical and social effects and risks. They will be able to provide inhalers with ready access to appropriate services on a deliver-now or referral basis. This will provide inhalers with a direct connection to a local support network which will provide contact to other services to which the inhaler may not previously have had access. Specific tasks undertaken by workers might include transport home or to a safe place, someone to talk to and referral to other services providers.
>
> The community will benefit from the network by releasing expensive services such as the ambulance and police from attending those incidents that do not require their highly specialised expertise. The community in general will also have a reference point when confronted, as members of the public often feel, by incidents of inhaling. The network in some locations could include accredited volunteer members, which would offer local communities, which have the capacity to do so, a hands-on way of responding to inhaling issues.[630]

VLA suggests that the Youth Inhalant Response Network should ideally be supported by an Emergency Services Protocol. Such a protocol would assist police, ambulance services and the Response Network to determine procedures for referrals and assistance:

> A typical protocol would encompass the following: guidelines whereby, following initial attendance at an incident, police or ambulance personnel would determine the necessity for calling another emergency service; procedures for referral to the network by emergency services and concerned community members; expectations of the network in terms of responding to non-criminal or non-medical needs and calling emergency services; clarity in relation to the standards of care owed by each party.
>
> The protocol would free-up police and ambulance services, ensure an appropriate duty of care is observed, and provide a framework within which the most appropriate service is accessed by an inhaler.[631]

630 ibid.

631 Submission of Victoria Legal Aid to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.3.

Clearly, the Response Networks would be expensive propositions. Nonetheless, the Committee believes they are strategic responses that have merit. It is advisable that costing should be undertaken to look at any savings that could be made by the use of these types of alternative interventions.

Federation of Community Legal Centres (Victoria)

The FCLC is the peak body for community legal centres in this state. Similar to many of the agencies that have given submissions to this Inquiry it believes specialist programmes are required to address volatile substance abuse: In particular:

> The Federation advocates for the expansion of existing youth health and generalist support services and the introduction of crisis interventionist teams attached to those services to deal specifically with inhalant-related incidents and symptoms. An outreach model is most appropriate and the effectiveness of the service will either be enhanced or diminished by the following:
>
> (i) availability of supervised/supported overnight accommodation for crisis or immediate interventions (in this regard, the Federation refers to the sobering-up centres addressed [in the Drugs and Crime Prevention Committee's Final Report on Public Drunkeneness] and advocates for a similar, but VSA specific, model);
>
> (ii) the availability of on-going counselling, drug and alcohol rehabilitation programs (residential and out-patient) and supported housing options to which the outreach program can refer;
>
> (iii) education and information dissemination to all relevant and likely contact groups/services about the effects of VSA and what to do on encountering VSA.
>
> Crisis intervention teams could be based on existing models such as the overdose response unit. Such a unit would need to be geared specifically to working with people affected by VSA. Police and others coming into contact with people believed to be 'at risk' could contact the crisis unit. This unit would need to be resourced to do follow up work and make appropriate referrals.[632]

The Department of Human Services has noted that local councils are increasingly taking up the issue of volatile substance use. Attention was also drawn to the joint initiative designed by Darebin City Council and the Youth Substance Abuse Service called 'Can It'.[633] This project is in a developmental stage, however an application for funding from the Department of Human Services has recently been successful.

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632 Submission of the Federation of Community Legal Centres to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.3.

633 Submission of the Department of Human Services, Drugs Policy and Service Branch, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, September 2001, p.3.

Best practice local initiatives in Western Australia

The following sections detail two local initiatives to address volatile substance abuse in Perth, Western Australia. The Committee believes both these projects could usefully be adapted in Victoria.

The Midland Project, Perth, Western Australia

The Committee has been impressed with a best practice local community partnership established in Midland, an outer eastern area of Perth. Midland is an area that has had relatively high levels of volatile substance abuse over a long period of time, particularly among either the established Indigenous (Noongar or Nyungar) communities in the area or visitors to the area from rural parts of Western Australia. However, it has been stressed by people involved with the Midland Project that volatile substance abuse is also a problem among non-Indigenous adolescents, although chronic use is more prevalent among Indigenous groups. In recent years the inhalation of chrome paint has been a particular problem.

The Midland Project had its impetus in the concern local retailers felt about the high levels of theft of spray paint and associated violence and unruly behaviour exhibited in and outside their stores.

The retailers got together with local police representatives and community agencies to plan a response to volatile substance abuse in the local community.

A key aspect of the Midland Project is the *Retailers Acting Against Solvent Use – Resource Kit*.[634] This manual was developed in partnership with local retailers, the Midland Police Service and the North Eastern Metropolitan Community Drug Service Team (NEMCDST), It was officially launched by the then Minister for Health in October 1999. First Class Constable Daniel Di Giuseppe, Officer in Charge of the Eastern District Drug and Alcohol Advisory Unit, describes the impetus for the Retail Kit as follows:

> The Project was instigated in June 1998 when local business owners in Midland CBD met with the OIC of Midland Police Station in order to resolve a behavioural problem becoming evident in and around their premises.
>
> There had been a general increase in vandalism, graffiti damage, shop stealing and threats of violence towards retailers, their premises and [the] general public.
>
> Main issues identified were:
>
> - Safety concerns of staff etc.
> - Perception that retailers would be breaching anti-discrimination legislation if they refused to sell to an indigenous person.
> - The retailers' general lack of knowledge of rights in this situation.

634 A copy of this Kit is provided in Appendix 29.

- No consistent, formulated approach to dealing with sale/supply (i.e. – one retailer wouldn't sell, then the next would).
- A sense of community responsibility not to sell these substances.
- Lack of First Aid Information for treating users.
- Retailers' knowledge of their rights in removing individuals from premises.
- Taking onus away from retailer, in that they are not personally seen as the individual responsible for not selling. (Seen more as community decision not individual.)
- Retailers' [lack of] knowledge of the substances most likely to be used to intoxicate.
- Community attitudes – not my problem to fix.
- Number of truants using.[635]

Ms Linda De Haan, the original Coordinator of the Project, describes the problem the planning group was faced with as follows:

THE PROBLEM

- Groups of young people gathering around retail stores;
- Intoxicated young people in the stores;
- Visibly 'sniffing' in the streets and parks;
- Violence, theft and/or damage to shops, particularly single operator stores;
- Difficult management of intoxicated young people in and around stores;
- Underage purchase of solvent products; and
- Purchase of solvent products by persons over 18 years for their use or for the use of minors.

The list identified above created problems for a number of different groups:

- The retailers;
- The Police;
- Community members;
- Business sector (i.e. damage to buildings in the CBD);
- Treatment agencies; and
- The young people themselves.

PROJECT OUTCOME

The NMCDST identified three separate groups that they would enter into a community partnership with:

1) Retailers and Police;

635 First Class Constable Daniel Di Giuseppe, Officer in Charge, Drug and Alcohol Advisory Unit, Eastern Metropolitan District. Notes on Retailers Acting Against Solvent Abuse, compiled for the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, 3 May 2002.

2) Midland Aboriginal Advisory Group, and

3) Community and Business members through the Midland Local Drug Action Group.

Although each group had defined their own desired outcomes for their particular part of the project, the overall aim of the project was

> "To reduce the use of solvents among young Aboriginal population in the Midland district" (De Haan 2000, p.9).

Ms De Haan describes the development of the Retailers Kit in the following terms:

> The aim of the Resource Kit was to arrive at a common consensus among the retailers of solvent products by creating a sense of community responsibility in their decision not to sell (or *to sell)* solvent products.
>
> One of the major obstacles to the refusal of sale reported by the retailers was the threat of prosecution on the grounds of discrimination. Many retailers and national chain stores were reluctant to move against an unwritten code and risk possible negative publicity if litigation should occur. The retailers who attended the monthly planning meetings collectively agreed NOT to sell solvents if they had reasons to believe that that particular compound was likely to be used for the purpose of intoxication. This decision raised a number of questions which led to the development of the 'guidelines to retailers' question and answer sheet which was included in the resource kit.
>
> All retailers agreed that their priority was for their own and their employees' safety, and then the safety of their property. Each retailer was encouraged to establish connections with other retailers in their area and form a 'Neighborhood Watch' type program with the surrounding businesses. It was decided not to target any specific solvent product to be locked in cupboards or guarded under special conditions unless the shop had the resources and provision to do so. This was felt to be a wise decision, as products sought by solvent users can change over a relatively short time (i.e., move from glue to fly spray to blue paint to nail polish to petrol to silver paint to glue) making it difficult for retailers to keep abreast of the current using trends. The aim then was one of protection for staff and all property and not specific items.
>
> The resource kit, funded by the WA Drug Strategy Abuse office (WADASO), also contains a solvent use fact sheet, phone sticker with the Police mobile phone number, first aid information and a retailer's flow chart describing the procedures in dealing with hostile customers. The resource kit provides signs for display in the windows and around the shop stating the retailer's right to refuse the sale of solvents if they "have reasons to believe that that particular compound is likely to be used for the purpose of intoxication". The final component of the kit is the voluntary code of practice (produced by WADASO) and the certificate of participation. Retailers are asked to take a moral and ethical approach to the sale of solvent-based products. The certificate of

participation is issued to all retail stores who agree to abide by the voluntary code of practice (De Haan 2000, pp.10–11).

The Committee met with Ms De Haan in Perth in May 2002. She explained eloquently the philosophy of the Project and the objects that it was trying to achieve. It is worth reproducing her remarks in full, as they demonstrate the worth of taking a whole of community approach in this area:

> I am a psychologist. I worked with the newly formed community drug service teams in 1998; I started and coordinated the team in Midland. When we got to Midland we received phone calls, almost on a daily basis, asking what the new drug team would do about solvent use. We kept saying, "Well, nothing really, and hung up." The next day somebody else would ring and the police would also come around. Eventually, I went to look at some of the retail shops. I visited single-owner shops where four or five kids had kicked the owner and the shop apart and taken the solvent products. We started to look at the problems they were having. We looked at the large number of young people congregating in one park in Midland. The solvent problem was quite large within a visible population of the Aboriginal groups. We saw kids as young as four and people who looked 50 or 60 years of age who were sniffing solvents. We then decided that we needed to do something about it.
>
> Because so many groups in Midland were having problems with the users, we decided to work on what we call a community partnership. The aim was to develop small groups to address different areas of the problem. We originally got a lot of people together, but they could not agree on what they were going to do. The chamber of commerce wanted us to move the Aboriginal kids out of the area. I was not happy to do that. We recognised that there was a lot of damage to shopfronts and businesses and the kids were driving prospective clients away, particularly around the shops where the kids got their solvents. The retailers were saying that they had a problem with abuse, not being able to contain the situation and not knowing what to do with solvent abusers when they collapsed outside the front of their shops or when they started to become violent within their shop premises. We also had community members who said that they did not like the graffiti that was appearing around the town with windows being etched and paint being sprayed – you could say that it was a waste of paint for a solvent sniffer – onto the building walls. A large cross-section of the community had major problems.
>
> A lot of the people wanted us to move the solvent users out, which I have a strong problem with. If we moved the kids out of their own geographical area, their own home place, while not offering any sort of intervention, there would be a lot of problems. One of the things I wanted to do was to make sure that we offered intervention to the young people who were using solvents. We also had to look for their parents and the home places in which they were living. We had a major task.

> We got the different groups together. As I said, they could not agree on what to do, so we had the business people get together and work on a particular operation and we got the police involved. I will explain one of the main reasons for that. The police were a vital part of the operation. We got the retailers together. They were all meeting and had different sorts of ideas, but the one aim was to reduce solvent use in the Midland district. We got the retailers together and asked what it was that they wanted. They said they wanted to stop the young people coming into their shops and stealing solvents. Some retailers said they would sell to the young kids when they came in; others said they did not want to sell to the young kids. We did a fair bit of talking about the moral right of retailers. We discussed whether they had as much responsibility in the community as the rest of us have in dealing with drug use problems, and they said they did. They got together and made an agreement that they would not sell solvents to kids under the age of 18, or to anybody who may be going to use the product for anything other than what it was designed for.[636]

The production of the Retailers Kit was viewed as only one part, albeit an extremely important one, of a comprehensive 'all of community' approach to address volatile substance abuse in the Midland Area. This is one of the reasons the project has so far been successful in reducing volatile substance abuse among local adolescents and has been sustainable. It has not simply relied on the supply side measures represented by the retailers kit.

In addition to the Retailers Resource Kit there are three other prongs to the Midland Project. These are:

- Mobile phone connection between police and retailers
- Solvent use workshop and ongoing intervention and education programme for (chronic) users
- Community education and awareness forum.

These important aspects of the Midland Project are discussed in turn below.

Mobile phone connection

This idea arose from discussions among the Project Team after the commencement of the Retailers Kit strategy:

> The retailers, … on the one hand wanted to make responsible decisions around selling solvents, on the other hand wanted to have adequate protection for their business … the Police agreeing to a direct communication link via mobile phone from the retail store to a designated officer, with the aim of reducing Police response time. The mobile phone was carried by operational Police officers whilst on patrol of the central business area during business hours and was housed in the office at Midland Police at other times. The carrying of the phone by these officers allowed for a quicker response (in most instances an immediate response) time. This was particularly valuable for single owner

636 Ms Linda De Haan, Psychologist, Western Australia Department of Justice, in conversation with the Committee, Perth, 2 May 2002.

> operators who had little to no back up in times of emergency and often experienced violence and damage to their property as a result.
>
> A formal committee representing the retailers and the Police Service has been established to control and monitor the project, with a digital mobile phone being purchased by a local retailer and donated to the Midland Police Service. The establishment of this communication link did not detract from any other official landline communication procedure that the retailer could utilise in general emergencies (De Haan 2000, pp.11–12).

De Haan has argued that a significant aspect of any community partnership strategy is the importance of maintaining interest among key participants, in this case particularly the local businesses. She states that in this case:

> This was achieved by allowing the retailers ownership and control of the project, encouraging continued meetings with the Police, and maintaining links with the Local Drug Action Group and the Community Drug Service Team. Moreover, the Police Service have developed a quarterly newsletter (*Midland Business Link*) designed to discuss issues surrounding crime in the business district and to provide a current up-date on solvent use issues (De Haan 2000, p.13).

Generally the retailers, police and the Drug Service Team were pleased with the outcomes of this part of the Project. Early reports on the positive aspects of the mobile phone link showed:

- Open channels of communication between the retailers and the Police Service;
- Cohesion among business people;
- Increased education and awareness for the Police and retailers about solvent use/abuse;
- Reduced exposure of young people in the juvenile justice system;
- Better relationship between the solvent users and some parts of the Police Service;
- Reduction in theft and vandalism, and
- Increased Police presence in and around business premises (De Haan 2000, pp.12–13).

Solvent use workshop and user strategies

In her analysis of the Midland Project, De Haan stated that it was generally agreed among workers in the drug and alcohol field that to concentrate on supply side interventions only would do little to address the underlying causes of volatile substance abuse in the Midland area. She states:

> It was generally accepted that to develop a Resource Kit with the aim of reducing accessibility to solvents without addressing the needs of the solvent users would be professionally and morally inappropriate. With this in mind it was decided to encourage and support a trial intervention program for young

> solvent users between the ages of 10 to 20 years through the Midland Aboriginal Advisory Group (MAAG).
>
> The committee members of MAAG, under the direction of NMCDST, developed and implemented the solvent use workshop, which commenced with the attendance of 23 young people. The program was conducted one day a week (10am–4pm) and incorporated a cooked breakfast and lunch, provided activities and outings and generated a forum for discussion and education. The program resulted in 212 target contacts over the six-month trial period (De Haan 2000, pp.13–14).

Ms De Haan expanded upon this aspect of the Project when she met with the Committee in May:

> … we decided we had to go and get some funding from the Western Australia Drug Abuse Strategy Office to run a pilot program which was to work with the solvent users. We had them one day a week. Our very first meeting started off with 22 kids, and during the six-months trial period, we had 212 contacts with the kids. We had them one day a week, when we would give them a cooked breakfast and lunch, which was the attraction. We went on an outing and then we spent a fair bit of time talking about solvent use. *We did not neglect the kids*. We found, as the process went on, that a lot of kids were getting on the train and going to other suburbs, where they could get solvents. That became a problem for Westrail, because they had all of these intoxicated kids on the train. We had problems with kids leaving the Midland area and going into the city and disrupting other programs that were running in the city, so we had to address that issue. We tried to get all the shops along the way to take a solvent use pack and try to run programs within their own area with kids that would come up with the problems.[637]

Ms De Haan stated further that the workshops were useful in eliciting from participants why they commenced and continued to use solvents.[638] It is her belief that understanding the reasons why adolescents use volatile substances is essential for developing good policy in this area. The workshops also

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637 Ms Linda De Haan, Psychologist, Western Australia Department of Justice, in conversation with the Committee, 2 May 2002. (Committee's emphasis)

638 Some of these reasons as reported to the Workshop facilitators include:

- Boredom (lack of things to do at home and in the community);
- Lack of family support;
- Peer pressure;
- Non-attendance at school resulting in poor literacy skills;
- Sadness, depression, anger and frustration within themselves;
- Problems relating to physical, verbal and sexual abuse;
- Fearfulness of community and home environment;
- Strangers and unwanted family friends exposing themselves, offering money and drugs for sexual favours, by intimidation and predatory behaviour;
- Being drawn into crime related incidents;
- Lack of insight by enforcement agencies into why young people use solvents; and
- Allegations of verbal and physical abuse by the police (De Haan 2000, p.14).

emphasised the necessity of material and instrumental assistance to these young people:

> An overall assumption in the treatment of chronic drug use is that unless an individual's safety needs are met (i.e. where will I sleep tonight, when will I eat next, am I safe at home and/or in the community from physical, verbal and sexual assault), changes in an individuals coping strategies (i.e. drug use) is unlikely to occur. Many of the chronic solvent users in this geographical area are not safe. Physical and emotional safety must take place before chronic users can be supported in a treatment program that encourages change in solvent using behavior, rather than treatment that merely teaches harm reduction strategies (De Haan 2000, p.14).

Notwithstanding such caveats, De Haan states this aspect of the programme was successful:

> The young people felt that someone had listened to them, strong links built on trust were developed between the young people and the facilitators, which in turn provided a safe forum in which to discuss solvent use and harm reduction strategies. Added to this a collaborative partnership was developed between agencies and interdisciplinary modalities. Contacts with some parents and family members were also established.
>
> One of the most beneficial contributions to the program was the attendance and participation of the Aboriginal Police Liaison Officers attached to the Midland Police Station. These officers played a vital role in the project in that they acted as role models, presented a positive image of the Police to the solvent users and were often present at incidents where police presence was required outside the group (De Haan 2000, p.15).

Community education and awareness forums

The fourth and final prong of the Midland Project was a series of ongoing community education and awareness forums conducted by the Midland Local Drug Action Group (MLDAG) with local retailers, residents, schools and community groups.

De Haan states that the ongoing community forums are an essential part of the Midland Project 'and serve to maintain the community partnerships developed over the course of the project' (De Haan, 2000, p.15).

How effective has the Midland Project been in addressing volatile substance abuse in this area of Perth? For the most part, and subject to some reservations discussed below, it has been highly successful. De Haan states:

> The project clearly shows promise in terms of addressing the problems associated with solvent use in the Midland region. The level of collaboration and cooperation within the project were a credit to all those individuals and agencies involved. The benefits of a project such as this can be seen in the reduction of the financial burden to any one agency, access to information across agencies, reduced workload for individual professionals/agencies and an

> increased working relationships within the district. The Midland district now has an expanded network of agencies that can identify, assess and implement strategies to address the visible effects of drug use in their district (De Haan 2000, p.17).

Speaking from a police perspective, First Class Constable Daniel Di Giuseppe also views it as a qualified success. When speaking to the Committee in May this year he was candid about both its achievements and its limitations:

> I believe that it has definitely been successful. We have identified a few issues about the package since it was instigated, and I have a few of those here. The success of the package is gauged by a reduction in the incidents and disturbances in the central business district. It is not a detoxification or a health intervention package, and we have reduced the numbers of disorderly persons in the … business district, which was our main objective. It must be used in conjunction with some other health or education strategy. There are a few in the district, which is why it has worked fairly well.
>
> The problem with clamping down on these substances in the retail outlets is that is has sorted out the supply problem, but not the demand. There is still a demand there for substances, so we have a few opportunistic elements out there who are purchasing these spay cans in cases and cartons, and supplying them to users. Males and females are prostituting themselves to get these substances. That is an issue that has been raised as a result of the package. Users have also been forced to find a wider variety of substances, seeing the ones they wanted to get are under lock and key or not being sold to them. More dangerous substances are being used, such as Rid, or leak sealers, which are apparently a lot more potent than some of the paints and glues. Some anecdotal evidence from the youth services suggests that it is causing a little more harm, with coughing and vomiting up of blood.
>
> Homelessness is a problem in regard to substance abuse. The youth centre cannot find placement for many of the young people, because, under the influence of these substances they are quite violent, so there are some issues there. The retailers' package is not the be-all and end-all. It must be used in conjunction with some other support or health program.[639]

As one can infer from Mr Di Giuseppe's remarks there are some limitations noticed with regard to the ability of the Project to comprehensively address all problems associated with inhalant abuse. These reservations need to be borne in mind by any community educators or other agencies seeking to adapt the Project to Victorian communities:

> In the past, criticisms have been levelled at the lasting effectiveness of community projects. Projects such as those discussed in this paper, while demonstrating benefits during the course of the intervention, have a tendency to fall away, or not be maintained once the facilitators have left. One aim of

639 First Class Constable Daniel Di Giuseppe, in conversation with the Committee, Perth, 2 May 2002.

> this project has been to make each prong self-supporting. It is anticipated that the Community Drug Service Teams (11 in the state) will be supportive in maintaining the project. Moreover, the project could well find support in the collaborative partnership of Safer WA,[640] particularly as the project has demonstrated a reduction in crime rates.
>
> Another point to be noted is the effect the 4 pronged intervention project, particularly the Resource Kit and the Police mobile phone, had on the solvent users. If part of the program's intention was to reduce the supply of solvents, decrease the level of stealing and violence to shop owners and increase the Police response time, then the project could be said to be a success (De Haan 2000, p.16).

When the Committee met with Ms De Haan in May she elaborated on the reasons the Project is still 'up and running' three years later:

> One of the things that I was very mindful of is that when you do a project like that and say, "Boy, we have been successful" and then walk away, everything falls into a heap. One of the main things in getting some of the other treatment agencies into the process was to give them the program to run once we had finished. Something like 15 to 20 agencies were all doing different parts. We gave the job of working with the solvent users to one of the treatment agencies, and we got the then Western Australian Drug Abuse Strategy Office to increase its funding so it could get an outreach worker to work with the kids. I do not know whether you know what the local drug action groups are, but they are members of the community who want to be proactive in drug use so they come to a meeting once a month. The local drug action group in Midland was going to keep up the education of the community or, if there were any community problems, it would try to target the problem or work with WADASO on how to do something about that. The police have taken over the running of an information session about what problems they are having in Midland. They can now track it down. They have print-outs on their data file on when problems become big and when they reduce again. One would hope that they start to connect with some of the other areas. Next to the Midland police district is the Mirrabooka police district which also has a problem with solvent use, so it would be good if they made a connection there. I thought it would fall apart much quicker … I thought that within a year it would probably not be operating, but the fact that it is still operating is a credit to the people who worked in it.[641]

Notwithstanding this success, De Haan states that a number of counterproductive effects have also been noted.

> Firstly, the young solvent users did not visibly react to the loss of access to solvents in the Midland region, they merely went elsewhere for their supplies.

640 Safer WA is a government initiative that brings service and treatment agencies together to address issues that affect law and order. There are 22 Safer WA committees in WA.

641 Linda De Haan in conversation with the Committee, 2 May 2002.

> The geographical displacement imposed on solvent users has raised problems for a number of agencies outside the Midland district. Westrail noted an increase in solvent use and aggressive behaviour from known solvent users on the train from Perth to Midland. A number of agencies in the city area recorded an increase in solvent users coming into the day centres disrupting existing programs.
>
> Secondly, moving solvent users out of the Midland district effectively increased their knowledge and access to other retailer stores where solvents can be obtained. Displacement in solvent using may have implications for a decrease in safe using practices, an increase in group organisation for obtaining solvents and may serve to push the solvent user further away from treatment agencies. These findings are similar to those found in other areas where intensive programs are mounted with the aim of reducing supply and demand (De Haan 2000, pp.16–17).

Ms De Haan's comments testify to the importance of local government authorities working in tandem with each other to ensure that displacement of the problem is contained or at least minimised.

Consultant expert on volatile substance abuse Jon Rose, also based in Western Australia, while generally supportive of the Midland project has some reservations about the perhaps disproportionately strong links between retailers and police. He believes that rather than police being the first 'port of call' that retailers should turn to when confronted with a volatile substance issue, drug and alcohol, community or youth workers should be called first. In his view the Mobile Phone network could extend to enlisting workers from the North Eastern Metropolitan Community Drug Service Team (NECMDST) as a first option and only if that is not feasible should police intervene. While applauding the efforts of Midland Police to address the issue of volatile substance abuse in constructive ways, he believes that the drug team workers are better trained to deal with the problems underlying the use of inhalants.[642] Nonetheless, the Committee recognises that police involvement is clearly necessary given that, for the most part, they are currently the only agency operating 24 hours per day.

The Committee is impressed with the Midland Project. While it acknowledges that as it stands the Project is addressed predominantly at Indigenous inhalant abusers, it believes it can be adapted for both Indigenous and non-Indigenous adolescents in Victoria. It also believes that a pilot for such a local initiative could be a suitable candidate for seed grant funding from an appropriate agency. Crime Prevention Victoria may be one agency that could consider such an application.[643]

The Midland Project is an excellent example of a project that tailors local solutions to local needs. With appropriate adjustments it could serve as a useful

642 Views expressed by Jon Rose in conversation with Committee staff, Perth, 1 May 2002.

643 Much of the Midland Project's funding comes from a similar agency – Safer WA.

model for community agencies and programmes, such as the Sunshine Chroming Awareness Project, that are already doing valuable work to address volatile substance abuse in this state.

The Karawara Fun Factory Project, Perth

When the Committee met with volatile substance abuse expert consultant Jon Rose in Perth this year he impressed upon it the importance of implementing positive 'life enhancing' programmes that 'promote behaviours we would like to see more of' to address volatile substance abuse. Mr Rose showed a video to the Committee outlining the Karawara Fun Factory, a type of adventure playground with emphasis on team activities such as cubby building, bush cookery and creative play. There is no strict age limitation on the children who visit the playground, however the 'Factory' caters predominantly for children from five to 14.

This is a project run *by* members of the local community *for* the local community. It very much emanates from a community development approach. It aims to foster a sense of community and belonging even among marginalised children (some of whom are 'sniffers'). Such positive programmes are viewed as complementary to those which address the essentially negative manifestations of volatile substance abuse, such as supply side measures or legal sanctions. Mr Rose enthusiastically outlined the benefits to the Committee as follows:

> What strikes me is that when I was first involved with this project, there was quite a sniffing problem around the Karawara community area. It was interesting to see how that was managed. Quite a lot of young kids would want to join in and if the kids were overtly intoxicated, the staff would just say, "You are not looking well, come back later when you are feeling better." They would not amplify the sniffing behaviour and give it any kudos. Indeed, a lot of young people did come back. For the young people who were disadvantaged and problematic there was a chook pen that they sat inside for some quiet time.
>
> The project is a really powerful intervention in terms of involving parents. Instead of just running parent education programs, parents come along to this situation and learn by observation. It is a more friendly way of learning how to do more appropriate parenting. Parents like it because it gives them some respite, and the kids learn new social skills. That particular program caters for five to 14-year-olds – mostly five to 12 years of age. There is another program, after those kids have been engaged, to deal with the older adolescents.
>
> The community, parents and young people are involved in the project. It is the sort of thing that directly competes with solvent use issues. It is not just a child-minding place. These kids are engaging in quite challenging and exciting adventurous-type behaviours. They are learning how to cooperate with each other and how to care for each other and it is a community development type thing.

> … the other thing about this project is that it is an everyday thing … This is not like having a camp and going away. They do have camps, but this is not like "We will do this thing once in a while." This project is run every day for kids. That is also really powerful. They have a couple of part-time workers employed there – it is not expensive – and they are funded through commonwealth, state and local governments; there is some sort of share deal. It is not an expensive proposal for a community. … most of their goods are donated through industry and they have parent support. They just have a couple of part-time workers to work with the parents and the young people.
>
> I have a vision of something like this in all communities – a project that caters for the particular community's needs in which it is developed and that has community input. It would be a very different world if we had these sorts of things as well as some other programs, perhaps peer support programs in schools and so on. This project is focusing on the pro-social side of things. They are nice things to talk about, but if you want more of the pro-social behaviour – parents being with their young kids appropriately and more community involvement – how do you do it? This is a good example of something that is up and running – it has been running for quite some time – with ways of dealing with the problems. This project has not been replicated much in Australia. There are a couple of adventure playgrounds in Melbourne but they do not have a community basis as far as I know.[644]

The Committee agrees with Mr Rose that it is important to address volatile substance abuse as a preventive health issue. As such the development of pro-social initiatives to foster healthy communities and healthy children is crucial. A project similar to the Karawara Fun Factory is certainly worthwhile considering in the Victorian context.

Taking the views of children and young people seriously

This chapter has examined the strategies needed to address volatile substance abuse from a variety of 'official' viewpoints. Before concluding, however, the Committee believes that it is important to reiterate that any strategies devised to deal with volatile substance abuse must draw from engagement and consultation with young people themselves. Involving and consulting children and young people in policy development is central to the United Nations Convention on the Rights of the Child which:

> Places an obligation on government and professionals to seek, and take full account of the views of young people in the planning and delivery of services (Butcher 2000, p.1).

One of the key aspects of the qualitative research study conducted by Carroll, Houghton and Odgers with regard to adolescent inhalant users was to ascertain the young people's opinions on how to combat volatile substance abuse. The

644 Mr Jon Rose, in conversation with the Committee, Perth, 2 May 2002.

interviewers posed the question: 'If you were put in charge of stopping individuals from sniffing solvents, how would you go about it?'. Five main themes emerged from the responses:

> These were: do not know; there is nothing you can do; take users away somewhere-get them away from the solvent; prevent kids from buying it; and raise awareness about the dangers (Carroll, Houghton & Odgers 1998, p.5).

The responses of the young people themselves give an interesting insight into how volatile substance abuse is viewed among peer groups:

> It doesn't matter what you do, because the real sniffers will get it from somewhere (Aboriginal male, age 14).
>
> Stop shops from selling it to us and get them to put the glue where we can't reach it (Aboriginal male, age 12).
>
> Tell shopkeepers not to sell to people under 18 (non-Aboriginal male, age 15).
>
> Get users away to the bush somewhere – anywhere away from the glue (Aboriginal male, age 14).
>
> Tell them about the dangers and show them what could happen (non-Aboriginal male, age 14).
>
> Talk about the long-term effects. Show people who are in the hospital from sniffing too much (non-Aboriginal female, age 15).
>
> Show them the dead bodies in the hospitals (non-Aboriginal male, age 15).
>
> There should be more education in schools-by people who know about sniffing (non-Aboriginal female, age 15).

Some young people noted factors that had assisted them to reduce their own volatile solvent use, such as witnessing the ill effects suffered by others.

> Have witnessed other users suffering major injuries, sickness or death because of activities associated with their substance use (Aboriginal male, age 15).
>
> Friends coughing and coughing up blood (Aboriginal male, age 14).
>
> Mate walked straight out onto the road and – bang – hit by a car (Aboriginal male, age 13).
>
> My brother is always telling me to stop, that I'll kill myself ... He used to sniff like me, but he's stuffed now, in his head, and his liver gives him big problems. He can't talk too long: he forgets things all the time (Aboriginal male, age 14).
>
> My cousin was on the ground, her face in the bag, with all this vomit. I thought she was dead. She wasn't. I pulled the bag off her head so she got air (Aboriginal male, age 14) (All quotes from Caroll, Houghton & Odgers 1998, p.5).

The authors summarise the views of solvent users as follows:

> According to the users themselves, intervention to prevent solvent use should include attempts to remove individuals from the VSU environment, and that education should raise awareness of the dangers. Although scare tactics, in general, are not advocated as good practice, students frequently supported their application, citing the bad experiences they had witnessed as prompting them to reduce their own volatile solvent use (Carroll, Houghton & Odgers 1998, p.6).

The Committee agrees with the approach taken by the authors. Consultation with young people is essential.[645] At the very least, enlisting the opinions of young people who use inhalants helps researchers and those who work in the field to get a profile of users and, more importantly, of how and why they use. Such information can then be used to develop appropriate strategies to deal with the problem.[646]

Conclusion

In conclusion, the Committee would like to express appreciation to all relevant agencies and individuals for their useful contributions with regard to strategies to address volatile substance abuse. They show a clear understanding of the complex nature of this form of substance abuse.

Within the guiding structures of national and state drug prevention strategies, local initiatives are gradually emerging in response to the misuse of volatile substances, particularly by youth. To date there has been no rigorous evaluation of community approaches to address VSA, as the projects are still in their infancy. Moreover, evaluation is compromised and difficult to undertake without appropriate statistical data being readily available. Nonetheless, the Committee acknowledges the positive signs that have flowed through from initiatives such as the Galaxy Project, the Wyndham Council and the Latrobe Valley Drug Reference Group. The Committee also acknowledges and commends recent initiatives proposed by government, particularly through the Department of Human Services to address volatile substance abuse on a state and local level. Although not before time, these interventions are welcome. It is hoped that the recommendations that come out of this Report result in interventions that will build upon the good work achieved so far.

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645 As such the Committee commends the approach of the Western Australian government with regard to its Community Drug Summit held in July 2001. As part of the Summit a Report was commissioned to gauge the views of young people between 12 and 17 years of age with regard to a wide variety of topics pertaining to drugs and drug education. The consultative process included the use of focus groups, questionnaires and surveys and the holding of a number of forums with young people. The Report's results are being used by the Western Australian Department of Community Development and Youth Affairs to inform ongoing policy development in this area. See, *The Voice of Young People on Drug Issues –Summary of Key Findings*, Western Australian Department of Community Development and Youth Affairs, July 2001.

646 For a discussion of the need for (qualitative) research, see Chapter 26.

The following and final chapter in this Part, rather than discussing strategies to address volatile substance abuse in terms of federal, state or local initiatives, examines the strategies that may be required to address special needs in discrete populations.

23. Targeting Special Needs

This chapter canvasses strategic interventions to address volatile substance abuse among targeted groups with specific needs. In particular, it looks at the needs of discrete groups of inhalant users or those affected by volatile substance abuse, such as Indigenous youth, children and adolescents in state residential care, and the families of those who may abuse volatile substances. Finally, it examines what options there may be available for *treating* young people with (chronic) problems relating to volatile substance abuse.

Strategies to address volatile substance abuse in Indigenous communities

The manifestation of volatile substance abuse among Indigenous youth and communities has already been referred to in several chapters of this Report. Although volatile substance abuse in Indigenous communities has traditionally been presented and indeed constructed as a problem of petrol sniffing in the remote parts of the country, it is clearly not limited to either that form of inhalant abuse or that part of Australia. Submissions from Koori communities, agencies and representatives leave the Committee with no doubt that chroming is a serious problem for Indigenous youth in Victoria. Anthropologist Maggie Brady (1993) has argued that cultural and social issues are paramount in solving Indigenous youth health problems pertaining to volatile substances and other forms of substance use. This is even the case, or perhaps especially the case, among Koori youth in urban and regional Victoria as local Koori communities attempt to foster a sense of pride, tradition and belonging in being an Indigenous member of this state.

Despite the awareness within Koori communities that chroming is a serious problem for its youth, as with non-Indigenous youth, the extent of the problem can only be guessed at. This greatly concerns the Victorian Aboriginal Health Service (VAHS):

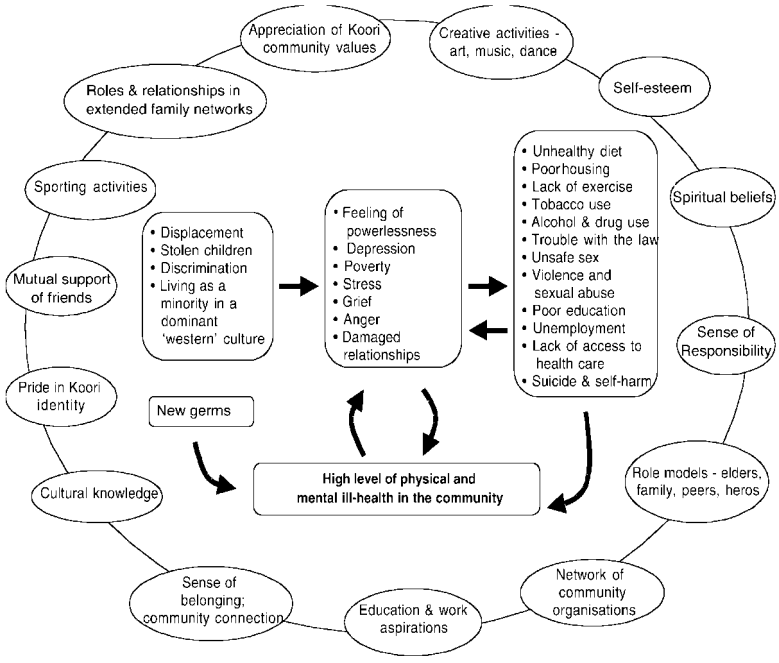
> The doctors and health workers at the VAHS do not see many patients who identify as volatile substance abusers, but this is not because the problem does not exist. Chroming has been a problem for the Koori community for over 20 years (as was also noted at the Indigenous Forum on Volatile Substance Abuse held on 17 August 2001). Most VAHS staff members know a child or young person who

is currently, or who has been, involved in chroming. Although staff members have also come across a few cases of adults chroming, the problem mainly affects young people. The impression is that chroming is particularly bad among young people living in country areas such as Shepparton and Morwell.[647]

The Committee has often used the term 'chroming' to refer to volatile substance abuse as this appears to be the most widespread form of volatile substance abuse in the Melbourne Koori community.

The Victorian Aboriginal Health Service (VAHS) has conducted a study to identify key elements that impact upon the health and well-being of Koori youth, including youth drug abuse. The Koori Young People's Study identifies elements that can build young people's resilience to negative outcomes as well as highlighting risk factors that may make the adolescent susceptible to those negative outcomes. The following figure and commentary outlines this process.

Figure 23.1: Summary of the factors impacting on risk and resilience for young Kooris



The boxes inside the circle present the risk factors which impact on the high level of physical and mental ill-health among youth in the Koori community, and illustrate the interrelations between these factors. The outside ring presents the 'strengths' of young Kooris which should be utilised to build resiliency. Appropriate interventions will address the risk factors and build on these 'strengths' to improve the overall health and wellbeing of Koori youth.[648]

647 Victorian Aboriginal Health Service (VAHS) submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, pp.2–3.

648 *Study of young people's health and well-being. The Strengths of Young Kooris*, VAHS, cited in Submission of Victorian Aboriginal Health Service (VAHS), to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.4.

This model is used to identify strategies to address various problems of Indigenous young people. In the context of volatile substance abuse the following strategic interventions are viewed by Indigenous agencies in Victoria as crucial.

Healing places and outstations

Indigenous organisations argue that any services for young Kooris who are abusing volatile substances or who are at risk of doing so must be culturally appropriate and give the young person time to heal.

The VAHS state that:

> One appropriate intervention is to have a place where troubled young people can go to be away from their family and social environment and which gives them a chance to heal, build self-esteem and to gain some direction for their lives. Most believe that a property on the outskirts of the city or in the country would be ideal.
>
> This concept is similar to one used by communities in Central Australia to assist petrol sniffers. The elders take young petrol sniffers out of the communities and away from the petrol so they dry out and are distracted from using. These initiatives are generally self-funded by the family, and consequently occur sporadically and for relatively short periods of time. This type of intervention is generally liked by the communities. At the very least it gives the young people, their families and the communities a break from the harmful effects of petrol sniffing.[649]

The Committee endorses the concept of culturally appropriate measures such as Healing Centres. Healing Centres focus on addressing all the needs of the (young) person – physical, social, and spiritual – the 'whole person'. The evidence the Committee received as to the worth of such places was reinforced by visiting Maori Healing places in New Zealand.[650] Mr Peter Hood, who travelled to New Zealand with the Committee on behalf of the Aboriginal Justice Advisory Committee, was extremely impressed with the Healing Centre model in New Zealand and thought it certainly would be adaptable to the Indigenous Australian context. At the public hearings of this Inquiry, he stated:

> I thought the residential youth service in Hamilton was really good, as was the Odyssey House program in Christchurch. The ultimate one was the St Mary's healing service in Hammer Springs. I sat back and had a really good look at that. From an Aboriginal person's point of view what they were doing to help those fellows with their problems was all culturally based. One fellow said he grew up in a non-Maori sort of set-up and had all these problems. He got back to the St Mary's set-up and he is learning about his culture. I

649 Submission of Victorian Aboriginal Health Service (VAHS), to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.5.

650 See Chapter 20.

> thought that was good. Out of that trip the St Mary's healing centre was really, really impressive.[651]

The other type of intervention mentioned by the VAHS is the outstation concept. Outstations, sometimes called 'homeland centres', are strategies that offer a means of addressing petrol sniffing and other forms of volatile substance abuse among Indigenous people. Young people are removed to remote properties where they are isolated from the substances they have been abusing while given the opportunity to engage in work, recreation and leisure programmes. (Cattle work and fencing have been common activities on outstations). D'Abbs and MacLean describe the benefits of outstations as follows:

> Outstations … are seen as offering a means to combating petrol sniffing in two ways: first, as a primary preventative measure, in that families who move to outstations are less likely to be plagued by petrol sniffing or alcohol misuse or other symptoms of familial dysfunction, and are more likely to lead healthy and satisfying lives, and second, as a remedial centre to which petrol sniffers can be sent for a time in the hope that they will mend their ways (2000, p.46).

Anthropologist Maggie Brady has expressed 'cautious support' for outstations but warns that they should not be viewed as panaceas or solutions for all the problems besetting Indigenous communities.[652]

There has been some criticism though that very few, if any, evaluations have been done to assess the success of outstation programmes. Moreover, some critics have described outstations as being very much part of an outback Aboriginal community based on cultural models of banishment that would not necessarily be appropriate for urban Indigenous youth in Melbourne or Sydney.

Nonetheless, although outstations have most commonly been used in outback Australia, many Indigenous community groups see no reason why similar strategies or modified versions thereof could not be adopted in Victoria as long as they are not the only strategy used to address the problem of volatile substance abuse. Combined with recreational, health and other community strategies, 'time out' in an isolated environment with the full support of the local community, elders or family is seen as a worthwhile intervention.[653]

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651 See Chapter 20 for a discussion of these New Zealand programmes and facilities. The Committee was also supportive of a culturally appropriate healing model when it delivered its Final Report on Public Drunkenness in June 2001.

652 See Brady 1985 in d'Abbs and MacLean 2000, p.46.

653 For further discussion of the use of outstations and other strategies to address volatile substance abuse in remote Aboriginal communities, see Franks 1989; Bryce, Rowse and Scrimegour 1992; Burns et al. 1995; Burns, d'Abbs and Currie 1995 (A study of multi pronged interventions to combat petrol sniffing in Manangrida, Arnhem Land); d'Abbs and MacLean 2000; Mundy 2001.

Community decision making

Indigenous people generally believe that if a problem is endemic in an Aboriginal community, it should be that community to address it with culturally appropriate solutions. The concept of community action has been discussed in Chapter 22. Suffice to state that interventions on a community level and by community elders seem to have added importance in the context of Indigenous communities.

A review of interventions to address petrol sniffing and other forms of volatile substance abuse in Indigenous communities stressed the need for concerted community action:

> Experience has shown that the practice of petrol sniffing doesn't disappear without a great deal of effort by the adults involved.
>
> It would seem that some action by the community is needed to stop [volatile substance abuse] … Essentially the community action makes the statement that [petrol sniffing] is not acceptable.
>
> Sniffers are faced with a variety of consequences if they continue to sniff. This may seem self-evident. However, in communities where there has been chronic sniffing for 20 years it sometimes appears that sniffing is acceptable – kids do it in broad daylight and are not stopped. In communities where this is happening it is a very difficult thing to gather up strength and "try again".
>
> 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 effective approach. The most important step for the community is to do something. Accordingly we have been positive about every intervention we have encountered and given it every support we can. 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 stores from other communities (Shaw, Armstrong & San Roque 1994, p.13). (Emphasis in original)

In a more recent article, Mundy reiterates the need for community input to combat volatile substance abuse among Indigenous people. She states that in the communities that have been successful in dealing with volatile substance abuse there has been a combination of two factors:

> Firstly, there must be sufficiently strong community resolve for families and community decision-making structures to act cohesively in deciding on and supporting strategies, and community members who are actively involved in implementing them. Interventions proposed by the community must complement those undertaken by families and family action must be consistent with community strategies. And secondly, the introduction of not just one or two interventions but a range of concurrent activities affecting the drug, the users and the social setting in which use occurs.

> Most effective long-term strategies are likely to be those which broadly improve the health and well-being not just of young Aboriginal people, but of their families and communities. An important goal of interventions should be to enhance the community's capacity to control the problem and to reintegrate sniffers with their families, kinship systems and the wider community.
>
> One of the most exciting developments has been the leadership of Aboriginal people themselves in designing and implementing appropriate, culturally-specific programs. These include the use of painting as a counselling and teaching tool, outstation programs where the care and teaching of tribal elders is critical, and the strong cross-community action involved in introducing Avgas to many communities (Mundy 2001, p.8).

Burns (1996) argues that a variety of programmes and policies that attempted to address volatile substance abuse in remote Indigenous communities were doomed to failure in the past because they were developed 'as a result of government and non-Indigenous concern, rather than that of the community' (quoted in d'Abbs & MacLean 2000, p.33). Burns states in this regard:

> In particular, the support and involvement of Aboriginal residents and the commitment of local decision making bodies is critical to success. Finally, a community environment capable of supporting these interventions is also important (Burns 1996 quoted in d'Abbs & MacLean 2000, p.33).

One programme that has reaped benefits through taking a community instigated approach is the Mt Theo programme at Yuendumu in the Northern Territory. Mt Theo is an outstation to which the Warlpiri community removed young sniffers, with the support of their families. It is based on the community development HALT (Healthy Aboriginal Life Team). D'Abbs and MacLean, drawing from the work of Bryce (1991), outline the model as follows:

1. Initial engagement: HALT required that a community had already identified petrol sniffing as an issue that it wanted to work on before the team would commence its program. The team would meet with community leaders and be asked to help solve the petrol sniffing problem. At this point HALT was careful not to mistake the patronage of one or a few powerful community members for community acceptance.
2. Community engagement: HALT convened community meetings to explain and confirm community commitment to the process. The team made use of Indigenous symbolism in paintings and diagrams, and other media and messages in the cognitive style of Aboriginal society in order to ensure that problems were defined in Aboriginal terms (Franks 1989). HALT encouraged the community to have faith in the power of traditional kinship relations to revive adult authority over sniffers.

3. Recruitment: HALT trained and arranged for the employment of chosen community members who would continue the work after they had withdrawn from the community. This included the establishment of Aboriginal night patrols. HALT also held meetings with workers from other community agencies to invite their support.
4. Counselling by HALT principals and community workers for both individuals and families experiencing more pervasive sniffing related problems.
5. Withdrawal of HALT principals: HALT's work was continued by the local community workers with the support of the community council. Original HALT workers provided additional support to these community workers (d'Abbs & MacLean 2000, p.53).

The Mt Theo programme was based on HALT principles. A recent evaluation of the programme has viewed it as being relatively successful in arresting volatile substance abuse at Yuendumu/Mt Theo. The programme is described by Campbell and Stojanovski as follows:

> Mt Theo was an ideal location to run the program because it is geographically isolated, being 50 kilometres from the nearest main road, too far for the kids to run away. It also had a telephone and reliable water supply. Warlpiri people refer to Mt Theo as being a spiritually powerful place with strong Jukurrpa (Dreaming). It was appropriate that young people go there and be cared for by the Aboriginal Owners of the area.
>
> The program at Mt Theo involved initially removing the young people (with the support of their families) from the environment where they sniff to a place where they were cared for by Warlpiri Elders. The young people were given a chance to learn about the country and the Jukurrpa of the area. They were involved with activities on the outstation including: hunting for bush tucker, day trips from the outstation, and occasional visits from CDEP and education instructors (Campbell & Stojanovski 2001, p.8).[654]

It is important to note that sending young people to an outstation is not (necessarily) seen as a punishment or a community-based sanction.[655]

The Mt Theo outstation is run in conjunction with a Youth Programme back in Yuendumu. Sport is one of the key interventions used through the programme to give young people a sense of pride and belonging:

> The Youth Program at Yuendumu aims to address the most common reasons why young people sniff petrol. Through sport and recreational activities, the program offers an alternative to sniffing. It is not unusual to have over 200 young people involved in the activities. In 2000, the MYSMAC Tanami Football

654 For further discussion of the use of *jukurrpa* (sometimes spelt *tjukurpa*), painting and traditional cultural events and lore to address volatile substance abuse, see d'Abbs and MacLean 2000, pp.49ff, p.86, Note 25.

655 The use of community based sanctions or punishments as a way of addressing issues such as volatile substance abuse is complex and beyond the scope of this Report. (For further discussion, see Brady 1985, 1992, 1997 and d'Abbs & MacLean 2000, pp 59ff).

> League was established. The community supported this Yuendumu-based competition as an integral part of attempts to reduce petrol-sniffing numbers as well as deal with alcohol abuse. Unlike other football competitions, games were played seven days a week and were well attended by the whole community. Eight teams were involved, including entries from other Warlpiri and Anmatjerre communities. Results of the games were reported in local papers and radio, and as a result many young people previously living in Alice Springs returned to the community. Much prestige was associated with being involved and those young men identified as sniffing petrol had to convince their coachers and team-mates they were not sniffing before being allowed to play (Campbell & Stojanovski 2001, pp.9–10).

The success of the Mt Theo Programme/Yuendumu interventions is based on the high level of support from both the Indigenous and non-Indigenous people in the area. It is a quintessential community-based approach:

> The Warlpiri workers and volunteers are held in high regard by the community and outside agencies. Logistical support for the Outstation is maintained at regular intervals. The Yuendumu based workers and volunteers work closely with the police, night patrol, NT Health and families to deal with outbreaks of petrol sniffing when they occur. When possible, a strong, vibrant sport and recreation program is maintained in conjunction with school activities. Non-Indigenous and Indigenous people work together in a close partnership that is symbiotic, drawing strength and experience from both cultures. They maintain an ongoing dialogue with the police, community organisations, the education department, NT and Commonwealth Health and funding bodies on sniffing and youth issues. A service delivery model is followed for the rehabilitative process at Mt Theo with a view to reintroducing young people back into the community in consultation with their family support network (Campbell & Stojanovski 2001, p.10).

The above discussion is by no means irrelevant to Indigenous youth in Victoria. Indeed, a trend to be encouraged is that many Koori youngsters, particularly those from urban environments, are keen to explore their cultural lore and traditions. Nonetheless, the focus of the next sections is more particularly pertinent to relatively mainstream, albeit culturally appropriate, service delivery in Melbourne and rural Victoria. These services and strategies were recommended by a number of Victorian Indigenous agencies.

Koori youth support programmes

The Victorian Aboriginal Health Service believes that there needs to be a plethora of resource, information and support services particularly geared towards Koori youth and their parents and families. Such services should include:

- information, education and support for young Kooris

- information, education and support for parents and families, including information for parents on how to cope with their child who is abusing substances
- assessment and referral as necessary
- counselling support
- recovery space for young people affected by volatile substances, alcohol and other drugs – referral need not be through the police, but could be by friends, family or self-referral
- detoxification for young people
- Developing a broader long-term plan to improve the health of young Kooris. In line with this plan, develop and run on-site, or assist other Koori organisations to develop and run, activities and programs for Koori youth which
- keep young people occupied, challenged and distracted from chroming and other drug abuse, including involving them in other risk-taking activities (such as rock-climbing, abseiling, etc)
- involve parents or other responsible adults in their lives
- develop self-esteem, life skills, and direction in life
- improve access to health and wellbeing services offered through other organisations and agencies.[656]

The VAHS outlines an example of a service that seeks to address the broader health and social needs of young Kooris. The Dunlap Bininang Meeting Place is run one night a week from VAHS. In its submission to this Inquiry the VAHS stressed the need for Koori-specific health interventions to address not only volatile substance abuse but also the myriad other health problems besetting some young Indigenous Victorians:

> Young people involved in the VAHS Young People's Study of Health and Wellbeing expressed a need for a separate health service for them. They were keen to access health and counselling care in an environment which is non-threatening, youth friendly and separate from services that their parents and family attend. In response, the VAHS began a program which offers young Kooris the chance to see a doctor, take part in educational and fun activities, and to socialise with their cousins and friends, and to do these things in a Koori environment with Koori adult supervision. A recent evaluation of the Dulap Bininang Meeting Place is available as a Community Report, 'Study of young people's health and well-being', Dulap Binanang Meeting Place. This evaluation shows that while the program is meeting the needs of young Kooris, resources are not adequate to run the program to its full potential.[657]

656 VAHS Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.5.

657 ibid, p.6.

Recently the Committee had a number of Indigenous representatives present to it during public hearings for this Inquiry, including Marion Hansen, the Victorian ATSIC Commissioner, and Mr Peter Hood, an Indigenous youth worker. These representatives stressed the need for state-wide strategies that are 'led and defined' by Koori communities. Of particular importance are cultural and sporting facilities and programmes for Indigenous youth. Ms Hansen testified:

> There is a huge population of Aboriginal people in Shepparton, but I do not believe the incidence of substance abuse is as great there as it is in a place such as Morwell. When you look at the services provided to Aboriginal communities in Morwell as opposed to Shepparton, one of the things that is lacking in the Morwell area is the sporting facilities like they have in Shepparton. They have the Rumbalara football and netball club which involves about 200 young people in all those sporting activities. Unfortunately Morwell does not have a similar organisation that can do that same thing.
>
> They have a young group in a gym working down there that takes in around 50 to 100 young kids and they have other smaller programs. Because they do not have the capacity within the community to be able to build to the extent that Shepparton has, I think that is one of the reasons why the incidents are higher in the Gippsland region, particularly in the Morwell region.[658]

Mr Hood supports such strategies and sees the incidence of volatile substance abuse and other problems associated with Koori youth to be greater in communities that do not have access to such facilities:

> Again, back to what they have up in Shepparton – the Rumbalara football club, which is a big success in its own right – in a number of ways it is getting the community involved, their success on the field, their success with social events and things like that. I guess if we had something similar down our way – but again it has to be a community-driven sort of thing. So it is about getting the community involved. What we are endeavouring to do now is not so much put it back to the community but to get them – the families of these kids – involved in helping us solve the problem as well, and not just leaving it to people like the people you have in front of you but others out there also.[659]

These representatives, as supportive as they are of such programmes as preventative strategies, do not, however, believe that of themselves they are sufficient to address the problems of those Indigenous youth who may already be chronic users of inhalants. Koori-specific and culturally appropriate detoxification and treatment services are required in these circumstances:

> I am the manager of a program involved in the Kurnai Aboriginal youth crisis support centre. The kids I deal with and work with are kids with problems

658 Ms Hansen, Evidence given at the Drugs and Crime Prevention Committee Public Hearings, Inquiry into the Inhalation of Volatile Substances, 30 April 2002. Transcript p.88.

659 Mr Hood, Evidence given at the Drugs and Crime Prevention Committee Public Hearings, Inquiry into the Inhalation of Volatile Substances, 30 April 2002. Transcript p.89.

> mainly of chroming, and they come from backgrounds with family breakdowns …
>
> We believe we have the answers down there. But again, there is what Commissioner Hansen and Mr McDougall were mentioning, the lack of resources. I have mentioned this before. There is a property just out of Morwell, the old Morwell River prison, that we believe would be ideal to set up a youth detox centre in. As Commissioner Hansen mentioned, there are programs for adults with drug and alcohol problems and things like that but nothing for the kids. We believe if the Koori community – I guess that would have to be attached to the Gippsland community – can get hold of such a property and get the resources to fully resource the program, it would be, I guess, like Galiamble; it could work for the whole state. It is about cultural stuff as well. So there are a lot of things, obviously, a lot of ideas that need thought to get the place up and running. But I do believe that is the answer.[660]

While stressing the importance of culturally appropriate strategies for Indigenous inhalant users, these representatives of the Indigenous community also stress that because volatile substance abuse is an episodic and even 'nomadic' phenomenon different strategies may have to be applied to different communities within the state. Mr Peter McDougall, Acting Chief Executive of the Victorian Aboriginal Legal Service, states in this regard:

> The legal service has noted that there seems to be different rates of usage with some of the young members of the community. It appears to migrate from town to town for no apparent reason. Some towns will be hit very hard for a couple of months and then suddenly the problem will seem to disappear and go into remission, and then reappear in another town a couple of months later. For that reason there may need to be specific solutions in individual communities and it will not be a case of one-size-fits-all, perhaps.[661]

The need for such culturally sensitive but individually tailored interventions was noted by a working party formed to address volatile substance abuse in Indigenous communities. This working group is profiled in the next section.

The Koori Solvent Abuse Working Group (KSAWG)

The Koori Solvent Abuse Working Group was formed in response to concerns raised by the Aboriginal Justice Forum in March 2001 and a subsequent Koori Chroming Workshop on 17 August 2001 at which members of Indigenous agencies, organisations and concerned individuals were present.

The Working Group was chaired by Paul McDonald of the Department of Human Services (Drugs Policy Branch) and was conducted in partnership with the Victorian Aboriginal Community Controlled Health Organisation

660 ibid.

661 Mr Peter McDougall, Acting Chief Executive of the Victorian Aboriginal Legal Service, Evidence given at the Drugs and Crime Prevention Committee Public Hearings, Inquiry into the Inhalation of Volatile Substances, 30 April 2002. Transcript p.87.

(VACCHO), the Indigenous Issues Unit of the Department of Justice (DOJ) and the Commonwealth Department of Health and Aged Care. Other representatives included Aboriginal community health organisations and other government departments.

The KSAWG met six times and agreed upon a set of recommendations to put to this Inquiry in an effort to address volatile substance abuse among Koori youth and Koori communities. These recommendations are summarised as follows:

Recommendation 1

- *To extend and develop Koori specific youth clubs to provide structured activities that engage young people, enhance their self-esteem and sense of community.*

The KSAWG believes there is an urgent need to establish more youth clubs throughout Victoria catering to Indigenous youth. It is thought that this is best facilitated through the Victorian Office of Youth Affairs.

Recommendation 2

- *To develop clinical protocols and guidelines on the treatment of solvent abuse for Koori A & D Workers, as well as Juvenile Justice Workers.*

The KSAWG endorses the work being done by the Turning Point Alcohol and Drug Centre to develop clinical protocols for health care workers with regard to clients that present with solvent abuse. The KSAWG recommends that the work be extended to cover Juvenile Justice workers and that it includes protocols that are specifically targeted to Koori workers.

Recommendation 3

- *To provide adequate information resources, in conjunction with specific training, on solvent abuse issues to Koori Alcohol and Drug Workers.*

In this regard the Department of Human Services has commenced producing a kit for Koori drug and alcohol workers based on the manual produced by the Aboriginal Drug and Alcohol Council of South Australia. This highly successful publication on solvent abuse has been extensively quoted from by the Committee during the course of this Report.

Recommendation 4

- *To inform and educate traders on the dangers of solvent abuse and the need to be more vigilant on the sale of potential inhalant to young people.*

The KSAWG endorses the strategy of the Department of Human Serives in producing a Traders Pack containing relevant guidelines and information for traders on volatile substance abuse.

Recommendation 5

- *To refer the matter of inhalant abuse to the Chief Health Officers forum, at Commonwealth level, with a view to establish a dialogue with manufacturers of inhalants to explore labelling and content issues.*

Recommendation 6

- *To enhance data gathering, information and analysis, specifically in relation to inhalants.*

Recommendation 7

- *To develop Koori specific youth detoxification and rehabilitation residential facilities.*

The KSWAG acknowledges the concerns of Koori Drug and Alcohol officers in the field that there are no Koori-specific and culturally appropriate substance abuse rehabilitation and treatment facilities for those persons under 18 years of age.

The Victorian Aboriginal Legal Service (VALS) endorses the recommendations of the KSAWG. In addition, they believe that more resources must be channelled into the training of Koori Drug and Alcohol workers and programmes. At the moment, they state:

> Koori Drug and Alcohol workers are expressing their concern of the increased demands put on them as a result of having to deal with communities that are involved in poly-drug usage. There is concern that the current Drug and Alcohol workers are not equipped to provide the specialist/expert support required when dealing with volatile substance users.[662]

The Committee acknowledges the hard work of the Koori Solvent Abuse Working Group and has noted and considered its recommendations.

Children in state residential care

In Part G the Committee examined how a relatively high percentage of children and adolescents who use volatile substances were in mandated state residential care. This was particularly the case for chronic solvent abusers. Children in residential care are often some of the state's most disadvantaged and disturbed young people.

Often the reasons why such young people use illicit and licit substances are complex and stem from significantly deprived and troubled family backgrounds. In the most extreme of cases, children in care may manifest severe high-risk behaviours reflecting high levels of emotional and psychiatric disturbance. Drug use may form only one facet of this high-risk behaviour. Self-harm, suicidal ideation, prostitution, involvement with paedophiles and criminal and violent acts may be manifested among these most disturbed of young people in out of home care.

Strategies to address these children's needs therefore must be particularly well devised and implemented. This is certainly the underlying message of the Report *Children in Care – 'When Care is not Enough'*.

662 Submission of the Victorian Aboriginal Legal Service to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.2.

This report was prepared by consultants for the Victorian Department of Human Services (hereinafter called the Morton Report but cited as Morton, Clark and Pead 1999). It examined the situation of such children and adolescents and the strategies and responses required for addressing their needs. Such strategies, it is argued, form a crucial addition to the repertoire of services available to tackle, among other issues, volatile substance abuse.

The Morton Report examined a sample of ten young people (aged 11–16) who were nominated by DHS staff as being among 'the most disturbed young people in the state' (Morton, Clark & Pead 1999, p.viii). All of the young people in the sample had had frequent changes of residential placement and most had records of poor academic achievement and exclusion from ongoing involvement in education and employment.

An exhaustive analysis of this Report is beyond the scope of this Inquiry. Suffice to state that its comprehensive research drew from a number of best practice child intervention models around the world and minutely examined the reasons why such young people were presenting with such disturbing profiles and risk-taking behaviours.

The key findings and recommendations of this Report centre on the need for a coordinated approach between the agencies and departments that currently have involvement with disturbed and extremely disadvantaged young people in care. The Report identifies a number of gaps in service delivery that may have serious consequences for young people in residential care. These gaps include:

- multi-sectoral, multi-disciplinary assessment and case planning;
- early identification of children and adolescents, entering the care of the Department, who have suffered severe abuse and/or neglect and who manifest high levels of emotional disturbance;
- consultation, training and intensive support for kith and kin carers, or staff providing specialist placements for young people with extreme levels of disturbance;
- intensive specialist therapeutic interventions for young people in care who manifest severe emotional and behavioural disturbance;
- specialist therapeutic outreach services in rural regions;
- therapeutic residential group care for young people with extreme levels of disturbance;
- specialist intensive therapeutic residential or day programs;
- alternative educational programming for young people not able to be supported in mainstream schools; and
- mandatory community-based intensive therapeutic options as an alternative to custody, or as an enhancement of community-based correctional orders, for young people with extreme levels of disturbance convicted of violent crimes or drug offences (Morton, Clark & Pead 1999, p.ix).

As a response to these identified gaps the Morton Report recommended a number of general strategies for young people with extreme levels of disturbance. These include:

- improved collaboration between services;
- the development of outreach services;
- the development of adolescent specific services; and
- additional funding to develop services for high risk young people (Morton, Clark & Pead 1999, p.ix).

Such services need to be state-wide and enhanced in rural and regional areas where there are deficits in the current services available.

Specifically the Report recommends the establishment of a state-wide specialist service to support the delivery of services across programmes and portfolios. The Morton Report provisionally refers to this as the Intensive Therapeutic Interventions Support Service. This multi-programmed response would include Child Protection, Mental Health, Juvenile Justice and Drug and Alcohol Services. The Drugs and Crime Prevention Committee would add Education and Accommodation to this list. As was noted in Chapter 19, mainstream educational systems simply cannot cope with or cater for adolescents who exhibit this level of disturbance. This is also one of the key findings of the Moreton Report. If children are excluded from the education 'loop', clearly there are flow-on effects with regard to their [in]ability to negotiate training or employment opportunities. Jennifer Coate, Chief Judge of the Children's Court of Victoria, views keeping adolescents in the 'education loop' of vital importance in terms of their future rehabilitative prospects:

> We are seeing young people [at the court] who have not been at school for months and months and months despite the fact that they are way under the school leaving age. In fact, we know that if something that happens gets them back to school their chances of getting back on track rocket up by about 70 per cent straight away.[663]

Similarly, one of the reasons some young people end up in state residential care is due to their homelessness. Appropriate inter-sectoral strategies need to be implemented that provide realistic and appropriate housing options for young people, particularly those manifesting high-risk behaviours and for whom foster care may not be a viable alternative.

While not many of the adolescents who abuse solvents will manifest the risk-taking behaviours referred to in the Morton Report, the findings of this Report are most disturbing. This is particularly the case in the context of this Inquiry, given that volatile substance abuse has been identified as a significant problem for children and adolescents in community and out of home care. Preventive programmes do need to be put in place that will address the causes of substance use, long before such behaviours are manifested. Secondary and

663 Her Honour, Judge Jennifer Coate in conversation with the Committee, 6 May 2002.

tertiary interventions are required for those adolescents in care who are already manifesting problem behaviours, including chroming. This is necessary not only for the sake of future generations of adolescents but also in terms of cost benefit analysis. As the Report states:

> Secure care and physical containment accounted for nearly half of the $2.3 million expenditure on the ten target group young people. Placement and brokerage, in non-secure settings, accounted for 41 per cent of costs. Case management and outreach services were four percent of total expenditure and community-based therapy less than one per cent.
>
> The one per cent of expenditure that directly addresses the core disturbance or problem behaviour of the ten target group young people is clearly very small relative to the considerable expenditure on their care, support, accommodation and physical containment (Morton, Clark & Pead 1999, p.ix).

In short, the Committee supports the recommendations of the Morton Report and is encouraged that these recommendations will be implemented in the near future.[664]

Family support and family strengthening

When the British Advisory Council on the Misuse of Drugs produced its comprehensive Report on volatile substance abuse in 1995, one of its key findings was that there was very little help available for the families of people who abused inhalants:

> When VSA comes to light in a family it will often confront the parents with a sense of fright and confusion. They may be uncertain how to react and what to say … It should, though, be admitted that finding a ready way to the right kind of first level help when a family is confronted by VSA is not always easy in all parts of the country. There are gaps in service and gaps in knowledge which need to be filled … As with the types of help needed for the individual misuser so, with the family, the emphasis should be on ensuring that a flexible range of help is available with the larger need being for simple, accessible, community based assistance (ACMD 1995, p.77).

Such assistance is clearly warranted also in Victoria. The Victorian Aboriginal Health Service (VAHS) states that parents often feel guilty if their children are found to be abusing volatile substances:

> They are often ashamed and blame themselves that their children are abusing substances, wondering "where did I go wrong?" Their feelings of failure are a serious barrier to them reaching out and getting help. Information and support

664 The 2002-2003 Victorian Budget has recently allocated 20 million dollars over four years for an intensive Therapeutic Service for Abused Children and Young People. In 2002-2003 five million dollars will be provided to establish this service. See 2002-2003 Victorian Budget Papers, Fact Sheet.

> needs to be available to parents not only at the point of service, but also more generally in the community. Currently these are not available.[665]

Such an observation is not restricted to Indigenous families. As Chapter 19 indicates there is certainly a need for parents and families across the board to be provided with appropriate information with regard to volatile substance abuse. Families also need to know who they can contact in cases where their child is abusing or is suspected of abusing solvents. Unfortunately, there is not a central agency or help line that is dedicated to deal with this particular problem. The experience of one of the mothers of a former 'chromer' is very disturbing:

> What has to be remembered is even though the child is having a crisis, so is the parent. It's hard to know where to start when you are confronted with something like this, who do you turn to, where do you get the help you need. It is of no use to a parent watching their child, covered in paint and spinning out, to be told, keep an eye on him/her for the next two hours and make sure they keep breathing, or making a phone call looking for help, and getting another number to ring. One night my sister and I made 22 phone calls, and the sad thing is at the end of them, there was still no real help given. This was the first night I had involved any family member so directly with my problem, and she could not believe the responses she received from the other end of the phone. As the saying goes – passing the buck.
>
> What should have happened was ONE PHONE CALL, and from there we should be put in touch with the area we needed. The system as it is at the moment is not working. It was interesting, although sad to note that welfare workers also face these problems. So imagine how helpless a parent feels. People are sympathetic … but everyone's hands are tied. Why?
>
> Is it because we are dealing with something that is not classified, it's not illegal? It's a can or tube of chemical, not a needle being inserted into their bodies. Or is it because the social workers we are dealing with also have little knowledge of where we need to go. Or how to really help us.
>
> I contacted one agency, after I had managed to get my child at a weak moment, she agreed to talk to someone and it took nearly three weeks for them to get back to me! Three weeks, I couldn't believe it. Far too much happens in three weeks …[666]

Unfortunately, it would seem this frustration is not an isolated case. Indeed, one mother with whom the Committee met stated that she was advised by the Department of Human Services that the only way she could get help for her

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665 Submission of the VAHS to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002 p.9.

666 Submission of 'Mary' to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.5. (Emphasis in original)

The name of this woman has been changed to protect her anonymity. This woman also presented before the Committee in March and April 2002, the latter time with her daughter. The Committee thanks Mary for her courage in bringing her plight and that of her family to the Committee's attention.

child was to have her removed from the home and put into state care. Whether this in fact was accurate advice or not it does seem to be testament to the lack of a coordinated response and indeed knowledge by some workers in the field. This makes the need for tailored strategies such as the Youth Inhalant Response Network discussed in Chapter 22 even more pressing.

When it comes to the chronic or long-term inhalant user, support *of* the family and *from* the family is clearly an important aspect of addressing volatile substance abuse. Canadian research suggests that family support upon discharge after treatment programmes for volatile substance abuse decreased the probability of relapses after treatment (see Coleman, Charles & Collins 2001, p.15 and later in this chapter). The same research, however, also points to the problems inhalant abusers may have when their own families are in crisis, particularly if there is a history of substance abuse in the family of origin. As Coleman, Charles and Collins state: 'a family cannot be supportive of abstinence if family members abuse substances themselves' (p.15). Therefore intensive family counselling may be necessary, particularly in the case of the chronic user who is still connected to his or her family. This is felt to be particularly the case in working with 'sniffers' from disadvantaged and minority communities. The manual on dealing with volatile substance abuse produced recently by the Aboriginal Drug and Alcohol Council of South Australia (ADAC) emphasises that wherever possible the family should be enlisted to support the user while being in turn supported by health and community workers:

> Education for parents can help them to understand the issues around solvent sniffing, to become aware of the signs to look for and of the best ways of helping … Aboriginal health workers can assist families with advice and support to deal with a sniffer. Often the family is the best way to get information and assistance to a sniffer … the substance misuse service [should] work with the family to help family members gain the knowledge and strength to deal with the problem. Many young people won't even talk with helpers from outside their own family. When there are problems in the family that are contributing to the sniffing behaviour, health workers may need to work with the family to resolve those problems. For example, where sniffing is associated with neglect or parental drunkenness, the health worker needs to intervene to reduce these things as well as helping the kid with their sniffing (ADAC 2000, vol. 4, p.20).[667]

Strengthening families in Indigenous communities is important not only for reasons of family harmony but also for wider cultural reasons. This may be particularly the case in remote and outback communities where the parents themselves have problems with volatile substance abuse. In his study of the

667 The use of family workers to provide counselling and support services to chronic users and their families was one of the key elements used to turn around the dreadful problems associated with volatile substance abuse in Maningrida (Arnhem Land), see d'Abbs and MacLean 2000, p.38; Mundy 2001.

Kickapoo Indians in the Texas/Mexican borderlands, Fredlund chronicles how volatile substance abuse has the potential to destroy not only family structures but traditional ways of life:

> The dependent children of the VSAs pose a particular dilemma. On one hand, there is an acute realisation that these children are at risk because of the chemical dependency of their parent(s). Problems arise more often from parental neglect than abuse, and are primarily related to the extreme poverty of these families. In a community where poverty is the norm, VSA-headed households are by far the least prosperous. Many, if not all, dependent children of the VSAs are going to bed hungry. Many grow up in and out of Texas Department of Human Services-sponsored foster placements – off the reservation and away from their people. The dilemma for the community is balancing the health and safety of these children (the highest priority) against the need for the children to be acculturated as traditional Kickapoo. The Kickapoo people are few in number, and every Kickapoo child raised outside of their unique cultural community diminishes chances that their way of life will survive into the 21st century (Fredlund 1994, p.29).

Clearly, in Victoria not many families will face these particular types of issues. This does not of course mean that the anguish and confusion they may feel is any less real. For those adolescent inhalant users who are still part of a family structure it is essential that policies and programmes strengthen rather than weaken the often tenuous links that may bind the family together. The community welfare agency Anglicare comments that when it comes to family support structures the system in Victoria is weighed more to intervention rather than prevention. For example, Anglicare's own research has shown that:

> [I]f adequate family support and respite services were provided at an early age the need to remove children from their families initially may be averted, together with the associated impacts from this removal. Further, Sarah Wise's 2001 report with Anglicare Victoria for the Institute of Family Studies, 'The UK Children in Need approaches in Australia' has recommended that offering greater support and assistance to families in the raising of their children can help reduce the reliance on child protection services to manage cases before they warrant protective intervention, and help tilt the balance between support and protection more appropriately towards family support.[668]

The Victorian Aboriginal Health Service supports the implementation of a Crisis Assessment Team specifically geared to assisting families who may have a child or family member affected by volatile substances or other drugs:

> Families would also benefit from a CAT team style intervention being made available for drug affected people. Families often find themselves in situations where they are frightened for the wellbeing of their family member who is chroming or using drugs, but do not know what to do to assist him or her. To

668 Submission of Anglicare Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.15.

> have a team come out to assess the person and deal with them or advise the family on what to do would be helpful.[669]

One final aspect of family support that needs to be addressed is the tragic case where a child of the family has died from volatile substance abuse. Clearly, parents in such circumstances will be highly distressed. Ives states they are also often angry 'that their child has died such a needless and preventable death' (Ives 2000, p.50).

In Britain, bereaved parents of adolescents who have died from or while inhalant sniffing receive support not only from community agencies but also from dedicated self-help and support groups. Network VSA is a group of professionals involved in volatile substance abuse and parents whose children have died because of volatile substance abuse. They offer support, advice and information to parents in similar circumstances. The Committee believes that similar groups should be established in Victoria and receive support from the appropriate agencies.

The need for treatment services for (chronic) users of volatile substances

The issue of 'treatment' for those who use volatile substances is problematic. Treatment as a concept is applicable only to those users who can be termed chronic or long term. This of course does not mean that interventions such as counselling are irrelevant to the short-term or experimental user.

One of the issues that makes writing of treatment so problematic in this area is that as far as the Committee is aware there are no dedicated treatment programmes for solvent abusers, at least not in the traditional (residential) rehabilitation sense. Most programmes of this type exist in the United States or Canada and even these are few and far between. Brouette and Anton argue that because there has been so little research done into the specific modalities needed for treating chronic inhalant abusers, clinicians must fall back on the principles used for treating other substance disorders (2001, pp.89ff).[670] Moreover, a further problem with inhalant abuse is that because of the heterogeneity of the compounds inhaled, there is no single regime of medical tests or treatments that can necessarily be prescribed.

The National Inhalant Prevention Coalition (NIPC) based in Texas also bemoans the lack of inhalant specific facilities in the United States. In a recent circular to it members it states:

669 Submission of the VAHS to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002 p.9.

670 For a review of such clinical principles and their application to volatile substance abuse, see Texas Commission on Alcohol and Drug Abuse (TCADA) 1997; Brouette and Anton 2001. In the latter reference, the authors state that many medical writers even suggest 'there is no role for medication in inhalant abuse treatment' (2001, p.89). Nor are there drugs the equivalent of naltrexone in heroin dependence treatment that can be used.

> Treatment for chronic inhalant abusers is complex and lengthy. The number of treatment facilities prepared to adequately meet the needs of inhalant abusers are meager to non-existing. It may well be that this is the result of insufficient expertise in local facilities to address this problem and/or inadequate treatment planning because inhalant dependence may not be determined during client assessment (NIPC, 2001 p.8).

The few programmes that have been established to deal with long-term solvent abuse in Australia are exclusively those dealing with petrol sniffers. In Indigenous communities, both here and overseas, one of the most common forms of 'treatment' are interventions by individuals, families and community members to simply keep the user away from the solvent. Many of these are of the 'outstation' variety (described above) and cannot be said to be treatment oriented in the traditional sense, as a submission from the Northern Territory Government to the Committee makes clear:

> Whilst it is acknowledged that there is limited information available about effective treatment approaches for petrol sniffing and inhalant abuse, the NT Government has supported community-oriented solutions to care for sniffers in the form of outstations. *Outstations are not treatment programs.* They offer respite for the young person sniffing and for the rest of the community and provide an opportunity for reconnection with cultural values and practices. *There remains, however, a need for investigative work into treatment options for chronic users and their families.*[671] (Committee's emphasis)

This lack of knowledge and subsequent lack of action as to how best to provide services to the chronic user is indicated in the judgement of the Northern Territory Supreme Court in a recent criminal case:

> The Northern Territory Supreme Court has heard that while petrol sniffing among young Aboriginal people is rife, there is not one approved rehabilitation programme in the Territory.
>
> RT, 18, was facing 14 years in jail for property offences committed after sniffing petrol.
>
> In sentencing Thompson, Judge Stephen Bailey read from a petrol sniffing review that stated governments would save money if there was a co-ordinated approach to combat petrol sniffing because there would be less property crime and less money would have to be spent on caring for brain damaged sniffers confined to wheelchairs.[672]

In areas of Australia where petrol sniffing has been rife, there have been debates as to whether residential rehabilitation centres (not outstations) are

671 Submission from Northern Territory Department of Health and Community Services to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, April 2002, p.2.

672 Story printed in ABC News Online, Monday 13 May 2002 – http://abc.net.au/news/australia/nt/archive/metnt

appropriate measures to 'treat' chronic abusers. The Aboriginal Drug and Alcohol Council of South Australia states that this is a controversial topic:

> Residential rehabilitation for sniffers is sometimes a controversial topic. Often parents and 'authorities' see residential rehabilitation as highly desirable for chronic sniffers – a way to break the cycle and get them off the streets.
>
> Decisions about residential rehabilitation for sniffers (indeed all young drug users) need to be considered carefully. For some sniffers with very difficult home situations or whose behaviour is a danger to themselves or others, some form of residential program may be necessary to provide some stability in their lifestyle while they are getting help. Advocates of this form of treatment often argue that a short residential program is effective in breaking a pattern of behaviour, giving the sniffer (and their family) a break and a chance to think about what they have been doing and a chance to get healthy.
>
> Arguments against residential rehabilitation for sniffers include:
>
> - In Australia, there are no residential youth drug rehabilitation programs specifically for solvent sniffers. Some programs do accept sniffers – usually they are in a minority and there is danger that they will be encouraged and educated in the use of other 'harder' drugs by other clients in the program. (In Canada there are Indigenous residential programs for solvent sniffers and these claim to be quite successful – see references at the end of this section.)
> - Residential treatment is expensive and it is unlikely that specific residential programs will be funded by governments.
> - It may be best to deal with the problem where it occurs rather than removing the person from their environment. As services in the community improve, there is less and less need for sniffers to be removed from their family and community.
>
> The experience of many residential programs is that they can be very successful in stopping drug use while sniffers are in their centre but that sniffing resumes quickly once they return to their old environment. Only those residential programs that include a strong element of 'after-care' have been successful in bridging the gap between the residential setting and 'the street'. It is often a cost factor that determines which programs are successful (ADAC 2000, vol. 4, p.16).

D'Abbs and MacLean give a useful summary of the debates over rehabilitative facilities and the efficacy of treatment for inhalant abusers. Their views are worth reproducing in full:

> There appears to be some disagreement about the appropriate objectives of a town based residential facility for petrol sniffers [in Alice Springs], in particular, over whether attendance should be voluntary or involuntary, and whether its purpose should be for detoxification or treatment, or both. Some view it as a service that provides short-term secure care where people could be detained

> to detoxify and 'sober up'. As the effects of petrol inhalation do not last longer than about six hours, this part of the process would be over relatively quickly (see Stojanovski in McFarland 1999, 31). To have more than a few hours effect, then, such a facility would have to detain people to force them to take a break from continual sniffing. Others believe that chronic sniffers could receive treatment on a voluntary basis at such a facility along the lines of that provided at residential drug and alcohol rehabilitation services, or that the facility could act as an alternative sentencing option for sniffers. A further and different need is for respite care for sniffers who have become disabled. Current thinking in Central Australia is that the establishment of such a service in Alice Springs might provide sniffers with a safe place to 'sober up' and with short-term accommodation. This service could cater for urban sniffers and also support outstation programs and would only be effective if primary and secondary interventions were also in place (McFarland 1999).
>
> In short, there is little evidence regarding the efficacy or otherwise of residential rehabilitation programs. At the same time, while the value of residential care for rehabilitation of sniffers remains open to question, no one denies that it serves a useful purpose in offering respite to communities and parents, and to enforce a break for sniffers. However, the limited outcome data available suggests that such a use of resources for residential care, particularly if only for short-term benefit, may be less effective than a program based on recreation, community development, and individual and family counselling.
>
> Four caveats must be added to this assessment, however. Firstly, further study of North American models may provide more information about the potential effectiveness of rehabilitation services. Secondly, in the absence of residential facilities, urban centres such as Alice Springs and other communities without outstations often have nowhere to send young people to get them away from inhalant misuse and engage them in other activities in a positive and caring environment. Thirdly, regardless of the value of residential services, safe and secure places for sobering up are required. And finally, long-term care will continue to be essential for those who have become so severely disabled that they can no longer be looked after in their communities, particularly where brain injury has rendered them unpredictable and violent (d'Abbs & MacLean 2000, p.73).

Some respondents to this Inquiry and some commentators in the literature have argued that in discussing options for long-term users of solvents, the community needs to get away from somewhat constrained and traditional ideas of what counts as 'treatment'. For example, the Aboriginal Drug and Alcohol Council of South Australia has considered treatment modalities in a much broader way. According to this view the following interventions would all come under the rubric of treatment:

> Harm Reduction measures (for example, instructing users not to inhale in confined places or spray fire extinguisher compounds directly into the mouth)

Individual Counselling[673]

Group and Family Counselling

Self help groups – 'Ex sniffers or 'recovered' sniffers meet with current sniffers and help them to talk about sniffing and strategies to change their behaviour. Self help methods rely on ex sniffers telling their stories, identification with success stories and encouragement through example' (ADAC 2000a vol., p.16).

Rehabilitation

Adventure type and leisure activities

Aftercare (see ADAC 2000a, pp.10–17).

The Committee clearly does not profess to be an expert on treatment approaches to volatile substance abuse. It would seem, nonetheless, that given the paucity of research in this area, an appropriate way to address the needs of the chronic user in a rehabilitation setting is to combine the standard clinical treatment modalities for other forms of substance abuse in a setting that is dedicated to, and specifically addresses, the social, cultural and unique aspects of volatile substance abuse. This of course does not exclude a need for ongoing and sustained research into clinical aspects unique to volatile substance abuse.

In Indigenous communities, treatment settings must of course be culturally appropriate to that community. As the Committee noted in Chapter 20, holistic healing centres such as the Taha Maori Programme in New Zealand, while not dedicated to volatile substance abuse specifically, are based on the premise that substance abuse problems among the Maori people are a result of a loss or separation from traditional identity and spirituality. This has been for the most part the approach in Canada and the United States among their Indigenous communities. One of the few dedicated rehabilitation programmes addressing volatile substance abuse is the Okonungegayin Program, a long-term rehabilitation programme, in northern Ontario. Beveridge describes the 'treatment' as follows:

> The treatment of clients involves a process of Detoxification (shaking tent, sweat lodge, drum ceremony, daily smudging), Purification (sweat lodge, smudging, traditional teachings), Cleansing (sweat lodge, traditional teachings, daily smudging) and Evaluation (shaking tent, sweat lodge, naming ceremony). Treatment also includes talking and healing circles, group education, individual assessment, and family assessment and treatment. Clients are assessed by Anishinabe medical healers during each phase of the

673 While some commentators have argued that interventions based on individual counselling are faulty because they focus on individual pathology, others such as anthropologist Maggie Brady believe that it can play a significant role alongside other interventions. In the hands of a skilled counsellor this type of intervention may allow chronic sniffers to 'tell their stories'. For an account of these debates, see d'Abbs and MacLean 2000, p.51.

For some suggested guidelines with regard to counselling young inhalant users in Victoria, see Bellhouse, Johnston & Fuller 2002b, pp.38ff.

> program, and a medical doctor from Lake of the Woods District Hospital also provides assessments. The combined efforts of the traditional healers and a medical doctor ensure that the client is physically, mentally, emotionally, and spiritually able to complete the treatment program. This approach is commonly referred to as a holistic approach, and although it may be relatively new to Western societies, it has its roots in the medicine wheel tradition. The medicine wheel employs a holistic approach to healing that follows the four directions of mother earth. The program aims at restoring the balance among all the elements listed in the matrix (Beveridge 1998, pp.4–5).[674]

If there have been very few programmes and treatment modalities established that cater for Indigenous communities, the services available for the chronic abuser from the non-Indigenous community are non-existent. In reviewing the literature on tertiary intervention in this area D'Abbs and MacLean state that the results are 'not encouraging':

> Beauvais and Trimble writing in America, state that solvent users "defy conventional treatment and prevention efforts" (1997 xi). Elsewhere Beauvais notes that sniffers referred to treatments have often sustained neurological damage, meaning that many strategies in conventional drug treatment will prove too cognitively complex to be useful (1997, 106). A review of the international literature addressing inhalant misuse [in] the general community found that there was little data to draw on in relation to treatment, and that what was available suggested that the outcomes were disappointing (Dinwiddie 1994, 1993) (d'Abbs & MacLean 2000, p.71).

Discussing volatile substance abuse in Britain, Ives states that treatment of chronic inhalant users is very difficult:

> Most young people who become involved in VSA are experimenting. Although this is very dangerous, even if they come to the attention of adults they may not need any specific treatment. In fact, paying too much attention to experimentation may be counter-productive if it creates a sense that the activity is capable of causing adult angst – this is a result that some young people seek. The best approach in such cases may be to monitor the situation, giving information and advice as appropriate.
>
> Treatment of longer-term and chronic VSA is not easy. Many workers think that they are a particularly difficult client groups to contact and to motivate to change. Well-worked-out treatment protocols are lacking:
>
> The treatment and prevention of solvent abuse and dependence has presented a particularly difficult challenge for service providers, especially given the general lack of direction for effective treatment strategies. In addition to the physiological, neurological and emotional challenges abusers face, volatile

674 Similar long-term (six to nine months) programmes that combine conventional medical/nursing assessment and monitoring with a culturally appropriate healing model are located in Calgary (see Coleman, Charles & Collins 2001) and the Whiskeyjack Treatment Centre in Manitoba, Canada (see Lehmann 1998). For a general account of the need for mixed modality rehabilitation facilities, see Fredlund 1994.

> substance-abusing youth frequently bring with them a multitude of other problems – academic, legal, social and family issues. Certainly, volatile substance abusers are among the most difficult and refractory people to treat. In addition to the difficulty of working with this population, little practical information has been available to meet the specific needs of solvent abusers (Ives 2000, p.42).

None of the submissions received by the Committee in the course of the Inquiry have been able to enlighten us on appropriate treatment models for chronic inhalant users in the 'mainstream' communities.

The Victorian Department of Human Services has a section of its submission to this Inquiry titled 'Treatment Services'. Within this section the Department's interventions in this regard are outlined:

- A letter has been sent to all residential care services to advise staff of DHS guidelines when managing young people with inhalant abuse issues.
- Five Specialist Alcohol and Drug Treatment Worker positions have been established to support young people with drug problems (including 'chroming) in residential care. These positions operate in Secure Welfare and Departmental regions.
- Chroming treatment and management guidelines and principles are being developed for staff working with children and young people with chroming issues (by Turning Point Drug and Alcohol Service). It is expected the guidelines will be completed by July 2002. These guidelines will:
  - Reflect DHS practices and principles in the care and management of young people in out-of-home care;
  - Consider community understanding and expectation of DHS in the management of inhalant use;
  - Document client assessment principles for young people in residential facilities;
  - Provide a range of responses to address client needs;
  - Provide a range of prevention and diversionary measures;
  - Develop protocols for resource support to staff in residential facilities;
  - Develop protocols for referral to Alcohol and Drug Treatment agencies;
  - Document treatment approaches.[675]

As laudable as these developments may be, they do not necessarily give any indications as to what may be appropriate treatment interventions *specific* to

675 Submission of the Department of Human Services, Drugs Policy and Services Branch, Victoria, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.6.

volatile substance abuse. The submission of the Australian Medical Association, although welcome, gives no further guidance. It states:

> Unfortunately, AMA Victoria does not have at its disposal the resources or the expert advice to answer these important questions about the medical and psychological consequences of volatile substance abuse.[676]

One 'concrete' suggestion that has been received by the Inquiry comes from the Youth Affairs Council of Victoria. It sees value in a 'sobering-up centre' for inhalant users. Although this of course is only a short-term solution to the problem, as the discussion above in the context of Indigenous inhalant abuse indicates, such a measure may be a valuable 'stopgap': YACVic explains its rationale for such a 'safe space' as follows:

> In our submission to the Drugs and Crime Prevention Committee concerning the decriminalisation of public drunkenness, YACVic supported the establishment of sobering up centres to provide a safe space for young people to sleep off the effects of their intoxication. Youth workers believe that sobering up centres could play a role in reducing the risks associated with the inhalation of volatile substances although they may not be as effective with 'chroming' behaviour.
>
> The main problem is that the effects of volatile substance inhalation typically last for a short time. Thus, a person may have 'sobered up' by the time they reach the centre. However, the process of being picked up by an outreach worker and driven to a centre does fulfil harm minimisation principles in that it may remove the young person from a dangerous location and provide a safe space for them to sober-up. Sobering up centres would also be able to link problematic users into appropriate services.[677]

Sue Helfgott from the Drug and Alcohol Office of Western Australia also sees the need for a short-term place for young solvent users to recover from the effects or consequences of inhaling solvents. Such a place, however, should not be categorised as a detoxification centre:

> [s]olvent intoxication generally lasts about 45 minutes from the last time they have used. They do not necessarily need a place to detox, because within 45 minutes to one hour they are sober again. They need special attention in that time – almost like child-minding, or whatever you want to call it – but they do not need detox services. That is because it is such a short intoxication and they are sober again. We are developing protocols with some of our adult sobering-up shelters to be able to accommodate juveniles, but we need to use that fairly cautiously because putting young people with adults may not be in their best interests.[678]

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676 Submission of the Australian Medical Association (Victorian Branch) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, May 2002, p.1.

677 Submission of Youth Affairs Council of Victoria (YACVic) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.17.

678 Ms Sue Helfgott, Western Australia Drug and Alcohol Office, in conversation with the Committee, Perth, 2 May 2002.

Notwithstanding the debates as to the exact nature of the service required, many Koori organisations and individuals during the course of this Inquiry and also our Public Drunkenness Inquiry have stressed the need for a centre specially equipped to address the needs of Indigenous young people with substance abuse problems in Victoria. The views of Victorian ATSIC Commissioner Marion Hansen are representative:

> My background is that I have had about 25 years experience working with an organisation called Ngwala Willumbong, which is in St Kilda. I managed the centre down there for three or four years and the numbers of young Aboriginal people coming through there, particularly under the age of 30 and in relation to the hard drugs – chroming was an issue – was very severe. The need for a centre just for young people is a very high priority within Aboriginal communities because as it stands at the moment we have three residential rehabilitation programs throughout the state, but they all cater for adult males. We have one residential program that caters for adult females. There is nothing there at all for young people in terms of detoxification or residential rehabilitation.[679]

It would seem that given the uncertainties surrounding treatment for chronic volatile substance users and indeed the lack of knowledge in the area, one is left with a fall-back position similar to the strategies applying to Indigenous users. In other words, standard drug modalities may be employed to treat users in a residential setting but the unique attributes of volatile substance abuse must be addressed in any strategies or interventions used in such settings. In particular the *youth* of the user must be acknowledged and appropriately addressed in issues such as programme development, staffing and after care.

In an information booklet written on volatile substance abuse for the British public, Richard Ives poses the question: *Is treatment of chronic VSA different from treatment of other kinds of young drug users?* His advice is:

> Young people involved in chronic VSA are similar in many ways to young people with other kinds of drug problems, and similar treatment options will be appropriate. But it is likely that chronic VSA is associated with more deep-seated and intractable problems relating to family conflict or break up. They may also be younger. And although there is no withdrawal syndrome, many will experience craving.
>
> However, unlike with opiate addiction, there is no possibility for substitute prescribing. Given that supplies of volatile products are readily available, ex misusers are perhaps faced with greater 'temptations' than ex-drug users (Ives 2000, p.46).

679 Ms Marion Hansen, Victorian Zone Commissioner, Aboriginal and Torres Strait Islander Commission. Evidence given at Public Hearings, Inquiry into the Inhalation of Volatile Substances, 30 April 2002.

Sandra Meredith, expert on volatile substance abuse in New Zealand also sounds a cautionary note:

> Solvent users are different, what they use is not acceptable to the general population, they therefore need special support to overcome discrimination. Our experience in New Zealand is that this particular group of young people does not fit well into a standard drug and alcohol programme easily. There are also problems with having too many solvent users in one residential programme together. Our view is that programmes that are more holistic, and community based are more likely to be able to respond to individual need and be more successful.[680]

With regard to treatment, the Committee considers that when considering 'treatment' options for volatile substance abuse, the broadest possible meaning must be given to the concept of treatment. Where appropriate, all the primary, secondary and tertiary interventions discussed in this Part must be incorporated or at least considered where required. Volatile substance abuse is axiomatically a complex issue, but this should not prevent governments, individuals and the community from continuing to search for the appropriate 'answers' to prevent, address and treat this disturbing form of abuse.

Conclusion

This chapter has examined the need for discrete services for particular groups affected by volatile substance abuse. It has not explored all the groups that may be so affected. For example, it has heard anecdotal evidence that there may be a need for specialist services to address volatile substance abuse among young women.[681] Similarly, there has been mention that volatile substance abuse may be disproportionately prevalent among groups of young Maori and Pacific Islanders.[682] The Youth Affairs Council of Victoria has stated that people with intellectual and psychiatric disabilities may also be at risk:

> There is some anecdotal evidence to suggest that young people with intellectual disabilities may be vulnerable to engaging in the inhalation of volatile substances. One participant said that '*kids who might be 16, 17 or 18 but who have the skills of a 12 year old are more likely to use inhalants. It's often a drug that they can get hold of and yet people tend to forget about them*'. We recommend that responses take into account these different groups to ensure that strategies are appropriate for all young people.[683]

680 Submission of Youth Affairs New Zealand 2002, (Sandra Meredith, Senior Policy Adviser) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.19.

681 For a discussion of young women and volatile substance abuse, see Chapter 10.

682 The submission of YACVic, however, states as a result of their community forum into chroming, workers 'identified only one instance of substance inhalation by young people from an Islander background'.

683 Submission of Youth Affairs Council of Victoria (YACVic) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.8.

The Committee sought advice from Villamanta Legal Service, the legal centre specialising in addressing the needs of people with intellectual disabilities. Their first response was that they were not aware of volatile substance abuse being an issue for young intellectually disabled people. However, a follow up communication stated:

> As I stated in my email to you on 25 March 2002, Villamanta Legal Service does not know if 'chroming' is a significant issue for young people with an intellectual disability. I have since made contact with a worker at Berry Street Victoria. She said that Berry Street does not have any relevant statistics but that anecdotally young people in the care and protection system seem much more vulnerable or susceptible to chroming and that the number of young people with an intellectual disability entering and remaining in the care system is increasing.
>
> Given that these observations suggest that chroming could be as much of an issue for young people with an intellectual disability as it is for other young people, education and communication strategies should cater for people with an intellectual disability and be accessible. Training for Service Providers in this area about disability issues may also be required.[684]

Unfortunately the Committee has simply not received any evidence outlining any specific programmes, strategies or examples of best practice that is required for such groups. Similarly, there has been little if any research done into the specific needs of these particular groups.

684 Correspondence from Michelle Bowler, Policy and Law Reform Worker, Villamanta Legal Service, to the Drugs and Crime Prevention Committee, 12 April 2002.

PART H: A Miscellany Of Issues

Overview

The following Part examines a number of discrete but interrelated areas pertaining to volatile substance abuse. It commences with an exploration of the feasibility of modifying the formulation and content of certain volatile substances, predominantly paint, to make them less attractive to the deliberate inhaler of the substance and/or minimise the toxicity of the substance and the harmful consequences to the health of the user.

Chapter 25 discusses the role the media does and should play with regard to reporting volatile substance abuse. The deliberate inhalation of solvents has been an issue that has attracted considerable publicity and media coverage in recent months, not all of it responsible or desirable. The chapter looks at ways in which reportage of volatile substance abuse can be more positively and responsibly presented. Voluntary media protocols may be one way in which this could be done.

An almost complete lack of research into volatile substance abuse has been one of the issues that has been of most concern to the Committee while conducting this Inquiry. Chapter 26 discusses the paucity of research and critical inquiry in this area. This is notable across the whole research spectrum. There is virtually no comprehensive quantitative data collected on the extent and prevalence of volatile substance abuse at local, state or national level. Qualitative studies into issue such as who uses inhalants, why they are used and how they are used are also few and far between. Research into the medical and treatment issues pertaining to volatile substance abuse in Australia are for the most part non-existent.

Finally, this Part concludes with a chapter that calls for a coordinated and well funded approach to service delivery, programme and policy development to address volatile substance abuse. In particular, the Committee argues there

needs to be a state framework developed on volatile substance abuse with a Coordinator appointed specifically to deal with volatile substance abuse over a number of portfolios, government departments and community agencies.

24. Product Development and Modification: The Involvement of Science and Industry

Throughout the course of this Inquiry the Committee has received some very positive and exciting evidence from manufacturers with regard to product modification. These potential projects have predominantly concerned spray paint. The discussions the Committee have had with manufacturers and industry groups have for the most part concerned the possibility of modifying either the design of receptacles, such as spray paint cans, or reconstituting the compounds contained within them to ameliorate the adverse effects of paint for inhalant abusers. These proposals will be discussed at length later in this chapter. Suffice to state at this stage, however, that the Committee would like to express its support to those industry groups and companies that have endeavoured to be such good corporate citizens.

A key principle of harm minimisation is to lessen the dangers associated with the consumption of particular drugs. The modification of the receptacles containing volatile substances or the changing of the product itself to make it less toxic is put forward as one strategy to combat the harms associated with volatile substance abuse. Chemists in industry have also examined ways in which bittering additives may make the products less appealing to inhalers. Before examining some of the strategies proposed in Australia, this chapter will look briefly at theses type of interventions employed in Britain and, to a lesser extent, the United States and Canada.

Britain and Northern America

In Britain, the issue of product modification was considered at some length by the Advisory Committee on the Misuse of Drugs (ACMD) in its report into volatile substance abuse in 1995. It stated at that time:

> The best time to consider the safety issues of a product is in the design stage – modification of an existing product is nearly always more difficult. In considering the introduction of new products we urge manufacturers to consider how to keep volatile substance abuse potential to a minimum. There

> are a number of ways in which abuse potential might be reduced whether in relation to new products or through modifying existing products.
>
> First, in some cases it may be possible to replace or reduce the abusable volatile element of the product with a non abusable alternative.
>
> Second, substances might be added to give it a nasty taste – we understand the manufacturers concentrate on taste rather than smell since a product with an unpleasant smell is likely to put off legitimate users.
>
> Third, the way the product is delivered from its container might be re-designed so as to make abuse less easy.
>
> In considering modification there is a need to ensure that the result is not a product which is more hazardous in normal use (ANCD 1995, p.65).[685]

Since the 1995 ACMD Report was published there have been a number of attempts in Britian to modify products associated with volatile substance abuse. Most of these efforts have been associated with butane cigarette lighter refill containers, which is not so much of a problem in Australia. For example, in Britain, modifications to the nozzles of aerosol cans have been trialed. Unfortunately, they 'appear to have little effect on discouraging abuse, as "fixed" nozzles, whilst not being easily removed, do not present a problem to determined access' (Re-Solv 2000, p.10).

In London during July 2001 the Committee met with British voluntary sector and government representatives concerned with the inhalation of volatile substances and was generally very impressed with the cooperative, supportive and close relationship health agencies in the field have with British trade and industry. The British Aerosol Manufacturing Association (BAMA) has a key role to play in preventing the abuse associated with the inhalation of aerosol products. The Association represents approximately 70 companies in the aerosol industry including Gillette, Reckitt Benckiser and SC Johnson. BAMA has a Committee specifically convened to address strategies for lessening the problems associated with aerosol inhalation. The Drugs and Crime Prevention Committee met with Sarah Ross from BAMA who described the brief of the BAMA volatile substance abuse committee:

> [It] is to ensure that we continue helping experts and liaise with the experts on the issue, making sure the industry is fully aware of all the issues and what exactly is going on and what [we] can do to help.
>
> [W]e are looking at education initiatives because time and time again that comes through as the best way of reducing the problem and addressing it.
>
> We have recently been looking at the technical products: can you make your products less abusable technically.[686]

685 See also the Submission of the Australian Paint Manufacturers' Federation (APMF to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, pp.1–2, as discussed later in this chapter.

686 Ms Sarah Ross, Representative of the British Aerosol Manufacturers Association in conversation with the Drugs and Crime Prevention Committee, London, 10 July 2001.

BAMA has its own web-site devoted to professionals and retailers.[687] Even outside the BAMA, British industry has generally been cooperative in its approach to addressing volatile substance abuse.[688] A recent initiative that has shown promise is a working partnership between Re-Solv and Shell Corporation to develop a method of making cigarette lighter refill fluid unpalatable to potential inhalers. The addition of an extremely bitter substance known as 'Bitrex' to the lighter fluid is hoped to make it far less attractive to potential users.[689]

In the United States, enthusiasm for tackling inhalant abuse through product modification has waxed and waned over the last 20 years. A communication from the National Council to Prevent Delinquency to the Australian Paint Manufacturers' Federation (APMF) reflects these shifting attitudes to product modification:

> Here in the US, there was a strong push for inhalant abuse legislation in the mid 1970s and again, in the mid 1980s. The noxious additive idea was reviewed quite extensively during both those periods and no reasonable way was found to chemically deter the abuser, without driving away the consumer who purchased the product for its intended use.
>
> During the second round of legislative activity, one company, a maker of typewriter correction fluid … added oil of mustard to the fluid to make its inhalation unpleasant. Unfortunately, the effective life of oil of mustard is frequently shorter than the time it takes to get the correction fluid from the plant to the retailer. The practice was discontinued…
>
> The regulatory climate has cooled towards specific product controls as policy makers have come to understand the nature of the problem. Too many consumer products contain abusable solvents, gases or propellants to make supply side or specific product regulation feasible. Consequently, while there are exceptions, supply side controls have become less attractive and emphasis is shifting to education.[690]

687 See www.bama.co.uk

688 It is interesting to note that Re-Solv was established in 1984 by the 'adhesive industry'. Indeed, many of its Directors and Chairpeople were executives from glue and adhesive companies. It certainly could be argued that this results in charitable organisations such as Re-Solv not being at 'arm's length' from the industry and therefore subject to industry demands or interests. Nonetheless, the relationship between Re-Solv and BAMA generally seems to be one in which the concerns of those addressing volatile substance abuse are genuinely taken seriously by industry groups.

The United States also has a tradition of relying on industry groups to at least partially fund some of its volatile substance abuse community initiatives. For example, an education booklet and video produced by the National Inhalant Prevention Coalition entitled 'A Parents Guide to Preventing Inhalant Abuse' is sponsored by the SC Johnson Wax Company. For further information on similar American initiatives, see www.inhalants.org.

689 Bitrex has in the past been added to household bleaches to prevent young children from drinking them, see Ives 2000, p.11.

690 Correspondence from Robert Hills, Executive Director, National Council to Prevent Delinquency (USA) to the Australian Paint Manufacturers' Federation, 22 March 2002.

A report by the Texas Commission on Drug Abuse (TCADA) in 1997 examined a number of strategies to combat volatile substance abuse. It was dubious about the efficacy of supply side measures and particularly the use of chemical reformulations to deal with the issue. It cites as a particular example a correction fluid that had its solvent component replaced by a water-based compound:

> [t]his was clearly safer, but took much longer to dry. Neither the legitimate consumers nor the illicit inhalers found the product satisfactory, and thus its use and sales diminished significantly (TCADA 1997, p.31).

Australia

Product modification and indeed product substitution has to some extent already been undertaken with regard to the problem of petrol sniffing in outback Australia. The addition of ethyl mercaptan, colloquially known in Northern Territory as 'skunk juice', has also been added to petrol for its malodorous effect. The additive is reputed to induce nausea, vomiting and diarrhoea (d'Abbs & MacLean 2000, p.45). As a measure to reduce petrol sniffing, it has been for the most part unsuccessful. D'Abbs and MacLean summarise the findings of the Senate Select Committee on Volatile Substance Fumes with regard to four Indigenous communities that added ethyl mercaptan to petrol. The measure was not successful in any of these communities:

> In one instance, residents objected to the offensive smell of the additive; in another, parents became stressed at the sight of their children vomiting (which as the Senate Committee suggests, may simply point to the need to educate parents prior to introducing the additive). In another there was no genuine community support for the intervention, and in yet another the resident medical officer concluded that the effects of the additive were no less harmful than those of petrol sniffing, particularly in the case of chronic sniffers who continued to inhale both petrol and the additive (2000, p.45).

Moreover, d'Abbs and MacLean also note that ethyl mercaptan can be removed from petrol through 'weathering', that is leaving the petrol in the open air with the result that the additive will evaporate (2000, p.45). In summary, the high hopes that some Indigenous communities had for the use of this additive have not been realised. At best it resulted in a 'temporary abatement in sniffing':

> Faced with the additive, resourceful sniffers would invariably find other untreated sources. Similarly Brady (1985) concludes that adding ethyl mercaptan as an emergency measure can provide short term relief, but does nothing to address the underlying causes. She also points to the danger that communities who have introduced the additive, even if they viewed it initially as a stop gap measure only, will then fail to follow through with longer term interventions. In any case, the strategy appears to have been abandoned in the 1990s (2000, p.46).

More recently, some remote Indigenous communities have been encouraged to use 'Avgas' rather than petrol or unleaded rather than leaded petrol. In Western Australia the state Drug Strategy Office assists Indigenous communities to apply for Comgas subsidies from the Commonwealth government to assist them in substituting gas for petrol (Western Australian Working Party on Solvents Abuse 2001, p. 8).

Correction fluids have also been the subject of attempts to modify their attractiveness to inhalers in Australia.

In a submission to this Inquiry the community agency Drug Arm Victoria relates that a small amount of mustard was added to 'Liquid Paper' in the early 1980s following the death of a young girl who had been sniffing the correction fluid. Apparently 'this dangerous fad stopped very quickly'. Drug-Arm recommends in its submission that: 'A solution which will radically reduce the toll of young lives. Add an unattractive odour to volatile substances and enthusiasm for their use will decline rapidly'.[691]

Unfortunately such endeavours have been viewed as far too expensive for little benefit in deterring children. They have been subsequently disbanded.

Modification campaigns have also targeted propellants in aerosol cans. Aerosols are a particularly dangerous vehicle for the inhalation of volatile substances. Rose, Daly and Midford state that:

> Besides being the leading cause of VSU mortality in Australia, the English experience suggests that anything which can reduce the lethal potential of these products is worthy of investigation.
>
> Pump action sprays are gaining more attention as being environmentally friendly. A new design of pump action hair spray has become recently available. Any legislation, tax incentive or other measure to increase the use of these products may reduce the risk of experimentation, especially amongst girls who are the primary consumers of these products (Rose, Daly & Midford 1992, p.26).

The rest of this chapter will examine the responses of various parties to this Inquiry in the context of product development and modification, particularly with regard to spray paint.

691 Submission of Drug-Arm Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p. 4.

The feasibility of product modification: Recent responses to this Inquiry

Many agencies from both the government and the community sector, representatives of Trade and Industry and concerned individuals are generally supportive of *any* measures to ameliorate the deleterious effects of inhalant abuse. Nonetheless, when it comes to the use of product modification measures, two warning notes are sounded.

First, many of these groups, including those from industry, have their doubts as to the effectiveness of such measures. For example, the Yarra Drug and Health Forum states in this regard:

> The YDHF also believes that, while attempts to restrict demand (for example through bitter additives), may 'work' for *some* volatile substance users with respect to the *specific* altered volatile substances, ultimately the proliferation of volatile substances would render this approach ineffective, unhelpful and counter-productive.[692]

Some of the young people who are or have been chromers have also expressed some diffidence as to how effective such measures could be, as can be observed in an extract from the Committee's meeting with 'Julie', an ex 'chromer':

> *COMMITTEE MEMBER – There is some talk, Julie, that some of the paint companies might put substances in the paint such as mustard gas, or something like that, to make it unpleasant. What would happen if you wanted to chrome but you had a paint that had a really unpleasant smell about it? Do you reckon that would be an incentive to stop?*
>
> *JULIE – I don't know, because it depends what it tasted like. I mean, if it was that bad that you couldn't put it in your mouth, I doubt anyone would do it. But if they could handle the smell and they could handle the taste, it's not going to stop them.*[693]

In particular, there is a concern that to make one form of product unpleasant to taste or smell may simply serve to displace use to another product. This is a particular concern if any subsequent products used are more dangerous than the original (viz the shift from glue to butane in Britain during the 1980s).[694]

Second, many agencies, particularly those from the youth and welfare sector, argue that while product modification is laudable it does not address the underlying causes of volatile substance abuse. As such, product modifications can only ever be *one* part of an overall multi-focused strategy to address the issue. They should not to be employed as panaceas or a 'cure all'.

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692 Submission of Yarra Drug and Health Forum to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.2.

693 'Julie' in conversation with the Committee, 12 March 2002. Transcript, p.5.

694 See also the example of a shift from glue to 'Pure and Simple' cooking sprays in Australia resulting in a significant number of death (see Chapter 8).

The rest of this chapter outlines some of the issues raised and proposals discussed with regard to product modification in a number of submissions received during the course of this Inquiry.

Solvent modification feasibility study

In March 2002 the Hon. John Thwaites, Victorian Health Minister, wrote to the Committee advising of the government's intention to undertake a feasibility study to investigate using aversive additives (such as bittering agents) in volatile substances to deter the abuse of inhalants. These proposals have been recently outlined in a submission from the Department of Human Services to this Inquiry:

> The investigation will focus on the two most dangerous and commonly used inhalants, chrome paints and butane gas. The information gathered will assist the Government in decisions about the targeting and restriction of sale of particular products. The initiative will also examine the options for other product modifications (such as smaller containers and single doze nozzles). Whilst initial work has commenced to undertake this study, the nature of the research is such that there is unlikely to be a quick response.[695]

Australian Paint Manufacturers Federation (APMF)

The APMF is somewhat equivocal as to how effective product modification with regard to spray paint could be in deterring volatile substance abuse. Its concerns fall into three main categories:

- Health concerns
- Lack of deterrent effect
- Consumer resistance.

These will be looked at in turn.

Health concerns

The APMF has expressed some concern that the addition of a bittering or other noxious agent to paint may be hazardous in circumstances where the paint is used to cover children's toys or surfaces that children may come in contact with. In a submission to this Inquiry, the APMF stated in this regard:

> Aerosol paints are quite often used to paint household furniture such as wooden tables and chairs and children's toys which may also include small tables from which the children may eat.
>
> The concern here is that the use of an astringent irritant or pungent in the paint may transmit to the food. Such contaminated food could pose health problems to both adults and children.

695 Submission of the Department of Human Services, Drug and Alcohol Services Branch, to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002b, pp.4-5.

> In the industrial area a range of aerosol products are used on printing presses to prevent curing when the press stops and for minor modifications. A concern here would be that any astringent additive might migrate onto food packaging and taint the food products.
>
> Health concerns are based not only on the dangers associated with consuming contaminated food but also stem from concerns that people with respiratory problems, such as asthma sufferers, could be adversely affected by the addition of any such substances. People affected might not necessarily be those actually using the product but could also include people in the vicinity at the time the product is used or at any time during the drying period.[696]

This point was elaborated upon when representatives of the APMF met with the Committee in Sydney during April 2002:

> We have pressure on the paint industry at the moment to make low odour, breathe easy paints and so on and companies are doing a lot of research to make their products less offensive, not just aesthetically, not just because the public want paints that don't smell horrible when they spray them or apply them by brush or pad or roller but also because of genuine health concerns.
>
> Some people react to solvents in paint and they react to other chemicals in paint not necessarily because the chemical is toxic in any way but because the body has a natural abhorrence of irritants and it might be a quite innocuous irritant but it may just be enough to bring on an asthma attack or something similar to that.[697]

The APMF have also stated that adding a noxious substance that may have the potential to cause medical complications, such as asthma, could feasibly leave the manufacturer open to legal liability for any deleterious consequences to the user.

Lack of a deterrent effect

The APMF states that the assumption that abusers of volatile products will be deterred from using spray paints if a noxious irritant is added to the compound is 'questionable':

> The medical evidence available indicates that the hallucinogenic effects of paint sniffing are of such immediacy and degree that they would overcome the disincentive provided by an irritant such as mustard oil which is the most commonly referred to irritant. Increasing the level of irritant would clearly make the product unacceptable to the average customer.[698]

Again this point was stressed in meetings with the Committee:

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696 Submission of the APMF to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, pp.1–2.

697 Mr Michael Hambrook, Executive Director, APMF, in conversation with the Committee, Sydney, 26 April, 2002.

698 ibid, p.2.

> My understanding is that the effects of some of these hallucinogens are so powerful and so immediate that within a very short time they don't know whether it's bitter or not bitter at all because already they're seeing coloured clouds and things like that. So how effective would they be in reality? There probably needs to be scientific input into that.[699]

Consumer resistance

The Committee is mindful of the AMCD's statement that 'Manufacturers are, of course, subject to market pressures and will be keen to retain their market share' (ACMD 1995, p.65). Other problems are that the technical development involved in developing and testing such products would be costly and possibly add to the price of the product to the consumer (see Ives 2000, pp.10–11).

The APMF and other Australian industry bodies share these concerns. In both its written submission and its oral evidence to the Committee the APMF stressed the fact that to add irritants to paint may be to negatively impact on the overwhelming majority of people who do not use spray paint for purposes for which it is not designed:

> The coatings industry in Australia is working hard to reduce the use of irritants in its products. The Committee would be aware for example of a number of popular brands of paints which are marketed on the basis that they are free of irritants. The inclusion of an irritant would be regarded by the industry as a backward step as it would certainly lead to substantial public resistance at point of sale.[700]

Moreover, in its evidence to the Committee at meetings in Sydney the Executive Director of the APMF, Mr Michael Hambrook, used an American example to argue how ineffective legislation requiring the addition of noxious compounds is:

> In the past a number of [American] state governments have considered proposals to require the addition of a noxious substance to aerosol paints to deter abuse. At least one, New Jersey, has a law empowering the Department of Health to require such an additive at such time as a noxious agent can be identified and economically added to the product without – this is the key thing – 'without detracting from its legitimate use'. That raises a point, of course, that members of the Committee have come up with before, if you put a bittering agent into a paint or into any product, I can't talk about other products, does that conflict with the purpose for which the product is sold? So obviously you couldn't put a bittering agent into an anti-perspirant.[701]

699 Mr Michael Hambrook, Executive Director, APMF, in conversation with the Committee, Sydney, 26 April 2002.

700 Submission of the APMF to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.2.

701 Mr Michael Hambrook, Executive Director, APMF, in conversation with the Committee, Sydney, 26 April 2002.

It is Mr Hambrook's advice based on his discussions with people in the United States that such laws are never used because the use of additives can 'never' be said to not detract from the product's legitimate use

Aerosol Association of Australia (AAA)

The AAA cautions against seeing the prospect of product modification or reformulation as a 'magic panacea' to the issue. Its written submission to this Inquiry outlines the various measures that have been taken with regard to product additives and modifiers (bitrex, mustard oil) and casts doubt on their effectiveness:

> Their efficacy in deterring deliberate abuse has also been far from proven and many would contend that a determined 'sniffer' will sniff the product no matter how repellent the odour and 'taste'.
>
> We understand that during the 1970s and 1980s several States in the US considered legislative proposals to require the addition of a bittering agent to aerosol sprays. In the case of New Jersey, such legislation was passed and requires the addition of such an agent once commercial and technical issues have been resolved.
>
> To date such technical issues have not been resolved satisfactorily.[702]

Dr Philip Fleming, Executive Director of the Aerosol Association of Australia, also gave evidence to the Committee at meetings in Sydney. While he stated that he was aware of some research being undertaken currently into product modification he also added:

> I think one would have to sort of raise a note of caution in terms of once again the risk of displacement insofar as if one adds something to one particular product that there must be a risk of abusers shifting to another product that doesn't have bitterings or doesn't have mustard oil in it for technical reasons or commercial reasons or whatever.
>
> I guess also make the point … there are literally so many potentially abusable products that surround young Australians in their every day life, in their workplace, in their home, that certainly speaking personally perhaps, rather than trying to protect them from those products and build fences around them I would have thought we really need to sort of address the core issues as to why do they want to seek escape in those volatile fumes …
>
> I think it's also … probably unlikely that you would see a deterrent technically feasible in all aerosols, given the wide variety of formulation. So … say if there was one added to spray paints there would be a risk [of displacement] that we'd see them abusing lighter refills or abusing body sprays and the like.
>
> … I think people would make the point that a determined sniffer is going to sniff no matter how offensive [the smell or taste may be] Certainly I'm aware

702 Submission of the Aerosol Association of Australia to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.5.

> in New Zealand, you may well be aware too now, they have had fly spray related issues in New Zealand, once again I can't imagine anything less pleasant than sniffing fly spray. So, I think the point I draw out of that is that this isn't going to be – things are underway, we hope they work – but it's not going to be the magic answer to the issue.[703]

Dr Fleming also argues that for issues pertaining to product modification (and labelling, age restrictions etc) to be even partly successful they ideally need to be implemented on a national level or at least have a degree of uniform agreement between the states and territories. Indeed the original submission of the Aerosol Association of Australia to the Senate Select Committee on Volatile Substance Fumes (1984–1985) argued that because the response to solvent abuse was uncoordinated within and across the states, there was a demonstrable need for a 'uniform and national co-ordinated approach'.[704]

The issue of the chemical compounds of aerosol products is already to a degree affected by national and international laws and agreements. For example, the phasing out of aerosols propelled by chlorofluorocarbons was subject to international agreement to minimise the use of ozone depleting chemicals. Therefore to a limited extent the components of any aerosol product may be outside of the control of the manufacturer.

A proposal for product modification: Barloworld (Taubmans)

The Committee was very privileged to meet with and receive a presentation from Mr Paul Millar, Group Technical Manager from the paint manufacturing company Barloworld Coatings (formerly Taubmans). Mr Millar mentioned to the meeting that a number of their customers had expressed concern with the issue of chroming. In an effort to be a socially responsible 'corporate citizen', while also safeguarding its commercial imperatives, Barloworld have been exploring ways in which their chemists and scientists can lessen the attractiveness of their paint products to inhalant abusers. Mr Millar described the aim of the project as follows:

> The main aims were to unbundle the recent chroming issue with a view to providing a considered future plan and to be socially responsible in that plan. Objectives were to reduce the attractiveness to abusers, if that is possible, and to not compromise the quality for the 99 or whatever per cent of those who are using the products in their intended manner.[705]

Mr Millar was also kind enough to supply the Committee with a Report outlining the work to date of Barloworld with regard to this initiative. The

703 Dr Philip Fleming, Executive Director of the Aerosol Association of Australia in conversation with the Committee, Sydney, 26 April 2002.

704 Submission of the Aerosol Association of Australia to the Senate Select Committee on Volatile Substance Fumes, September 1984.

705 Paul Millar, Barloworld, Evidence before the Public Hearings of the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, 9 April 2002.

following summary gives an idea of what the company is attempting to achieve:

> The attached report summarises the results of the analyses we carried out on a range of overseas and local aerosol paints. The aim of this analysis was to:
>
> 1. collect data on the cocktail present at the point of chroming
> 2. establish the relationship between the solvent mix in the can compared with the mix in the vapour
> 3. establish the performance of local products v overseas products.
>
> Following the original analytical results, which indicated the dominance of Toluene/Xylene in most formulations, including our own, Barloworld Coatings set about designing what we would consider a safer formulation. This formulation would be Toluene and Xylene free, without compromising paint quality. This action is in keeping with the Product Stewardship code of the Coatings Care program to which we are a signatory.
>
> We have carried out substantial reformulation and testing of a modified formulation which is based on a Solvesso 100/Acetone blend to replace Toluene or Xylene. This work has shown that the new formulation meets our quality requirements and we are targeting new formula introduction over the next few months. We continue to monitor longer-term stability results on the new formula.[706]

The Committee does not intend to reproduce the technical complexities of Barloworld's presentation in this Report. Nor would it wish to betray any commercial confidences of the company. It would state, however, that the proposals of Barloworld are exciting ones that concern modifying the toxicity of the compounds used in their solvents without compromising the quality or applicability of the product. Mr Millar believes that such an outcome would be not only less injurious in terms of the health consequences to deliberate abusers of inhalants but also more pleasant for those using the paint for legitimate purposes. In Mr Millar's words, it could result in a 'win win situation'. The dangers posed by the product being used incorrectly would not be eradicated completely, but they would be lessened to a significant degree. Mr Millar terms this harm minimisation by 'evolution rather than revolution'.[707] Of particular interest is Mr Millar's assertion that some of the big hardware and retail outlets are interested in and supportive of their proposals. Mr Millar told the Committee:

> The two groups were Mitre 10 and Bunnings. They were quite surprised at the presentation because most of the presentations that are done for these guys are usually marketing presentations about brands and all that kind of stuff. They found our more technical presentation quite surprising, and it was well received by them. Bunnings in particular would like this to be successful and

706 Correspondence sent from Mr Paul Millar to the Drugs and Crime Prevention Committee, 24 May 2002, p.1.

707 ibid.

> to see that we are achieving something. It is quite possible both groups would be prepared to – I use the word hesitantly – promote the fact that we are trying to make a change and do things safely and publicly. Again we have to be careful about how we do that because we cannot say it is safe. Let us not kid ourselves, there are commercial aspects of this as well; but both of them are quite concerned about the commercial aspects and are trying to balance that against the social responsibility of their networks.[708]

Barloworld to their credit have also agreed to liaise with the Committee in order to factor into their study the views of young people who chrome as to what the best paints are from an intoxicant point of view. By knowing the colours that are most popular or give the most 'buzz' the Barloworld chemists can seek to make them less attractive to potential users. An outline of Barloworld's chemical analysis of solvents is attached at the end of this chapter.

After having the benefit of an exhaustive presentation, and to the best knowledge of this Committee, Barloworld's proposal seems feasible and worthy of encouragment.

The Committee commends Barloworld and Mr Millar and wish them well with their endeavours. It is hoped that any measures they are currently developing will be complementary to the Solvent Modification Study proposed by the Victorian State government.

National Industrial Chemicals Notification & Assessment Scheme (NICNAS)

National Drugs and Poisons Scheduling Committee (NDPSC)

NICNAS is one of the key federal regulatory bodies governing chemicals control in Australia. It is predominantly concerned with environmental, occupational health, workplace safety and safety risk assessments of chemicals in Australia. Its main focus is industrial chemicals but it does also examine chemicals pertinent to the paints and solvents industries. In short, its role is to assess the chemical safety of any new chemicals that are being introduced into the country. The chemical must be assessed by NICNAS before it can be introduced. A secondary function is to review existing based chemicals when matters of concern are brought to its attention from government, industry or the general public. This role is performed very much on a 'request basis'.[709]

In response to a question from the Committee as to a more specific role NICNAS could undertake with regard to solvent abuse, Dr Margaret Hartley, Director of the agency, stated:

> If in fact this Committee [Drugs and Crime Prevention Committee] thought it was worthwhile to at least have a review done on the health and safety profile of solvents, I mean that is something that … you could recommend to us … we [could] do a review. I mean we've looked at cleaning products like

708 ibid.

709 Dr Margaret Hartley, Director, NICNAS in conversation with the Committee, 26 April 2002.

> tubitoxyethanol and various other things but [our analysis of chemicals] tends to be … on a priority basis.
>
> [There are] 38,000 chemicals [that potentially could be assessed] and we have to try and find a series of issues to run them with. Certainly nationally important chemicals are things that we are very pleased to be able to take on and do. … Certainly the control mechanism we look at for safe use is first of all can you use something else, if something proves to be a risk or a hazard … can something else be used, can you avoid using it to get rid of the risk. If that can't be done then you look at mechanisms in terms of whether people should wear gloves, for instance, to avoid contact or respirators if it's a really serious chemical for an industrial use.[710].

NICNAS plays a complementary role to the National Drugs and Poisons Scheduling Committee. The NDPSC examines which controls should be placed on drugs and poisons throughout the Commonwealth. These controls may include the prohibiting or restricting of the sale of certain chemicals or products containing those chemicals. For example, the NDPSC had a key role in setting the levels of lead in lead-based paints. NICNAS then had a role in determining whether those levels had been exceeded in some of the cheaper import paints flooding the markets. The NDPSC may also label products with appropriate warnings with regard to the risks inherent in any chemicals contained therein.

If controls were to be set on particular chemical compounds in solvents or propellants both the above organisations might play a role. NICNAS would assess the relevant chemical and the NDPSC would decide whether or not the chemical should be scheduled or in some other way restricted in terms of access to the public or a particular group thereof (for example, age restrictions).[711]

710 ibid.

711 Ms Nancy Hampton is a senior social worker with the Noongar Alcohol and Substance Abuse Service in Perth, Western Australia. She has expressed misgivings to the Committee about the way in which the scheduling system works in that state. Despite the fact that toluene is not able to be sold to people under the age of 16, it is still a highly popular and accessible substance used for intoxication by young people in Perth:

'In addressing the issue of volatile substances, we need to look at how the children get it in the first place. Volatile substances are industrial products and as such they belong under a category of the Poisons Act 1964. Toluene, for example, is the most favoured volatile substance, except when chroming. Under the Poisons Act 1964, it belongs under category No 6. The interpretation of that is that this substance is not for sale to a child under 16 years of age. How can an 11-year-old get hold of a substance and be under its influence if it is not for sale to people under the age of 16, according to this Act … How many retailers know that and would care to check it before they sell it to 15-year-olds?' (Ms Hampton in conversation with the Committee, Perth, Western Australia, 2 May 2002.

Conclusion

Notwithstanding the doubts expressed by a variety of groups, most industry groups *in principle* support the idea of product modification as long as the concerns mentioned such as health issues, consumer resistance and profit imperatives are satisfactorily addressed. Community groups have also generally been supportive of product modification measures, although they are wary of any possible negative effects such as displacement.

Despite such positive initiatives as those proposed by Barloworld, a cautionary note is appropriate. The Committee repeats that while product modification may be a necessary tool, it is not a panacea or solution in itself to addressing the problems associated with volatile substance abuse. Given the huge number of products available to inhale, a determined user will usually be able to find alternative methods and substances to inhale. Ms Ross from BAMA states in this regard:

> About two years ago we held a brainstorming session where we trialed [sic] about 260 ideas of making aerosols less abusable, all sorts of weird and wonderful things. We did the typical 'no technical barriers' and looked at everything. We whittled those down to four and we have been working with Richard, who is unfortunately not here, on talking to professionals and chronic abusers as to whether that would be feasible. The results haven't been too -– the trouble is everything you try to do a determined sniffer will get around it. The one thing we must not do is produce more of a hazard than [we] … might have [already].
>
> One of the suggestions was to have a control valve so you only got a metered dose, but then they would have four or five cans and use them one after the other, so you don't solve it that way. If they don't get to the valve they pierce the can and then you have a flammability issue so we've been looking at all sorts of ways of trying to get around that. That work is still under way. We decided that the chronic sniffers will sniff; there is nothing you can do about that. We need to target our efforts more on the experimental. That is the next phase of the work we are going to do, find out in some way what would deter an experimental sniffer.[712]

As the Committee has discussed, the reasons why young people inhale volatile substances are complex. Modifying the products they choose to use will not of itself eradicate either the causes or the practice of volatile substance abuse. However, any proposal that may reduce the harm associated with inhalants is well worth considering.

712 Ms Sarah Ross, Representative of the British Aerosol Manufacturers Association in conversation with the Drugs and Crime Prevention Committee, London, 10 July 2001.

Figure 24.1 Barloworld chemical analysis, as presented to the Drugs and Crime Prevention Committee, May 2002

"Chroming" – Solvent Analysis

To better understand the relationships between solvent composition, chroming use and adverse health effects, samples of aerosol paint cans were selected for analysis of their solvent and gas content. We were particularly interested to establish whether Toluene and Xylene were being used as we regard these solvents as having higher health risks to users.

The samples included the international brand "Plasti-kote", as a benchmark, Barloworld's current and proposed products, and a number of the cheaper aerosol paint cans that are available in the Victorian market. There is some evidence that these cheaper brands may be the brands most commonly used for chroming abuse.

The following samples were analysed:

Plasti-kote Brilliant Chrome (as the International Benchmark)

Plasti-kote Red Enamel (as the International Benchmark)

Barloworld's – White Knight Super Chrome

Barloworld's – Squirts Gloss Red

Barloworld's – proposed low-tox Superchrome

Barloworld's – proposed low-tox Squirts

Easyway Enamel – Red – alt local brand

Bodytech – A/P Spray Enamel – Gloss Black – alt local brand

The cheap Victorian purchased brands included:

Solarstream Quick Dry Spray Enamel – Gloss White and Matt Black

Ezy Spray Paint – Lead Free – Gloss Black

Australian Export Paint – Gloss Black, Gold and Silver

Method:

The samples were sprayed for several seconds into a plastic freezer bag, to simulate "chroming". The bag was immediately closed and a sample taken for analysis by Gas Chromatogram. A small selection of colours from each brand/type was analysed to allow for solvent variation from colour to colour.

Results:

All of the above samples had hydrocarbon gas as the propellant and we have eliminated this from the table below in order to focus on the solvents.

As the solvent composition of Australian Export Paint Gloss Black, Gold and Silver were virtually the same and Solarstream Quick Dry Spray Enamel – Gloss White and Matt Black – were the same, results for only one colour for each brand was recorded.

The following table shows the percentage solvent composition of the above samples.

Table 24.1: Analysis by Barloworld of percentage of solvent in aerosol paint cans

Product	Toluene	Xylene	Methylene Chloride	Solvesso 100 Low-Tox Blend	Acetone	Others
Plasti-Kote Brilliant Chrome	89.8	9.4	0	0	0	0.8
Plasti-Kote Red Enamel	0	10.4	0	0	86.3	3.3
White Knight Super Chrome	0	21.4	77.0	0	0	1.6
Proposed Low-Tox						
Super Chrome	0	0	0	4.2	95.8	0
White Knight Squirts Red Enamel	6.0	9.0	82.4	0	0	2.6
Proposed Low-Tox Squirts Enamel	0	0	0	3.8	96.2	0
Easyway Enamel Red	35.5	8.4	0	0	55.1	1.0
All Purpose Spray Enamel (Bodytech) Gloss Black	99.0	0	0	0	1.0	0
Solarstream Quick Dry Spray Enamel	97.0	0	0	0	0	3.0
Ezy Spray Paint Lead Free Gloss Black	95.0	2.6	0	0	2.4	0
Australian Export Paint – Gloss Black	80.0	0	0	0	19.5	0.5

Conclusion:

Toluene and Xylene are used to some extent in the international brand "Plasti-Kote" and Barloworld's current aerosol paints. Toluene is used almost exclusively in the cheaper aerosol brands.

Toluene and Xylene has been implicated in numerous reports as being linked to a possible health risk and although not proven this cannot be ignored. It is generally the cheaper brands of aerosol paints that are used for "chroming" and these are the ones that are totally on toluene as the solvent.

Barloworld Coatings is a member of "Coatings Care" and is committed to changing the solvents in their aerosol paints to safer solvents. Plans are already in place to change these solvents once stability trials are completed.

J Wilson

Chemist

24/5/02

25. Volatile Substance Abuse and the Role of the Media

> *News media are increasingly becoming the most significant public forum for debates about social policy* (Franklin 1999, p.2).

In the *Discussion Paper* on the Inhalation of Volatile Substances produced by the Committee in January 2002 a review of the literature revealed that when it comes to the issue of representing information pertaining to volatile substance abuse to the wider community two potential problems have been identified. These are:

- (Mis)representation of the factual situation pertaining to volatile substance abuse, and
- The vexed issue as to whether by publicising facts about volatile substance abuse, however accurately and dispassionately, one runs the risk of encouraging the practice (Drugs and Crime Prevention Committee (DCPC) 2002, p.117).

This chapter will examine first the general issues pertaining to the reporting of substance abuse issues, particularly volatile substance abuse, by young people. The second half of the chapter will discuss some strategies for effective media reporting of volatile substance abuse issues.

The representation of volatile substance abuse

> Volatile substances have been represented in the media as a terrifying scourge that parents and professionals can do nothing about. This makes everyone feel paranoid and helpless and it is this fear which has often resulted in the greatest harm to young people by publicising volatile substances to potential users and unintentionally shifting current users into more dangerous practices (Mundy 1995, p.10).

Mundy states that there are three areas in which the practice of volatile substance abuse is particularly susceptible to exaggeration and inaccurate reporting. These are:

- The 'incorrect belief' that severe brain damage will result from the experimental use of solvents;

- The fear that experimental use of solvents will immediately lead to addiction; and
- That volatile substance abuse results in young people becoming uncontrollable and dangerous with a propensity to commit violent crimes (Mundy 1995, p.10).

While our research has shown that although each of these factors may occur in isolated cases as a result of volatile substance abuse, they tend to be the product of inhalation of volatile substances over a long period of time. Even among long-term users, depending on the substance used, these are not common outcomes.[713] As Mundy argues 'the fact is that most harm results from accidents while intoxicated or from the method of use of solvents such as spraying directly into the mouth' (Mundy 1995, p.11).

Rose, Daly and Midford (1992) state that the prurient and disproportionate interest in volatile substance abuse shown by the media and the general public is in part due to the young age group involved in volatile substance abuse, in part because of the 'mystique of the substances involved as viewed by adults', and the legal status of their use 'which seemingly allows for unchecked intoxication by young people' (Rose, Daly & Midford 1992, p.7). The authors argue that much publicity surrounding volatile substance abuse is simplistic, unsophisticated and counter-productive, reflecting 'strong emotional responses to youth drug use'. Furthermore, ensuring that young people who don't inhale volatile substances do not commence the practice is:

> [c]ompounded by the media which has focused on 'glue sniffing' in a way that amplifies disgust and fear of a practice already foreign and frightening to adults. Indeed it is this very fear which has often resulted in the greatest harm to young people by publicising VSU to potential users and unintentionally shifting current users into more dangerous practices (Rose, Daly & Midford 1992, p.30).

This disquiet with media representation had been particularly felt at a local level. Community workers in the Swan Hill district for example had been most concerned with the way in which 'chroming' in that area was portrayed by their local paper:

> The most angering thing out of all that was our local media has a role to play in terms of how we approach this, how we work with it and how we deal with it. If anything comes out of today, I would hope that from a parliamentary angle, people sitting around from that spectrum, will certainly take on board our comments, because the media can make or break us. We have already started to do that in our home community.
>
> We are very angry about the way in which our local paper attempted to portray glue sniffing as being an indigenous-only issue within our community, and it is not. We are particularly angered about the fact that we have taken it

713 See Chapter 4.

> to local community forums with non-indigenous people and non-indigenous people in our community would rather stick their heads in the sand and see it as a non-issue.[714]

Publicity: A two edged sword?

The Drugs and Crime Prevention Committee's *Discussion Paper* on volatile substance abuse noted that information provision and media publicity concerning volatile substance abuse and its dangers is a highly contentious issue.[715] It is worth bearing in mind, however, that there are some positive aspects of *appropriately* publicising issues pertaining to volatile substance abuse. The Committee also appreciates that the print and visual media do perform a valuable public service in presenting issues of social concern to the public.

Positive aspects of appropriate publicity

It was noted in Chapter 18 that the Western Australian Working Party on Solvents Abuse (WAWPSA), in its recently published *Framework for Action on Solvent Abuse* (2001), has acknowledged that well targeted local publicity and information campaigns can be of benefit in addressing problems associated with volatile substance abuse (WAWPSA 2001, p.6).

Media publicity has also been a useful tool for community groups initially trying to get support for local projects devised to deal with volatile substance abuse problems in their communities. In these cases the publicity or information provision is not necessarily about the practice itself as much as the efforts of the strategy, taskforce or partnership being formed to deal with the problem. Certainly the Sunshine Chroming Awareness Program (SCAP) has found the support of the *Brimbank Messenger* useful in this respect. When the project was first being established it discussed the issue of publicity in detail:

> It has been recognised that publicity is going to be a crucial part of the program, in order to promote the work of the group but also to provide community education. Concerns about how to publicise the issue so that chroming is not seen to be promoted have been raised and discussed.
>
> Contact was made by a reporter from the local newspaper, the *Brimbank Messenger*, about the issue of chroming which had been raised in Parliament. It appeared that a local Member of Parliament had raised the dangers associated with chroming as well as the possibility of banning the substance. This provided an ideal opportunity for the Project to gain some publicity about the group and about the approaches that the group was taking in relation to accessibility issues as well as understanding what Sunshine's young people's needs are.

714 Mr Raymond Moser, Chief Executive Officer, Swan Hill Aboriginal Co-operative, Indigenous Community Forum on Chroming, Melbourne, 17 August 2001.

715 For a discussion of media representation in the context of volatile substance abuse, see Mendes 2002. For an interesting article that examines 'moral panics' with regard to volatile substance abuse in Britain during the 1980s, see Ives 1986.

> The reporter has been very interested in supporting the Program and to date has been cautious in terms of approaching the issue. She has advised that she will endeavour to advertise the Program's meeting dates and progress. (Sunshine Chroming Awareness Program 2000, p.15).

Despite such beneficial aspects of publicity and media coverage and whether publicity is through the media or as part of education and prevention campaigns, given that the majority of people who abuse volatile substances are experimental users it is incumbent on those who publicise to:

> [b]alance the dubious success rate of such processes with the risk of advertising the existence of a product that in many instances may be found in any household's laundry and kitchen.
>
> Similarly [we] should endeavour to avoid the 'advertising' effect of media sensationalism.[716]

Negative Aspects of Publicity

Copycat behaviour?

A number of agencies and research reports have warned of the potential for irresponsible media reporting of volatile substance abuse to give rise to children and adolescents using volatile substances when they may otherwise not have done so. This is especially the case where the media stories profile exactly how a young person may 'chrome' or details the substances used, in effect acting as a primer. Or, as the mother of the 'chromer' quoted earlier in this Report stated, 'They may well have purchased the bags and handed them to the kids'.[717] YACVic states:

> [t]he way in which the media reports volatile substance inhalation has significant implications for young people, professionals and policy development. There is overwhelming agreement among workers that media reports can have an 'advertising' effect in relation to substance inhalation by alerting young people to the practice. For this reason, it is vital that the media is encouraged to report the issue more responsibly than has been done in recent weeks.[718]

716 Submission of the Youth Substance Abuse Service to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, August 2001, p.5.

717 'A mother' in a personal communication to the Drugs and Crime Prevention Committee, 12 February 2002.

718 Submission of Youth Affairs Council of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.4.

The Yarra Drug Forum made up of representatives of community legal services, local government, health, welfare and drug and alcohol agencies in inner city Melbourne states: 'The graphic and sensationalist representation by the media of VSA establishes dangers for the vulnerable or curious, risking 'copy cat' behaviour' (Submission of Yarra Drug and Health Forum to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.5).

The recent report *FACE* (Fresh Air Clean Environment) written for the Victorian Department of Education concurs:

> The copycat factor is judged accountable for increased incidence of use when the behaviour is promoted. Promotion of volatile solvent use can occur when there is:
>
> - Observation of others using the substances
> - Discussion of the effects and methods of use
> - Inappropriate reporting by the media.
>
> The copycat factor is relevant to all drugs, however the copycat factor with regard to volatile solvent use causes great concern because of the age group of experimenters and the accessibility of the substances. (Bellhouse, Johnston & Fuller, 2002a, p.21)

Contrary to this point of view, research by Wartella (1995) on the impact of media on drug taking and problem behaviour among young people concludes that there is little evidence that the media influence drug use.

However, as a recent research paper prepared for the Australian National Council on Drugs states:

> This conclusion was based upon the paucity of rigorous research, rather than research demonstrating a lack of influence. Wartella concluded that the mass media have a role in providing adolescents with information about appropriate standards of behaviour. However, the media are not a major cause of disordered adolescent behaviour. It appears that media can influence the behaviour of some susceptible individuals if they are sufficiently exposed. Further research in this area is warranted. In the meantime, it would be prudent to attend to the messages delivered by mass media to young people (ANCD 2001, p.13).

The Committee would agree with such an exhortation. It should also be pointed out that the Wartella report was not dealing specifically with the very particular case of volatile substance abuse. This is a phenomenon where 'copycat' behaviour has been well documented. For example the Youth Affairs Council of Victoria states:

> Youth workers overwhelmingly agree that media publicity does have an advertising effect in relation to volatile substance inhalation: *'they're at a developmental stage where they do want to experiment and they will be influenced by what they see in the media*'. This effect has been documented in relation to other drugs, particularly where reports provide details about how and where to attain drugs.
>
> Participants at YACVic's consultation agreed that '*kids who didn't know how to do it last week certainly will now*'. This is because of the visibility of the reports on 'chroming' and the details provided within articles such as what products are used and favoured locations for use. Ironically, the type of reporting that

> may induce young people to experiment with substance inhalation will then 'further the creation of a moral panic' and so the cycle continues.[719]

The concern is predominantly that media coverage, if inappropriate, has the potential to cause, or at least exacerbate, episodic outbreaks of volatile substance abuse. Rodd and Leber (1997) argue:

> [a] voyeuristic and sensationalist style of reporting adds to growing negative perceptions and has an advertising effect, outlining exactly where to buy drugs, who from and how, the drug quality and cost (Rodd & Leber 1997, p.17).

In this context, the FACE Report draws from the work of Brecher et al. (1972) In Australia, since the early 1970s and the publication of the report *How to Launch a Nationwide Drug Menace* (Brecher et al. 1972), it has been stated that:

> Australia has aimed to minimise sensational reporting of VSA by the media as well as limiting broad-brush approaches to teaching young people about volatile substances (Rose 2001, p.25).

The Senate Select Committee on Volatile Substance Fumes (1985) endorsed this approach and recommended:

> Undoubtedly, however, a 'policy of silence' is desirable in certain circumstances, particularly in populations where prevalence is low and knowledge among young people is not widespread. However, rather than a blanket censorship, a discretionary approach needs to be adopted whereby parents and welfare professionals, but not young people, are provided with factual information. In recommending this approach, however, the Committee emphasises that it will only succeed if a sensitive and responsible attitude is adopted by the media in avoiding sensationalised and explicitly descriptive reports (p.82).

This approach was thought to be sensible policy at a time when the research reflected very low levels of volatile substance abuse. For example, Houghton, Odgers and Carroll (1998) found only 2.3 per cent of a sample of 1,294 high school students engaged in volatile substance abuse. Rose argues that:

> [At the time] These figures support[ed] a 'policy of silence' as teaching about VSA may arouse curiosity and experimentation in the 19 out of 20 students who have not engaged in VSA and may not have been previously thinking about it (Rose 2001, p.25).

More recently, however, Rose has argued there may be a need to moderate the policy of silence, particularly in light of the more recent and larger Australian School Students Alcohol and Drug Survey that showed a larger percentage of 20 per cent of students ever having used volatile substances. Rose argues that:

719 Submission of Youth Affairs Council of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.20.

> In considering the value of educational approaches which explicitly teach about volatile substances, it's important to discriminate levels of abuse at the local level while considering state-wide trends (Rose 2001, p.25).

D'Abbs and MacLean argue that similar exhortations need to be made in the specific context of petrol sniffing among Indigenous communities:

> Every so often a shocking article appears in local and national newspapers decrying the incidence and impact of petrol sniffing in Aboriginal communities. Media interest was heightened in 1996, for example, as a result of a coronial inquest into the death of a 14 year old male sniffer. This prompted a televised item on the ABC '7.30 Report' 14/11/96; radio coverage on 'PM' 7/11/96; and newspaper stories in *The Advertiser* 5/11/96 and the *Weekend Australian* (Review) 12–13/4/97, 'Death of a Petrol Sniffer'. Although it is critical that the wider community understands that Aboriginal communities are facing extremely serious health problems, sensationalist reporting can lead to a deepening of despair over the issue, rather than to constructive change such as increased funding for services and programs addressing the problems underlying petrol sniffing and other risk behaviours. It is true that some communities experience enormous trauma and disruption as a result of petrol sniffing; however, media interest in shocking phenomena like petrol sniffing tends to overshadow reporting of more prevalent lifestyle diseases (such as diabetes). Additionally, the more horrifically events are reported, the less people are likely to believe that solutions can be found. In some instances media coverage may serve to publicise, glorify and thereby increase drug use (2001, p.26).

The British agency Re-Solv also stresses the importance of achieving the 'right balance' in both media publicity and education strategies:

> Young people will probably be aware of a wide range of products which can be sniffed … Most young people will know more about volatile substance abuse than their parents. However, much of their knowledge is picked up from their friends and may be misinformed … Education on VSA should take into account the 'innocent' element who may only have a sketchy picture of the problem. It is unnecessary to provide details of abusable products, beyond what is usually 'common knowledge', for example glue-sniffing. Too much information may alert children to potentially sniffable products about which they previously knew little (Re-Solv 2000, p.3).

Interestingly, some commentators have documented the tendency for some inhalant users to 'play up to the camera' whenever television journalists were filming stories about volatile substance abuse. For example, Carroll, Houghton and Odgers (1998) in their qualitative research profiling adolescent inhalant users in Perth received this response from one of the young people they interviewed:

> X is who we call the Queen, because she's been sniffing the longest. When Channel 7 or 9 [TV] comes around, X stands right in front of them with her

> glue bag (Aboriginal male, age 15) (quoted in Carroll, Houghton & Odgers 1998, p.5).

These views were endorsed by drug and alcohol workers present at a forum on chroming auspiced by the Victorian Alcohol and Drug Association (VAADA). From this forum a number of recommendations were finalised. One of these read as follows:

> While the media has a very legitimate role in highlighting and discussing issues relating to chroming and care for at risk young people, it is important that the media reporting does not promote chroming behaviour. Listing products, prices and ways of chroming is clearly inappropriate and harmful, and all media should avoid such reporting (VAADA 2002, p.1–2).

Numerous submissions have also been received by the Committee that have expressed concern with regard to some aspects of publicity surrounding the reporting of volatile substance issues during 2001-2002 and the negative impact it could possibly have on policy and practice. In particular, these submissions concentrate on the potential risk to young people's health and well being through the misleading representation of volatile substance abuse.[720] Such inappropriate factors may include, but are not restricted to:

- Inaccurate medical detail; for example, statements such as severe brain damage may result from experimental or first time use of solvents or that experimental use may immediately result in addiction (see Mundy 1995);
- Identifying volatile substance users, their families or those associated with them, either pictorially or by naming them;
- Stories to the effect that volatile substance abuse may commonly result in young people being violent, dangerous or engaging in criminal behaviour

Perhaps, most importantly according to numerous respondents to this Inquiry, it is imperative that media stories do not provide an account of how people in fact may misuse volatile substances. In other words, the publication of a 'how to primer' must be avoided at all costs.

720 See for example, the submissions of:
- MacKillop Family Services
- Barwon Adolescent Task Force
- Yarra Drug Forum
- Victorian Aboriginal Legal Service
- Victorian Alcohol and Drug Association
- Federation of Community Legal Centres (Victoria)
- Youth Substance Abuse Service
- Youth Affairs Council of Victoria
- Children's Welfare Association of Victoria

Harm minimisation

The general issue of harm minimisation or harm reduction has been previously discussed in Chapter 17. The potential for this concept to be misunderstood or misrepresented has also been noted. A report by a previous Victorian Drugs and Crime Prevention Committee[721] outlines the problem faced by those working in the area of drug policy:

> A comprehensive and complex drug strategy will succeed in minimising harm only if it also has the capacity to manage those things that threaten its continued viability. Different threats will arise in different ways at different times, and strong social and political vigilance and commitment to harm-minimisation will be needed to overcome them as they arise. But two major forms of threat are worth explicitly noting here: (i) objections to a harm-minimisation approach that result from misinformation or misunderstanding of its meaning and purposes; and (ii) the public misperception that the "use-tolerant" dimension of harm-minimisation constitutes an official acceptance of drug use, with the effect that this acts to normalise that use. To address both threats, a harm-minimisation framework should come bundled with appropriately targeted public education that outlines the motives, rationales and processes of harm-minimisation, and also seeks to redress any inadvertent normalisation of drug use that "use-tolerant" harm-reduction might engender (Drugs and Crime Prevention Committee 1998 p.18).

The Youth Substance Abuse Service (YSAS) adds:

> The philosophy of harm minimisation is clearly misunderstood by large sectors of the community. Ministers and bureaucrats responsible for the administration of policies under this philosophy cannot be assumed to understand its meaning, and require education to ensure that what is a sound policy foundation does not become a scapegoat in public debate.[722]

A key concern of some agencies has been that any negative publicity surrounding volatile substance abuse may lead to other agencies being unwilling to submit to Inquiries such as this one and that workers and their clients may be reluctant to address the issue in public forums[723]. YACVic states in this context:

> YACVic had planned to conduct focus groups or interviews with young people who were familiar with the issue of chroming. However, this proved difficult due to recent media attention around this issue. Agencies were reluctant or

721 Under the 53rd Parliament.

722 Submission of Youth Substance Abuse Service to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.10.

723 This view was strongly reiterated or endorsed by a number of agencies in their submissions to the Inquiry. See for example, the submissions of:

- Youth Substance Abuse Service
- Children's Welfare Association of Victoria

unable to organise young people to speak to YACVic as they were concerned this may provoke further negative exposure…

'I would be unlikely to write a submission to the next round because it's a public document about your agency. The Government will have enormous difficulty in getting people to submit in future. You'd be a fool to write one if you are doing anything remotely innovative'.[724]

Protocols and guidelines

In 1985 the Senate Select Committee on Volatile Substance Fumes issued the following request to the media:

> The subject of volatile substance abuse is highly sensitive and it is well established that the media can both assist in reducing its prevalence and exacerbate the problem by promoting the practice. In reporting on the activities of the Committee, and the evidence given before it, the Committee specifically requests that the products subject to abuse not be named, and that the methods used not be described nor depicted.

The Committee also requests that the following guidelines be observed:

- Reports of inhalant abuse deaths should be factual, and not sensationalised or glamourised.
- 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 contact telephone number or source organisation for further information (1985, p.v).

It may be that not all journalists are aware of these protocols. Since the publication of the Committee's *Discussion Paper s*everal agencies, groups and individuals who have been in contact with the Committee have stressed the need for appropriate guidelines and/or protocols to be put in place with regard to the reporting of volatile substance abuse. The Yarra Drug and Health Forum based in inner city Melbourne states:

> The Australian Broadcasting Authority should seek the establishment of a code of conduct with respect to the portrayal of young people and social issues in general and around drug issues more specifically.[725]

The Children's Welfare Association of Victoria believes:

724 Submission of Youth Affairs Council of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.6.

725 Submission of Yarra Drug and Health Forum to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.5.

> [t]hat guidelines for the responsible reporting of volatile substance inhalation should be negotiated with the media as a matter of urgent priority. The Inquiry discussion paper itself points to the evidence that irresponsible reporting of inhalation of volatile substances only exacerbates the problem.[726]

Along with many other agencies Moreland City Council encourages the Drugs and Crime Prevention Committee to recommend:

> [r]elevant authorities [to] consider developing an agreement with the media for appropriate and careful reporting of inhalant matters, with similar sensitivity to that used for reporting of suicide.[727]

YACVic is more specific with regard to the type of media reform it would like to see in place. It argues that a detailed protocol on media reportage of volatile substance abuse (and substance abuse generally)[728] is required because:

> The way in which this issue is reported does have implications on the level of use among young people and on the development of organisational and social policy.[729]

YACVic in its submission also believes that guidelines should be developed that are similar to those adopted by the media in relation to the reporting of suicide:

> In recent years there has been increasing collaboration and cooperation between the media and mental health sector in the reporting and portrayal of suicide. Collaboration developed because evidence suggested that the rate of suicide increased after the reporting of a suicide.[730] Research indicates that 'imitation is more likely when the suicide report is not only front page but also in large headlines, heavily publicised, lengthy and including pictures'.[731] Thus the style of reporting is significant.
>
> The 'Life Promoting Media Strategy' aims to encourage the media to portray suicide in a responsible way to minimise the possibility of imitation suicide or of normalising suicide. The strategy results from a partnership between the Commonwealth, State and Territory Governments, the

726 Submission of CWAV to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.3.

727 Submission of Moreland City Council to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p. 6.

728 The Australian National Council on Drugs (ANCD) is in the process of preparing a Media Guide with the aim of decreasing the sensationalist reporting of substance abuse issues by the media. There are also some guidelines concerning the reporting of drug and substance use issues published by the Australian Press Council (see below). Nonetheless as the National Drug and Alcohol Research Centre (NDARC) states:

Given that even apparently responsible non-tabloid media outlets are apparently willing to sensationalise what is a very politically sensitive area, one wonders whether such a guide can have a real impact on the reporting of these matters (NDARC 2002, p.2).

729 Submission of Youth Affairs Council of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.19.

730 Commonwealth Department of Heath and Aged Care, *Media Resource for the Reporting and Portrayal of Suicide*, 1999, p.iii.

731 ibid, p.21.

media industry, the youth, health and educations sectors and non-government organisations. A resource kit has been developed to:

- Promote editorial vigilance and further encourage responsible reporting and portrayal of suicide.
- Encourage the media to assist people experiencing personal distress by providing the appropriate telephone contact numbers with their stories and bulletins.
- Further encourage balanced, responsible reporting of suicide and thereby reinforce the pubic attitude that there are alternatives to suicidal behaviour and that effective help can be found for people who are distressed and/or at risk of suicide.
- Provide an overview of the research on suicide in Australia and information on reliable sources of data and expert comment.[732]

YACVic clearly believes that these principles and guidelines can translate to other issues such as volatile substance abuse. The following points are suggested as being particularly apposite to the reporting of volatile substance abuse:

Location of story

- Locate the report inside the newspaper and not on the front page or as a headline on television or radio news. (VSA) Suicide stories may be better placed in the body of the paper and reported less prominently.

Headlines

- Avoid using the word suicide in the headline. Avoid using exaggerated headlines which sensationalise or overstate the fact of suicide.

Photographs

- Avoid using photographs with (VSA) suicide stories. Photographs should not feature the suicide scene, precise location or the method (of chroming). Photographs of the scene may lead to imitative action by people who are vulnerable.

Method of self-harm

- Refrain from detailed discussion of the method used for suicide (chroming) and attempted suicide.
- Do not advise the reader of locations used as known places for lethal suicide attempts.

Monitoring type number of suicide stories

- Reduce repeated coverage of (VSA) suicide and suicide related stories. There is evidence that frequent doses of suicide stories normalises behaviour to some as an acceptable option.

732 Submission of Youth Affairs Council of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.1.

Seeking appropriate help

- Inform the public of options for seeking help. Stories if reported should include the telephone numbers of available help services which can make appropriate referrals.[733]

YACVic (and other agencies, including over 25 youth, drug and alcohol and welfare agencies who attended the YACVic chroming forum)[734] believe the above guidelines 'could be adopted in relation to young people and drug use particularly around removing stories from the front page, limiting information about how to use the drug and where to buy it and by providing details of support services'.[735]

The Children's Welfare Association of Victoria adds that the media should also stringently follow the principles established by the International Federation of Journalists in its *Guidelines and Principles for Reporting on Issues Involving Children* (IFJ, 1998) in its reportage of volatile substance abuse.[736]

Such agencies believe that these various guidelines and codes could be usefully adhered to in conjunction with the more general Australian Press Council guidelines on the reporting of drug use.[737] YACVic concludes:

> The recent media coverage concerning volatile substance inhalation and drug use in public housing indicates that the media requires more knowledge and training around guidelines such as these. The 'Life Promoting Media Strategy' could be adopted to provide a foundation for this process.[738]

Dealing practically with the media

In 1994 Rose and Midford published an article informing social workers and other concerned professionals on how to engage with the media positively in the area of volatile substance abuse in order to combat the too often sensationalised (Western Australian) newspaper coverage that the issue was receiving at that time (Rose & Midford 1994). Seven years later Rose authored the *Background Paper* on volatile substance abuse for the Western Australian Working Party on Solvents Abuse. In this comprehensive analysis of volatile substance abuse in that state he again notes that the media have not always behaved responsibly in reporting stories on volatile substance abuse. Similarly, stories in Victorian newspapers concerning chroming have not always been in the 'spirit' of the Senate guidelines.[739] Nonetheless, he also notes that there are

733 ibid, pp.4–5.

734 For a list of attendees, see Appendix 25.

735 Submission of Youth Affairs Council of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.21.

736 CWAV – Briefing Notes provided to the Inquiry into the Inhalation of Volatile Substances, Drugs and Crime Prevention Committee, Public hearing, 30 April 2002, p.5.

737 Australian Press Council, *Reporting Guidelines: Drugs and Drug Addiction*, General Press release, no. 246, July 2001, p.ii.

738 Submission of Youth Affairs Council of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.21.

739 There have been some positive and responsible stories concerning chroming in local communities. See for example, 'Girls into Chroming' (9 May 2001) and other stories published by the *Preston Leader* profiling sensitively the chroming problem in the Darebin area.

methods of engaging with the media that do seem to produce positive results. These include:

- Developing a positive relationship with editors and reporters.
- Providing human interest, good news stories.
- Providing media with copies of the key points from the Senate Select Committee on Volatile Substance Fumes request to the media.
- Having a central point/person to manage media requests.
- Having training in media management including how to take charge in an interview, how to make the media work for you, and how to say no to an inappropriate interview (Rose 2001, p.26).

Western Australia has generally been the leader in Australia in producing quality research in the area of inhalation abuse. The recently published *Western Australian Framework for Action on Solvent Abuse* (2001) was developed by the Working Party on Solvents Abuse for the Western Australian government. As part of its recommendations the framework has recommended a 'Media Code of Practice' based on the request to the media issued by the Senate Select Committee outlined above. It has also produced a media resource kit enabling community workers and others who are asked to comment on inhalation issues to do so effectively.

These guidelines have been echoed in the recently published FACE Report produced by the Victorian Department of Education. FACE states that:

> The impact of media scrutiny after a widely publicised incident might be tempered by the effectiveness of the school's broader communication strategy, especially if the media has selectively reported an incident, sensationalised it, or formed debatable conclusions. A well informed parent, staff and student population can be highly effective allies in the case of bad or misleading press (Bellhouse, Johnson & Fuller 2002a, p.32).

Teachers, educators and schools personnel are encouraged to incorporate media liaison strategies into the way they deal with volatile substance abuse. Such guidelines include:

- Appointing and training a media liaison person
- Ensuring all staff are aware of the school's media liaison procedures
- Seeking regional, departmental and educational sector advice
- When necessary preparing a written statement
- Only releasing the statement to the media after appropriate approval
- Ensuring media liaison respects student and staff rights to privacy and confidentiality (Department of Education 2002, p.32)

Conclusion

The overwhelming majority of submissions and public responses to this Inquiry believe that the issues pertaining to publicity clearly require a measured approach. According to such parties, strategies must be developed and implemented which achieve and maintain the balance needed between education promotion and harm prevention. These community representatives argue that the media must play its role in that regard.

26. The Importance of Research

One aspect of this Inquiry that has given the Committee much concern over the last year is the paucity of available research in Australia on volatile substance abuse. There is simply a lack of valuable information to assist policy makers, educators, community workers, parents and other interested parties to make informed decisions with regard to this most serious issue. This applies to both quantitative data that can give us an estimate of the extent of the problem and qualitative studies that can assist us in examining why and how young people endanger their health by abusing inhalants.

Research in this or any other area of substance abuse is not simply 'pure' nor should it be done for its own sake. It has, or at least it should have, the potential to inform and influence applied policy, whether that be with regard to education strategies, legal regulation or scientific development. For example, as the recent FACE Report states a lack of qualitative research 'hinders an epidemiological understanding of volatile substance abuse' (Bellhouse, Johnston & Fuller 2002a, p.5).

This chapter examines the lacunae in both quantitative and qualitative research and suggests areas in which research studies should be implemented. In doing so, it also considers the representations made to the Committee by various agencies and individuals with regard to research needs.

General research

A dearth of research on volatile substance abuse is not a problem peculiar to Australia, although research into this issue is generally more advanced in countries such as the United Kingdom and the United States. However, policymakers, educationalists, scientists and other researchers from those countries also bemoan a commitment to comprehensive research funding in this area. Caputo, for example, argues that a review of the international and American literature since 1962:

> [r]eveals a paucity of research in the social sciences regarding the issue of glue sniffing and solvent misuse in children. Johns (1991) suggest[s] that the problem of solvent misuse has received little attention except in the case of the death of a glue-sniffing child (Caputo 1993, p.1016).

The more recent views of Brouette and Anton in the United States are also representative:

> Despite its prevalence and serious sequela, inhalant abuse remains one of the least discussed areas in substance treatment. As of 1996, the National Institute of Drug Abuse had only five grants that focused primarily on inhalant abuse. This lack of research has led to much misinformation and confusion about inhalant abuse. The dearth of research on these agents may be partially attributed to the lack of pharmacological homogeneity among inhalants (Brouette & Anton 2001, p.79).

Coleman, Charles and Collins (2001) surveying volatile substance abuse in Canada report similar difficulties, stating that because 'factors associated with inhalant abuse have not been fully investigated [they] are therefore poorly understood' (2001, p.2).[740]

Beauvais argues that one of the problems with regard to volatile substance abuse is not just that there is a lack of funding or government support but also the fact that it is not viewed as a 'glamorous' or a sufficiently important topic for researchers in the field, including substance abuse researchers:

> Solvent abuse has received comparatively little attention from the public and from drug abuse researchers and practitioners. This neglect has resulted in a dearth of knowledge regarding this behaviour (Beauvais 1997, p.103).

Beauvais suggests a research agenda that investigates both prevention and treatment, and poses a number of quantitative and qualitative research questions relevant to achieving this. These questions are placed in the appropriate categories that follow this general section. It is useful at this point, however, to state the context in which this research agenda had its genesis:

> The Tri-Ethnic Center for Prevention Research at Colorado State University has significant experience with the problem of volatile solvent abuse. Interest in this topic began a number of years ago when it became apparent that one of the populations under research by the Center, American Indian youth, had inordinately high rates of solvent abuse. Of necessity, the Center staff began to gather literature and research data on this topic in order to understand what was occurring among these youth. In subsequent years the staff became very familiar with this area of research and developed a general expertise on solvent abuse. This led to presentations at national and international meetings, the writing of numerous articles, training workshops on prevention and treatment, and consultation with numerous community and professional groups. The latter has included a close working relationship with the only three solvent treatment programs in operation in North America.
>
> Out of this collection of experiences the Center staff identified a number of important research questions that need answering if we are to be effective in furthering our efforts in both the prevention and treatment of solvent abuse.

740 See also the criticisms in this regard in Sharpe 1992 and Castiglia 1993.

> Many of these questions are not addressed in the current literature; rather they come from staff observations and the observations of those who are in daily contact with the solvent abuse problem. Many of the questions included under the heading of prevention refer to epidemiological inquiries because it is only with a sound knowledge of rates of use and demographic patterns that competent prevention approaches can be designed (Beauvais 1997, p.103).

Gaps in knowledge and research have also been identified in Britain. A recent comprehensive report by the British Health Education Authority (HEA) has highlighted some of the more glaring omissions. Most, if not all, of these gaps are also apparent in Australia.[741] They include:

- Since VSA is relatively rare in the population, it is difficult, using survey research methodology, to get a large enough sample of people who have done much more than try VSs. Thus most knowledge about VSA is based on those people who say they have 'ever' tried VSs; most of these will only have tried VS a few times. The relatively few longer-term users may be substantially different from this larger group.
- Because there is insufficient information on changes in prevalence over time, it is not possible to say with any conviction whether or not there are trends in levels of use.
- Although the second HEA survey has begun to fill some of the gaps, not much is known about the details of the actual practice of VSA, for example, how it is done, the quantities used, who with and where. These are important issues to know about so that particularly risky practices can be identified.
- Knowing more about actual practice might give some pointers as to why girls are much less likely to die VSA-related deaths despite similar prevalence of experimental use.
- This is just one of the surprising differences between findings from prevalence surveys and findings from the study of VS-related deaths. Another is the apparent lack of relationship (or even a suggestion of an inverse relationship) between prevalence of VSA and the scale of VS-related deaths in particular regions of England. In general, it is difficult sensibly to relate prevalence data to information about VS-related deaths.
- A further exploration of the relationship between VSA and the use of illegal drugs, and of alcohol and tobacco, would be very interesting. As

741 In the context of petrol sniffing, d'Abbs and MacLean advocate for the establishment of a clearinghouse for literature about petrol sniffing. This:

'would make the task of gathering information about petrol sniffing much less time-consuming and ad hoc. At present there are few mechanisms in place for sharing information and fostering cooperation among State and Territory government departments, Commonwealth departments and non-government agencies' (d'Abbs & MacLean 2000).

It is submitted that a similar clearing-house would be useful for information on other forms of volatile substance abuse.

demonstrated in this report, many people who have used controlled drugs have used more than one, and the misuse of more than one kind of VS was common. There is also an overlap between drug use and VSA. Some more detailed analysis of these data would enable further exploration of the question as to how far VSA is similar to the use of controlled drugs or whether it is something separate. It would also be important to establish chronology; it is likely that, for most youngsters, VS misuse occurs before experimentation with controlled drugs, but it would be helpful to have this confirmed, and to investigate how far VSA can be seen as a 'gateway' substance, which in some way 'leads to' the use of controlled drugs. And given the very large proportions of VS misusers in the second HEA survey who also smoked and used alcohol in relatively large quantities, these relationships would be worth exploring further.

- The social correlates of VSA, such as financial and housing situation and – especially – the family situation need further exploration. Is VSA, even experimental VSA, turned to more out of despair than from a desire to experiment?
- Evidence on the relationship between VS misuse and gambling is worthy of further investigation.[742]
- More in-depth analysis of VSA behaviour would help to build up a more detailed picture of what exactly VS misusers do.
- Linking the results of the study of VS-related deaths to other studies would help to elucidate some of the differences between those VS misusers who die and those who do not (HEA 1999a, pp.58–60).

The HEA concludes its review of research needs by exhorting:

> [A]ll future researchers who study the use of controlled drugs [to] include the misuse of volatile substances in questions and in their analyses as a matter of course. Questions will need to be carefully worded in order to capture the wide range of sniffable products misused (1999a, p.60).

This is a suggestion with which the Committee concurs.

Quantitative data

It is trite, but nevertheless axiomatic, to state that without good statistical data as to the extent of volatile substance abuse in this country and state, effective policy development, particularly with regard to prevention, education and treatment, is very difficult to implement. Several agencies have commented on their inability to develop effective strategies with regard to volatile substance abuse when the extent of the problem is unknown. In particular, each local

742 A study (M. Griffiths, 'Co-existent fruit machine addiction and solvent abuse in adolescence: a cause for concern?', *Journal of Adolescence* vol. 17, 1994, pp.491–98) found that agencies working with young substance misusers reported particular concern about the co-existence of gambling problems and VSA.

government authority in Victoria was sent a series of questions on volatile substance abuse in their communities. Invariably, they responded by stating that it was difficult to address the problem because they had no idea of the extent of the problem and that they did not collect or collate data with regard to the issue. The views of the City of Melbourne are representative:

> Without appropriate and adequate data, it is not yet possible to fully assess the nature and extent of VSA in the City of Melbourne. These gaps in information and the deficiencies in existing data (as detailed in Chapter 3 of the DCPC *Discussion Paper*), have so far hindered Council's efforts to monitor VSA in the City of Melbourne, and have limited the development of appropriate responses.
>
> Council recommends to the DCPC that a data collection and reporting system on the nature and extent of VSU in Victorian local government areas be established.
>
> Council is [also] committed to gathering more information about the nature and extent of VSA within the municipality and developing evidence-based responses.
>
> Council recommends to the DCPC that an evidence-based approach be adopted for the development of policies and strategies responding to VSA in Victorian local government areas.[743]

The Youth Substance Abuse Service (YSAS) suggests because there is no quantitative measurement to gauge incidence and prevalence of volatile substance abuse in Victoria on a systematic basis thought should be given to:

> Us[ing] similar methods to those of the Illicit Drug Reporting System (IDRS) which is providing useful snapshots of information concerning the illicit drug scene nationwide.

However, they warn that caution should be exercised before simply including inhalant use in this scheme:

> In the first place, VSA is reportedly a highly sporadic activity, with high levels of use occurring periodically in various locations across the State. Information obtained can only ever reflect the prevalence in the precise location of the informants at the time of interview, and runs the risk of being extrapolated beyond the bounds of its relevance.
>
> Secondly, VSA is overwhelmingly (though not exclusively) an activity of adolescence, and primarily a short-lived, experimental pastime. The majority of young people engaged in VSA do not identify as "drug users". Developmentally, adolescence is a time of identity exploration and confusion. Therefore, seeking information from young people who are inhaling volatile substances incurs a risk of providing a proportion of those questioning young

743 Submission of the City of Melbourne to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.3.

> people with a ready-made identity of "drug user", with the concomitant risks of entrenching behaviours that would otherwise have been left behind.
>
> Finally, the acquisition of volatile substances does not depend upon access to a dealer, and most adolescent users of volatile substances are not members of drug using networks. This again will contribute to a very localised view of the prevalence and type of VSA in any information gathering exercise.
>
> The development of a research strategy for collecting data concerning VSA should consequently be advised by practitioners who provide care and service to young people to ensure that proposed methods i) do no further harm, and ii) will provide useful and generalisable information.
>
> In relation to the question concerning the higher number of deaths from VSA amongst males, despite almost equal distribution of VSA between the sexes, a review of the literature concerning adolescent risk-taking may be a good starting point.[744]

Another community agency based in the Geelong district echoes these concerns. The Barwon Adolescent Task Force outlines some of the difficulties in collecting accurate data on volatile substance abuse:

> A number of issues were identified regarding the need for further research into Volatile Substance Abuse (VSA). It is difficult to accurately identify the extent of the problem as only VSA involved in the legal or health system or those who are clearly visible are included in statistical records. Additionally accurate statistics are difficult to achieve, as the nature of use is often short term. The short-term use of VS will also impact on the statistics and other data collected. Ideally it would be beneficial to establish why people use and how they come to use, are they able to stop use. However there is possibly a limit to engagement of clients due to the variables of age, access to services, capacity to talk about use and trust.
>
> Overall the benefits of further research and collecting statistics is dependent on the reason for collecting the data and what the data and findings will be used for. Dissemination needs to be comprehensive and target not only sectors working with and dealing with VSA but also the education and general sector, to raise awareness and allow preventative strategies to be considered in service delivery models for people potentially at risk.[745]

A further note of caution needs to be sounded in addressing data collation in this area. Methodologies need to be devised that account for regional inconsistencies and variations. As Mackesy-Amiti and Fendrich state:

> Drug use trends are not static, but change over time and place. It is important, therefore, to gather and analyse new data continually on [inhalant] use trends and the psychosocial correlates of drug use (2000, p.570).

744 Submission of Youth Substance Abuse Service (YSAS) to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.7.

745 Submission of the Barwon Adolescent Task Force to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, pp.2–3.

The community agency MacKillop Family Services also has concerns about the accuracy of quantitative data with regard to discrete populations of young people, most notably those in residential care. In their view, and according to other community agencies with whom they have been in contact, anecdotal evidence tends to suggest that the prevalence of chroming among young people in residential care '[I]s higher than figures tend to indicate'. This is elaborated on in the following excerpt from their submission:

> For example, the National Drug Strategy Household Survey does not include people under the age of 14, but the 13–14 year old age group represents the largest group of inhalers. Similarly, the recently released Department of Human Services/Community Care *"Findings of the Audit of Children and Young People in Residential Care"* indicates that 22% of young people in the 13 and over category engage in chroming (p. 30). These figures do not take account of the fact that figures are higher in the metropolitan region and higher among boys. At this week's DHS forum on chroming (18/2/02) all practitioners agreed that 22% was on the low side of what they had experienced.
>
> What compounds these statistics, however, is the fact that chroming occurs in episodes rather than evenly across the year. In other words, if chronic chroming occurs in two two-month episodes in a unit across a year, it can mean that at times around 80% of the young people in a residential unit might be chroming. These occasions are usually caused by the contaminating effect of a chronic chromer being placed with other young people who are innocent of chroming. Such circumstances require specific responses.[746]

Problems with regard to data collection also occur in Britain. Almost ten years ago, the Home Office's Advisory Council on the Misuse of Drugs (ACMD) called for regular and consistent national surveys enabling the tracking of year by year changes in volatile substance abuse.[747] In their report *Drug Education in Schools* they stated:

> Without adequate data on the prevalence and trends in school age drug misuse, the development of an effective prevention strategy will be fundamentally handicapped. It will be impossible to know whether the situation is improving or deteriorating, either generally or in relation to specific drugs, and it will not be possible to set objective targets. Regular national surveys should be carried out covering data such as:
>
> The age of onset
>
> Once ever or regular/frequent drug misuse
>
> Attitudes to [solvents]
>
> Exposure to [solvents]

746 Submission of MacKillop Family Services to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.3.

747 Britain does, however, have quite good data collection measures with regard to deaths occurring through inhalant use. This is largely due to the efforts of the research team at St George's Hospital in London headed by Dr John Ramsey. See Chapter 6.

> This would enable national targets to be set … Samples should be big enough to allow regional breakdown and breakdown by age and sex. More detailed local studies would enhance this picture and inform local planning and provision of services (ACMD 1993, p.10.5).[748]

The Committee suggests the Commonwealth Department of Health should give consideration to including similar topics in national and local annual surveys in Australia.[749] The Committee also strongly recommends that comprehensive data collation with regard to deaths attributable to volatile substance abuse should be conducted in similar measure to the work done by St George's Hospital Medical School in London.[750]

Qualitative research

In 1979 Dr Susan Allanson, then a Masters Student in Clinical Psychology at the University of Melbourne, presented her thesis on 'glue sniffing' among juveniles in the care of the then Victorian Social Welfare Department. In this thesis she put forward a number of areas where knowledge about volatile substance abuse practices was deficient and further research was required.[751] These included:

- Knowledge of solvent abuse practices among Australian youth is highly desirable. Such knowledge may have major preventative repercussions (eg. identifying at risk populations, imposing market restraints on particularly popularly misused solvents).
- Research efforts to date have primarily relied on officially detected samples of solvent misusers, in particular, adolescents labelled as delinquent. To some degree, this has resulted in characteristics of solvent misusing delinquents being presented as if they were representative of the broader non-delinquent solvent misusing populations known to exist.
- Research has been primarily of uncontrolled group or case study format. Due to the limited amount of controlled research carried out with

748 The British Health Education Authority decries the fact that as of 1999 'regular national surveys' had yet to be established.

749 An example of a local survey that could usefully be replicated in other contexts is the Victorian Aboriginal Health Service's (VAHS) *Study of Young People's Health and Wellbeing.*

This longitudinal study has involved conducting questionnaires on a random sample of 174 young Kooris aged 12–25 to investigate a range of issues impacting on their wellbeing, including some data on volatile substance abuse:

'Among the questions asked were those related to drug use and to factors which increase risk and those which increase resilience. The data from Round 1 (collected in 1997–98) does not tell us whether young people were inhaling glue, petrol or paint at the time they filled out the questionnaire, nor the intensity at which they were using these substances. However, it does tell us whether the young people have ever used these substances and the ages at which they first used them' (Submission of VAHS 2002, p.2).

However, while not minimising the importance or value of this or other local data surveys, they need to be supplements to rather than substitutes for extensive national or state based surveys.

750 See Chapter 6.

751 Dr Allanson's research is also discussed in Chapter 11.

> delinquent populations, much of the literature may be confusing characteristics of solvent misusing delinquents with those of the delinquent population in general … A control group approach is essential to delineate the differences and similarities between solvent misusing and solvent non-using adolescents particularly within delinquent populations.
>
> - There has been a reasonable amount of research about adolescent solvent misuse prevalence, method, substances used and effects, but much less is known about the probable associated ritual and social peer contact.
> - The female solvent misuser has been largely ignored in the literature. Similarities and differences in the style of solvent misuse between males and females is an area requiring more detailed exploration.
> - In some areas, theoretically significant factors with regard to solvent misuse among adolescents have not been empirically investigated.[752]

In short, Dr Allanson was concerned that insufficient (qualitative) research had been conducted with regard to the 'rituals' of inhalant use and its social settings, and particularly with regard to female adolescent involvement in solvent misuse in comparison to male involvement.

It is ironic and somewhat disturbing that 23 years later there is still little Australian research available that examines these issues, particularly from the perspective of young people themselves.

More recently, Beauvais (1997) also listed a number of qualitative research questions that should be receiving attention:

> What are the "cultural" meanings of solvent abuse among those who are using?
>
> Why does the use of solvents often occur in rapidly cycling epidemics?
>
> What are the sociocultural or other conditions that give rise to adult patterns of solvent abuse?
>
> What are the psychosocial factors associated with solvent abuse among both youth and adults?
>
> What are the most effective prevention messages to counter solvent abuse? Are there age-specific factors that need to be considered?
>
> Can effective policy measures be introduced that will help limit the availability of inhalable solvents? (Beauvais 1997, pp.104–105).

752 Dr Allanson kindly provided the Committee with her Masters' thesis (1979) 'Characteristics of adolescent solvent misusers' as her Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, p.10.

Community agencies in Victoria have posed their own research questions that they consider should be urgently addressed. For example, the Barwon Adolescent Task Force based in the Geelong district of Victoria lists the following issues as areas for possible research:

- Are solvents and Volatile Substances (VS) a 'gateway drug'? Do VSA go on to use other drugs? If so which drugs, and at what point in time?
- Geelong is not considered to be a 'hot spot' why is this so? Why are some communities more likely to have a high incidence of VSA as opposed to others? Identify resilience factors as well as risk factors.
- Why VSA tend to be related to juvenile justice clients, protective clients or people from indigenous backgrounds.
- More research needs to be undertaken in regards to the long-term health effects of VSA encompassing issues such as legal, family relationships and relationships in general, as well as physical and emotional health.
- In regards to the discrepancy between the fairly equal levels of use of VS between the sexes and the greater proportion of deaths amongst males, further research is needed to explain this. Although anecdotally the VSA within the Barwon region tend to be males, clearly there must be differences between the sexes in regards to VS practices. Males do tend to be poly-drug users and this may be another reason to account for the greater proportion of deaths among males.[753]

These questions indicate the importance of combining local action research frameworks with 'macro' research at a state or national level. The importance of tailoring research questions to local networks cannot be overemphasised.

Research that explores the attitudes of young people to inhalants is also necessary 'because [it] may indicate possible avenues to prevention'. The British Health Education Authority continues:

> For example, if it was found that young people thought VSA was safe, it would be necessary to make sure they that they became better informed (HEA 1999a, p.54).

753 Submission of the Barwon Adolescent Task Force to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.2.

A submission calling for research in similar areas was also presented to this Inquiry by DAS West, a community health agency based in the western region of Melbourne. As with many other agencies, DAS West is concerned for qualitative research to be based on *why* young people chrome and what are the alternatives. They state:

'With a more comprehensive understanding of why these young people engage in these activities, parents, workers and peers can contribute to minimising the risks for these young people.' (Submission of DAS West to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.2).

Some excellent qualitative research has been conducted in Perth, Western Australia soliciting the views of young people regarding volatile substance use.[754] As the research abstract states:

> If intervention strategies are to be successful, it is necessary to develop as full an account as possible of solvent use among adolescents. The present study gather[ed] information on VSU practices, the social dynamics of VSU, users' awareness of the physical and mental health risks associated with VSU, the perceived effects of solvents, the importance of reputation and image in solvent use, and prevention and intervention issues. By soliciting the views of young people themselves, this research sought to provide a fuller picture of the challenges facing health promotion efforts (Caroll, Houghton & Odgers 1998, pp.1–2).

More of this type of research, concentrating on the views of young people themselves is sorely needed.

Beauvais (1997) endorses this proposal. Of concern, he argues, is that the 'cultural' meanings of solvent abuse are so often ignored in any discussion of the problem.

Sarah MacLean from the Australian Youth Research Centre at the University of Melbourne is currently undertaking research into the 'social meanings' of

754 Some of the questions used in the research sample and a discussion of the research process is included in an article describing the project:

'The interview comprised 32 questions. Nine questions sought information on behavior (eg.: What do you sniff? What equipment do you use to sniff?); four questions dealt with knowledge and awareness of the physical and mental health risks associated with VSU (eg.: What does sniffing solvents do to you? What do you think sniffing does to the human body?); nine questions pertained to the social dynamics of VSU (eg.: Who do you sniff with? How do you decide what type of solvent to sniff?); four inquired about the importance of reputation/image (eg.: What image do non-sniffers have of you? What do you think of other sniffers?); five questions sought information on the perceived effects of VSU (eg.: Do different solvents give you different experiences, and if so, what are those experiences?); and one question dealt with barriers to intervention (If you were put in charge of stopping others from sniffing, what would you do?).

As themes arose, they were pursued in a 'lengthy conversation piece'. Students were encouraged to describe experiences in detail, and were constantly pressed for clarification.

Prior to the interview, consent was obtained from students and their parents. Students were informed that their responses would remain confidential, and that they had the right to end the interview at any time without prejudice. The interviews lasted for approximately 45 minutes, but varied from student to student. Some made lengthy responses unprompted, while others were more reluctant to provide information.

Interviews were conducted either by the first two authors or, for Aboriginal students, by Aboriginal Education Officers. Their support was advantageous in two ways. First, they generally had good relations with the Aboriginal students and could facilitate interest and participation in the study. Second, they were able to provide insight into the social significance of solvent use, thus supplementing data obtained directly from the students.

Following a five-minute period of general conversation, students were asked the first question from the semi-structured interview and were encouraged to put forward their ideas and discuss points of view. The interviewer probed with further questions until all relevant thoughts had been expressed. If students digressed from a question, they were allowed to continue for a short time before being guided back to the original point. It is important to note that some of these VSU students may have been experiencing emotional disturbances or withdrawal symptoms at the time of the interview. Thus, in some instances it was necessary to proceed slowly.' (Caroll, Houghton & Odgers, 1998, p.2.)

volatile substance abuse in Victoria, including the social construction of inhalant abuse as a 'problem'. She states:

> Inhalant misuse in Victoria is an under-researched yet common form of dug use among young people. Evidence suggests that inhalant misuse is a marker for other forms of risk. We currently know little about the dynamics of inhalant misuse in Victoria, what cultures of use serve to sustain or limit the practice, or how it differentially affects rural and urban communities and people of different cultures. This information will be useful to inform policy development and the design of appropriate programmes for young people (MacLean 2001, p.16).

The Committee was also gratified in its public consultations that a number of community agencies and a local government authority are in the process of conducting action research with regard to volatile substance abuse in their local communities.[755] Again, the importance of such research strategies is that they are local community based and thus can address problems specific to the manifestation of volatile substance abuse within those communities.[756]

Research is also required that examines particular communities of 'sniffers' from an ethnographic perspective. The value of ethnography as a research tool is shown in some excellent research conducted in the United States and Canada. These include studies examining adult solvent use amongst Native Americans on the Mexican–American border (Fredlund 1993);[757] Eskimo school children in Alaska (Zebrowski & Gregory 1996);[758] and First Nation Peoples on Canadian reservations (Coleman, Charles & Collins 2001). One of the difficulties, however, especially for ethnographic researchers, is that inhalant users can often be members of marginalised groups 'thus making them difficult to study' (Sharpe 1992).

While it commends the level of research on ethno-specific substance use patterns in the United States, a recent report by the Australian National Council

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755 For example, Darebin City Council has recently been successful in receiving funding from the Victorian Law Enforcement Drug Fund to develop and implement a local level action strategy on volatile substance abuse.

Other initiatives include the *'Breathing Easy Project'* being developed currently by the Salvation Army to implement appropriate strategies to address volatile substance abuse in the outer eastern suburbs of Melbourne.

756 See also Chapter 22.

757 As Fredlund indicates:

'Adult use of solvents is an extremely under-researched problem and is deserving of much more attention. The highly deviant nature of these groups and their marginal living arrangements make this work difficult' (Fredlund 1993, p.1).

758 Zebrowski and Gregory underscore the importance of conducting such research. They state:

'Given the high prevalence in certain populations and potential for serious sequelae, surprisingly little attention has been given to patterns and reasons for use. The present study utilises a survey given to schoolchildren in Eskimo villages to examine these issues more closely. Specific variables addressed include frequency and duration of inhalant use, age of onset, type of inhalant, demographic characteristics of users and reasons for use. Additionally, special attention was focused on scrutinising differences in these variables between light or social use and heavy chronic use. Better knowledge of these issues is essential for the development of effective prevention and treatment programmes for affected individuals' (Zebrowski & Gregory 1996, p.68).

on Drugs deplores the fact that 'there is little Australian research on this complex topic' (ANCD 2001, p.14).

Certainly, this has been the Committee's experience in conducting this Inquiry. Studies on volatile substance abuse patterns among Australians of non-English speaking backgrounds, gender specific research and differences between city users and rural users remains almost non-existent. The Youth Affairs Council in particular is critical about the lack of research pertaining to volatile substance abuse among young people from culturally and linguistically diverse backgrounds.[759]

With the exception of Maggie Brady, there is also little ethnographic knowledge about petrol sniffing among Indigenous Australians.[760] The Victorian Aboriginal Health Service in its submission to this Inquiry regrets this state of affairs, saying:

> Clearly, further research needs to be done on chroming in the Aboriginal community. Some research that may inform interventions is around developing a better understanding of patterns of use, for example, is it an individual or group activity, how do the young people get hold of the substances, etc. However, this must be carried out in conjunction with using existing knowledge to start developing and evaluating activities and interventions for young people. The thoughts of many VAHS staff are that we know that chroming is a problem for some young people throughout the community, and we know the risk factors which may lead to chroming, so we should go ahead and start implementing (and evaluating) interventions which address the needs of these young people.[761]

Medical and scientific research

An evaluation of medical and pharmacological research pertaining to volatile substance abuse shows that there is still much that medical scientists do not understand about the effects of volatile substances on those who inhale them.

In a review of the literature, Dinwiddie (1994) poses a number of questions that require further research. First, he states that it is not clear that inhalant use has a causal role in progression to other drugs:

> While inhalants are often thought as a 'gateway' drug, several studies have shown that use can occur secondarily, *after* initiation of use of drugs such as heroin (1994, p.934). (Emphasis in original)

759 Submission of the Youth Affairs Council of Victoria to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, pp.3, 8.

760 Although this is slowly improving, see d'Abbs and MacLean 2000.

761 Submission of the Victorian Aboriginal Health Service to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.3. See also the comments with regard to the VAHS *Study of Young People's Health and Wellbeing*, above.

Second:

> While many physical complications of inhalant use have been identified, much remains to be learned about the relationship between specific chemicals and risk of neurological, cardiac, renal or other damage – a question of obvious relevance not only to addicts but those occupationally exposed and even to casual, experimental users. It is clear, for example, that *any* use can – and all too frequently does – lead to sudden death. While it appears that some inhalants (eg. butane or aerosol propellants) may be associated with higher risk of sudden death, much remains to be learned as to which compounds are most dangerous, and how pharmacological properties might interact with differing methods of administration which might raise the risk even further (p.935). (Emphasis in original)

Finally, Dinwiddie states that the neurochemical action of inhalants 'largely remains a mystery':

> At a time when tremendous advances are being made in our understanding of receptor function and its relationship to drug abuse, closer study of the mechanism of action of inhalants could broaden our knowledge of processes common to many forms of chemical dependency, as well as potentially leading to innovative, highly specific forms of treatment (Dinwiddie 1994, p.195).

Much more research (both quantitative and qualitative) needs to be done in the epidemiological field. Smart writes:

> The epidemiology of solvent inhalant abuse [among solvent addicted youth and adults] is not well understood … The clinical epidemiology of solvent abuse, especially the natural history of abuse, remains to be studied. (Smart 1992, p.56).

In the medical and treatment field Beauvais poses the following as urgent questions for ongoing research:

> What is the optimal length of time needed for effective treatment of solvent abuse and what are the stages of treatment?
>
> What is the level and type of neurological damage caused by solvents and is this damage reversible?
>
> Given the level and breadth of dysfunction found among most solvent abusers, what is the range of treatment interventions that are required for long-term sobriety?
>
> Are there unique issues that must be addressed in relapse prevention and aftercare plans for solvent abusers?
>
> Can solvent abusers be treated effectively in a general drug treatment program?
>
> Can chronic solvent abuse be effectively treated in an outpatient setting?
>
> Is there a foetal volatile solvent syndrome? (Beauvais 1997, pp.105–107).

In Australia, d'Abbs and MacLean argue that in current pharmacological knowledge about inhalant misuse 'what chemicals are responsible for causing what harms … remains patchy' (2000, p.82). They continue:

> We need to know more about the long-term effects of inhaling unleaded petrol, and the health impact of occasional sniffing. Further research may help people to advise sniffers which substances might be least harmful to them (d'Abbs & MacLean 2000, p.82).

A number of organisations and agencies have also submitted to the Inquiry that scientific and medical research should also be examining occupational health and safety issues associated with working in industries where volatile substances may be inadvertently inhaled. The City of Melbourne's views are representative in this regard:

> Council also supports further research into the health and safety hazards associated with the chemicals found in commonly used inhalants. An aim of such research should be to identify what are the most harmful chemicals found in inhalants, and how these chemicals can be altered, substituted, made less palatable or removed to make particular inhalants less harmful. This research, and the implementation of any harm reduction strategies resulting from it, will require the full involvement and cooperation of manufacturers of products that are used as inhalants, along with health professionals.
>
> Council recommends to the DCPC that research be undertaken into the health and safety hazards of commonly used inhalants and that appropriate harm reduction strategies be developed in consultation with the community.[762]

The issue of scientific research, particularly that focusing on product development and modification, has been previously discussed in detail in Chapter 24. At this point it suffices to repeat that the Committee applauds the efforts of scientists and chemists in both the private and public sectors to develop measures that will lessen incidence and/or the severity of the consequences of volatile substance abuse.

762 City of Melbourne, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, March 2002, p.5.

As stated in Chapter 10 there is almost no knowledge pertaining to the *deliberate* inhalation of volatile substances by workers in industry who may come into contact with them. Some original research in this area is sorely needed.

Evaluative research

Sound evaluation practices need to be built into all social policies and programmes. Substance abuse programmes are no exception.[763] Evaluation of programmes, be they prevention, education or treatment-focused is crucial to build on successes and discard what hasn't worked. Both outcome (Does it work?) and process (How does it work?) measures need to be applied. Unfortunately, as d'Abbs and MacLean state:

> Very few Australian programmes have been evaluated or reviewed. Many programmes would benefit from evaluation that is sensitive to the aims of those involved, and to the constraints under which the programmes operate. In particular, the respective capacities of [rehabilitation programmes in the petrol sniffing context] require evaluation if their roles are to be properly recognised by funding bodies and rational resource allocation decisions made (2000, p.82).

Conclusion

The foregoing discussion attests to the importance that the Committee places on sound and comprehensive research. Whether such research originates in the universities, in private or public 'thinktanks', in industry or by government departments or policymakers it must inform good practice and policy implementation in the area of volatile substance abuse. It must also be research that is based on 'the best evidence that is currently available' (DCPC 1998, p.19; see also Wallace and Staiger 1998). Only then is there a reasonable expectation that policies and practices 'will reduce harm to the greatest degree allowed by the particular context of their application' (DCPC 1998, p.19).

763 For an effective account of evaluation techniques in the area of drug education, see Coggans et al. 1991.

27. The Need for a Coordinated Approach: Funding, Infrastructure and Service Delivery

A previous chapter of this Report outlined the anguish of the mother of a young woman with a serious chroming problem, desperately trying to obtain services and help for her daughter. It is worth repeating her plea for assistance:

> What has to be remembered is even though the child is having a crisis, so is the parent. It's hard to know where to start when you are confronted with something like this, who do you turn to, where do you get the help you need. It is of no use to a parent watching their child, covered in paint and spinning out, to be told, keep an eye on him/her for the next two hours and make sure they keep breathing, or making a phone call looking for help, and getting another number to ring. One night my sister and I made 22 phone calls, and the sad thing is at the end of them, there was still no real help given.
>
> What should have happened was ONE PHONE CALL, and from there we should be put in touch with the area we needed. The system as it is at the moment is not working. It was interesting, although sad to note that welfare workers also face these problems. So imagine how helpless a parent feels. People are sympathetic … but everyone's hands are tied. Why?
>
> I contacted one agency, after I had managed to get my child at a weak moment, she agreed to talk to someone and it took nearly three weeks for them to get back to me! Three weeks, I couldn't believe it. Far too much happens in three weeks …[764]

The quote reveals a frustration that there are few services available that can address chroming among young people. It is also a testament to a perception that there is no central, easily accessible point to which parents, in particular, can turn should their child be experiencing problems with inhalants.

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764 Submission of 'Concerned Mother' to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.5. (Emphasis in original).

The name of this woman has been omitted to protect her anonymity. This woman also presented before the Committee in March and April 2002, the latter time with her daughter. The Committee thanks her for her courage in bringing her plight and that of her family to the Committee's attention.

Moreover, it is the experience of those in the community sector that those government and non-government agencies that have a direct or indirect responsibility for young people are not sufficiently coordinated in their approach to service delivery.

The Committee has considered a range of options that should be implemented to address these concerns. The rest of this chapter will focus on the need for the following matters to be taken into account:

- need for a national approach to co-ordinating policy with regard to volatile substance abuse;
- The provision of a Victorian State Coordinator on volatile substance abuse;
- The need for a Victorian State coordinating or overseeing body to address volatile substance abuse at both the National and State level;
- The necessity for a streamlined funding system to implement policy in this area;
- The need to implement policies and programmes that cater for young people once they have turned eighteen years of age; and
- The requirement to take a 'whole of community' approach to volatile substance abuse.

Crossing boundaries: A national approach to volatile substance abuse

The Committee's research has revealed that volatile substance abuse is a problem of varying severity in each of the Australian states and territories. The response to tackling the problem, however, ranges from comprehensive and multi faceted as in Western Australia to barely adequate. Clearly, the issue of volatile substance abuse has become more prominent in recent months. Western Australia has developed detailed strategies and framework plans to address solvent abuse. This state has a good mix of government and private sector initiatives that implement these strategies. The Committee notes that the Queensland government has recently embarked upon an Inquiry into this form of substance abuse. The Committee hopes that its own endeavours in producing this Report will assist Queensland and other states and territories in addressing the issue within their borders.

Nonetheless, given that the issue does 'cross boundaries', the Committee believes that it is imperative that strategic and policy direction addressing volatile substance abuse be formulated at a national level. As such, the Committee has recommended the establishment of a National Steering and Co-ordinating Committee to coordinate inhalant abuse prevention and treatment, regulation, funding, policy and activities. The role of the national body should be primarily to co-ordinate national responses and strategies for

addressing volatile substance abuse across all Australian states and territories. The implementation and detail of these general policy guidelines should remain the province of the relevant state authorities. In Victoria, this function would be the responsibility of the Volatile Substance Abuse Co-ordinator, the role of which is explained in the next section.

The need for a state volatile substance abuse coordinator and coordinating body

Jon Rose, expert consultant on volatile substance abuse issues, claims that the need for a coordinator is particularly important with regard to a little known, little understood, phenomenon such as solvent abuse. This is especially the case given the issue has so many parameters to it that cover a wide range of public and private sector responsibilities (Health, Justice, Retailing, Education, Welfare, to name a few).

In a communication to the Committee, Rose argues that there should be one key person employed by the public service to oversee a Volatile Substance Abuse Strategy Framework. Such a person would act as a liaison point between various government departments and the community sector:

> Regarding the utility of a coordinator to manage the implementation of a volatile substance abuse (use) plan in Victoria, the reasons I believe such a person is essential are as follows:
>
> 1. It's likely the most efficient method for improving services related to Volatile Substance Abuse (VSA) is a capacity building approach which mobilises those agencies and structures which are already in existence.
>
>   Such an approach would aim to upskill, mobilise and further develop the range of existing resources in the health & welfare sectors (including health, drug services, welfare services, accommodation services, juvenile justice, police, school-based education, Aboriginal services, Sport & Recreation, Local Government, research groups, etc) as well as community services groups (eg. Rotary, Lions, Scouts) and those in the private sector such as retailers, manufacturers, media and finally, those involved in drafting legislation if this is required.
>
> 2. It seems obvious to me that a project with such a broad range of targets would require at least a dedicated full time equivalent person to oversee and coordinate the range of activities targeted by a comprehensive approach to managing VSA in Victoria. Initially, (say for the first 18 months to 2 years) I would suggest a team of at least two persons – a coordinator and education officer. The coordinator would be responsible for coordinating and implementing the broad range of recommendations, as well as assisting in skills training and possibly in drafting legislation. The education officer would be primarily involved in developing and delivering programs across the broad range of agencies

mentioned as well as facilitating the development of further resources as required (eg. resource for use in schools, resource for parents, etc).

3. Overall, one of the attractive aspects of such a project would be to use outbreaks of VSA to mobilise community action and direct it towards supporting youth activities. A small VSA 'team' would go to an area where there is an outbreak, call a community meeting (first with health & welfare professionals, then with others in the community), provide some education & general discussion around VSA before asking for community commitment to take action (normally retailer intervention, more VSA education, develop inter-agency case management & develop further resources for young people, media interventions ...). In essence, the VSA project is a gateway for generic activity to support youth – if there is someone to manage the outbreak. The alternative is to let the situation exacerbate with heightened community distress.
4. Ideally, a VSA team would have a budget which would include the following:
   a. Money for resource development
   b. Money for travel
   c. Money for community development. Community development grant money is around $60,000 a year to be used for seeding money to fund communities who have decided to take action re VSA and youth drug use. Grants should be up to $5,000 for each community and have certain criteria on which the funding is based (see WA Local Drug Action Groups (LDAGs) for more information on this).
5. The VSA implementation project should be located in an organisation which is somewhat independent (eg. drug policy unit) and also be able to provide infrastructural support.
6. As with any strategy implementation process, it would be helpful if intervention targets were developed prior to implementation.

   In addition, the nature of VSA would require some degree of flexibility to accommodate unforseen issues which arise. A well planned approach would allow for better monitoring and assessment of the strategy.
7. This model of a small mobile team to implement such a project could be seen as a template for other like projects if it proves successful (which I'm sure it would).[765]

In New Zealand, Sandra Meredith, an expert on volatile substance abuse, performed a role of volatile substance abuse coordinator and also strongly recommends that an equivalent position is funded in Victoria:

765 Communication from Jon Rose to the Drugs and Crime Prevention Committee, 21 May 2002.

A Coordinator can:

- Be on the ground and answer queries
- Work with other countries to identify other options to address the issue
- Clarify government policy to the community
- Provide advice to an Advisory group or Minister on points of interest or policies that may need to change
- Provide a liaison function between government agencies (this was very important – especially between Police/Community/Youth Workers/Social Workers)
- Field negative comments about government's approach to the issue (media contact)
- Assist in identifying training needs for the community (develop and deliver)
- Support the development of relevant information (liaise and negotiate for funding with the Advisory group)
- Identify money for programmes and
- Work with agencies to ensure programmes are developed that improve outcomes for young people and money is used wisely
- Identify groups already working well with young people and add support to their work
- Provide a central information base for users, parents, the community, workers and others
- Help people access information, services and treatment
- Write reports on progress.

I personally think this type of role has great value. (… Not because I was the person). Much more to do with providing a central point where anyone who had a query knew who to go to. They could ask about a range of things relating to the same topic. Information/training/funding sources etc.

This approach also means key contacts are held in one place, but that information can be shared with others having a genuine interest in the issue.[766]

Rose also believes there needs to be an inter-departmental body to oversee the implementation of policy in this area. In Western Australia the Working Party on Solvent Abuse has fulfilled this function. Moreover, in Rose's view an integrated and coordinated response between and among responsible agencies in the community sector is required:

> Those with heavy solvent abuse tend to have a range of other social, family, psychological & educational problems. Many agencies & individuals tend to get involved, often in an uncoordinated way. This uses up many resources and often results in confusion for the client and frustration between agencies.

766 Communication from Sandra Meredith, Senior Policy Adviser, Youth Affairs New Zealand to the Drugs and Crime Prevention Committee, 21 May 2002.

> While there may be many programs to assist volatile substance users with multiple problems, an inter-agency, case managed approach is the one I would highly recommend.
>
> In Perth this approach was used. A number of health, welfare and accommodation agencies got together, trained and appointed "Primary contact officers" – 2 from each agency – who would orchestrate liaison and resources for the young person and the family of the young person with solvent use and other problems. Primary contact officers meet on a regular basis to discuss approaches to problems and with permission of clients, to discuss client cases.
>
> Links in this regard should be made explicit. Links should be between local council, state government and non-government organisations. These should include departments & organisations involved in recreation, police, welfare, youth, education, vocational programs, general health, mental health, accommodation, juvenile justice, etc, etc.[767]

The Midland Community Retail Project outlined in Chapter 22 is a good example of a project devised to address volatile substance abuse with coordinated input across a range of agencies. Linda De Haan the initial coordinator of the Project emphasised to the Committee how important it is to have this broad-based involvement in order to keep the Project going once the initial impetus had finished:

> As you know, every sort of community project is started up with somebody running it who tends not to still be there in a year. What we try to do with the different sorts of groups we formed was to get them self-sufficient. The retailer groups are still operating it amongst themselves. The Midland police now have an email address that you can use to get on to the Internet and look at what they are talking about as some of the problem areas. The kits are still being handed out, so the retailers are actually doing it. If anybody else started a retail shop up there, they would probably either have to find out about it through the other retailers, or experience the problem and maybe go to the police. The police basically have taken over this side of the operation.
>
> One of the things that I was very mindful of is that when you do a project like that and say, "Boy, we have been successful" and then walk away, everything falls into a heap. One of the main things in getting some of the other treatment agencies into the process was to give them the program to run once we had finished. Something like 15 to 20 agencies were all doing different parts. We gave the job of working with the solvent users to one of the treatment agencies, and we got the then Western Australian Drug Abuse Strategy Office to increase its funding so it could get an outreach worker to work with the kids. I do not know whether you know what the local drug action groups are, but they are members of the community who want to be proactive in drug use so

767 Correspondence from Jon Rose to the Drugs and Crime Prevention Committee, 4 May 2002, p.3.

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> they come to a meeting once a month. The local drug action group in Midland was going to keep up the education of the community or, if there were any community problems, it would try to target the problem or work with [Western Australia Drug and Alcohol Office] on how to do something about that. The police have taken over the running of an information session about what problems they are having in Midland. They can now track it down. They have print-outs on their data file on when problems become big and when they reduce again. One would hope that they start to connect with some of the other areas. Next to the Midland police district is the Mirrabooka police district which also has a problem with solvent use, so it would be good if they made a connection there. I thought it would fall apart much quicker … I thought that within a year it would probably not be operating, but the fact that it is still operating is a credit to the people who worked in it.[768]

Multi Modal Strategies

The approach recommended by Rose, Meredith and De Haan is underscored by a recent Report by the Australian National Council on Drugs (ANCD). The Council emphasises the importance of *multi-modal* strategies whereby a number of strategies to address substance abuse that incorporate demand, supply and harm reduction (for example, school and parent training, retailer interventions, community organisation, legal interventions) are nonetheless coordinated by a single entity:

> Research and theoretical models suggest that multi-modal strategies are the most likely means of preventing drug use. Multi-modal strategies can address the multiple risk and protective factors for drug use in a coordinated, comprehensive and consistent manner. Ideally, they would involve a comprehensive needs assessment in a particular community and development and implementation of a range of strategies to reduce risk factors and promote protective factors as indicated by the needs assessment. The plan could include interventions targeting individuals (e.g. mass media and school-based interventions), the family (e.g. parent effectiveness training for at-risk families) and the community (e.g. revision of school policies relating to personal

768 Ms Linda De Haan, Psychologist, Western Australia Department of Justice, in conversation with the Committee, 2 May 2002.

> development and drug education, legislative changes, changes to law enforcement practices, improvements in sporting facilities, additional educational and vocational opportunities). However, planning, implementing and evaluating such strategies can be costly, time-consuming and difficult. Intersectoral cooperation on even a single intervention can be difficult, let alone on a comprehensive set of interventions. Consequently, there is not a large group of well-implemented and well-evaluated trials to demonstrate efficacy, let alone to specify the key strategies and best practice (ANCD 2001, p.58).

Of particular importance to the ANCD has been the need to encourage a move away from 'government departments that plan, resource and implement services or activities vertically' (ANCD 2001, p.23). In other words, Departments such as Health, (Juvenile) Justice, and Education etc 'are not well integrated to plan and work together to maximise the efficient use of scarce resources' (ANCD 2001, p.23).

A duplication of economic resources is clearly inefficient, especially when good programmes to address substance abuse may be expensive to implement:

> [V]ertically structured government departments, and units within departments, contribute to the current system of separate funding sources, policies and programs for related issues. For example, separate policies and strategies exist for mental health, youth suicide, crime prevention and drug prevention. Given the inter-related nature of these issues … it would make sense to incorporate these issues within a broader developmental health policy. While there is a need for some focus on specific issues, the current system of multiple programs encourages duplication and resources being spread too thinly.
>
> A whole-of-government view is needed to identify the cost-effectiveness of programs. The resources given to preventive interventions by one government department might have cost savings for other government departments. For example, Karoly has documented how the early childhood programs, funded by health and/or community services, can result in substantial long-term savings in welfare and criminal justice costs, as well as social benefits such as reduced crime and greater economic participation (ANCD 2001, p.23).

'Horizontal' approaches integrate and coordinate responses over a wide variety of government departments and community agencies. Notwithstanding this inter-sectoral cooperation, good policy in this area also incorporates (and funds) local community responses, including those of local government departments, to local needs. As the Committee has repeatedly stated in this Report, this is particularly important in the area of volatile substance abuse in which use is local, often episodic, and may vary in profile from community to community. The Youth Affairs Council of Victoria (YACVic) puts it well:

> YACVic supports the development of strategies that involve the wider community as this will assist in addressing broader structural issues. Community development approaches foster shared decision-making, collaboration and community ownership of the response. The key to

> community development approaches is enlisting the support of existing local networks and utilising local resources and knowledge. Local responses may be more effective than policies imposed from a state level.[769]

Funding Issues

Despite the importance of local initiatives, state and federal governments do have, as the Committee has indicated, an important coordinating and funding role in service delivery depending on their particular areas of constitutional and policy responsibility. In particular, the Committee would support the submissions of a variety of local government and community bodies to this Inquiry that an injection of resources is sorely needed into youth, family and drug and alcohol services. This is crucial to ensure that sufficiently staffed agencies, particularly in the residential care system, have appropriately trained workers to address the complex issues pertaining to volatile substance abuse. The peak body for drug and alcohol community agencies in Victoria have deplored the level of funding allocated to youth drug and alcohol services. In the context of chroming they stated to the Committee:

> The specialist drug and alcohol sector is not adequately resourced to meet the needs of our most desperate clients. We cannot expect drug and alcohol workers, who constitute the worst paid and least supported of health and welfare professionals in our community, to work miracles with our most complex individuals. This expectation can only lead to a failure of the service system to appropriately support the most difficult cases. If we are serious about addressing this problem, then clearly, this situation must be redressed (VAADA 2002, p.4).

Such funding is particularly important if, as YACVic claims, 'young people are being excluded from services because agencies are not equipped to deal with the complexity of their issues'.[770]

Based on the evidence of a variety of community agencies, it would seem that intensive and specialist services, particularly outreach and community based therapy for young people with substance abuse issues, are less expensive in the long term than secure care, accommodation and physical containment (see also Morton, Clark & Pead 1999).

The Committee suggests that a thorough costing analysis be undertaken with regard to any programmes intended to address volatile substance abuse or associated issues.

In addition to this form of 'micro funding' to deal specifically with volatile substance abuse, a repeated theme of this Report has been the need for improved support in macro economic and social policy areas such as

769 Submission of the Youth Affairs Council of Victoria (YACVic) Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, February 2002, p.4.

770 ibid, p.12.

employment training and job creation, and retention of young people, at school, including 'troubled' and potentially disruptive youth is essential.

The Committee realises of course that the costs associated with 'another programme, another policy' can be prohibitive. The Committee has made a number of recommendations as a result of this wide-ranging Inquiry. It realises there may be barriers to their implementation, of which cost and funding is only one. For example, the ANCD realised that *its* recommendations for 'horizontal' organisation of service delivery and policy development in the area of youth substance abuse were going to be difficult to have accepted. The following ANCD quote also reflects the position the Committee finds itself in:

> This report is recommending fundamental changes to the priorities and operations of government and requires commitment to longer-term planning, intersectoral collaboration, and new policies such as the requirement of a health impact statement for all policies and programs. Even if the arguments for such changes are accepted, moving towards the implementation of such changes will require substantial commitment and resources over a sustained period of time (ANCD 2001, p.25).

Moreover, the Committee believes it essential that the any funding given to appropriate bodies be recurrent. Many organisations gave evidence to this Inquiry that outlined their frustration with the way some community agencies are currently funded. These centred around three 'facts of life':

First, many agencies were funded on an annual basis. Thus much of the time of agency staff, particularly coordinators, was spent writing annual submissions for funding.

Second, funding was often spread across different programmes rather than dedicated to specific problem areas (such as volatile substance abuse). Often agency staff ended up 'robbing Peter to pay Paul'.

Third, often an agency could be funded by as many as three or four separate sources. This reflects a lack of coordination between different government services and departments. It also results in a complicated structure of accountability to funding bodies.

In the Committee's Final Report into Public Drunkenness, the following recommendation with regard to sobering-up centres was made:

> Funding … should be co-ordinated by one central authority and allocated on a triennial basis (2001, p.xv).

The Committee believes that a similar arrangement should be made with regard to any programmes established to address volatile substance abuse.

Finally, the Committee expresses its concern about a matter that is indirectly related to issues of coordination and funding. It has become apparent to the Committee in meeting with representatives from youth, alcohol and drug agencies that there is a gap in service delivery for young people who have reached their eighteenth birthdays. At this stage it would seem most

government funded agencies that specialise in addressing the needs and problems of youth cease, however reluctantly, to have involvement with that young person, often to his or her detriment. The reality of this situation is starkly realised in the experiences of a youth worker in the western suburbs of Melbourne and 'Chris' the young 'chromer' whom she had been working with. It is worth reproducing the transcript of this part of our meeting with Chris and the community worker in full:

COMMITTEE MEMBER – What are you doing now? Are you involved in some programs at the moment?

CHRIS – Not really, just through [supported housing agency]. I am not talking about chroming any more. I used to have a D and A worker through the [charitable agency], but three months after you are 18 that order finishes, so you cannot have a D and A worker through there. I have been trying to get a D and A worker, but it is hard.

COMMITTEE MEMBER – You are obviously wanting to try to find some help. Do you think there is some help out there for you?

CHRIS – Yes.

COMMITTEE MEMBER – What sort of help do you think you need?

CHRIS – Professional help, people that like being there.

COMMITTEE MEMBER – Why can't you get a D and A worker at the moment? Is it because you are too old?

CHRIS – Yes, I think so.

COMMITTEE MEMBER – Have you spoken to [Community Worker] about that?

CHRIS – Not really lately, but in the past I have.

COMMITTEE MEMBER – A D and A worker would be someone whom you would trust.

COMMUNITY WORKER – One of the things you probably know already is that Chris was with us for a long time through the Department of Human Services and the X Agency, but as soon as young people are 18 and 3 months, they can no longer be part of the state statutory system. While Chris still has contact with all of us and is going out for lunch and a movie with a worker tomorrow, because you build relationships and we really like him, it is a really hard process to have all of us involved in his life.

I have been around since he first came into care in one role or another.

Then 18 and that's it. We are there, but only when we can fit it in with what we have to do or after work. That is not saying we would not do something if Chris needed it, but it is that intensive support

> *and then a swift change. I know the commonwealth government was looking at, for young people in care, trying to extend that to 25, because we do not do that to our own children when they are 16 or 18, or I would hope not. They do not have to leave home without the intensive supports they have had. It is the same, is it not? Even though you know where to find us and you ring us if you need us, it is different.*[771]

While the Committee is aware of the funding constraints and pressures on government, it does believe that a system needs to be implemented that does not result in young people such as Chris 'falling between the cracks'. It may be that continued intervention during the interim years between 18 and, for example, 25 years can result in positive outcomes for the young person which in the long term may result in significant cost savings.

The quote at the start of this chapter reflects one mother's frustration with a system of service delivery ill equipped to deal with the complexity of volatile substance abuse. Nonetheless, the Committee recognises that in the last year, state government departments *have* introduced new measures and improved existing services to deal with the reality of volatile substance abuse. Whether this is because of or despite the efforts of this Inquiry and the publicity it has generated is immaterial. The Committee is encouraged by and endorses the raft of initiatives outlined in the submission of the Victorian Department of Services and discussed in Part G of this Report. It also very much supports the Department of Education's call for a 'Joined Up Government Approach' as outlined in its submission to this Inquiry:

> Any approach to addressing this issue should be part of the Government's overarching Drug Strategy and be co-ordinated through a newly proposed Drug Strategy Officer. It should range from primary prevention through to early intervention and treatment.
>
> It is important that the strategy be integrated across Government Departments, be consistent and entail a comprehensive information strategy. All agencies responsible for work in this area should be aware of the whole strategy and the role of other Government Departments.[772]

Some of the services mentioned in these submissions, as laudable as they are, may need to be publicised more so than they have hitherto. While it would be unwise to make a general assertion from a one-off example, it may be the case that more parents, such as the mother quoted above, need to be aware of services such as the Family Drug Helpline.

771 Chris and Community Worker in conversation with the Committee, 12 February 2002.

772 Submission of Department of Education and Training, Submission to the Drugs and Crime Prevention Committee, Inquiry into the Inhalation of Volatile Substances, May 2002, p.5.

Notwithstanding such positive and welcome initiatives, the Committee respectfully suggests a lot more needs to be done. This is reflected in the Committee's recommendations.

In conclusion, it is axiomatic to state that there are no simple solutions to this incredibly complex area. A concerted response from all sectors of the community – government, the community sector, industry and concerned individuals – is required. Funding is not just a government responsibility. It may be that industry groups such as retailers and manufacturers can also contribute resources to community programmes in similar ways to the contributions made in Britain.

Feedback and input from those at the 'coal face' of the problem, including those young people affected by volatile substance abuse, is essential. Such a response takes time, patience and resources. Unfortunately, it is not only the problems associated with funding that can create obstacles to good policy implementation. The first two factors, namely time and patience, are also sometimes lacking. The ANCD makes some salient observations with regard to how a considered and measured response to drug policy may be jeopardised through populist pressure:

> For example, despite the limited success of drug education, education is the preferred option for dealing with drug problems among the general population in Australia. There is pressure from the community for the government to fix 'the drug problem', and to *do it quickly*. This can contribute to policies and programs having unrealistic goals and objectives. Given that Australia (like other developed societies) is a drug-using society, and that the aetiology of drug use behaviours is complex, such goals are unrealistic (ANCD 2001, p.25). (Committee's emphasis)

The Committee has been no stranger to such pressures. In recent months the cry for 'something to be done' about volatile substance abuse, has not always been constructive. It is fervently hoped that a measured response that takes into account the complexities of policy and service delivery in this area will be a result of this Report. There are *no* quick fixes.

PART I: Conclusion: The Way Forward

People think it is a big joke, that chroming is a joke. They think that you are just not like another person. People, the media and all that, are making a joke out of you.[773]

Perhaps it is stating the obvious to observe that volatile substance abuse is an extraordinarily complex phenomenon – far more complex in fact than Members of the Committee and their staff would ever have imagined when they received the terms of reference for this Inquiry.

Volatile substance abuse in one form or another has been with us for a long period of time, however only in the last couple of years has it received any prominence in public awareness or debate. In particular, the issue of volatile substance abuse has really only been the subject of widespread public interest since the publication of the Committee's *Discussion Paper* in January 2002. Until then the Committee would be prepared to state that, outside the community and welfare sectors who have been extremely concerned about the issue for a long time, few people would be aware of the word let alone the practice. It is an ill wind that sometimes blows some good. To the extent that community and government agencies are now seriously giving the issue prominence, the publicity may have had some positive benefit.

Volatile substance abuse is not like other forms of substance abuse. One cannot therefore use the same templates that may be used in other areas of drug policy to address it. At the very least, other drug interventions cannot be used without factoring the particular attributes of volatile substance abuse into their application. Some of these factors that are particularly related to volatile substance abuse are:

- The very young age of those who may use inhalants, sometimes as the Committee has seen, as young as eight;
- The experimental nature of much volatile substance abuse. Most young people will not become regular users of inhalants;

773 'Chris' in conversation with the Committee, 12 February 2002.

- The episodic nature of the phenomenon and the potential for 'outbreaks' to occur spasmodically and without warning;
- Extraneous factors which make volatile substances an 'attractive' option. These include the low cost of the product, the fact they are easily accessible, for example in the bathroom or kitchen cabinet, and last but not least the fact that it is not illegal to inhale solvents.

Conversely, however, despite the discrete nature of volatile substance abuse, there are some underlying similarities between using inhalants and using other drugs. For the chronic and regular user, the underlying reasons as to why a young person may be abusing their bodies through inhaling paint, may be similar to or the same as why she or he uses heroin. Issues pertaining to emotional, physical and economic disadvantage and deprivation can be as relevant to why a young person uses inhalants as to why a person may use heroin, amphetamines or alcohol.

Volatile substance abuse must be looked at as a health problem not simply a drugs issue. The Australian National Council on Drugs argues that one of the flawed aspects of current drug prevention efforts is a failure to acknowledge that substance use can be the indication of only one of a range of problem behaviours. In other words, the drug or substance is concentrated on as an 'isolated health-risk' behaviour (ANCD 2001, p.1):

> There are strong arguments for conceptualising drug misuse as one of a range of health risk behaviours, including school problems and delinquency, which have common risk and protective factors, and which share common health-and-welfare compromising outcomes, such as mental health problems, school failure, unemployment and suicidal behaviour (ANCD 2001, p.1).

Given the complexities of volatile substance abuse, it is quite clear that a 'one size fits all' approach will be totally inadequate to address this issue. The strategies required to prevent volatile substance abuse among young schoolchildren will be very different to interventions needed for the chronic adult abuser. As Zebrowski and Gregory argue 'inhalant user heterogeneity has important implications for the development of effective prevention and treatment programs' (1996, p.67). Multifaceted strategies will therefore be required. This is particularly the case given that volatile substance abuse may impact in different ways upon discrete groups in the community. As the Committee has noted these may include Indigenous youth, young women, people from non-English-speaking backgrounds, workers in industrial settings and young people with mental health problems.

The deliberate use of inhalants for the purposes of intoxication is understandably repellent and distasteful to many in the community. It is difficult to understand, for example, how a person can intentionally ingest substances such as fly spray or deodorant. Nonetheless, despite such incredulity, volatile substance abuse is a serious problem that requires urgent attention.

The Committee has continually indicated throughout this Report that addressing volatile substance abuse requires a whole of community response. Local solutions, including local partnerships are required for local communities. Inhalant abuse requires interventions that range across a number of areas – policy development, training and education, legal regulation, treatment, research, media reporting, employment and recreation, and local community initiatives to name a few. *All* of these factors need to be addressed. Banning the sale of spray cans to young people or the addition of bittering agents to paint are not, in themselves, likely to solve the problem. The ANCD exhorts policymakers to learn from research experience relating to drug prevention:

> For example, be realistic about the limitations of drug education, media campaigns and law enforcement. Single, one-shot strategies are particularly ineffective. Drug abuse is a complex psychosocial issue that cannot be fixed by simple solutions (ANCD 2001, p.26).

The Committee would also concur with the following principles enunciated by the ANCD. Although they have been developed in the context of general substance use by young people, it is the Committee's belief that they are equally applicable to the specific area of volatile substance abuse. The ANCD encourages all concerned with drug policy to:

- Adopt better practice in planning, utilising established methods such as those available in the field of health promotion. For example:
  - i Address the multiple risk and protective factors for youth drug use.
  - ii Have specific, measurable, realistic objectives.
  - iii Work at all levels of influence: the individual, the family, and the local and macro environments.
  - iv Take a long-term view – one-shot interventions are not effective.
- Acknowledge that drug use is one of a range of problem behaviours and should not be seen in isolation. Work collaboratively with others concerned with problem behaviours, including crime, suicide and educational problems, to address the shared pathways to these outcomes.
- Invest in core infrastructure. Spending on developmental health should be seen as a social investment, not just a benefit to individuals.
- Improve networks between government departments.
- Focus on the critical times in children's development.
- Monitor interventions and their outcomes to assist needs assessments and fine-tuning interventions.
- Consider the impact of all government policies and programs on the macro-environmental influences on developmental health. This needs to be done at the national, State/Territory and local government levels, and in all areas (including taxation, employment, education, urban planning,

> transport, justice and so on), not just the health portfolio (ANCD 2001, pp. x, xi, 27).

Summary of the Committee's position on key issues

Throughout this Report the Committee has identified a number of areas of concern that must be addressed. The remaining section of this concluding chapter contains brief summaries of the Committee's position on the key issues that have arisen from this Inquiry. It should be read in conjunction with our recommendations located at the beginning of this Report. Reaching these positions has not by any means been easy. It has involved balancing and reconciling a number of competing interests and positions, all of which have strong arguments to support them.

Criminalisation of the user

The Committee accepts the overwhelming expert evidence of those in the community that to penalise or criminalise the act of inhaling volatile substances would be a retrograde and counter-productive step. It endorses the views of the World Health Organisation that:

> In general, legal sanctions against inhalant abusers is not a preferred method of prevention. Such sanctions do not appear to reduce abuse and they create additional problems for users (WHO 1986, p.28).

Civil apprehension scheme

While the Committee does not support the criminalisation of volatile substance abuse it does believe there should be some protocols devised with legislative backing that address the welfare of persons intoxicated by volatile substances and/or other drugs.

Legislation similar to the New South Wales *Intoxicated Persons Act 1979* and the Western Australia *Protective Custody Act 2000* should be considered as suitable models.

Police should be provided with suitable powers to apprehend a person who is misusing a volatile substance and convey that person to their home or into the care of a responsible adult or agency. Police should also be given power to seize volatile substances and other intoxicants from a child or adult only in appropriate circumstances that are outlined in the Committee's Recommendations.

It should be stressed, however, that the Committee's endorsement is conditional on a system of civil apprehension being backed up by sufficient health and welfare funding and infrastructure (such as sobering-up centres) that are not a drain on police resources.

Supply side measures

It is the view of the Committee that Section 58 of the *Drugs, Poisons and Controlled Substances Act* is ineffective. Very few prosecutions indeed are launched against retailers and suppliers under this section. One of the problems with the legislation clearly relates to the problems associated with proving that a supplier has sold inhalants *knowing* that they will be used for deleterious purposes. Nonetheless, the Committee believes that Section 58 should not be repealed. It should be kept as a fall-back position. The Committee does not believe, however, that a retailer should be prosecuted or penalised for what they *might* have known or suspected. Such an amendment would be unfair to retailers and far too difficult to prove. It is arguable that the use of the words 'knows or reasonably ought to have known' in the current legislation can cover the situation where a shopkeeper continually sells a volatile substance to a young person in circumstances where it is clear that person is not using it for legitimate purposes. The problem it seems is not so much with the way the section is worded as the problems associated with collecting evidence that the retailer is aware of any illegitimate purpose for which the product is purchased.

When it comes to prohibiting the sale of volatile substances to minors the community response is clearly divided. Some retail, manufacturing and associated groups are overwhelmingly opposed to such an approach. So too are many community, youth and welfare agencies. There are some other community agencies, however, particularly among Indigenous groups, who are in favour of age restrictions on the purchase of solvent products. Victoria Police are also in favour of such restrictions. Such views cannot simply be ignored. There are strong arguments to refute the need for a point of sale ban. There are equally legitimate concerns of the proponents of such measures that need to be taken into consideration.

At first sight, the use of age restrictions is a deceptively simple and attractive solution to address volatile substance abuse at its source and the Committee can well understand why many in the community, particularly parents, might think it is an appropriate intervention strategy.

It may eventuate that banning the sale of volatile substances to young people is neither practical nor desirable, as suggested by the evidence received by the Committee. Even restricting the ban to spray paint may prove untenable. Nonetheless, it is the view of the Committee that given the division of opinion on this issue, and the lack of evaluative documentation as to the efficacy or otherwise of putting in place a ban on the sale of spray paint to minors, it would be premature to make a firm recommendation with regard to supply side or point of sale restrictions.

As such the Committee recommends that a proposed National Steering and Coordinating Committee undertake further investigation into introducing mandatory age restrictions on the purchase of volatile substance products including cans of spray paint. In particular, such a Committee should facilitate

an evaluation of the recent laws introduced into South Australia prohibiting the sale of spray paint cans to people under the age of eighteen as discussed in Chapter 15 of this report.

It should be noted that the Committee's doubt at this stage as to the effectiveness or otherwise of mandatory point of sales restrictions is not to be construed as meaning that the Committee is opposed to voluntary measures that restrict young people from accessing certain substances. Local communities need to decide for themselves whether such measures are appropriate bearing in mind any of the negative consequences that may flow from restricting access of these products to young people.

The Committee does encourage partnerships between retailers and the community designed to ameliorate the problem. The Committee would add as a note of caution, however, that such measures can only work as part of a multi-pronged local community initiative. Supply side interventions of themselves will not be effective. The Midland Project in Perth is a good example of a strategy that addresses the problem of volatile substance abuse on a number of fronts – retail, education, welfare support and practical assistance to the user.

It is heartening that a number of community partnerships are now being established to deal with volatile substance abuse in local communities. The Sunshine Chroming Awareness Project is one fine example. Equally encouraging is the fact that retail associations and their constituent members, including the discount store chains, are putting in place voluntary measures such as codes of practice and appropriate training for their retail staff.

Similarly, while the Committee does not rule out the use of warning labels on volatile substance products it is wary of the unintended effect that such warnings may glamorise and encourage the use of the product.

Product development and modification

Product modification or the addition of chemical deterrents to volatile substance products may be a feasible option for reducing the deleterious effects of volatile substance abuse. Certainly any measures that examine the possibility of reducing the toxicity or other harmful consequences of inhalant abuse are to be encouraged. It may be that such proposals will also have beneficial consequences for the general public. In particular, the efforts of private industry, particularly paint manufacturers such as Barloworld, to tackle this issue are highly commended. The Commitee would simply add a cautionary note that product modification cannot be viewed as a 'magic bullet' or a panacea – it will not of itself address the underlying problems associated with volatile substance abuse. In one of the most wide-ranging and comprehensive studies on inhalant abuse the Texas Commission on Alcohol and Drug Abuse expressed doubt about the efficacy of product modification as a primary preventative measure, for at least four reasons:

- Users would be likely to switch to other, potentially more toxic solvents if the deterrent were too noxious;
- The user may not interpret their effects as noxious, or might even like the dare devil aspects of use;
- The legitimate uses and users of the substance might be adversely affected [for example the health side effects of irritants on the user];
- Commercial manufacturers would fear a reduction in product sales (TCADA 1997, p.30).

Education issues

There are two vexed issues when it comes to education issues pertaining to volatile substance abuse. First, at whom should education messages be targeted? Second, what topics or information should be included in appropriate education programmes? A balance needs to be struck between too little and too much information.

As far as the issue of targeting audiences is concerned, the Committee concurs with the research evidence and the general community view that for the most part education and information provision with regard to volatile substances are most usefully developed for groups *other than* children and adolescents. In particular, education and training strategies need to be devised for the following groups:

- parents and parent groups;
- police, ambulance officers and other emergency personnel;
- youth, social and community workers (including culturally appropriate education strategies for those from Indigenous groups);
- drug and alcohol service workers;
- residential care workers;
- doctors, nurses and other health workers;
- local government staff, particularly for those working in areas such as recreation, parks and gardens and amenities;
- traders and industry representatives;
- railway personnel; and
- journalists and media representatives.

The Committee also agrees that there is an argument for giving information to targeted groups of adolescents who are already chroming, particularly regular or chronic chromers. Generally, however, it appears that if schoolchildren are going to receive messages about the dangers of volatile substances they should be couched in occupational health and safety terms. In other words, rather than encouraging volatile substance abuse through referring to inhaling for the

purposes of intoxication, volatile substances should be referred to in the context of hazardous chemicals only.

Harm minimisation

Harm minimisation has received publicity in recent months. One of the reasons for this seems to have been that people have extraordinarily different views as to what the concept and related issues such as harm reduction do and do not mean. It is hoped that the Report's chapter on the issue has clarified some of the issues surrounding the debates.

In the context of 'supervised' or 'monitored' chroming, the Committee understands the extraordinarily difficult position community and residential agencies are in, particularly those working with some of the state's most troubled children. Whilst the Committee understands community concerns and the ethical dilemmas surrounding this issue, there is just too little research or knowledge about this aspect of harm minimisation to be confident in making this judgement. When the Committee met with Her Honour Judge Jennifer Coate of the Victorian Children's Court in May this year she stated:

> The important message I want to get across today about harm minimisation is for everyone to bear in mind that this is an adult concept. I am simply not sure, I cannot say because I have not seen the evidence, that we have truly analysed with any skill or authority at all yet what it means for children and young people. I think what we have done is take the issue of harm minimisation in the adult sphere, thought it was a good concept in adult terms and, like so many other things, we have tried to import it into the children and youth arena with a few adaptations and a bit of plain English and juvenile-speak, but I am not sure that it translates particularly well without more work being done.
>
> Let me give you an example of that to highlight what I mean. We all know that in the development of children and young people limit setting is important. We know that what we are meant to be doing with children and young people is guiding their development by setting limits consistently and holding young people to them. The first question is that when we start talking to children and young people in the context of harm minimisation, I don't know what it means to them. Are we sending them a mixed message? How easy is it for them to understand that on the one hand we are setting limits for them and telling them what they can and cannot do – 'Here is what I am giving you permission to do' – but on the other hand we are saying, 'If you do it or we know you are going to do it anyway, here are the risks involved', and how do we work out what message that gives to young people? That is just one example; there are lots more one could throw up. As I said, I am not sure and I have not seen any detail about somebody actually thinking through and showing the effects of harm minimisation in terms of talking in detail with young people about it.[774]

774 Her Honour Judge Jennifer Coate, Children's Court of Victoria, in conversation with the Committee, 6 May 2002.

The Committee believes Her Honour makes an extremely valuable point. The applicability of harm minimisation and harm reduction principles to children and adolescents in the area of volatile substance abuse needs far more detailed work and research. The Committee suggests that such research could be auspiced as a matter of urgency by the Volatile Substance Abuse Coordinator position that is discussed in Part G and later in this Conclusion.

The need for research

As Chapter 26 makes patently obvious, there is an almost complete dearth of research into issues pertaining to volatile substance abuse. This lack of inquiry is felt across the whole research spectrum. There is virtually no 'hard' data with regard to inhalant use, including general prevalence, morbidity, mortality and hospital statistics. Qualitative studies into why young people use inhalants and the patterns of their use are few and far between; and the effects of solvents and the ways in which solvent use can be treated is not high on the medical research agenda. Most research into inhalant use, particularly medical research, takes place in the United States and even there it has been acknowledged as being very low indeed in research priorities.

Nonetheless, there are some hopeful signs. Some interesting and valuable qualitative studies have been undertaken in Western Australia. It is encouraging that – partly as a consequence of this Inquiry – the Victorian Department of Human Services will be examining the way it collects and collates drug statistics, with the aim of including inhalants and inhalant abuse more comprehensively than it has previously. It is also to be commended that researchers and scholars in academia are taking this subject seriously, as evidenced for example by the doctoral work of Sarah MacLean.

However, this is not a reason to be complacent. There is still a great deal of academic inquiry that can and should be done. Until one has an accurate idea of the extent and scope of the problem of volatile substance abuse both in local communities and across the state it is difficult to devise and implement appropriate policies in this area.

The role of the media

The role of the media with regard to volatile substance abuse has been the subject of extensive coverage in this Report. Much of this has been a result of the media itself entering the debate over volatile substance abuse. This was particularly the case in the articles and reports presented in the early months of this year.

The Committee acknowledges that modern society relies heavily on the media for the way in which it views the world. The media also can make a valuable contribution to informing public debate and shaping social policy. The Committee would not wish in the least to curtail that contribution.

Nonetheless, in an area as delicate as youth substance abuse the Committee asks the media to be responsible, sensitive and level-headed in its reporting. Any form of reportage that may contribute to or even encourage increased volatile substance abuse among young people is highly regrettable. In particular, articles that serve as 'how to primers' on inhalant use are particularly deplorable.

The Committee therefore strongly recommends a voluntary protocol that will govern media reporting in this extremely sensitive area. This protocol could be based on the guidelines developed for the reporting of suicide discussed in Chapter 25 but related specifically to the issue of volatile substance abuse. They should also incorporate the *Guidelines and Principles for Reporting on Issues Involving Children* developed by the International Federation of Journalists (IFJ) 1998).

Culturally appropriate strategies

It has been a constant theme throughout this Report that whenever strategies and policies are being devised and implemented to address volatile substance abuse in minority or otherwise distinct communities they must be culturally appropriate to the people of those communities. Not only is this imperative, wherever possible these strategies must be devised and implemented by the communities for whom they are targeted. At the very least there should be significant input into the formulation of the strategies by the groups for whom they are designed. In the context of this Report the minority communities most often the subject of discussion have been Koori. For example, the need for holistic 'healing centres' for Koori people has been acknowledged and endorsed.

The same provisos, however, apply to strategies developed for the benefit of women, ethnic groups and of course young people across the board. It can be stated that 'youth' is also a culture with particular needs to be addressed. As such, the input of young people into policy in this area is also highly desirable.

Local initiatives within state and national frameworks

The Committee is of the opinion that the best strategies to address volatile substance abuse have been those devised and implemented by local communities for local communities. Some excellent partnerships between community groups, individuals, traders, schools and parent groups and police have been in evidence. The Midland Project in Western Australia and the Sunshine Chroming Awareness Project locally are two excellent initiatives that immediately spring to mind.

The Committee also believes that local government can play an important part in addressing volatile substance abuse. In particular, it has the ability to bring key players in local communities together in the search for solutions and the implementation of strategies tailored to meet local needs. The Committee is

pleased that a small number of local government authorities in Victoria are starting to perform such a role and it encourages others to follow suit.

An emphasis on local communities does not mean there is no place for state or federal bodies in addressing volatile substance abuse. Clearly frameworks can and are being devised that give policy direction with regard to substance abuse issues. A National body can ensure that uniform policies are implemented to address volatile substance abuse, a problem that clearly crosses state and territory boundaries. State governments have a key role to play in coordinating and funding policies and programmes with regard to inhalants. As such the Committee is encouraged by the new initiatives addressing volatile substance abuse that have been developed or funded by the Victorian Department of Human Services. It also supports the state-wide approach to school education outlined by the FACE Report as commissioned by the Victorian Department of Education.

As the Committee stated in the previous chapter, however, it is imperative that any programmes to address volatile substance abuse are appropriately costed and adequately funded. In particular, community agencies cannot function effectively if they are spending their valuable time filling out funding applications. Guaranteed current funding for at least a three-year period should, wherever possible, be built in to funding grants to appropriate agencies.

Moreover, it is essential that all programmes dedicated to addressing volatile substance abuse, be they primary, secondary or tertiary initiatives be fully and professionally evaluated in order to build on successes and learn from mistakes.

Coordinated approaches

Aligned with the above issue, the Committee stresses the point discussed in the previous chapter that volatile substance abuse is a phenomenon that must be addressed from many angles, given its complex nature. Police, retailers, teachers, doctors, parents and community workers, to name a few, all have a role to play. Given this diversity of roles and functions the Committee believes it is essential that one person be employed as a Volatile Substance Abuse Coordinator. That person's function would include liaising between government departments and community agencies to coordinate service delivery and information provision in this area. A good working relationship across and with Ministries such as Health, Justice, Education and Youth Affairs would be necessary. One possibility is that the Coordinator could be located within the Department of Premier and Cabinet. Ideally that person would also report to a Volatile Substance Abuse Coordinating Committee or working group made up of government and community representatives. As in Western Australia, the role of such a group would be to develop and implement a volatile substance abuse framework or strategy that would cover the whole state and act as an impetus and guide for policy and planning in this area.

Some closing words

The Committee shares the revulsion felt by many in the community at the idea of deliberately inhaling the fumes of paint, petrol, glue or fly spray. For many it is far less comprehensible than seeking oblivion through a whisky bottle or even at the point of a needle. Yet youth is a time of experimentation, of risk and of danger. The challenge is to channel that risk and experimentation into constructive pursuits. There are many dedicated people in the community, people with whom the Committee has met, who attempt to do just that.

When the Committee met with 'Chris' the young man who was a regular user of chrome paint he told of us his trip to central Australia organised by a local charity. The following conversation testifies to the excitement Chris felt on this trip:

CHRIS – We went to South Australia, and it was really good. Then we went straight to meet the Aboriginal community and talk to them and thank them for letting us into their state, into part of their country. We did camping sorts of things. We were just talking about certain things that we like to do in Melbourne and our type of life. Then police from Ceduna came and talked to us and told us what life is like up there, and all that … Just to experience different things in different places. We went fishing and all that. I was the best fisher in South Australia.

COMMITTEE MEMBER – You caught some fish, did you? Well done!

CHRIS – Just doing different sorts of things. Like instead of doing things like chroming, we were having football games and all that, getting flattened by workers and all that.

COMMITTEE MEMBER – How long were you away for?

CHRIS – Nine or ten days.

COMMITTEE MEMBER – And there was no chroming while you were away?

CHRIS – No chroming. We thought about bringing spray cans and all that to South Australia, but we thought, 'We are going for a holiday', and we thought, 'They are doing this for us, so why should we do things like that to them?'. The first couple of days were hard, like trying to give up chroming. We were talking about it heaps, but after two or three days we were really good. By the time we had to leave we wanted to hide in the trees so the workers couldn't find us so we could just stay there, because it was so good, that life. You can do different things without things like chroming and all that.

Sadly, Chris recommenced chroming the night he arrived back in Melbourne and now having turned 18 and without the official support of the agency he was engaged with, continues to do so.

Nonetheless, experiences such as the above give a glimmer of hope that ways can be found to address this awful problem and the reasons why it occurs in

all its manifestations and complexities. There is certainly no shortage of dedicated people in the community who are willing to keep looking for solutions. It is the Committee's hope that through the publication of this Report and the adoption of its recommendations, those in the front-line of volatile substance abuse – the workers, the teachers, the parents, the police and of course the children themselves – will be given the support to address and combat this most problematic of substance abuse issues.

Appendices

Appendix 1. Recommended Public Intoxication Act

These are the provisions for a *Public Intoxication Act* as recommended by the Committee in its *Final Report, Inquiry into Public Drunkenness*:

- Comprehensive legislation dealing with the civil apprehension and detention of intoxicated persons and related matters should be enacted.
- Such legislation should include but not be restricted to the following provisions:
  a. A police officer if he or she has reasonable grounds for believing that a person is intoxicated may apprehend and detain an intoxicated person found in a public place or trespassing on private property who is:
     i) behaving in a disorderly manner; or
     ii) in a manner likely to cause injury to the person or another person or damage to property; or
     iii) for the health, safety or welfare of the intoxicated person or any other person.
  b. Police should be allowed to enter private property, without warrant, to apprehend an intoxicated person who is *trespassing* on that property.
  c. Public Place is to be given the same meaning as that in section 3 of the *Summary Offences Act* 1966.
  d. The definition of intoxication should be extended to include the words 'apparently intoxicated by alcohol or another drug or combination of drugs'.
  e. The definition of drug should include 'a volatile substance capable of intoxicating a person'.

f. Police should still use their subjective judgement to decide whether a person is intoxicated. An objective test to determine intoxication should not be required.

g. Wherever possible an intoxicated person should be released into the care of a responsible person, able and willing to care for that person unless there are reasonable grounds to suspect the intoxicated person may inflict domestic or other violence upon another person.

h. An intoxicated person must be given a reasonable opportunity to contact a responsible person.

i. Responsible Person means: A person capable of and willing to take care of an intoxicated person and includes:

   i) a friend;

   ii) a family member; or

   iii) a representative or member of staff of an approved government or non-government organisation or facility, including sobering-up centres, detoxification centres, treatment services and or generally providing alcohol or other drug rehabilitative services.

j. Community and Night Patrols should not have the power to forcibly apprehend intoxicated persons.

k. Only as a last resort should intoxicated persons be detained in police cells or police custody. This stipulation should be specifically mentioned in the relevant legislation and also in Police Operating Procedures.

l. Subject to the above recommendation, circumstances in which an intoxicated person detained by a police officer may be taken to and detained at a police station or in police custody are:

   i) it is necessary to do so temporarily for the purpose of finding a responsible person willing to undertake the care of the intoxicated person; or

   ii) a responsible person cannot be found to take care of the intoxicated person or the intoxicated person is not willing to be released into the care of a responsible person and it is impracticable to take the intoxicated person home; or

   iii) the intoxicated person is behaving or is likely to behave violently so that a responsible person would not be capable of taking care of and controlling the intoxicated person; or

iv) there are exceptional circumstances that justify the detention of the intoxicated person in police custody.

m. An intoxicated person who is detained in police custody under this section:

i) must, as far as is reasonably practicable, be kept separately from any person detained at that place in connection with the commission or alleged commission of an offence, and

ii) if the intoxicated person is apparently under the age of 18 years must, as far as is reasonably practicable, be kept separately from any person over that age detained at that place, and

iii) must not be detained in a cell at that place unless it is necessary to do so or unless it is impracticable to detain the person elsewhere at that place.

n. Sobering-up centre or approved facility staff should not be given powers to forcibly detain intoxicated persons.

o. A police officer may use reasonable force in apprehending, detaining and searching an intoxicated person.

p. A police officer who takes a person into detention may:

i) search or cause to be searched that person, and

ii) remove or cause to be removed from that person for safe-keeping, until the person is released from custody, any property that is found on or about that person and any item on or about that person that is likely to cause harm to that person or any other person or that could be used by that person or any other person to cause harm to himself/herself or another.

iii) For these purposes the search of an apprehended person must be done by a person of the same sex as the apprehended person.

iv) All property taken from a person shall be recorded in a register kept for that purpose and shall be returned to that person on receipt of a signature or other mark made by that person in the register.

q. A police officer may seize from an apprehended person –

i) any intoxicant;

ii) any article (including any drug prescribed for the person) that could endanger the health or safety of the person or any other person.

r. Specific provisions must apply for the apprehension, detention and release of children under any proposed legislation. The key consideration at all times must be that decisions are made with the interests and welfare of the child as paramount.

s. As soon as practicable after a child is apprehended, a police officer must release the child –

i) into the care of a person who is the child's parent or legal guardian;

ii) into the care of a person –

(a) whom the officer reasonably believes is a responsible person capable of taking care of the child, and

(b) who consents to taking charge of the child; or

(c) if the officer is unable to comply with paragraph (a) or

(d) into the care of the person in charge of an appropriate facility.

t. Any detention of a child by a police officer must not be in a police station or lock-up unless –

i) in the time needed to make other arrangements exceptional circumstances arise that justify detaining the child in a police station or lock-up; or

ii) exceptional circumstances make it impracticable to comply with these provisions.

u. No finite time limit should be placed on the length of the intoxicated person's detention in a police cell or sobering-up centre A person should be detained until he or she ceases to be intoxicated.

v. Appropriate guidelines must be established that give police or sobering-up centre staff guidance as to how to properly use their discretion in these cases.

w. An intoxicated person should be able to apply to have his or her detention reviewed by a magistrate or other legal officer.

x. Under no circumstances should police be able to interview an intoxicated person being detained in police custody in connection with other suspected offences when that person has only been apprehended for being intoxicated.

y. Police, sobering-up centre and other relevant staff should be given indemnities against civil suit in respect of anything done or omitted to be done by that person in good faith in the execution of his or her duties under any proposed legislation.

Intoxicated persons should be able to apply to a magistrate for a certificate stating that she or he was not in fact intoxicated at the time of his or her apprehension and detention. The mere application for and granting of a certificate of exemption should not be taken of itself as signifying that the original apprehension and detention was unlawful.

Appendix 2. Commonly abused legal and accessible volatile substances

Group	Substances	Chemicals
Adhesives	Modelling glue 'Kwikgrip' (Super glue) Rubber cement	Toulene; Ethyl acetate; Benzene; n-Hexane; Xylene
Aerosols	Spray paint Hair spray Deodorant	Butane; Toulene; Propane
Cleaning Agents	Degreaser	Tetrachloroethyene; Xylenes
Solvents and Gases	Nail polish remover Paint stripper Correction fluid Fuel gas and Lighter fluid Fire extinguishers Petrol	Acetone; Ethyl acetate; Toulene; Acetone; Trichloroethylene; Propane; Butane Bromochlorodiflurometane Benzene; Lead; Toulene Aliphatic hydrocarbons
Food Products	Whipped cream bulbs Non-stick sprays	Freons
Nitrites	'Room odorisers' (Sex aids)	Alkyl nitrite, (iso)amyl nitrite; (iso)butyl nitrite; isopropyl nitrite

Appendix 3. Lists of Submissions

Submission Number	Name of Individual/Organisation	Date Received
1	Kids Inhaling Dangerous Substances (KIDS)	22 May 2001
2	Mr Adrian Setter	1 June 2001
3	Mr Robert Johnson, Drug and Alcohol Manager – Swan Hill Salvation Army	30 July 2001
4	Dr Richard Midford, Senior Research Fellow – National Drug Research Institute, Curtin University of Technology	6 August 2001
5	Ms Deborah Homburg, Coordinator – The Buoyancy Foundation of Victoria.	7 August 2001
6	Dr Tricia A. Fox, Senior Lecturer – Monash University, Gippsland	23 August 2001
7	Ms Sarah Brown, Policy and Research Officer – Women's Health Victoria	24 August 2001
8	Mr Andrew Webb	24 August 2001
9	Mr Scott Wilson ADAC Director – Aboriginal Drug and Alcohol Council (SA) Inc.	24 August 2001
10	Ms Prue Atkins, Director Organisational Development – Berry Street Victoria	27 August 2001
11	Mr Graeme McDonald, Acting Deputy Commissioner, Policy and Standards – Victoria Police	29 August 2001
12	Ms Teresa Eccles	29 August 2001
13	Major David Brunt, Territorial Programme Director, Alcohol and Drug Service – The Bridge Programme, The Salvation Army	30 August 2001
14	Mr Terry Murphy, Executive Director – WA Drug Abuse Strategy Office, Health Department of Western Australia	30 August 2001
15	Ms Christine Little on behalf of Latrobe Drug Reference Group, C/- Central Gippsland Aboriginal Cooperative	30 August 2001
16	Mr Graeme Rule, Executive Director- Drug-Arm Victoria Incorporated.	31 August 2001
17	Ms Jennifer A. Tod, Chief Executive Officer – Yarriambiack Shire Council	31 August 2001

Submission Number	Name of Individual/Organisation	Date Received
18	Ms Sally Laurie, Manager Education and Training – UnitingCare Moreland Hall and Gillian Munn, Coordinator Programs Education and Training – UnitingCare Moreland Hall	1 September 2001
19	Mr Chris Adams, Manager – Community Access – Wyndham City Council	1 September 2001
20	Ms Alison Cran, Director Community and Cultural Services – Shire of Yarra Ranges	3 September 2001
21	Mr Clyde Lourensz, Coordinator Residential Facilities – Wesley Youth Services – Southern Region	3 September 2001
22	Ms Helen Begley, Drug Safety Worker, Kensington/Flemington – Youth Projects Inc.	3 September 2001
23	Ms Rosemary McClean, Manager, Strategic Planning – Australian Drug Foundation	4 September 2001
24	Mr Tony Parsons, Managing Director – Victoria Legal Aid	4 September 2001
25	Mr Tony Palmer – Youth Substance Abuse Service (YSAS)	6 September 2001
26	Ms Liz Wynne, Youth Development Officer – Macedon Ranges Shire Council	7 September 2001
27	Mr Simon Ruth, Team Leader Drug and Alcohol Programs – The Salvation Army Eastcare	10 September 2001
28	Mr A. T. Kenos JP	11 September 2001
29	Ms Jenny McAulley, Assistant Director, Child Protection and Juvenile Justice Branch – Department of Human Services	18 September 2001
30	Mr Paul McDonald, Assistant Director, Drugs Policy and Services Branch – Department of Human Services	28 September 2001
31	Binjirru ATSIC Regional Council and Tumbukka ATSIC Regional Council	2 October 2001
32	Councillor Reade Smith, Mt Eliza Ward – Mornington Peninsula Shire Council	25 September 2001
33	Dr John Honner, Coordinator Social Policy – MacKillop Family Services and Suzanne Carmody, Student Public Policy – University of Melbourne	9 October 2001

Submission Number	Name of Individual/Organisation	Date Received
34	Mr Trevor Carter District Inspector and Sergeant Gary Coles, Police Aboriginal Liaison Officer	29 October 2001
35	Dr Susie Allanson, Clinical Psychologist – The Fertility Control Clinic	23 January 2002
36	Mr Tony Palmer, Coordinator – YSAS Training and Consultative Services	23 January 2002
37	Ms Christine Nixon, Chief Commissioner – Victoria Police	2 January 2002
38	Ms Ruth Tai, Manager Community Services – Indigo Shire Council	5 February 2002
39	Ms Diana Snaith, Executive Assistant – Towong Shire Council.	23 January 2002
40	Mr Graham Bourman, Safer Cities and Shires Project Officer – Glenelg Shire Council.	7 February 2002
41	Mr Michael H. R. Hambrook, Executive Director – Australian Paint Manufacturers' Federation Inc.	11 February 2002
42	Mr John R Webb, Chief Executive Officer – Swan Hill Rural City Council	12 February 2002
43	Mr Robert Johnson, Drug and Alcohol Manager – Swan Hill Salvation Army	14 February 2002
44	Mr Neil E. Ryan	19 February 2002
45	Mr David Baxter.	20 February 2002
46	Ms Michelle Cleggett, Family Services Officer – Shire of Campaspe	20 February 2002
47	Mr John Honner, Co-ordinator Mission and Social Policy – MacKillop Family Services.	21 February 2002
48	Ms Jenny McMahon, General Manager, Advocacy – Maribyrnong City Council	22 February 2002
49	Ms Loretta Bellato, Team Leader Youth Outreach Team – DAS West – North Western Health Care Network	22 February 2002
50	Mr J.J.A. Wallace, AM, Executive Chairman – Australian Christian Lobby.	22 February 2002
51	Mr Tony Parsons, Managing Director – Victoria Legal Aid	25 February 2002
52	Mr Russell Hopkins, Manager Community Access – City of Casey.	25 February 2002
53	Submission from a concerned mother.	25 February 2002
54	Mrs Lynette Hughes	25 February 2002

Submission Number	Name of Individual/Organisation	Date Received
55	Ms Miriam Manintveld, Regional Youth Affairs Consultant – BATForce – SFYS Coordinator	25 February 2002
56	North Melbourne – Flemington – Kensington Drug and Health Forum – Ms Bernadette Suter, Nurse – Doutta Galla Community Health Service	
	Ms Helen Begley, Social Health Co-ordinator – Youth Projects Inc.	
	Ms Linda Burke, Social Health Co-ordinator – Moonee Valley City Council	25 February 2002
57	Ms Sandra Meredith, Senior Policy Advisor – Ministry of Youth Affairs	25 February 2002
58	Mr Paul McDonald, Director Drugs Policy and Services – Department of Human Services on behalf of the Koori Solvent Abuse Working Group.	26 February 2002
59	Ms Carolyn McLean, Drug and Alcohol Action Officer – Frankston City Council	26 February 2002
60	Professor Margaret Hamilton, Director – Turning Point Alcohol and Drug Centre.	26 February 2002
61	Ms Janet Jukes, Executive Officer – Youth Affairs Council of Victoria Inc..	26 February 2002
62	Mr Peter B. Nancarrow, Deputy Commissioner, Policy and Standards – Victoria Police	27 February 2002
63	Ms Frances Grindlay, Social Development Planner – Moreland City Council	28 February 2002
64	Ms Fran Holgate, Manager, Strategic Development – Youth Substance Abuse Service.	28 February 2002
65	Councillor Anthony Nicholson, Melbourne City Council.	1 March 2002
66	Ms Helen Padalini, Manager Community Development – Bass Coast Shire Council	5 March 2002
67	Mr Brendan Ball, Drug and Alcohol Project Worker – City of Monash	6 March 2002
68	Mr William E. Braithwaite, Chief Executive Officer – Ararat Rural City.	6 March 2002
69	Ms Wendy Freeland, Community Services Officer – Shire of Stathbogie.	6 March 2002
70	Ms Meg Baker, Manager Community Support – Moyne Shire Council	7 March 2002
71	Mr Peter Smith, Corporate Services Manager – Hindmarsh Shire Council	7 March 2002

Submission Number	Name of Individual/Organisation	Date Received
72	Ms Sarah Robinson, Project Officer, Drug Strategy – Stonnington City Council	7 March 2002
73	Ms Jenny Branton, Manager Community Services – Murrindindi Shire Council	8 March 2002
74	Ms Diana Patterson, Chief Executive Officer – Surf Coast Shire	8 March 2002
75	Mr Julien Leith, Youth Development Worker – Hepburn Shire Council	8 March 2002
76	Mr Peter Jones, Manager Administration and Community Services – West Wimmera Shire Council	8 March 2002
77	Mr Doug Sharp, Manager Citizen Services – Alpine Shire	8 March 2002
78	Mr Shane Strachan, Director Human Services – Moorabool Shire Council	8 March 2002
79	Mr Chris Walker, Community Planner – East Gippsland Shire Council	8 March 2002
80	Ms Jocelyn Snow, Executive Officer – Yarra Drug and Health Forum	8 March 2002
81	Ms Robyn Sommers, Community and Cultural Services – Shire of Yarra Ranges	8 March 2002
82	Ms Margaret Lockwood, Daylesford Secondary College Student Welfare Coordinator – Daylesford Secondary College	8 March 2002
83	Mr Henk Harberts, Community Safety Promotion – Latrobe City	8 March 2002
84	Mr Neville Kurth, Manager Health and Aged Services – City of Whittlesea	12 March 2002
85	Mr Peter J. Bollen, Chief Executive Officer, Gannawarra Shire Council	12 March 2002
86	Mr David Perrin, Chairman – Drug Advisory Council of Australia Inc.	10 March 2002
87	Mr Tony McCartney, Chief Executive Officer, Victorian Aboriginal Health Service Co-operative Ltd.	15 March 2002
88	Ms Helen Durant, Manager, Human Services – Corangamite Shire	12 March 2002
89	Ms Bronwyn J. Herbert, Director Community and Leisure Services – Southern Grampians Shire Council	13 March 2002
90	Mr Geoff Morgan, Environmental Health Officer – Borough of Queenscliffe	13 March 2002

Submission Number	Name of Individual/Organisation	Date Received
91	Ms Nancy Di Santo, Community Health and Safe City Planner – Hume City Council	13 March 2002
92	Mr Greg Fletcher, Manager Health and Community Services – Colac Otway Shire	13 March 2002
93	Ms Sharyn Scott, Community Safety and Drug and Alcohol Senior Policy Officer – Darebin City Council	13 March 2002
94	Ms Tracy Vander Zalm, Community Development Officer – City of Greater Shepparton	15 March 2002
95	Ms Shelly Woolcock, Community and Food Safety Co-ordinator – City of Boroondara	18 March 2002
96	Ms Gail Price, Community Development Officer, Mornington Peninsula Shire	18 March 2002
97	Ms Kaye Thomson, Manager Health and Community Services – Moira Shire	19 March 2002
98	Mr John Dixon, Director Corporate Services – Golden Plains Shire	19 March 2002
99	Ms Kerrie Peters, Community Development Officer – Northern Grampians Shire Council	19 March 2002
100	Mr Allan Stobaus, Manager, Community and Recreation Development – Loddon Shire Council	21 March 2002
101	Ms Ann Heywood, Manager, Aged and Disability Services – Rural City of Wangaratta	21 March 2002
102	Mr Graeme Emonson, Chief Executive Officer – Knox City Council	21 March 2002
103	Ms Helen Taylor, Coordinator Community Services – Delatite Shire Council	22 March 2002
104	Ms Coleen Clare, Chief Executive Office - Children's Welfare Association of Victoria Inc	22 March 2002
105	Mr Philip Fleming, Executive Director – Aerosol Association of Australia Inc.	25 March 2002
106	Dr J.G. Youngman, General Manager (Health Services) – Queensland Government	25 March 2002
107	Mr G. A. Nolan, Assistant Commissioner, Operations Support Command – Queensland Police Service	25 March 2002
108	Mr Peter McDougall, Acting Chief Executive Officer – Victorian Aboriginal Legal Service	26 March 2002

Submission Number	Name of Individual/Organisation	Date Received
109	Ms Carmel Ward, Executive Assistant – Anglicare	27 March 2002
110	Ms Sally Smith, Policy Worker – Federation of Community Legal Centres (Vic) Inc	28 March 2002
111	Mr Peter Plummer, Chief Executive Officer – Northern Territory Government, Department of Employment, Education and Training	2 April 2002
112	Ms Yolanda Collins, Administration Trainee, Department of Community Development – Wellington Shire Council	2 April 2002
113	Mr T. J. Atherton, Assistant Commissioner, Crime Investigation Support – Western Australia Police Service	5 April 2002
114	Ms Tara Frichittavong, Manager Community and Leisure Services – Nillumbik Shire Council	5 April 2002
115	Ms Michelle Hodgson, Committee Member – Criminal Bar Association	9 April 2002
116	Mr Denzil McCotter, Assistant Executive Director, Drug and Alcohol Office – Government of Western Australia	9 April 2002
117	Mr Stan Moore, Policy Director – Australian Retailers Association	9 April 2002
118	Professor Emeritus Sir Gustav Nossal, Chairman – The Felton Bequests' Committee	17 April 2002
119	Mr Paul Bartholomew, Chief Executive Officer – Northern Territory Government, Department of Health and Community Services	17 April 2002
120	Mr Paul Albert, Director General – Department of Education, Government of Western Australia	18 April 2002
121	Mr Bruce Wernham, Acting Commissioner of Police – Northern Territory Police	22 April 2002
122	Mr P. M. Faulkner, Secretary – Department of Human Services	23 April 2002
123	Mr Arthur Bruce, General Manager Commercial Services – Connex Trains Melbourne Pty Ltd.	29 April 2002
124	Ms Fran Hinton, Chief Executive – Australian Capital Territory Education and Community Services	29 April 2002
125	Mr Kim Elliott, Executive Director – Australian Automotive Aftermarket Association (AAAA) Ltd	30 April 2002
126	Victorian Alcohol & Drug Association (VAADA)	30 April 2002
127	Hardware Association of Victoria and The Timber Merchants' Association (Victoria)	30 April 2002

Submission Number	Name of Individual/Organisation	Date Received
128	Mr Greg Porter Acting Executive Director, Australian Retailers Association – Victoria	30 April 2002
129	Mr Mark Sullivan, The Secretary – Department of Family and Community Services	1 May 2002
130	Mr Jim McGinty, MLA, Attorney General, Minister for Justice and Legal Affairs – Western Australia	2 May 2002
131	The Hon. Monica Gould, M.L.C. Minister for Education Services and Youth Affairs	13 May 2002
132	Dr Paul Woodhouse, Director, Policy Development – Australian Medical Association (Victoria) Limited	16 May 2002
133	Ms Patrica Snowden	20 May 2002
134	Dr Penny Gregory, Chief Executive – ACT Department of Health and Community Care	20 May 2002
135	Mr Michael Bourne, Director – Crime Prevention Victoria	22 May 2002
136	Mr John Ramsay, Secretary – Department of Health and Human Services, Tasmania	27 May 2002
137	The Hon. Michael Atkinson MP – Attorney General, South Australia	26 July 2002

Appendix 4. List of Witnesses appearing at Public Hearings

Witnesses Appearing at Public Hearing – 9th April 2002

Name	Position	Organisation
Ms Janet Jukes	Executive Officer	Youth Affairs Council of Victoria
Ms Paula Grogan	Policy Officer	Youth Affairs Council of Victoria
Mr David Murray	Executive Officer	Youth Substance Abuse Service
Mr Andrew Bruun	Training and Education Manager	Youth Substance Abuse Service
Ms Sandra Meredith	Senior Policy Advisor	Ministry of Youth Affairs, New Zealand
Superintendent Paul Ditchburn	Manager, Corporate Policy Division	Victoria Police
Senior Sergeant Tony O'Connor	Member, Legislative Review and Proposals Unit, Corporate Policy Division	Victoria Police

Witnesses Appearing at Public Hearing – 30 April 2002

Name	Position	Organisation
Mr Kim Elliot	Executive Director	Australian Automotive After Market Association
Mr Greg Porter	Acting Executive Officer	Australian Retailers Association of Victoria
Ms Lisa Hurley	Marketing Officer	Australian Retailers Association of Victoria
Ms Carolyn Bennett	Executive Officer	Victorian Alcohol and Drug Association (VADDA)
Mr Neos Zavrou	President	Victorian Alcohol and Drug Association
Mr Gordon Storey	Board Member	Victorian Alcohol and Drug Association
Ms Colleen Clare	Chief Executive Officer	Children's Welfare Association of Victoria
Mr Ken Patterson	Deputy Chief Executive Officer	Children's Welfare Association of Victoria
Mr Peter McDougall	Acting Chief Executive Officer	Victorian Aboriginal Legal Service
Ms Marion Hansen	Commissioner	ATSIC (Victoria)

Mr Peter Hood	Board Member	ATSIC and Victorian Aboriginal Legal Service
Mr Ian Cornwell	President	Hardware Association of Victoria
Mr Richard Brooks	Secretary	Hardware Association of Victoria
Ms Anne Maree Rogers	Project Manager	Salvation Army Eastcare Homeless and Support Program
Mr Chris Walsh	Project Officer	Breathing Easy Project, Salvation Army Eastcare
Mr Tony Kennedy	Regional Youth Services	Northern Region – Anglicare
Mr David Clements	Drug and Alcohol Councillor	Anglicare
Mr Simon Lenten	Team Leader, Preston Youth	Anglicare
Ms Gina Mancuso	Drug and Alcohol Project Worker	Can it Project Darebin City Council
Ms Sharyn Scott	Senior Policy Officer Community Safety, Drug and Alcohol	Darebin City Council

Appendix 5. List of Meetings in the United Kingdom and the United States of America

United Kingdom

London – 10 July 2001

Name	Position	Organisation
Mr Warren Hawksley	Director	Re-Solv, the Society for the Prevention of Solvent and Volatile Substance Abuse
Mr Phil Mythen	Drugs Programme	Health Promotions England
Ms Monica Burchell	Development Officer, Drug Education Forum and Teenage Pregnancy Participation Project	National Children's Bureau
Ms Michelle Armstrong	Drug Misuse Team	Department of Health
Dr John Ramsey	Research Fellow	St George's Hospital Medical School
Ms Sarah Ross	Public Relations Manager	British Aerosol Manufacturers' Association
Mr Keith Hellawell, QPM	Co-ordinator UK Anti-Drugs	Office of the Anti-Drugs Co-ordinator
Mr David Amess	Chairman	All Party Parliamentary Group on Solvent Abuse
Mr Andrew Love	Secretary	All Party Parliamentary Group on Solvent Abuse

United States of America

Washington – 19 July 2001

Mr Harvey Weiss	Executive Director	National Inhalant Prevention Coalition

Appendix 6. Meetings and Site Visits in New Zealand

Henderson

10 April 2002

Name	Position	Organisation
Mr Russell Phillips and representatives from Te Whanau O Waipareira Trust Maori Alcohol and Drug Service	Director	Te Whanau O Waipareira Trust Maori Alcohol and Drug Service

Hamilton

10 April 2002

Andre McLachlan	Programme Supervisor	The Hub Community Youth Centre Rongo Atea
Marie Rangiawha-Rautangata		Hamilton Safer Community Council
Maha Paki	Manager	Maatua Whangai, Youth Justice
Mr Ned Cook	Manager Community Development	Hamilton City Council
Mr Joe Tepuhi	Alcohol and Drug Counsellor	
Hauora Waikato		Maori Mental Health Services
Tony Westbrook	Researcher	Waikato University
Minoaka Kapaahiwalani Fitzsimmons	Manager	Youth Maori Alcohol and Drug Residential Centre
Hinengaro Davis	Therapist	
Tony Westbrook	Researcher	Waikato University
Ms Katrina Hollis		Department of Child Youth and Family Services
Ms Margaret Evelyn		Department of Child Youth and Family Services
Te Huia Pompey		Rongo Atea Alcohol and Drug Youth Residential Treatment
Mr Michael Matenga		Hauora Waikato Te Pono Matatau Service (Alcohol and Drug)

Vika Asiata		Rongo Atea Alcohol and Drugs Youth Residential Treatment
Nemani L. Delaibatiki	Health Youth Worker	Pacific People Addiction Services Inc.
Mr Stuart Kingi		(Kaimahi) Alcohol and Drug Youth and Residential Treatment
Ms Janine Copeland	Administrator	Rongo Atea
The Committee also spoke to young people that attend the Rongo Atea Treatment Centre		

Wellington

11 April 2002

Judge David Carruthers	Chief Judge	District Court
Mr Andrew Zielinski	Senior Analyst (National Drug Policy)	Ministry of Health
Mr Chris Laurenson	Team Leader, National Drug Policy Team	Ministry of Health
Ms Kate Rockpool	Senior Analysts, National Drug Policy Team	Ministry of Health
Ms Nicola Holden	Analyst, National Drug Policy Team	Ministry of Health
Ms Vicki Blake	Contractor, National Drug Policy Team	Ministry of Health
Ms Alison Stephens	Principal Criminal Justice Adviser	Ministry of Justice
Ms Rachael Cole	Policy Adviser, Crime and Justice Policy Team	Ministry of Justice
Ms Lael Sharland	Advisory Officer, Service Policy and Development	Department of Child Youth and Family Services
Ms Ruth Lawston	Project Manager, Curriculum	Ministry of Education
Mr Paul Marriott-Lloyd	Advisor, Strategic Policy Group	New Zealand Police
Ms Sally Jackman	Director	New Zealand Drug Foundation
Mr David Evans	Health Promoters in the Alcohol, Tobacco and Other Drugs Team, Regional Public Health Service	Hutt Valley District Health Board
Ms Janine Ahie	Health Promoters the Alcohol, Tobacco and Other Drugs Team, Regional Public Health Service	Valley District Health Board

Mr Darrell Hinga	Clinical Director	Welltrust
Ms Rosie Cassie	Drug Councellor	Hanmer Clinic
Ms Anne Carter	Chief Executive Officer	Ministry for Youth Affairs

Christchurch

12 April 2002

Ms Sandy MacLean	Odyssey House
Hatarei Peka	Odyssey House
Mr Jim Marsters	Odyssey House
Ms Deirdre Sisson	Odyssey House
Mr Reg Rutene	Odyssey House
Tipene Walker	Odyssey House
Ms Nicole Yates	Odyssey House

Hanmer Springs

13 April 2002

Reverend Andy Joseph	Chaplin	Taha Maori Programme
Ms Whaea Pukekana Wehi	Director	Taha Maori Programme
Ms Amokura Mullan	Continuing Aftercare Co-ordinator	Taha Maori Programme
Representatives of staff and participants of the Taha Maori Programme		

Appendix 7. Meetings and Site Visits in Western Australia

Perth

1st and 2nd May 2002

Name	Position	Organisation
Ms Linda De Haan		Formerly of North East Metropolitan Community Drug Service Team (NEMCDST)
Ms Jade Madox	Director	Noongar Alcohol and Substance Abuse Service
Ms Nancy Hampton	Senior Social Worker	Noongar Alcohol and Substance Abuse Service
Ms Diana Reys	Counsellor	Noongar Alcohol and Substance Abuse Service
Inspector Jim Migro	Crime Investigation Support	Western Australia Police Service
Senior Sergeant Peter Browne	Officer in Charge, Perth City Watch	Western Australia Police Service
Mr Michael Murphy	East Metropolitan District Alcohol and Drug Advisory Unit	Western Australia Police Service
Mr Troy Coombe	East Metropolitan District Alcohol and Drug Advisory Unit	Western Australia Police Service
Sergeant Barry Davey	Alcohol and Drug Co-ordination Unit	Western Australia Police Service
Constable Carlo Cecchele	Alcohol and Drug Co-ordination Unit	Western Australia Police Service
Mr Daniel Di-Giuseppe	East Metropolitan District Alcohol and Drug Advisory Unit	Western Australia Police Service
Mr Jon Rose	Consultant	Previous State Co-ordinator for Volatile Substance Abuse
Dr Richard Midford	Senior Research Fellow	National Drug Research Institute, Curtin University
Ms Sue Helfgott	Principal Planning and Project Officer	Western Australia Drug and Alcohol Office
The Hon. Bob Kucera, MLA	Minister for Health	Western Australia

Dr Denzil Mc Cotter	Western Australia Drug and Alcohol Office	Western Australia
Mr Bruce Campbell-Fraser	Chief of Staff	Office of the Minister for Health
Ms Linda Cronin	Director	Killara Youth Support Service
Ms Sandra Collard	Office of Aboriginal Health	Western Australia Health Department
Mr Rewi Lyall	Community Unit Officer	Aboriginal Legal Service of Western Australia
Mr Dennis Eggington	Chief Executive Officer	Aboriginal Legal Service of Western Australia

Site Visit

Mr Joe Boros	Managing Director	Bunnings Australia
Ms Shelly Begley	Category Manager	Bunnings – Perth

Appendix 8. Meetings in Sydney – 26 April 2002

Name	Position	Organisation
Mr Philip Fleming	Executive Director	Aerosol Association of Australia Inc.
Mr Lindsay Showyin	President	Aerosol Association of Australia Inc.
Mr Micheal Hambrook	Executive Director	Australian Paint Manufacturers' Federation Inc.
Mr Stan Moore	Policy Director	Australian Retailers Association of New South Wales
Ms Yvonne Anderson	Executive Director	Hardware Association of New South Wales
Dr Margaret Hartley	Chief Executive Officer	National Industrial Chemicals Notification and Assessment Scheme (NICNAS)

Appendix 9. Local meetings and forums attended

Forums and Meetings

Forums and Meetings	Date
Aboriginal Justice Forum – 'Chroming and the Impact on the Koori Community'	16 August 2001
Koori working group on inhalant abuse	19 September 2001
Indigenous Drugs and Alcohol Statewide Forum	21 February 2002
Wyndham City Council – 'Focusing on Inhalant Misuse'	20 February 2002
Aboriginal Drug and Alcohol Community Forum	16 April 2002

Meetings Attended by Committee Staff

Name	Position	Organisation	Date
Mr Andrew Jackomos and representatives from Koori and Government organisations	Manager, Indigenous Issues	Department of Justice	30 July 2001
CWAV Youth and Substance Abuse Practice/Policy Forum		Children's Welfare Association of Victoria	15 August 2001
Associate Professor Johanna Wyn	Director, Youth Research Centre	The University of Melbourne	27 August 2001
Ms Sarah MacLean, Ph D Student	Youth Research Centre	The University of Melbourne	27 August 2001
Professor Olaf Drummer	Director	Victorian Institute for Forensic Medicine	11 September 2001
Mr Graeme Johnstone	State Coroner	Victorian Coroner's Court	11 September 2001
Training Session for Aboriginal Drug and Alcohol Workers in regional Ballarat Aboriginal Cooperative			13 September 2001
Young People and Staff		Westcare, Salvation Army	7 December 2001
Judge Jennifer Coate	President	Children's Court of Victoria	19 February 2002
Mr Maurice Sheenan	Director	Pharmacy Guide Australia	6 March 2002

Appendix 10. Expert witnesses invited to speak to the Committee

Name	Position	Organisation	Date
Mr Graeme Johnstone	State Coroner	Coroner's Court of Victoria	28 August 2001
Dr Jane Maxwell	Chief of Research	Texas Drug and Alcohol Commission	23 October 2001
Ms Lyn O'Grady	Project Worker	Galaxy Project	25 October 2001
Ms Glennis Bristowe	Senior Manager	Westcare, Salvation Army	25 October 2001
Dr Stephen Wallace	Senior Lecturer	School of Psychology Deakin University	12 February 2002
Mr Paul Millar	Group Technical Manager	Barloworld Coatings (Taubmans)	26 March 2002 9 April 2002
Judge Jennifer Coate	President	Chidren's Court of Victoria	6 May 2002

In addition the Committee spoke to young people who inhale volatile substances, their family members and youth workers

Appendix 11. Hazards of chemicals found in commonly abused inhalants

Amyl Nitrite, Butyl Nitrite	Suppressed immunologic function, injury to red blood cells (interfering with oxygen supply to vital tissues)
Benzene	Bone marrow injury, impaired immunologic function, increased risk of leukemia, reproductive system toxicity
Butane, Propane	Sudden sniffing death syndrome via cardiac effects, serious burn injury (resulting from flammability)
Freon	Sudden sniffing death syndrome, respiratory obstruction and death (from sudden freezing injuries to airways and / or larynx), liver damage
Nitrous Oxide, Hexane	Death from lack of oxygen to brain, altered perception and motor coordination, loss of sensation, limb spasms, blackouts caused by blood pressure changes, depression of heart muscle functioning
Toulene	Brain damage (loss of brain tissue mass, impaired cognition, gait disturbance, loss of coordination, loss of equilibrium, limb spasms, hearing and vision loss), liver and kidney damage
Trichlorethylene	Sudden sniffing death syndrome, cirrhosis of the liver, reproductive complications, hearing and vision damage

(Source: NIDA Research Report Series at http://www.nida.nih.gov/ResearchReports/Inhalants/Inhalants4.html)

Appendix 12. Methods of use and effects

Method of Use	Danger
Inhaling from large plastic bag *User places bag over head or sits in bag and releases substance*	Suffocation due to lack of oxygen inside bag or passing out inside bag due to excess consumption, again leading to suffocation.
Spray directly into mouth	Refrigeration gases used as propellants in spray cans can freeze throat muscles or cause the larynx to go into spasm, blocking off the air supply to the lungs and causing asphyxiation. With this method there is the additional danger of the paint or other compounds in the container also being inhaled.
Small container *User places substance in a container such as a soft drink can*	Easily carried and concealed, leading to constant use and higher levels of intoxication.
Small plastic bag *Releases substance into small plastic bag and inhales*	Greater concentration of substance. Danger of falling unconscious with bag over face leading to suffocation.
Inhaling from rag or clothing	Safest method of use.

Appendix 13. Senate Select Committee Report

Known Fatalities Reportedly Caused By Volatile Substance Abuse

(This list does not include deaths among Aboriginal youths due to petrol sniffing)

Sex	Age	Date	State	Product	Source
Male	13	May 1974	NSW	Unknown	1
Male	17	March 1975	NSW	'Pure and Simple'	1, 2
Male	19	July 1975	QLD	'Pure and Simple'	2
Female	14	Sept. 1975	VIC	Aerosol deodorant	1
Male	18	Nov. 1975	NSW	'Pure and Simple'	1, 2
Male	-*	Jan. 1976	VIC	Glue	3
Male	11	March 1976	NSW	'Pure and Simple'	2
Male	18	April 1976	NSW	'Pure and Simple'	1, 2
Female	16	Oct. 1976	NSW	'Skefron'	1, 2
Male	-	Oct. 1976	VIC	'Pure and Simple'	1, 2
Male	17	Nov. 1976	NSW	'Pure and Simple'	1, 2
Male	20	Dec. 1976	VIC	'Skefron'	1
Male	22*	Jan. 1977	VIC	Glue	3
Male	-	July 1977	VIC	Unknown	1
Male	16	July 1977	VIC	'Pure and Simple'	1
Female	16	Nov. 1977	VIC	'Pure and Simple'	1
Male	-	Dec. 1977	NSW	Aerosol pain reliever	1
Male	10	Feb. 1978	NSW	Petrol	1, 2
Male	15	July 1978	SA	'Skefron'	1, 2
Male	18	July 1978	NSW	'Skefron'	1
Female	16	July 1978	VIC	Aerosol glass chiller	1, 2
Male	24*	Oct. 1978	NSW	Aerosol solvent	1
Male	15	Oct. 1978	NSW	'Pure and Simple'	1, 2
Unknown	-	Dec. 1978	NSW	Aerosol anti-perspirant	1
Male	21	Feb. 1979	WA	'Pure and Simple'	1
Unknown	-	March 1979	NSW	Aerosol hairspray	1
Male	-	Dec. 1979	NT	BCF (Fire Extinguisher)	1
Male	14	Jan. 1979	NSW	Glue	2
Female	15	April 1980	VIC	'Pure and Simple'	1, 2
Male	14	Oct. 1980	NSW	Aerosol cooking oil	1, 2
Male	16	c. Nov. 1980	VIC	'Pure and Simple'	1
Male	16	Jan. 1981	QLD	Aerosol cooking oil	1
Male	13	April 1981	NSW	Lighter fluid (butane)	2
Female	15	May 1981	WA	Aerosol	1
Male	19	June 1981	NSW	'Pure and Simple'	1
Male	-	1981	NT	BCF (Fire Extinguisher)	8
Female	14	May 1982	NSW	Aerosol fly spray	1
Male	16	June 1982	NSW	Aerosol deodorant	2

Sex	Age	Date	State	Product	Source
Male	15	Dec. 1982	NSW	'Skefron'	4, 2
Male	17	Feb. 1983	NSW	'Skefron'	4, 2
Male	14	March 1983	NSW	Thinner (1,1,1 – trichloro-ethane)	4, 2
Male	15	May 1983	QLD	Thinner (1,1,1 – trichloro-ethane)	4, 2
Male	18	July 1983	NSW	Lighter fluid (butane)	4, 2
Male	17	Aug. 1983	NSW	'Skefron'	4, 2
Male	16	Aug. 1983	QLD	BCF (Fire extinguisher)	4, 2
Male	17	Sept. 1983	NSW	Petrol	4
Male	14	Jan. 1984	SA	Thinner (1,1,1 – trichloro-ethane)	5
Male	13	May 1984	QLD	Solvent cleaner**	6
Male	15	July 1985	QLD	'Skefron'	7

*Institutionalised **Probably accidental inhalation

Sources:

1. Evidence, pp.465-470
2. Submission No. 15
3. SOS Press Files
4. SOS 'Actions in Brief'
5. Canberra Times 5/7/84
6. Courier Mail 7/5/84
7. Brisbane Telegraph 11/7/85
8. Evidence, p.1380

Source: Adapted from Senate Select Committee on Volatile Substance Fumes 1985, *Volatile Substance Abuse in Australia*, AGPS, Canberra, pp.281-284.

Appendix 14. Sunshine Chroming Awareness Program, Continuum of Chrome Use Model

Appendix 15. Case Studies on Volatile Substance Abusers

1. Case study presented by Yarra Drug and Health Forum (Victoria)

This is an interview recorded by Natalie Mikkelsen from the Fitzroy Legal Service and Jocelyn Snow, Executive Officer, Yarra Drug and Health Forum.

Q – Herald Sun approach to chroming: what do you think?

A – It's crap the way they've handled it. To be honest, it's a lot safer to have the young people supervised. If you've been chroming you could walk in front of a car, jump out of a tree or off a roof without knowing. When you chrome you hallucinate. How (you hallucinate) depends on how you were before you chromed. If you're real flat beforehand it will bring you up but it will then bring you down further than you were before. If you're feeling really happy beforehand you'll hallucinate really good things – it varies on the person and what they like, think, believe in – all of that comes into it. But if you're running around on top of a building then you can think that you're superman and can fly and you can jump off the building … people do that. I met a dude a few years ago when I was chroming everyday and so was he and we got to talking and he had a broken arm and leg and he said that he'd been up a pole and that he thought that it was swaying really badly and he ended up letting go of it, thinking that he was a lot closer to the ground than he was. He ended up dropping about 7 metres or so. That's what it does to you – your senses are all gone. You know I was punching a brick wall on the weekend and wasn't feeling a thing. I just know cos there's a crack in my wall. I thought it was something else. People go through that all the time. This is just my experience that I'm talking about – I can't really say for everyone else – but others go through similar.

Q – How long have you been chroming?

A – I did it for about 12 months or a bit more when I was 16 and then I stopped for 2 years and started up again the past few months.

Q – How often was that?

A – That was every day, or every day other than pay day when I'd get a hit of heroin. The reason why I chrome – and it's just me personally – is because I don't want to get into crime instead. I figure if I steal a can of paint and get caught they're just going to slap me on the wrist, like with dope. So I go into Clints Crazy Bargains or a Reject Shop – it's cheap and it comes off (your face) really easy – you don't have to sit around scrubbing your face for ages. I feel that for me, I can live with myself doing that rather than going rolling old people, beating up old people, stealing cars you know doing

all that crazy shit that most people do to get on each day. If I had my choice I'd rather use (heroin), I'd rather do something else other than chrome, but because I don't want to go through all the bullshit of crime or rorting and lying, because I don't want to go through all that crap, I want to stick with my morals, I'd rather go and steal a can of paint.

Q – Why do you chrome?

A – I stopped doing it for 2 years and I have only started again using over the past few months. I'm under a lot of stress. I've got no family here. All the support I've got is from XXX and sometimes I feel left out because I don't really have a heroin problem and that's what the workers mainly work with. I don't get the same support even though I'm under 21. At first they weren't even going to give me a worker because they thought I was fine but I was using once a week on pay day and chroming once a week and choof full on every day.

Q – How much were you chroming? How many cans?

A – Over the weekend, over three days I did two cans which is fucking brilliant for me considering when I was doing it full on and everyday, but the past few weeks I've only done it a couple of times. The last three days I've done it six times so its not a big problem for me any more because I haven't been stressed. I went home and saw my mum and its just something I wouldn't do around my mum and the same with using because I was with my mum. I didn't want my mum to know what I was really doing, what I was really like, so I could behave myself. I want my morals to still be where they are but slowly they are being eaten away from all this shit that I'm doing. I'm starting to lose me.

Q – What effect is this having on your body?

A – I feel the effects a lot. I know I've done serious damage to my brain. I have a lot of really weird thoughts, I don't talk about this with anybody. At least once a day I think of hanging myself for no reason at all. I might be happy and then I suddenly get these stupid thoughts and I think my life is not going to get any better and I'm going to keep doing this crap for the rest of my life. All my self-esteem is going because of it. I don't want people to know what I'm doing so I have to hide myself and through doing that I'm losing myself.

Q – When you chrome do you do it by yourself? Do you have mates?

A – I do it by myself so I lose myself for hours on end. I just go as hard as possible – that's why I say this weekend I did fucking excellent. I do stress out and I do 2–3 cans in a day. Sometimes I do one can in an hour or so. The reason I do it is I'm trying to waste time, I'm trying to forget about what is going on in my life and I'm trying to create another world for myself that I like. Because I don't like this place to be honest, I like the people who are around me but I don't like the people who look down at me. People in suits, I have

a real big problem with the suits. That actually eats at me, personally and it sits and it stresses me. I stress out over it.

Q – What about the pecking order and the practice of drugs being glamorised?

A – I guarantee you that most of the chromers out there actually don't want to do it but they are probably in the same situation as me where they don't want to go and rort and everything else. And those that are doing it are probably looking down at us because its cheap, its easy and it's a dirty drug. It's not glamorised at all. They glamorise heroin, "I had a mad hit the other day, rah, rah, rah" – you don't hear people say "I had a mad chrome the other day". People in small groups who are chromers altogether might do that but the general community would not do that. People who say "I'm getting the kooda gear man" – you won't hear people say "I'm getting the kooda paint", "I've got the kooda bag", "I've got the kooda spoon", "I've got the kooda choof". It comes down like that, heroin, speed, choof, paint or chroming – that's how I see it.

Q – You were saying if they try and make it illegal you would use heroin.

A – I actually believe that shows like 'Today Tonight' and 'A Current Affair' make it glamorous. By turning around and saying look at these kids and what they are doing and the kids respond by saying "Hey, hey we're having a good time by doing this shit", other kids are going to see that and go well, I want to do that. It's opening it to everybody. It's opening it one hundred-fold. And they are filming kids doing it, showing us how to do it. If a kid got a bag and some paint they wouldn't know how to do it but by showing them that's bad. The first time I did it I got some green paint thinking it would do something because there are different lead concentrations with coloured paint. There are different formulas. I'll look for chrome spray paint because its got the most lead in it. There used to be a red tag on the back and it used to say 3. That meant it had a shit load of lead in it so you really really buzz out on it for hours on end.

Q – There are discussions about putting something in the paint to stop the effects of inhaling paint fumes. They have done this in England. If they did that here with every paint would you then use something else?

A – Probably. I'd probably start doing crime because I wouldn't have that easy escape. I can walk in, rack it and get out of there and go home. I'd have to rort $20 or $10 a day, whatever to even get a choof or something.

Q – The Committee wants to know why people chrome, can you tell us why you do it?

A – We all know chroming is really bad that's the funny thing but "Why" is the thing. Personally for me I can't handle my stress. I honestly haven't been taught how to deal with my stress. I've tried to deal with it through counsellors, with pyschs, through detox, through rehab, I've tried to deal with it but I reckon my main underlying issue is I don't know how to deal

with stress. That affects everybody we haven't been taught how to deal with stress. We just freak out. I need this and bang you just go and do it. Quick simple solution. They have anger management why not have stress management. I'd go, fucking oath I'd go because I get stressed out everyday and I look for the easy solution.

Q – Didn't any of these psychs or counsellors help you?

A – I don't open up with them. When I was a kid I had some problems with my school counsellor and she actually went and told some teachers and it went on to my friends and basically in the end I felt the whole school knew my personal problems and they were all laughing at me. So ever since then I've found it really hard. When I rock up to a counsellor these days instead of saying how I feel I tell them what I think they want to know. Just like with my parents when I was a kid.

Q – So have you talked to anyone about stress management? Would you go?

A – No. No. I thought about that over the week since I spoke to XXX on Monday. Friday night I started chroming but Sunday I was good again I stopped. When I was chroming away I thought why am I doing this, I know what it is doing to me and I know I'm a lot more smarter than fucking paint. I know if I really wanted to go and pull a rort off I could. I know how because I used to do it. So why am I doing this and the answer that came back to me was I can't handle my stress. I cannot handle my stress so I want a quick fix. I think that's the same with most people too. There is a brain here, I might have fucking wasted it through chroming but its still there.

Q – Where do you see your future?

A – I had it drilled into my head when I was a kid, that you have to get a job or you end up in jail. Mon to Fri 9 till 5 or jail. People say life is about fun but where is the fun? Everybody is kicking everybody in the mouth. It's like, the sooner I can rip you the happier I'll be. That's the way the world is … So where is the truth? I'm thinking about fucking off overseas and helping out Ethopia and South Africans, whoever, because I don't want to live like this and I'm sure a lot of us don't.

Q – When you were living at XX they had a policy of "no chroming" so can you tell us about that?

A – We had a hardware store around the corner and we were always going in and buying tins of paint. So we would just walk around the corner and get a can of paint on credit, walk two doors up and chrome all day in a building. When we went home they wouldn't want to let us in because we had paint on us. We were straight and only wanted to get cleaned up but they didn't want us to go inside in case we influenced others. The joke is I was influenced at XX to chrome but they don't consider that. Some of my friends got kicked out for chroming.

Q – What happened to those people after they were kicked out?

A – They were on the street. The workers didn't care. Fucking heaps of shit happened to all of us. One of them I beat up 3 times in one day because I was chromed off my head. We all got hurt big time. We all tried to go through XX. My mate was a vegie, he turned into a vegetable. He influenced me because he and I were best mates and we teamed up with another 2 other best mates and we all starting doing it. We figured out the same logic about how to use and rort. I used to beat one of them up. That's the one I beat up 3 times in one day. My best mate was the one who started it for all of us and he's the vegie now because he sucked on the bag so much. I reckon out of the 4 of us I'm the one with the least amount of damage. I've still got a personality basically whereas they don't. I can't even talk to them any more because they don't have a personality.

I used to walk up to one of them and say hello and he replied "ha, ha, ha" because he's on a constant buzz. And that was it, that's all you got out of him. It was ridiculous. I shouted him a taste one day and he had been chroming but I don't know how long and he'd been chroming gold paint. Before he had the taste he started spewing up gold paint. Just a lot of bad effects and shit. It's not just losing your brain but you lose yourself basically, you lose your personality, you lose everything. I've lost weight because of chroming, I just blot out. It's like alcohol you get aggressive on the shit. One Thursday they kicked me out of the same place, out of my house and put me on the street. So I said to them "You want me to chrome on the street so I'm going to bring it to your face" so I did. I kept running between here and head office and I was aggressive with every single person because I was out of it. Black spots and shit in my mind. I didn't know what was going on, my memory, I don't know how I'm behaving on it. It's pretty scary.

Q – Imagine if someone videotaped you while you were out of it, how would you feel, shocked at your behaviour?

A – Yeah. Devastated. I'm not normally aggressive but it's slowly turning me into an aggressive person. I've got major mood swings from it. I suffer major depression from it. I suffer paranoia from it. Half the time I don't even trust my best mate and I know he wouldn't fuck me over but because of my mind. I was full on paranoid about this guy talking about me with his girlfriend out the front and I thought let's do it, let's rumble.

Q – Would you criminalise it?

A – No. Otherwise it makes people go "I can do that". What charge am I going to cop. They are not actually going to put you in jail, that would be fucking ridiculous.

Interview ends

Transcript of presentation from an interview with 'Chris', youth workers and the Drugs and Crime Prevention Committee

Worker One is a youth worker with many years experience of caring for some of the state's most disadvantaged children. Worker Two is also a youth worker. Chris is a young man of 18 years who has had a great deal of interaction with this youth and welfare agency. Chris has regularly used volatile substances for the purpose of intoxication in the past. He still inhales paint occasionally.

CHRIS – I would like to introduce myself. My name is CHRIS and I am here today as a person who does inhaling. I would like to talk to different people about the cause of it and how we would like to help and do different sorts of things. I would like to thank you for making the time for me to come and see you.

THE CHAIRMAN – We thank you for making the time; it is really our pleasure. We are members of Parliament, and this is a parliamentary committee with members from all sides of Parliament – the Liberal Party, the Labor Party and the National Party – although the National Party member is not here at the moment. The Committee is pretty much committed to trying to find a solution. This is a fairly wide-ranging investigation; we have to look at every aspect. That includes what parents do, what agencies do and importantly what you have done, how you have got involved and what you are doing now to try to assist yourself. It is very informal; just tell us your thoughts.

CHRIS – Firstly, I bring up about things like this newspaper cartoon. It puts people down when people who do chroming see things like this in the paper. They think they are making jokes out of it.

THE CHAIRMAN – That is a cartoon in today's paper.

CHRIS – It is not the first time. People see things like that. People on the streets see you doing it and they think you are an idiot.

WORKER ONE – It is something I would not have noticed. There is a cartoon with what the cartoonist perceives as a chromer in the bottom left-hand corner, which Chris found pretty difficult.

THE CHAIRMAN – It is pretty tacky. How did you pick that up? Did you see it in the paper?

CHRIS – Yes.

THE CHAIRMAN – What particularly do you find offensive about it?

CHRIS – That people think it is a big joke, that chroming is a joke. They think that you are just like another person. People, the media and all that, are making a joke out of you.

THE CHAIRMAN – How old are you?

CHRIS – I am 18 years old.

THE CHAIRMAN – What are you doing with yourself at the moment?

CHRIS – I am looking for work. I am in my own flat through the housing commission.

THE CHAIRMAN – Are you looking after yourself okay?

CHRIS – Yes.

THE CHAIRMAN – How long have you been chroming?

CHRIS – About four years – between three and a half and four years.

THE CHAIRMAN – If you feel comfortable about it, can you talk to us about what you do, how you got involved, what happens and how you feel when you do it?

CHRIS – I actually moved out of home from my parents' place when I was 13 ½. I moved into DHS through orders and all that, and I moved from different sorts of houses and one-on-one placements. I met different people through the [Charitable Agency], and I started doing chroming with them.

THE CHAIRMAN – How did you get involved in chroming?

CHRIS – Peer pressure, boredom, not doing anything during the day.

THE CHAIRMAN – Did someone show you what to do?

CHRIS – Yes.

THE CHAIRMAN – How did that happen?

CHRIS – I was just, like, in the streets. Someone asked me to have a go at it, and I thought it would be all right to do it because at that stage everyone was talking about it and I thought it would be cool if I did it.

THE CHAIRMAN – That was four years ago.

CHRIS – Yes.

THE CHAIRMAN – What did they do? Did they give you a bag?

CHRIS – Yes.

THE CHAIRMAN – What type of paint, if it was paint?

CHRIS – Spray paint, spray can, like a silver spray can.

THE CHAIRMAN – What happens when you do it? What do you feel?

CHRIS – It might sound stupid, but the word they use is 'buzz'. It gives you a buzzing noise. It makes you violent.

THE CHAIRMAN – How do you know you are violent?

CHRIS – The way I act. I feel sometimes I want to commit suicide and all that and be violent to people on the street, like punching people. As soon as I am not doing it I am not like that.

THE CHAIRMAN – So you do know there is a real change in your personality when you do this.

CHRIS – Yes.

THE CHAIRMAN – What are you doing now? Are you involved in some programs at the moment?

CHRIS – Not really, just through Housing Agency. I am not talking about chroming any more. I used to have a D and A worker through the [Charitable Agency], but three months after you are 18 that order finishes, so you cannot have a D and A worker through there. I have been trying to get a D and A worker, but it is hard.

THE CHAIRMAN – Do you enjoy it?

CHRIS – Yes and no.

THE CHAIRMAN – What do you mean, 'Yes and no.'?

CHRIS – Sometimes I enjoy it, but sometimes I do not want to do it. But it is so easy to get. You can get it so easy that you have to do it.

THE CHAIRMAN – You are obviously wanting to try to find some help. Do you think there is some help out there for you?

CHRIS – Yes.

THE CHAIRMAN – What sort of help do you think you need?

CHRIS – Professional help, people that like being there.

THE CHAIRMAN – Why can't you get a D and A worker at the moment? Is it because you are too old?

CHRIS – Yes, I think so.

THE CHAIRMAN – Have you spoken to –– [Worker One] about that?

CHRIS – Not really lately, but in the past I have.

THE CHAIRMAN – A D and A worker would be someone whom you would trust.

CHRIS – Yes.

THE CHAIRMAN – What would they do?

CHRIS – Just talk about it and try to help me as much as they can.

THE CHAIRMAN – This is a bit of an issue for the Committee, because there is medication that can be given to someone who uses heroin or other drugs, but there is nothing for chroming, is there?

CHRIS – No.

THE CHAIRMAN – What would you do if you were chroming and someone wanted to try to stop you or prevent you from chroming?

CHRIS – That is a hard question.

THE CHAIRMAN – What would need to happen to make you stop?

CHRIS – Finding things to do and not really hanging around with the people I hang around with.

COMMITTEE MEMBER – Chris, do you still know the person who first showed you how to chrome?

CHRIS – Sort of.

COMMITTEE MEMBER – You are still in the same area, mixing with the same people.

CHRIS – Yes.

COMMITTEE MEMBER – They are all chroming.

CHRIS – Yes.

COMMITTEE MEMBER – Have you ever thought about whether it is an option for you to move away so that you are not with those people any longer?

CHRIS – I have always thought about it, like moving to the country or something.

COMMITTEE MEMBER – It is easy to say but difficult to do because they are the people you know.

THE CHAIRMAN – The Committee is trying to find some solutions. We do not know the answers, but if you had the power to change something or do something that would make chroming either less attractive or less of a problem, what do you think that would be?

CHRIS – Making chroming legal or spray cans illegal, putting it in glass so you cannot steal it so there is less chance of getting it so easy.

THE CHAIRMAN – Do you steal the paint?

CHRIS – Yes, all the time.

THE CHAIRMAN – Where do you steal it from?

CHRIS – Safeway and $2 shops.

WORKER ONE – Has being charged with stealing stopped you?

CHRIS – No. Every time I get charged it makes me worse.

THE CHAIRMAN – When you were charged did the police give you a caution notice or did they take you to court?

CHRIS – Yes, summons and all.

THE CHAIRMAN – If the paint was not there, if Safeway did not sell spray paint, what would you do?

CHRIS – I would not be able to do it as much, but I would probably think about going on to bigger drugs too.

THE CHAIRMAN – Have you tried inhaling anything else apart from paint?

CHRIS – RPM50, that was bad.

THE CHAIRMAN – What was bad about that?

CHRIS – I took one puff of it and I passed out in the middle of a road for about half an hour.

THE CHAIRMAN – So because you had a bad reaction you thought you would not do that again.

CHRIS – Yes.

THE CHAIRMAN – But you have a good reaction with paint, so you feel pretty good after paint.

CHRIS – Yes.

THE CHAIRMAN – If the Committee makes a recommendation for the introduction of a law that requires all paint cans to be locked away and only sold to people who are over 18, what do you think would happen to chroming? You said you might go on to other drugs, but is it that simple? Would people who sniff paint try to get a high through other means?

CHRIS – Yes, like butane, a gas lighter.

THE CHAIRMAN – Have you tried that?

CHRIS – Yes.

THE CHAIRMAN – What does that do?

CHRIS – It makes you just all funny, all dizzy and all that.

THE CHAIRMAN – But you think paint is the best for a reaction; that is what you like. Is this the situation: if you ban one product, you find a whole lot of other products to use?

CHRIS – I don't know.

THE CHAIRMAN – Sandy was telling me you had a trip to central Australia.

CHRIS – Yes.

THE CHAIRMAN – Do you want to talk about that?

CHRIS – Yes. How long ago was it?

WORKER TWO – April, May.

CHRIS – April, May last year. Two or three hostels together, residential hostel places, just wanted to get people together to meet different kinds of

people, like the Aboriginal community. We went to South Australia, and it was really good. Then we went straight to meet the Aboriginal community and talk to them and thank them for letting us into their state, into part of their country. We did camping sorts of things. We were just talking about certain things that we like to do in Melbourne and our type of life. Then police from Ceduna came and talked to us and told us what life is like up there, and all that. The holiday was mostly about – what is the word? – a different sort of – what would you call it?

WORKER TWO – Cultural experience.

CHRIS – A different sort of experience, sort of thing, like to meet different people – would that be right?

WORKER TWO – Forming views with knowledge rather than having some flag-waving person tell you what it is all about was what we intended to do.

CHRIS – Just to experience different things in different places. We went fishing and all that. I was the best fisher in South Australia.

COMMITTEE MEMBER – You caught some fish, did you? Well done!

CHRIS – Just doing different sorts of things. Like instead of doing things like chroming, we were having football games and all that, getting flattened by workers and all that.

WORKER ONE – It was great.

CHRIS – Have you seen pictures or tapes of the Ceduna trip?

THE CHAIRMAN – No, but we will get some.

COMMITTEE MEMBER – How long were you away for?

CHRIS – Nine or 10 days.

COMMITTEE MEMBER – And there was no chroming while you were away?

CHRIS – No chroming. We thought about bringing spray cans and all that to South Australia, but we thought, 'We are going for a holiday', and we thought, 'They are doing this for us, so why should we do things like that to them?' The first couple of days were hard, like trying to give up chroming. We were talking about it heaps, but after two or three days we were really good. By the time we had to leave we wanted to hide in the trees so the workers couldn't find us so we could just stay there, because it was so good, that life. You can do different things without things like chroming and all that.

THE CHAIRMAN – How long after you got back did you start chroming again?

CHRIS – That night.

THE CHAIRMAN – Why?

CHRIS – Probably because it was there.

WORKER ONE – Can I ask if you think chroming is addictive?

CHRIS – Yes, chroming is really addictive. People don't think it is addictive, but it is really addictive because it is so easy to get. The chemicals are talking to your body, things like numbness and all that, how you feel, like paint fumes, the day before it, and all that.

THE CHAIRMAN – But central Australia was a pretty positive experience for you? You really enjoyed yourself?

CHRIS – Yes.

WORKER ONE – Tell us about the world premiere.

CHRIS – How long after camp was that?

WORKER TWO – It was in February this year – February, March.

CHRIS – It is only February now.

WORKER ONE – December.

WORKER TWO – We were there.

CHRIS – About November or December. When did I see you, Sandy?

COMMITTEE MEMBER – It would have been late November, and you had just had it because you were telling me about it.

CHRIS – It was that night before I saw you.

COMMITTEE MEMBER – You were still wearing your suit.

CHRIS – That is right. Anyway, in November the [Charitable Agency] organised a movie thing from the camp. We got picked up in limos and all that. It was cool.

WORKER TWO – We had a full-on world premiere. All the kids came in suits and dresses. We had the X theatre in X Suburb. We made a film while we were away and then had the main stars all turn up in limos, red carpets and the whole box and dice, so it was a great night.

WORKER ONE – That was a major achievement, because all the videos of the kids in Ceduna were stolen out of one of our cases, so we had to make the video with photos and whatever we could.

CHRIS – I did a speech in Ceduna to thank the Aboriginal community that helped show us around South Australia. When we went to the world premiere in the limos, you should have seen it. It was like the Logies. They had red carpet. It was like 100 or 200 big bosses and all that, people you have not seen for four or five years, so it was really good to see them. We were in the limo trying to hide so the workers would

not see us, but they opened the door to get us out. Then we looked at the movie that they made for the camp, and then I did a speech that night. That was really good. It was just to thank everyone that was there for putting the time in. It was really good.

THE CHAIRMAN – We will have to have a look at it.

CHRIS – First time I had ever worn a suit in my life. I felt like I had 20 jumpers on.

COMMITTEE MEMBER – Have you been involved in artwork?

CHRIS – Yes, I did the art program.

COMMITTEE MEMBER – Can you talk about that? What sort of work do you do?

CHRIS – This is the course here. I will be the boss now. It was through –– [Worker One] in X Street. –– [Worker One] organised an art program for people to do things once every week so they've got something to do like art or something. We got to do all kinds of different art stuff, so we could talk to people about why we do that too, sort of thing. Is that right?

WORKER ONE – That is beautiful.

COMMITTEE MEMBER – You have been helping do those designs, have you?

CHRIS – Yes.

COMMITTEE MEMBER – It's pretty good.

CHRIS – It wasn't easy, believe me.

COMMITTEE MEMBER – How long did it take you?

WORKER ONE – About 25 weeks.

CHRIS – About 25 weeks. Work that out – about five or six months.

WORKER ONE – Could I add that part of that program was not just about being able to produce something at the end. It was, with Chris's help, I might add – he has always been around to help – getting together groups of young people that do not normally function in groups, that do not play sport, that cannot survive in anything in the community. So it was doubly fantastic because not only did they manage to get together as a group and work on things but they produced something at the end. For me the exciting bit was just being together and becoming able to talk about what happens and what they do. And watching how some people took a different role in that group and looked after the younger ones was sensational for me. The artwork is great. That was the product, and I think it shows what people can do with the processes and having somewhere to go, and then we had pizzas and drinks afterwards.

CHRIS – That's why everyone used to come.

WORKER ONE – I thought I should mention that. He kept telling me it was for the pizzas.

WORKER TWO – There is always a risk when you bring a group of people like that together that you are increasing the education focus and allowing other people to share their chroming knowledge, which is always a worry. So as part of a group like that, the units that were involved with that would come and pick those kids up straightaway after that program or stay there and be involved, so that we did not allow them to leave those premises, roam around the streets as a larger group and get into more chroming. So it is more than just lobbing a whole heap of kids together and talking about it.

WORKER ONE – It takes a lot of courage.

WORKER TWO – You can make a mess of it very easily too.

CHRIS – Also there were other positive things too, because there was one stage where there was a person that was going there that did not like me. Remember John [not his real name]?

WORKER ONE – Yes, I do.

CHRIS – And I thought I might go there and work it out with him so I could do the art program too, and –– [Worker One], me and him sat down and talked a lot about how we could fix it up, so I could do things like this.

WORKER ONE – He was being really threatening in the community and we could not work it out any other way. So when I saw what was happening in the process it was incredibly important to have a number of people from the community as well as the units, because Chris got to the stage where he could not walk around the local community because of threats. So this young man who was quite influential in that area was able to help us, so it provided time to do that too.

CHRIS – That was good.

WORKER ONE – And it worked well. He did a great job.

CHRIS – Now we are best friends.

THE CHAIRMAN – Have you been speaking to the police and local traders, people who sell, about this sort of stuff?

CHRIS – There was one policeman that we talked to. What is his name?

WORKER ONE – John.

CHRIS – John.

COMMITTEE MEMBER – He is the bloke at Sunshine.

CHRIS – Yes. I have been to a few chroming awareness groups at Sunshine. In the past we have been talking about doing things for people with problems with chroming and different kinds of drugs at the Sunshine swimming pool, organising barbecues for friends, having a theatre sort of thing so you can have music, and all that kind of stuff, doing something like once or twice a week. But the problem is with money.

THE CHAIRMAN – Is it helping?

CHRIS – Yes, I reckon it would.

WORKER ONE – It's about stuff to do, stuff to get involved in with people who understand where you are coming from.

THE CHAIRMAN – Chris, you are 18. You said in your opening comments that you are looking for a job and so forth, but you are still chroming. What would be the one thing – or if there is not one thing, what would be the things – that would really help you stop chroming and get on with your life and help you get a job and do all that sort of stuff?

CHRIS – Except like getting $5 million?

WORKER ONE – Or me winning Tattslotto.

CHRIS – Like this gentleman was saying – what is your name?

COMMITTEE MEMBER – Robin.

CHRIS – Robin, I like getting away from the different people, getting away from people that are bad for me and I am bad for them, sort of thing. What else? The problem is that I do not like going to job interviews because with the smell of chroming, I am scared that I will get rejected. There have been times where I have gone for job interviews and I just can't get it because of my criminal activities that I have done in the past.

COMMITTEE MEMBER – What sort of work do you want, Chris? What sort of work would you like to get?

CHRIS – For a long time I have been talking about cooking, because I like cooking – doing a traineeship in cooking – but I just have not got to it.

WORKER ONE – We have lined heaps up, but it is the interview. Then it is the first week with people who understand, and it is about having someone who is a bit supportive and understanding around. One of the things you probably know already is that Chris was with us for a long time through the Department of Human Services and the [Charitable Agency], but as soon as young people are 18 and 3 months, they can no longer be part of the state statutory system. While Chris still has contact with all of us and is going out for lunch

and a movie with a worker tomorrow, because you build relationships and we really like him, it is a really hard process to have all of us involved in his life.

I have been around since he first came into care in one role or another. Then 18/3, and that's it. We are there, but only when we can fit it in with what we have to do or after work. That is not saying we would not do something if Chris needed it, but it is that intensive support and then a swift change. I know the commonwealth government was looking at, for young people in care, trying to extend that to 25, because we do not do that to our own children when they are 16 or 18, or I would hope not. They do not have to leave home without the intensive supports they have had. It is the same, is it not? Even though you know where to find us and you ring us if you need us, it is different.

When Chris talks about engaging with the adult system workers, it is a system which gives people self-responsibility and relies on them to get to appointments. We would go around and make sure Chris was out of bed if he was meeting with us.

CHRIS – And get me by the ears.

WORKER ONE – Drag him out like that. But the adult system relies on self-responsibility, and that is a huge jump, even though you work towards transition. It is a big jump, and you know that if you did something really naughty, I would be there anyway. But it is still different, isn't it?

CHRIS – She would get there quicker than Mark Philippoussis when he drives.

WORKER ONE – That is right.

COMMITTEE MEMBER – When we try to work out what we think can help with the problem with chroming, we will be telling all the other politicians in the Parliament what we think the answer is – including Steve Bracks and the government. Is there anything special you would like to say to all the politicians, and to Steve Bracks?

CHRIS – Yes, get rid of all the bloody spray cans, because I just hate it so much. It is so hard. Everywhere you go these days there are spray cans everywhere. It is just too hard when you have an addiction.

COMMITTEE MEMBER – When it is in your face all the time and you are trying to give it up.

CHRIS – And sometimes when you walk into the shops, it is just so hard to walk past it because it is just there. With different drugs it is not everywhere in your face.

COMMITTEE MEMBER – It is interesting. For cigarettes there are more and more laws and regulations saying, 'Hide them. Put them down the back so they are not in your face. Take the signs away', so you are not reminded all the time of wanting to go and buy some.

COMMITTEE MEMBER – Somebody has to hand you the packet if you want to buy them, whereas with a spray can you just take it off the shelf.

CHRIS – That's what I mean.

WORKER ONE – It is very easy to do. Even though we spend a lot of time with traders, talking to them on getting it removed, it is still very easy to pick up a can and go – too easy.

CHRIS – As you were saying, you cannot just walk into the shop and just go …

THE CHAIRMAN – Chris, you do not have to answer this question, but the reason I am asking it is to try and work out your situation. What do you prefer – chroming or other drugs? Have you tried other drugs?

CHRIS – Yes, I tried heroin a couple of times when I was younger. I have smoked cannabis, Valium, ecstasy, and all the time I have done those drugs is when I have been chroming a lot, like just trying to do different things so I could get off the chroming.

THE CHAIRMAN – So you have seen them as a substitute, as something different?

CHRIS – Yes.

THE CHAIRMAN – Why did you stick with chroming?

CHRIS – Because – I do not know.

COMMITTEE MEMBER – Cheaper?

WORKER ONE – Can I hazard a guess?

THE CHAIRMAN – Absolutely.

WORKER ONE – One of the reasons I think Chris has stuck with chroming is that it is so easy to get – and he is not a criminal. He is a lovely kid – a lovely young man now – but I think that when you make the decision sometimes to use harder drugs and enter another lifestyle, you have to also make the decision to do more intensive crime and different things, and I do not think Chris has ever wanted to do that.

I do not think Chris would mind me saying that we have had so many conversations about how he feels after he has been angry on chroming, so to take that further step is just not something I think he could do.

COMMITTEE MEMBER – What about alcohol and cigarettes, Chris? Do you smoke?

CHRIS – I smoke cigarettes. I am not really into drinking alcohol, because when I was a kid I grew up in a family that never wanted me to take alcohol, because my real dad had a real problem with alcohol.

COMMITTEE MEMBER – When did you start smoking cigarettes?

CHRIS – When I started chroming.

COMMITTEE MEMBER – Roughly how many do you smoke a day?

CHRIS – About 10 to 15 a day.

COMMITTEE MEMBER – That is a relatively mild habit. I am an ex-smoker.

COMMITTEE – What is the reaction when you work with these folks and go around and talk to traders and the police and other groups? Do you get a good reaction? Are people wanting to hear from you about your experience?

CHRIS – It depends on the kind of person. There are some people that really want to listen, but there are some that do not really care. They think you are saying it just for the fun of it or something.

There are good things you can do too, like getting away from it. I tried to do different activities. I like going to the football and things like that. I used to do things like play sport and all that. I used to be a real good sportsperson. When I started chroming I stopped it. I was so much into it that I just stopped sport altogether. But I still go to the footy and things, because I like doing that. I do not feel like it when I am actually there, but as soon as I leave the ground I just feel like it. If Carlton loses I have just got to have too much, and if they win not as much.

The Carlton Football Club was doing some good things 12 to 18 months ago for people chroming. The [Charitable Agency] organised some football players to come and talk to us and do activities with us. Glenn Manton does a lot of work with kids and all that. It was really good being a Carlton supporter to see players. Wayne Carey was doing it as well some 12 to 18 months ago. It was good.

COMMITTEE MEMBER – What about the Ceduna trip you did? Some people say that when you look at this problem facing young people, the best thing they can do is get away – go bush, go camping or go to a different place like that. How would you rate that sort of thing? Do you reckon they are good? Do those sorts of activities help? Have you done just that one trip? Have you done anything else like that, such as going bush?

CHRIS – Yes. When I was younger I used to live in [Country town] too, so I was a country person. The [Charitable Agency] had what were called D and A (drug and alcohol) places. There were things to help us get away, like the [Country town] bush haven and the place at X. A guy

called Gary does a lot of work with drugs and all that. I have also been at a place interstate for a certain time.

COMMITTEE MEMBER – Was that good?

CHRIS – Yes. I had to just learn the different experiences again.

WORKER TWO – A lot of it just gives them a chance to be a kid again too, to be in the middle of nowhere and just to be a kid without having to worry about the other things happening.

WORKER ONE – To have fun.

CHRIS – Just a chance to prove that you can be all right, just to get away from everything in Melbourne.

WORKER TWO – From reading your report there are a couple of things that stick out for me. Most of the kids we deal with who are chromers will at some stage get picked up by the police for pinching a can. To me that seems to be the point where they are saying to people, 'Help me. This is where I need help'. It is such a piddling offence for the police to deal with – we are talking about a $2.95 can – but I think there is an opportunity for assistance to be given to kids at that particular time.

A lot of it would be a referral perhaps to mental health workers rather than D and A workers. We know that the substance abuse is designed around the element of masking what is actually going on within the child's life. So I would be looking at the mental health issues, the family work and all those types of subjects rather than the actual D and A portion of what is happening for the young people.

I think there is an opportunity to add that perhaps if someone gets picked up for shoplifting a can, that equals a referral to mental health. That might be a way to at least get them into a system at an earlier age. I am talking about the mental health system or something like that, not so much residential systems.

WORKER ONE – And that way families could be assisted at an earlier intervention time.

COMMITTEE MEMBER – If you have read the report you would probably be aware of the Western Australian system whereby the police have the power not to arrest or press criminal charges but to apprehend the person who is perceived as intoxicated, and the definition of 'intoxicated' has been extended to include volatile substance use. In that way they can put those people through into child welfare and some of the child programs in Perth and country Western Australia, including mental health programs. Would you see that as being a useful track for Victoria to go down?

WORKER ONE – Being clear about what the programs are, though.

WORKER TWO – It could work, but then you might be putting kids into a lock-up situation, which may be detrimental to their mental health as well. So that could be an issue.

WORKER ONE – Where they will learn quickly. It is the family area that needs work. I do not think Chris mentioned – it is hard to mention – that a lot of the time young people will chrome because they hurt, because things just hurt too much and they cannot sort it out. That is always the hard way to go.

CHRIS – No, guys don't have hurt!

WORKER ONE – No, it is just a girl thing!

THE CHAIRMAN – It is a bit like the saying, 'Real men don't eat quiche'.

CHRIS – That is why I don't eat quiche!

WORKER ONE – It is about the hurt. So what –– [Worker Two] is saying is very clear: if we can do something about those problems of hurt when they arise, we would not be facing some of the things we are trying to deal with now. When –– [Worker Two] talks about the mental health system, drug and alcohol will focus on the drug; mental health will focus on what is happening – whether it is family counselling, family therapy, or the like. But it has to be people that can go in there intensively. We tend to put most of our intense services in the tertiary end, which is where –– [Worker Two] and I operate.

We have often asked if we could just take one of our services and put them at the front end and work really intensively with the family and young person at the same degree so we could keep them out of the system. We work really hard now, as Chris transitions from the youth to the adult system, to try to stop the lifetime dependency on the adult systems. When people call it a tertiary system between 15 and 18 years of age, I still see it as a primary system, because if we do not get it right it becomes a lifelong system of dependency on agencies and welfare.

We often see it in age blocks. So if we can get the right sort of service at that point in time, as –– [Worker Two] said, probably when people first come to the notice of the police, we can probably do something, provided that service has the capacity to respond. That is something else that happens – and I know you are aware too. Services are just in such need that they do not have the capacity to respond immediately, and we somehow need to be able to find a way to do that.

WORKER TWO – A lot of those crisis services will not actually attend until kids are actually hospitalised.

WORKER ONE – It does not need to be a professor of psychology. It needs to be a worker who is comfortable working with families and communities and who has someone they can ask if they need specialist advice. It does need consultancy and a framework, but it [also] needs people. One of the things I mentioned before that I feel strongly about is that it needs communities. Everyone needs to accept responsibility, instead of just leaving it up to us guys at the tertiary end and then hitting the newspapers every time something goes awry. It is about these kids' lives, and it is part of all our responsibility.

Try building one of our houses in the community! You know about that too. We soon get excluded. But it could very well be someone who has not had children yet that could be involved. It could very well be their child who might need that sort of service in X amount of years. I think there is too much of nobody wanting to know and not-in-my-backyard stuff. That is just a plea from the heart, and I know I keep making it.

CHRIS – Can you say that in Australian? I did not understand anything you were talking about. What is the small way?

WORKER ONE – The small way is that everybody needs to care about you, not just us guys – the people in your street, the people next door. When you were a little kid somebody needed to care about you before you came to us. Someone living next door to you needed to look after you as well, and someone at school needed to ask you if you were all right. And instead of you just having to come into the department and then having people take over your life, you needed to have people nearby, like family and people like that, so that if something was really wrong everybody could help you fix it up rather than you coming into the system and living there.

CHRIS – I still cannot believe how quiet it has been on chroming until lately. It has been a really quiet drug. No-one has really been on the news about it until lately. Especially when you see on the news things about alcohol and smoking and heroin and all that, you think, 'How come they have got nothing like that on chroming?' I remember at the time that A Current Affair had a program on the chroming thing. I was chroming in my room in my house, and I thought it was really cool because the drug was on the television that I was doing. I thought, 'Oh yes, my drug is on the TV!'

WORKER ONE – Was that because you were excited it was getting noticed?

CHRIS – Yes, but afterwards I thought, 'What's so cool about it?' I do not really know what I am like when I look in the mirror and I am off my face, but when I saw that person on the TV off their face I thought – not

really while it was happening, but afterwards – 'Is that what I am really like?'

THE CHAIRMAN – What I want to say is more of a request. Chris, how would you like to work with this Committee? We are going to go through and ask a lot more people a lot more questions. What I would like to do, through Committee, is this: if someone comes to us and says, 'This is what we are doing to help chromers and we think this is a possible solution', can we give you a call and run it by you to get your thoughts on it? That would give us the basis for knowing whether what they are saying actually affects someone who is involved.

CHRIS – No problems.

THE CHAIRMAN – Would you like to do that?

CHRIS – Yes.

THE CHAIRMAN – I speak on behalf of everyone here when I say, as I did before, that when you go for a job interview you are a bit worried. Sometimes this Committee has to issue a summons to get people to appear before it. It takes a lot of courage and guts to come and give evidence to the Committee, because this is real-life stuff. We are dealing with real problems, and we want to try to find some real solutions.

We have not forced you in here. You have come voluntarily because you wanted to change something and to make something right. Not only do we appreciate that, but it took a lot of determination and guts on your part. In terms of what you have done in the last hour you have been here before the Committee, a job interview would be nothing compared with that. All you have to do is talk about yourself, and you have done it. It is pretty easy stuff.

You have already seen the Discussion Paper. The Committee has a bit of a sneak preview for you of the cover for our Final Report. As you can see it is different from the Discussion Paper. When we finish the Inquiry and we have hopefully got all the solutions on the table and we have the book that goes to Parliament, this is the cover that will be on it – it has your artwork and your name on it.

CHRIS – That is why it looks so good – because I did it!

THE CHAIRMAN – We will get a copy of it and the Discussion Paper and mount it for you as a sign of our appreciation. The one thing we have had is feedback – and it has been pretty positive – about just how good the artwork is. Be encouraged, and use that as the basis to have something to follow up on.

CHRIS – Believe me, it was not easy doing all that. –– [Worker One] made a rule to me that I could not come into the program if I was substance-affected. So I got substance-affected just to piss her off. But then I thought I could do better things like this if I came up when I was not so off my face. That helped.

THE CHAIRMAN – Thank you again, Chris. Keep up the good work. Without your contribution we would not be giving the Inquiry the justice and the wide-ranging views that it needs. We want to keep in contact with you – we are pretty fair dinkum about that – and we want to know what you think.

CHRIS – Yes, and if you cannot get in contact with me, you can get in touch with –– [Worker One] and –– [Worker Two].

THE CHAIRMAN – We need to talk to you, though.

WORKER ONE – Sometimes we may need to find him for you.

THE CHAIRMAN – Thank you very much for coming in, Chris. Thank you also ––[Worker One] and –– [Worker Two].

Appendix 16. South Australia Graffiti Control Act 2001

South Australia

GRAFFITI CONTROL ACT 2001

An Act to introduce measures for the minimisation of graffiti; to punish people responsible for graffiti; to provide for the removal of graffiti; to make consequential amendments to the Border Offences Act 1953; and for other purposes.

GRAFFITI CONTROL ACT 2001

being

Graffiti Control Act 2001 No. 46 of 2001 [Assented to 11 October 2001] 1

1 Came into operation (except s. 4) 1 February 2002, s. 4 will come into operation 1 April 2002: Gaz . 15 January 2002, p. 184.

PRELIMINARY

1. Short title
2. Commencement
3. Interpretation

PART 2

SALE OF SPRAY PAINT

4. Cans of spray paint to be secured
5. Sale of cans of spray paint to minors
6. Notice to be displayed
7. Appointment and powers of authorised persons

PART 3

GRAFFITI OFFENCES

8. Application of Part
9. Marking graffiti
10. Carrying graffiti implement
11. Proof of lawful authority or excuse

PART 4

COUNCIL POWERS IN RELATION TO GRAFFITI

12. Council may remove or obliterate graffiti

PART 5

MISCELLANEOUS

13. Regulations

The Parliament of South Australia enacts as follows:

PART 1

PRELIMINARY

Short title

1. This Act may be cited as the *Graffiti Control Act 2001* **.**

Commencement

2. This Act will come into operation on a day to be fixed by proclamation.

Interpretation

3. In this Act-

" **authorised person** " means a person appointed by a council in accordance with section 7 or a police officer;

" **carry** " includes to have about one's person;

" **council** " means a council within the meaning of the *Local Government Act 1999* ;

" **graffiti implement** " includes any implement capable of being used to mark graffiti;

" **mark graffiti** " includes deface property in any way;

" **minor** " means a person under the age of 18 years;

" **private property** " means property other than property of the Crown or an agency or instrumentality of the Crown;

" **property** " includes a building, structure, road, paved surface or object of any kind;

" **public place** " means a place (including a place on private land) to which the public has access;

" **sell** " includes offer for sale.

PART 2

SALE OF SPRAY PAINT

Cans of spray paint to be secured

4. (1) A person selling cans of spray paint from premises by retail must ensure that any such cans stored in a part of the premises to which members of the public are permitted access are kept-

(a) in a securely locked cabinet; or

(b) in a manner prescribed by regulation,

such that members of the public are not able to gain access to the cans without the assistance of the person or an agent or employee of the person.

Maximum penalty: $1 250.

Expiation fee: $160.

(2) However, subsection (1) does not apply in relation to the sale of cans of spray paint of a type prescribed by regulation.

Sale of cans of spray paint to minors

5. (1) A person must not sell a can of spray paint to a minor.

Maximum penalty: $1 250.

(2) It is a defence to a charge of an offence against subsection (1) to prove that-

(a) the defendant, or a person acting on behalf of the defendant, required the minor to produce evidence of age; and

(b) the minor made a false statement, or produced false evidence, in response to that requirement; and

(c) in consequence the defendant reasonably assumed that, at the time of the sale, the minor was of or over the age of 18 years.

Notice to be displayed

6. (1) A notice containing the following words must be displayed in a prominent position in premises from which cans of spray paint are sold:

IT IS UNLAWFUL TO SELL CANS OF SPRAY PAINT TO PERSONS UNDER 18.

PERSONS MAY BE REQUIRED TO PRODUCE EVIDENCE OF AGE WHEN PURCHASING CANS OF SPRAY PAINT.

(2) The words required to be displayed on a notice under subsection (1) must appear on the notice in legible letters or numerals not less than 15 millimetres in height and of a colour that contrasts with the background colour of the notice.

(3) A person selling cans of spray paint from premises must ensure that the requirements of this section are complied with.

Maximum penalty: $750.

Expiation fee: $105.

Appointment and powers of authorised persons

7. (1) A council may appoint a person under section 260 of the *Local Government Act 1999* as an authorised person for the purposes of the enforcement of this Part or provisions of this Part specified in the instrument of appointment.

(2) Subject to any conditions specified in the instrument of appointment, an authorised person may, as reasonably required for the purposes of enforcing a provision of this Part that the person is authorised to enforce, enter and remain in any premises from which the authorised person reasonably believes cans of spray paint are being or have been sold.

(3) An authorised person who enters premises under this section may-

(a) investigate whether the provisions of this Part that the person is authorised to enforce are being or have been complied with;

(b) take photographs or make films or other recordings in the place.

(4) An authorised person may only exercise powers under this section in relation to premises during the usual business hours of the premises.

(5) An authorised person must, on demand by a person affected by an exercise or proposed exercise of a power under this section, produce, for inspection by that person, the identity card issued to the authorised person under the *Local Government Act 1999* .

(6) A person must not-

(a) without reasonable excuse, hinder or obstruct an authorised person in the exercise of powers under this section; or

(b) use abusive, threatening or insulting language to an authorised person.

Maximum penalty: $5 000.

(7) An authorised person must not-

(a) address offensive language to any other person; or

(b) without lawful authority, hinder or obstruct or use or threaten to use force in relation to any other person.

Maximum penalty: $5 000.

PART 3

GRAFFITI OFFENCES

Application of Part

8. This Part does not apply to the marking of graffiti with lawful authority.

Marking graffiti

9. (1) A person who marks graffiti is guilty of an offence.

Maximum penalty: $2 500 or imprisonment for 6 months.

(2) A person who aids, abets, counsels or procures the commission of an offence against subsection (1) is liable to be prosecuted and punished as a principal offender.

(3) A court finding a person guilty of an offence against this section must-

(a) if the court is satisfied that it will be reasonably practicable for the person to take action, under the supervision of an appropriate authority, to remove or obliterate the graffiti-order that the person take that action and, in doing so, comply with all reasonable directions of the appropriate authority; or

(b) in any other case-order that the person pay to the owner or occupier of the property in relation to which the offence was committed such compensation as the court thinks fit.

(4) An order under subsection (3) *(a)* may be enforced as if it were an order requiring the performance of community service (and in any enforcement proceedings the court may exercise any power that it could exercise in relation to an order requiring the performance of community service).

(5) In this section-
" **appropriate authority** " means a State or local government authority.

Carrying graffiti implement

10. (1) A person who-

(a) carries a graffiti implement with the intention of using it to mark graffiti; or

(b) carries a graffiti implement of a prescribed class without lawful excuse in a public place or a place on which the person is trespassing or has entered without invitation,

is guilty of an offence.

Maximum penalty: $2 500 or imprisonment for 6 months.

(2) For the purposes of this section the following classes of graffiti implement are prescribed:

(a) graffiti implements capable of spraying paint or a similar substance;

(b) graffiti implements designed or modified to produce a mark that-

(i) is not readily removable by wiping or by use of water or detergent; and

(ii) is more than 15 millimetres wide.

Proof of lawful authority or excuse

11. Where this Part provides that an act done without lawful authority or lawful excuse constitutes an offence, the onus, in proceedings for such an offence, lies on the defendant to prove lawful authority or lawful excuse.

PART 4

COUNCIL POWERS IN RELATION TO GRAFFITI

Council may remove or obliterate graffiti

12. (1) A council may enter private property and take any action necessary to remove or obliterate graffiti on the property that is visible from a public place if-

(a) a notice under this section was served on the owner or occupier of the property at least ten days prior to the action being taken; and

(b) the owner or occupier on whom the notice was served has not objected, in accordance with the notice, to the action being taken.

(2) A notice served on an owner or occupier under this section must-

(a) be in writing; and

(b) give particulars of the action proposed to be taken by the council; and

(c) specify the day on which the council proposes to take the action; and

(d) advise the owner or occupier that-

(i) the owner or occupier may, prior to the specified day, object to the proposed action by notifying the council, or a specified agent of the council, in a manner specified in the notice; and

(ii) if such an objection is made, the council will not take the proposed action.

(3) In taking action to remove or obliterate graffiti under this section, a council must-

(a) take reasonable steps to consult with the owner or occupier of the property in relation to the manner in which the action is to be taken; and

(b) ensure, as far as is practicable, that the work is carried out-

(i) expeditiously and in such a way as to avoid unnecessary inconvenience or disruption to the owner or occupier of the property; and

(ii) with reasonable care and to a reasonable standard.

(4) Action to be taken by a council under this section may be taken on the council's behalf by an employee of the council or by another person authorised by the council for the purpose.

(5) No civil liability attaches to a council, an employee of a council, or a person acting under the authority of a council, for anything done by the council, employee, or person under this section.

(6) Nothing in this section imposes a duty on a council to remove or obliterate graffiti.

(7) This section-

(a) does not derogate from a council's powers under Chapter 12 Part 2 of the *Local Government Act 1999* or any other power of a council under that Act; and

(b) is not to be taken to prevent or discourage a council from entering into agreements for the removal or obliteration of graffiti (whether for a fee or otherwise).

PART 5

MISCELLANEOUS

Regulations

13. (1) The Governor may make regulations that are contemplated by, or are necessary or expedient for the purposes of, this Act.

(2) Without limiting the generality of subsection (1), the regulations may-

(a) require persons selling graffiti implements or specified classes of graffiti implements to comply with a code of conduct or practice;

(b) impose a penalty (not exceeding a fine of $1 250) for contravention of, or non-compliance with, a regulation.

(3) Regulations under this Act-

(a) may be of general application or limited application;

(b) may make different provision according to the matters or circumstances to which they are expressed to apply;

(c) may provide that a matter or thing in respect of which regulations may be made is to be determined according to the discretion of the Minister.

(4) The regulations may operate by reference to a specified code as in force at a specified time or as in force from time to time.

(5) If a code is referred to in the regulations-

(a) a copy of the code must be kept available for inspection by members of the public, without charge and during normal office hours, at an office determined by the Minister; and

(b) evidence of the contents of the code may be given in any legal proceedings by production of a document apparently certified by the Minister to be a true copy of the code.

Consequential amendments to *Summary* Offences Act 1953

14. The **Summary** Offences Act 1953 is amended as set out in the Schedule.

SCHEDULE

Consequential Amendments to Summary Offences Act 1953

Amendment of s. 48-Posting Bills

1. Section 48 of the Summary Offences Act 1953 is amended-

(a) by striking out subsection (1) and substituting the following subsection:

(1) A person who, without lawful authority, posts a bill on property is guilty of an offence.

Maximum penalty: $2 500 or imprisonment for 6 months;

(b) by striking out subsection (4);

(c) by striking out from subsection (5) the definitions of " **carry** ", " **graffiti implement** " and " **mark graffiti** ".

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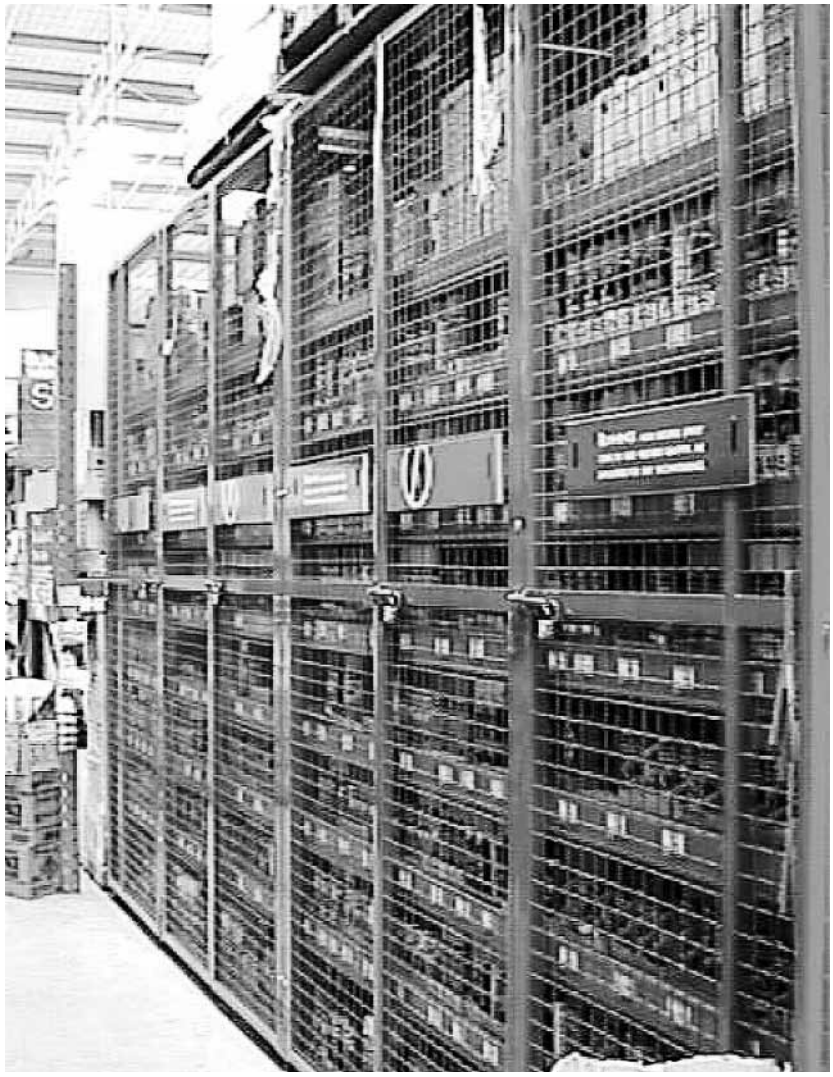
Appendix 17. Photograph of spray paint cans securely locked in reinforced cages – Bunnings, Melville, Western Australia



Appendix 18a. ARA Voluntary Code of Practice (Draft)

Graffiti and Substance Abuse

The Voluntary Industry Strategy
DRAFT MAY 2002

AUSTRALIAN RETAILERS ASSOCIATION
Working for Retail

Retailers can provide a great service to their communities by limiting the opportunities for material to be obtained for the purpose of illegal graffiti and substance abuse.

Retailers include, inter alia: art supply stores, stationery stores, paint and hardware stores, department stores, discount department stores, shoe shops, service stations and newsagents.

The Voluntary Industry Strategy is intended to apply to all retailers merchandising and serving products that may be used for graffiti or substance abuse. It is suggested that when merchandising products that may be used for the purposes of illegal graffiti or substance abuse, retailers implement the recommendations of the Voluntary Industry Strategy in their retail outlets wherever it is commercially practicable to do so.

Recommendations:

1. Identify products within retail outlets which may be used for graffiti* or substance abuse** and avoid the display of such products in areas out of the sight of staff where they can be accessed by consumers.

2. Consider the display of empty spray paint cans ("dummy cans") and empty felt tip markers.

3. Where commercially viable either:

- place products behind service counters or in a secured display cabinet;
- remove self-service access to products and only provide them at the customer's request;
- display products in a position visible from a service point;
- maintain regular staff supervision of these products.

4. Request store security staff to focus attention on these products where there is evidence of theft. Serious consideration should be given to the prosecution of offenders.

5. Inform security and sales staff of the relevant laws and the potential use of these products for graffiti and substance abuse.

6. Display in the store, preferably adjacent to these products, a sign or poster which informs consumers of the penalties for unlawful possession or misuse of these products.

7. When serving a potential customer, a retailer should enquire as to the proposed use of the product. If on the basis of these inquiries, it appears that the likely use of the product is unlawful, the retailer may refuse to sell the product.

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* ***Products which may be used for the purposes of graffiti include:***

- *spray paint cans;*
- *wide felt tip pens;*
- *shoe polish;*

** ***Products which may be used for the purposes of substance abuse include:***

- *Adhesives and glues;*
- *Aerosols, including spray paint, hair spray and deodorants;*
- *Cleaning agents, such as degreaser;*
- *Solvents, such as nail polish remover, paint stripper, correction fluid and lighter fluid;*
- *Food products, such as whipped cream bulbs and non-stick sprays.*

Appendix 18b. New South Wales Graffiti Code of Practice

AUSTRALIAN
RETAILERS
ASSOCIATION
NEW SOUTH WALES

Formerly Retail Traders' Association of NSW

20 YORK STREET SYDNEY 2000 PH 9290 3766 FAX 9262 1464

The Voluntary Industry Strategy
(Mark II)

GRAFFITI

The Voluntary Industry Strategy is intended to apply to all retailers merchandising and serving products that may be used for graffiti.

- Retailers include, inter alia; art supply stores, stationery stores, paint and hardware stores, department stores, discount department stores, shoe shops, service stations and newsagents. It is suggested that when merchandising products that may be used for graffiti, retailers implement the recommendations of the Voluntary Industry Strategy in their retail outlets wherever it is commercially practicable to do so.

Recommendations:

1. Identify products within retail outlets which may be used for graffiti (ie., spray paint cans, wide felt tip pens) and avoid the display of such products in areas out of the sight of staff where they can be accessed by consumers.

2. Consider the display of empty spray paint cans ("dummy cans") and empty felt tip markers.

3. Where commercially viable either:

   - physically secure products behind counters or in glass display cabinets; or
   - remove self-service access to products, only providing them at consumer's request; or
   - locate products in a position visible from a service point; or
   - maintain regular staff supervision of these products.

4. Request store security staff to focus attention on these products where there is evidence of theft. Serious consideration should be given to the prosecution of offenders.

5. Inform security and sales staff of the relevant laws and the potential use of these products for graffiti.

6. Display in the store, preferably adjacent to these products, a sign or poster (such as "*Graffiti, and you pay*") which informs consumers of the penalties for unlawful possession or misuse of these products.

   eg. ***WARNING:****
   - A $2000 fine** or imprisonment for 6 months if you damage or deface premises or property
   - A$1000 fine** or imprisonment for 3 months if you are caught in possession of spray paint, markers, etc., with the intent to deface or damage premises or property
   - The court may make you do Community Service work instead of imposing a fine or sentence
   - The Court may also order that you remove the graffiti and restore the appearance of the premises or property

   ** (Maximum fines may exceed these amounts.)
   * (the relevant Act is the Summary Offences and Other Legislation (Graffiti) Act 1994.)

7. Ensure that all advertising of paint spray cans and felt tip markers is accompanied by a reminder about the penalties for unlawful possession or misuse of these products.

8. When serving a potential customer, a retailer should enquire as to the proposed use of the product. If on the basis of these enquires, it appears that the likely use of the product is unlawful, the retailer may refuse to sell the product.

9. Retailers should cooperate with shopping centre managers and property owners to ensure that graffiti is removed as soon as possible, within 24 hours if possible.

"Part of the Graffiti Solution"

Appendix 19. Hardware Association of Victoria, Code of Practice containing guidelines on addressing Volatile Substance Abuse

HARDWARE ASSOCIATION OF VICTORIA INC.

Child Chroming (inhalation of toxic fumes)

What Can Retailers Do?

THE HARDWARE ASSOCIATION OF VICTORIA IS IN THE PROCESS OF FORMALISING ITS POSITION ON CHILD CHROMING.

IN THE MEANTIME THERE ARE SEVERAL ACTIONS A RETAILER CAN TAKE TO DETER POTENTIAL USERS FROM VIEWING THE SHOP AS A PLACE TO OBTAIN HARMFUL PRODUCTS.

RETAILERS CAN ADOPT A VOLUNTARY CODE OF PRACTICE.

By adopting a voluntary code of practice retailers can provide a service to their communities by limiting the opportunities for materials to be obtained for the purpose of solvent abuse. The code refers particularly to all solvents, glues, butane and other aerosols, particularly chrome paint.

The code encourages retailers to take reasonable steps to limit the likelihood of these materials being obtained for solvent abuse by such actions as appropriate to their circumstances, which may include any of the following:

- Identify sensitive products in your store is the first important step
- Display these materials in sight of shop staff, near tills, on high shelves, under the counter, or in locked display cabinets
- Avoiding sale of products to children unless accompanied by adults
- Identification of the purpose of frequent or large sales of products
- Diplay of signs indicating your right to refuse sales
- Politely refusing sale of these substances to those you suspect of being solvent abusers
- Undertake a signage program highlighting the fact that these products will not be sold to minors (under 18)
- Network with retailers on a regular basis to keep informed about solvent users and the products they are seeking

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1/180 Whitehorse Road, Blackburn, Victoria Ph: (03) 98755 070 Fax: (03) 9877 6663
Mail: P.O. Box 97 Blackburn Victoria 3130

Child Chroming

Guidelines For Retailers

SOLVENTS

There are numerous commercially available products containing potentially intoxicating inhalable solvents and aerosols. They are found in everyday products and as propellants in aerosols. Solvents and aerosols belong to a group of substances know as 'inhalents' because of the manner in which they are used. Other substances in this group include nitrites (amyl& butyl nitrite). Solvents and aerosols are described as 'volatile substances' because they are gases or give off fumes at room temperature.

CHROMING

Chroming means sniffing chrome based paint. Most users do this by spraying the paint from an aerosol can into a plastic bag then putting their face or entire head into the bag.

GUIDELINES TO RETAILERS

1. **Is it illegal to sell solvents?**
   At this stage there is no law against selling, buying or possessing solvent products in Australia. This is because many solvents have a legitimate use (i.e. petrol, glues, paint thinner, paint etc.) which makes them difficult to restrict to any member of the community.

2. **As a retailer do I have responsibility to not sell solvents to an individual whom I believe may be using them for purposes other than their intended use?**
   Yes. Retailers and their staff are called upon to develop a moral and responsible approach to the sale of volatile substances. If the retailer and/or the staff have reasons to believe that a particular compound is likely to cause harm or to be used for the purpose of intoxification, then the decision not to sell should be supported.

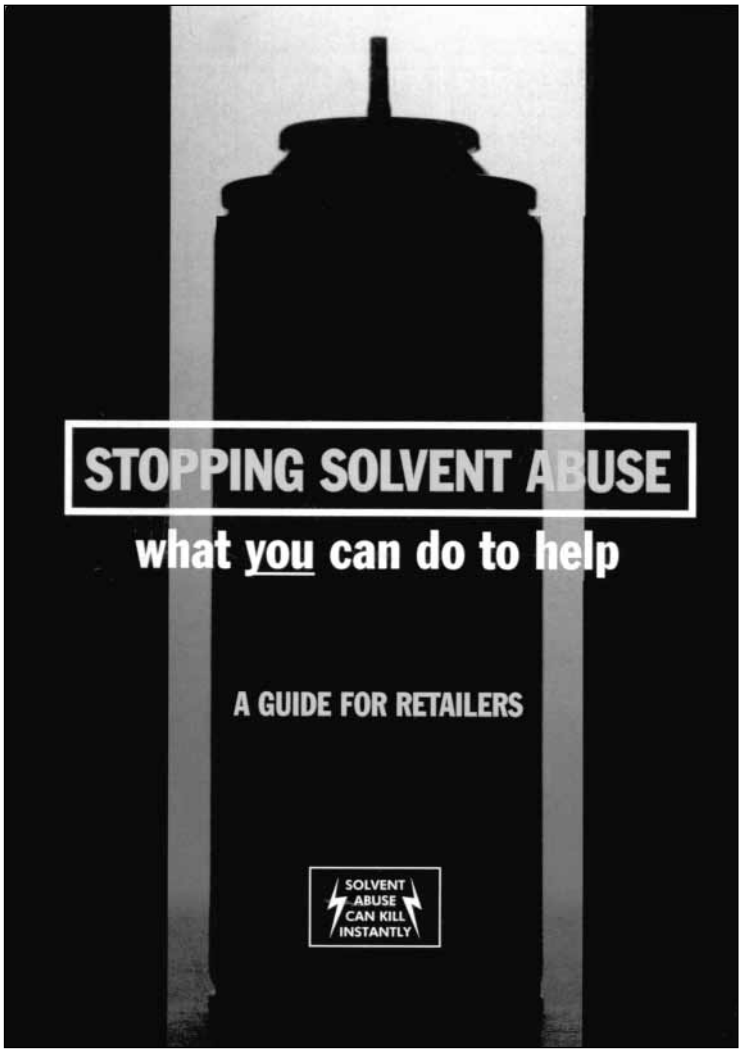
REQUEST FOR PLASTIC BAGS AT THE SAME TIME AS THE PURCHASE OF SOLVENT-BASED PRODUCTS SHOULD RAISE YOUR SUSPICIONS IMMEDIATELY

For more information contact Kathy Mastos at the Hardware Association of Victoria on 03 98755 070.

1/180 Whitehorse Road, Blackburn, Victoria Ph: (03) 98755 070 Fax: (03) 9877 6663
Mail: P.O. Box 97 Blackburn Victoria 3130

Appendix 20. Hardware Association of Victoria, suggested warning signs for installation in hardware stores in Victoria

Appendix 21. Guide for retailers, prepared by Richard Ives for the Health Education Authority (United Kingdom) London, 1999



THE PROBLEM OF SOLVENT ABUSE

Young people sometimes do crazy and risky things. Youth is a time for experimentation. If you look back on your own adolescence, you can probably think of things you did then that you wouldn't do now. The abuse of drugs and other substances is one of the many risky things that some teenagers do.

Drug and solvent abuse is a big problem in the UK today causing illness and death. Solvent abuse is the abuse of various household and industrial products to achieve intoxication. Many of these products can be bought in your store.

There are already controls on the sales of these products to young people. These controls have helped to tackle the problem, but the Government has now gone further, and has introduced legislation to make it an offence for retailers and other people to supply gas lighter refills to young people under 18.

It has not yet been possible to stop people abusing products by changing the formulation. Changing the container design or size may help in some cases, but it isn't a complete answer. One part of the solution is to have controls on sales.

This booklet is to help you comply with this new law and to understand the reasons behind it. It tells you about the problem and what you and your staff need to do to uphold the law and protect young people.

WHAT IS IT?

Solvent abuse is the use of any kind of volatile substance (that is, one that gives off fumes at room temperature) to get intoxicated. There are various names for it like 'glue sniffing' and 'solvent abuse'. Although many different everyday products, not just solvents, can be abused it is generally known as 'solvent abuse'. It's also called 'sniffing' although vapours are inhaled through the mouth as well as the nose. 'Volatile substance abuse' or 'VSA' are phrases you might also hear.

Sniffing is very dangerous. Deaths occur unpredictably – even the first sniff could be someone's last. Most of those who are killed are teenagers. More teenagers die from sniffing household products than from all the illegal drugs. The latest annual figures (1997) showed 73 deaths were associated with sniffing – that's more than one per week.

WHO DOES IT?

All kinds of youngsters may try sniffing, and there's no way of telling in advance. About a fifth of 15 and 16 year olds say they have tried it. But most of these will only have used it once or twice, found they did not like it and never used again. There are only a very few 'hardcore' sniffers. Those who carry on sniffing for a long time generally have other problems in their lives, for example in their families or at school.

This makes it hard for retailers to identify sniffers and you shouldn't try to do this by their appearance. What you need to look for are signs of behaviour indicating that young people are buying substances to use them to sniff.

WHY DO YOUNG PEOPLE SNIFF?

People who use these substances typically report that it feels a bit like getting drunk, and some report hallucinations. To some, this is the big attraction. These products are easily available and a cheap 'high'. That's why younger teenagers often try 'sniffing' when they don't have access to alcohol or illegal drugs.

All kinds of products are involved in the deaths, but over the past few years gas lighter refills have been the biggest killer. Gas lighter refills are particularly dangerous as they can kill instantly. That's why the Government has decided to act to ban the sale of gas lighter refills to anyone under 18.

WHAT PRODUCTS ARE ABUSED?

Anything that contains a volatile hydrocarbon is potentially abusable. The main products that are misused 'to get high are':

- **butane gases (especially cigarette lighter refill cans)**
- **certain kinds of glues**
- **many types of aerosol sprays.**

Other products include correction fluids, dry cleaning fluid, spot remover, some shoe and metal polishes.

Many of these products carry the voluntary 'SACKI' warning: 'Solvent Abuse Can Kill Instantly' and the label points out the dangers of deliberate inhalation. However, not all abusable products carry the SACKI warning.

WHAT YOU NEED TO DO

You should be alert to young people buying volatile substances in groups, or individuals or groups who buy frequently or who come back on the same day to buy a similar product or try to make multiple purchases. When they are experimenting, youngsters will often sniff in small groups, but older sniffers are often socially isolated, sniffing on their own. Also watch out for youngsters who ask for plastic bags or carrier bags which they might be going to use as containers from which to inhale the substance. Another indicator is when young people come into your shop when they should be at school. We know that truants are more likely to abuse substances than other young people.

Don't assume that most sniffers are boys. Although most of the deaths associated with VSA have been of boys and young men, girls sniff as well. A national survey found out that approximately 20 per cent of girls as well as boys aged 16-25 reported having tried sniffing.

You and your staff have a tricky job. Everyone understands that retailers and their vigilance are only part of the solution to this difficult social problem. So we don't expect you to do everything, but we do expect you to do your bit. There are two laws that you must comply with.

HEROIN AND ECSTASY CAN KILL, BUT MORE TEENAGERS DIE FROM SNIFFING HOUSEHOLD PRODUCTS THAN FROM ABUSE OF ALL THE ILLEGAL DRUGS

BE SURE OF THE LAW

In England, Wales and Northern Ireland the Intoxicating Substances (Supply) Act 1985 makes it an offence for a person to supply or offer to supply to someone under the age of 18 or acting for a person under that age 'if he knows or has reasonable cause to believe that the substance or its fumes are likely to be inhaled... for the purpose of causing intoxication'. The law doesn't give a list of substances, and the retailer must decide whether a particular young customer is going to abuse the product.

The law in Scotland is different but the effect is similar: Scottish Common Law provides for a similar offence of 'recklessly' selling substances knowing they are going to be inhaled. There isn't an age limit, and 'reckless' sales to over-18s have resulted in prosecution fines and prison sentences of two years having been imposed by the courts in Scotland.

Now, (starting in October 1999) there is a new law which makes it an offence for you to supply gas lighter refills to young people under the age of 18 years. You may not sell gas lighter refills to anyone under 18. This new regulation under the Consumer Protection Act is being made because of the large number of deaths associated with gas lighter refills. This new law applies to the whole of the UK.

The penalty for breaking either this law or the Intoxicating Substances (Supply) Act 1985 is a maximum fine of £5,000 or up to six months imprisonment – or both.

SO YOU MUST REFUSE TO SELL ANY PRODUCT THAT YOU THINK MIGHT BE USED BY A YOUNG PERSON TO 'GET HIGH' AND – UNDER THE NEW LEGISLATION – YOU MUST ABSOLUTELY NOT SELL GAS LIGHTER REFILLS TO ANYONE UNDER 18.

The two pieces of legislation require quite different actions. Normally, you will have no problems in selling products like hairspray to youngsters under 18. But you need to keep your wits about you and be aware that these products might be used to achieve intoxication. But when it comes to gas lighter refills you mustn't sell it to any young person who is younger than the 18 age limit.

Don't get a reputation as a store that breaks the law. A clear policy that is enforced will reassure legitimate customers that you are a responsible retailer. You'll gain recognition in your community and have the satisfaction of knowing that you are helping to save young people's lives.

REMEMBER SOLVENT ABUSE CAN KILL INSTANTLY

HOW YOU CAN HELP

The first thing is to make it clear to potential abusers of these products that you know what the law is and are prepared to enforce it. This means a sticker in the window saying that you reserve the right not to sell volatile substances. You might decide to keep some products under lock and key and only make them available if customers ask for them. Stickers are available from DCOS, telephone 01304 614731 to place an order.

Staff training is crucial – it's your job to make sure that your staff feel confident that they know the law and that they know how to refuse a customer who they think is going to use these products for intoxication.

You can get help with this from our training package, which can be downloaded from our website www.canban.com

So your staff will need two types of training –

- the practical information about the legislation;
- the skills to assertively refuse to sell a customer a product without giving offence.

Remember that when you take on new staff you will need to brief them about the legislation and how to comply with it. Staff will need to know what help is available if they run into trouble. You'll need to reassure them that a senior member of staff will be on hand to support their decision and to explain to the customer the reasons why the sale is being refused. The key skills are assertiveness and politeness.

SOME EXAMPLES OF SITUATIONS WHERE YOU WILL NEED TO USE JUDGEMENT WHEN DECIDING WHETHER OR NOT TO ALLOW A SALE

SITUATION: A young man who might be under the age of 18 asks for 20 cigarettes and a container of butane lighter refill.
ADVICE: *Explain to him that you can't sell him the refill if he is under 18. If he protests that he is over 18, ask him if he has any proof of age. If he cannot produce proof of age, you must refuse the sale if you think he is under-age.*

SITUATION: Two young boys who you think are of primary school age (that is, under the age of eleven) come in giggling. They spend some time looking at the different deodorant sprays before selecting one and bringing it to the till, where they pick up a chocolate bar as well.
ADVICE: *Refuse the deodorant sale – it seems suspicious because of their behaviour and because they are not buying other items.*

SITUATION: After you have refused to sell a product to some youngsters, you see that they are hanging around near the shop, asking other customers to buy the product for them. Eventually, an adult agrees to do this; he comes into the shop and asks for the product.
ADVICE: *Refuse the sale if you think that the person is buying for someone else. You could point out to that person the dangers of the abuse of these products.*

SITUATION: A young woman apparently under the age of 18 brings her basket to the till. It contains a loaf of bread, a carton of milk, a bag of crisps and a deodorant spray.
ADVICE: *Allow the sale, unless you have other evidence of the possibility of abuse of this product.*

HANDLING DIFFICULT SITUATIONS

Sometimes, your refusal to sell a product will anger the customer. You have probably had experiences of dealing with difficult situations and you can apply your experiences to avoid provoking a confrontation.

- **Refuse politely** and, if necessary, keep repeating your refusal: 'I'm sorry, but I can't sell you this.'
- **Stay calm,** look the customer in the eye and, if required, explain clearly but briefly why you are refusing.
- **Don't get into an argument** – just keep repeating your polite refusal: 'The law doesn't allow me to sell this to you.'
- **Be consistent in your refusal**. Show the customer by your firm tone of voice, by your upright body posture, and your direct eye contact that you are not going to make the sale – the law is on your side and you are doing the right thing.
- **Draw the customer's attention** to the point-of-sale stickers indicating that sales of these substances will be refused: *'Look, these signs say that our store won't sell these products to young people.'*
- **Explain** that it is the policy of the store not to sell these products: 'Our company policy is not to sell these products to young people.'
- **Refer to the law**. If necessary, explain that the law does not allow you to sell the product to them: 'If I sold you this, I would be breaking the law.'
- **Call your supervisor** (if you have one) for support.
- **Don't be swayed** by the customer's assertions that s/he is over 18. If you think that they are under-age, they need to give you evidence of age, such as a Photo ID.

HOW TO GET MORE SUPPORT

Make sure that all your staff know about the law by getting them a copy of this booklet. You can get more copies by telephoning DCOS on 01304 614731. We can also send you point-of-sale and window stickers. There is a small charge for this.

You'll find further advice on solvent abuse on our special retailers' website www.canban.com. You can download the text of this booklet from the website. Company training officers will find there a PowerPoint Presentation for use in staff training. The website also has a special area for Local Authority Trading Standards Officers.

Re-Solv is the Society for the Prevention of Solvent and Volatile Substance Abuse. They offer advice and resources to help you deal with this problem. Contact them at 30A High Street, Stone, Staffordshire. Telephone 01785 817885. Freephone help no: 0808 800 2345. www.re-solv.org.uk

The Solvent Misuse Project at the National Children's Bureau offers advice and information to professional workers with young people. Contact NCB, 8 Wakley Street, London EC1V 7QE. Telephone 0171 843 6038. Or visit their website at www.ncb.org.uk

The National Drugs Helpline answers queries about all aspects of substance abuse. Call them free and in confidence on 0800 77 66 00.

This leaflet is for information only and has no legal standing. For more information contact your local Trading Standards Office.

Written by Richard Ives. © HEA 1999. HEA, 30 Great Peter Street, London SW1P 2HW. Telephone 0171 222 5300.

ISBN 0 7521 1741 6

Appendix 22. Western Australian Voluntary Code of Practice for Retailers – Availability of materials used for solvent abuse[775]

AVAILABILITY OF MATERIALS USED FOR SOLVENT ABUSE

VOLUNTARY CODE OF PRACTICE FOR RETAILERS

DRUG AWARE

Retailers can provide a great service to their communities by limiting the opportunities for materials to be obtained for the purpose of solvent abuse.

The code refers particularly to all solvents, glues, butane and other aerosols.

The code encourages retailers to take reasonable steps to limit the likelihood of these materials being obtained for solvent abuse by such actions as is appropriate to their circumstances, which may include any of the following:

Displaying these materials in sight of shop staff, near tills, on high shelves, under the counter, or in locked display cabinets
Use of dummy containers for display purposes
Avoiding sale of products to children unless accompanied by adults
Identification of the purpose of use of large quantities of product
Display of signs indicating your right to refuse sales
Politely refusing sale of these substances to those you suspect of being a solvent abuser

This code of conduct has been developed by the government of Western Australia in partnership with community organisations, recognising the contribution of retailers in the effort of Western Australians to control drug abuse.

SOLVENTS

There are numerous commercially available products containing potentially intoxicating inhalable solvents and aerosols. They are found in everyday products and as propellants in aerosols. Solvents and aerosols belong to a group of substances known as 'inhalants' because of the manner in which they are used. Other substances in this group include nitrites (amyl and butyl nitrite). Solvents and aerosols are described as 'volatile substances' because they are gases or give off fumes at room temperature.

Who uses solvents

Research indicates that individual solvent use is generally an experimental or temporal phenomena among some young people between the ages of 7 to 18 years. However, there also appears to be some geographical areas, groups or individuals where solvent use is not a passing phase, but used on a continuous basis. Overall, individuals who do inhale solvents generally try it for a limited period and then discontinue.

It has been known for adults to use and/or purchase supplies for younger users.

Effects of Solvent Intoxication

The effects of solvents are similar to alcohol (although they come on and wear off faster). As with alcohol these effects depend on:

- The drug itself (amount, strength, and the way it is taken).
- The characteristics of the person (health, personality, mood, expectations, previous experience with the drug).
- The occasion on which the drug is taken (alone, with friends, while using other drugs, driving etc)

Requests for plastic bags at the same time as the purchase of solvent-based products should raise your suspicions immediately

775 The Committee would like to acknowledge the Western Australian Drug Abuse Strategy Office, Western Australia Police Service and the North East Midland Community Drug Service Team for their kind permission to reproduce this Code of Practice.

Immediate effects

Inhalation leads to a feeling of excitement. This intoxicating effect only lasts for a short time, usually less than an hour. Intoxication is similar to that of alcohol and may include:

- Erratic behaviour, unsteady gait, slurred speech, sensitivity to light, sneezing, coughing, impaired judgement, nausea and vomiting.
- Depression of body functions like breathing and heart rate.
- Feelings of relaxation.
- These effects are often followed by drowsiness. Repeated inhalation over a period of minutes or hours may lead to disorientation, loss of control, fits and unconsciousness.
- Afterwards the user may experience a mild hangover (headaches and poor concentration).

Long term effects

Some studies have linked the heavy use of certain solvents and aerosols to liver, kidney and nerve damage. Temporary and permanent interference with brain functions has been reported, although permanent cases of brain damage are rare.

Identifying the user

- Be aware of individuals standing around counters in stores or areas where aerosols or other solvent based products are displayed
- If you are worried or suspicious **Call the Police**
- Be aware of frequent purchases of solvent-based products and aerosols by the same individual
- Traces or smell of solvent on a person's clothes, or
- Other indications of solvent or substance use are red eyes, heightened colouring, reddening spots around the mouth and nose, uncontrolled excessive giggling and rowdy or silly behaviour

Produced by Northeast Metropolitan Community Drug Service Team
(Holyoake. The Australian Institute on Alcohol and Addictions)

Guidelines to Retailers

Q1. Is it illegal to sell solvents?

A. At this stage there is no law against selling, buying or possessing solvent products in Western Australia. This is because many solvents have a legitimate use (i.e. petrol, glues, paint thinners, paint etc.) which makes them difficult to restrict to any member of the community.

Q2. As a retailer do I have a responsibility to not sell solvents to an individual whom I believe may be using them for purposes other than their intended use?

A. Yes. Retailers and their staff are called upon to develop a moral and responsible approach to the sale of volatile substances. If the retailer and/or staff have reasons to believe that a particular compound is likely to cause harm or be used for the purpose of intoxication, then the decision not to sell should be supported.

Q3. Is there any legislation that states that a shop owner has to sell solvents to customers?

A. No. Retailers are often concerned that if they do not sell particular products that they will be taken to court for discrimination or such like. There has not been any recorded case of this happening. However, a retailer has the right to withdraw a particular item from sale if they so choose.

Q4. Do retailers have the right to evict any individual from the store?

A. Yes. The store manager has the right to ask any individual to leave the store. Particularly if an individual appears to be demonstrating unusual behaviour and/or has been known to steal from the shop in the past.

Q5. Should I display a sign indicating that solvent products will not be sold to any person under suspicious circumstances?

A. Yes. A sign can state "We reserve the right to refuse the sale of certain harmful substances if we believe they are going to be used in a way other than the purpose for which they were intended".

Q6. Should shop assistants be trained in how to deal with incidents?

A. Training of all staff members is an important part of addressing the issues of solvent use and the stealing of products from your shop. Each staff member should be given training in how to recognise and communicate with individuals who they suspect are solvent users. Each staff member must know their rights and responsibilities in the sale of solvent products. Situations that arise are best handled calmly and without fuss.

Q7. What should I do if an individual becomes threatening?

A. **Call the police.**
Retailers and staff should not put themselves in danger trying to prevent the sale or stealing of volatile substances from the shop. If an individual becomes agitated or angry do not engage him/her in an argument, call the police first and then call the manager.

Q8. What products are being used to sniff?

A. It is difficult for retailers to keep track of the entire range of solvents used. It is more important for retailers to keep the whole shop or property safe rather than particular items.

Q9. How do you recognise a solvent user?

A Sometimes it is not easy to distinguish solvent users from other genuine customers. This makes it difficult for retailers to know if an individual wants a particular solvent product for legitimate purposes or for sniffing.

Q10. What are some clues in identifying a possible solvent user in the store?

A. Watch out for groups of young people standing around counters or areas where solvents are displayed.

Frequent purchase of solvents by the same individual.

An obvious indicator of solvent use is the strong chemical smell on the users breath or clothing as well as a drowsy, vacant or glazed expression in the eyes.

Requests for plastic bags at the same time as solvent-based products should raise your suspicions.

The inhaled solvents are rapidly absorbed through the lungs and quickly distributed to the brain and other organs. The effects therefore appear within minutes of inhalation and may last for 15 to 45 minutes. The user will feel drowsy for a period of 2 hours and suffer no more than a headache.

St John's Ambulance suggest using the DR-ABC method:

D = Danger — to self and others, remove plastic bag from face, check for other young people with the victim.
R = Response — call out to the person or gently shake to assess consciousness.
A = Airways — check airways are not obstructed
= Breathing — check person is breathing
C = Circulation — feel for a pulse

If a person is drowsy or unconscious:

- **Lay them on their side and make sure airways are clear**
- **Make sure they are breathing fresh air**
- **Call an Ambulance if the person is unconscious, it is better to be safe than sorry**
- **If they stop breathing commence CPR immediately and continue to help arrives**

If the person is conscious:

- **Keep them calm and relaxed until they have completely sobered up**
- **Don't try to talk to them about their sniffing problems**
- **Don't chase them or get them stressed, this may lead to them having a cardiac arrest**
- **The important thing is for you to stay calm**

Appendix 23. Circular drafted by Victoria Police for local schools and retailers in Wyndham

VICTORIA POLICE

Information for Schools on the issue of Solvent Based Products.
Confidential: For Schools Only

Inhalant or solvent abuse has been a subject of particular concern in recent weeks within the City of Wyndham.

Dealing with people who engage in solvent abuse can be frustrating. It is not an illegal activity, therefore police do not have the power to arrest. However, Police do have a duty of care and may take action if the affected person is becoming a danger to themselves (for example, walking in front of cars). The effects and symptoms of solvent abuse can be similar to those of mild intoxication or they can be more serious, such as hallucinations, disorientation, confusion, loss of control and impaired judgment. These effects can lead to risk-taking behaviour.

We have recently urged local retailers to help control solvent abuse by restricting sale of solvent based products. Such products include solvent based glues and adhesives, various aerosols, certain paints and lacquers, lighter fuel, dry cleaning agents, solvent based sealants and dyes, shoe and metal polish (mainly in aerosols) and petrol. Currently, chrome bases aerosol paint products are popular with young people. Although it is not illegal to use solvent based products for inhaling, it is an offence for a retailer to sell such products in the belief that they will be used for this purpose.

Schools are asked to be vigilant in this area and contact local police when appropriate.

Yours truly,

Adrian P. Goodwin
Senior Constable 24100
Crime Prevention Officer
Geelong Police Headquarters
Region 2 Division 2
PH 5225 3261

VICTORIA POLICE

Information for Retailers on the sale of Solvent Based Products.
Confidential: For Retailers Only not for General Distribution

Inhalant or solvent abuse has been a subject of particular concern in recent weeks within the City of Wyndham.

Dealing with people who engage in solvent abuse can be frustrating. It is not an illegal activity, therefore police do not have the power to arrest. Police do have a duty of care, however and may take action if the affected person is becoming a danger to themselves (for example, walking in front of cars). The effects and symptoms of solvent abuse can be similar to those of mild intoxication or they can be more serious, such as hallucinations, disorientation, confusion, loss of control and impaired judgment. These effects can lead to risk-taking behaviour.

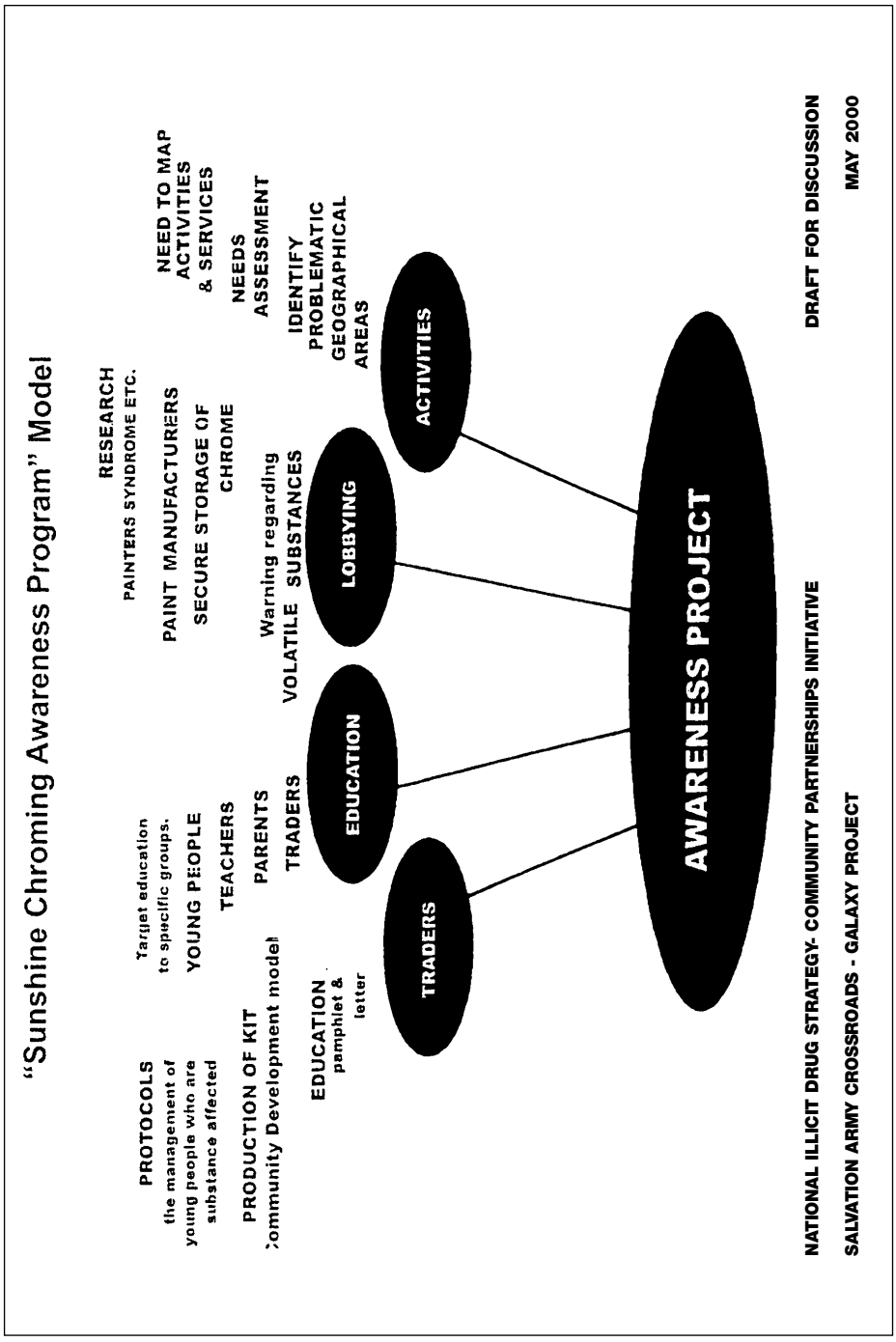
Retailers are strongly urged to help control solvent abuse by restricting sales of solvent based products. Such products include solvent based glues and adhesives, various aerosols, certain paints and lacquers, lighter fuel, dry cleaning agents, solvent based sealants and dyes, shoe and metal polish (mainly in aerosols) and petrol. Currently chrome based aerosol paint products are popular with young people. There are many more, but retailers should be able to determine the preferred products in their store so that access to these particular products can be controlled. Suggestions include:-

- **Do not sell solvents to children unless they are accompanied by an adult.**
- **Do not sell large quantities without good reason.**
- **Display signs indicating your right to refuse sales - on the window or door, near the solvents or on the till.**
- **Do not keep solvent-based products on open display where shoplifting is easy.**
- **Keep solvents on high shelves, under the counter, near the till or in locked display cabinets. (You could display empty samples of products so that the genuine customers are aware of your range).**
- **Make all staff aware of "sensitive" products.**

Although it is not illegal to use solvent based products for inhaling, it is an offence for a retailer to sell such products in the belief that they will be used for this purpose.

Retailers are asked to be vigilant in this area and keep police aware of what is happening. For more information please contact the Region 2 Division 2 District Crime Prevention Office, Senior Constable Sandy ATKINSON or Senior Constable Adrian Goodwin on 52 253261.

Appendix 24a. Sunshine Chroming Awareness Program Schematic Model



Appendix 24b. Sunshine Chroming Awareness Program Traders' Resource Kit

TRADERS
RESOURCE KIT
to address solvent use in the Sunshine shopping area.

Developed by the
Sunshine Chroming Awareness Group
Salvation Army Crossroads
Galaxy Project

Funded by the:
Commonwealth Government's National Illicit Drug Strategy Community Partnerships Program.

Information drawn from the:
Retailers Acting Against solvent Abuse.
Resource Kit funded by the:
Western Australian Drug Abuse Strategy Office.

SUNSHINE CHROMING AWARENESS GROUP

The Sunshine Chroming Awareness Group was formed in November 1999, and includes representatives from:

* Sunshine Police (Youth Liaison Officer)
* Sunshine Youth Housing
* Sunshine Traders Association
* Salvation Army Westcare Alcohol and Drug Consultant
* Good Shepherd Youth & Family Services
* Westcare Residential Units
* Youth Outreach Team (Alcohol & Other Drug Program)
* IMYOS - MHSKY
* Rotary Club
* Department of Education Employment & Training
* Brimbank City Council
* ESCOR - Smorgon family.

The group is coordinated by the Galaxy Project Worker in conjunction with Westcare.

The group has met regularly during 2000, and has spent time discussing the issue of chroming and developing ways to tackle the problem. This is one of the initiatives decided on by the group.

AIM

* ***to form a group with representatives from local community agencies and traders to develop an action strategy / pilot program to address chroming issues in the Sunshine Shopping areas.***
* ***Document a best practice model for other communities to use when dealing with chroming and other commonly misused substances in their local areas.***

BENEFITS FOR RETAILERS IN MANAGING THE SALE OF SOLVENTS

* Reduced theft of solvents
* Deter intoxicated individuals from entering your store.
* Improve staff safety in the management of the sale of solvents.
* Improve compliance with occupational health and safety requirements.
* Customers do not feel threatened in the store.
* Positive public view of store as being community minded and socially responsible.

A RESPONSIBLE AND ETHICAL APPROACH TO REDUCING DRUG RELATED HARM IN THE COMMUNITY.

WHAT CAN RETAILERS DO?

THERE ARE A NUMBER OF ACTIONS THE RETAILER CAN TAKE TO DETER POTENTIAL USERS FROM VIEWING THE SHOP AS A PLACE TO OBTAIN THE PRODUCTS THEY WANT.

RETAILERS CAN DEVELOP A VOLUNTARY CODE OF PRACTICE.

By developing a voluntary code of practice retailers can provide a service to their communities by limiting the opportunities for materials to be obtained for the purpose of solvent abuse. The code refers particularly to all solvents, glues, butane and other aerosols, particularly chrome paint.

The code encourages retailers to take reasonable steps to limit the likelihood of these materials being obtained for solvent abuse by such actions as appropriate to their circumstances, which may include any of the following:

* Identifying sensitive products in your store is the first important step.
* Educate and train yourself and your staff about solvent us, safety and management precautions.
* Keep local emergency numbers near the phone and / or programmed into the phone, and call from a visible point in the store.
* Displaying these materials in sight of shop staff, near tills, on high shelves, under the counter, or in locked display cabinets.
* Avoiding sale of products to children unless accompanied by adults.
* Identification of the purpose of frequent or large sales of product.
* Display of signs indicating your right to refuse sales.
* Politely refusing sale of these substances to those you suspect of being a solvent abuser.
* Undertake a signage program highlighting the fact that these products will not be sold to minors (under 18)
* Network with retailers on a regular basis to keep informed about solvent users and the products they are seeking.

SOLVENTS

There are numerous commercially available products containing potentially intoxicating inhalable solvents and aerosols. They are found in everyday products and as propellants in aerosols. Solvents and aerosols belong to a group of substances known as 'inhalants' because of the manner in which they are used. Other substances in this group include nitrites (amyl & butyl nitrite). Solvents and aerosols are described as 'volatile substances' because they are gases or give off fumes at room temperature.

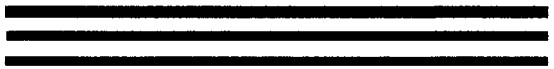
WHO USES SOLVENTS

Research indicates that individual solvent use is generally an experimental or temporary phenomena among some young people aged 7 - 18 years. There are three broad categories of young people who sniff chrome, glue or other solvents:

1. **The experimenter**
   The majority of young people fall into this category. They try it once or twice then stop by themselves.

2. **Social user**
   Usually done with a group of friends. The amount of using varies, depending on what else is going on in their lives.

3. **The long term / dependent user**
   A small number of people go on to use on a regular basis over a long time. These users usually have other major problems in their lives. They may sniff alone or with other people who use regularly.



CHROMING

Chroming means sniffing chrome based paint. Most users do this by spraying the paint from an aerosol can into a plastic bag then putting their face or entire head into the bag to inhale the vapors.

IMMEDIATE EFFECTS

* Erratic behavior, unsteady gait, slurred speech, sensitivity to light, sneezing, coughing, impaired judgement, nausea and vomiting.
* Unpleasant breath - after inhaling inhalants people often have the smell of the product on their breath.
* Nosebleeds and sores - Inhalants may also cause nosebleeds, bloodshot eyes and sores around the mouth and nose.
* Reckless behaviours - sometimes people do reckless or dangerous things after inhalants. This can cause serious accidents.
* Depression of body functions such as breathing and heart rate.
* Feelings of relaxation.
* These effects are usually followed by drowsiness. Repeated inhalation over a period of minutes or hours may lead to disorientation, loss of control, fits and unconsciousness.
* Afterwards the user may experience a hangover.

LONG TERM EFFECTS

* Some studies have linked the heavy use of chrome and other certain solvents to liver, kidney and nerve damage.
* Temporary and permanent interference with brain functions has been reported, although permanent cases of brain damage are rare.
* A small number of people have died from using inhalants, and the associated behaviours that place them at high risk..

GUIDELINES TO RETAILERS

1. **Is it illegal to sell solvents?**

   At this stage there is no law against selling, buying or possessing solvent products in Australia. This is because many solvents have a legitimate use (i.e. petrol, glues, paint thinner, paint etc.) which them difficult to restrict to any member of the community.

2. **As a retailer do I have responsibility to not sell solvents to an individual whom I believe may be using them for purposes other than their intended use?**

   Yes. Retailers and their staff are called upon to develop a moral and responsible approach to the sale of volatile substances. If the retaile and / or staff have reasons to believe that a particular compound is likely to cause harm or to be used for the purpose of intoxification, then the decision not to sell should be supported.

3. **Is there any legislation that states that a shop owner has to sel solvents to customers?**

   No. Retailers are often concerned that if they do not sell particular products that they will betaken to court for discrimination or such. There has not been any recorded case of this happening. However, a retailer has the right to withdraw a particular item from sale if they so choose.

4. **Do retailers have the right to evict any individual from the store?**

   Yes. The store manager has the right to ask any individual to leave the store. Particularly if an individual appears to be demonstrating unusual behaviour and / or has been known to cause problems or steal from the shop in the past.

5. **Should i display a sign indicating that solvent products will no be sold to any person under suspicious circumstances?**

   Yes. A sign can state "We reserve the right to refuse the sale of certain harmful substances if we believe they are going to be used in a way other than the purpose for which they were intended.

GUIDELINES TO RETAILERS.

6. **Should shop assistants be trained in how to deal with incidents?**

   Training of all staff members is an important part of addressing the issues of solvent abuse and the stealing of these products. Each staff member should receive training in how to recognise and communicate with individuals who they suspect are solvent abusers. Each staff member should also receive training in their rights and responsibilities regarding the sale of solvents. Situations are best handled calmly and without fuss.

7. **What products are being used to sniff?**

   It is difficult for retailers to keep track of the entire range of solvents used. It is important for retailers to keep the whole shop or property safe rather than particular items.

8. **What are some clues in identifying a possible solvent abuser in the store?**

   Watch out for individual or groups of young people standing around counters or areas where solvents are displayed.

   Frequent purchase of solvents by the same individual.

   An obvious indicator of solvent use is the strong chemical smell on the users breath or clothing as well as a drowsy, vacant or glazed expression in their eyes.

   Requests for plastic bags at the same time as solvent based products should raise your suspicions.

9. **What should I do if an individual becomes threatening?**

   Call the Police. Retailers and staff should not put themselves or customers in danger trying to prevent the sale or stealing of volatile substances from the shop. If an individual becomes agitated or angry, do not engage him / her in an argument, call the police first and then call the manager, or follow individual store protocols.

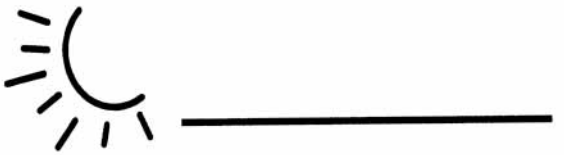
WHAT TO DO IN A CRISIS:

If someone has an adverse reaction while using inhalants it is very important that they receive professional help as soon as possible. Quick responses can save lives.

* Immediately remove the plastic bag if one has been used.
* Call an ambulance. Dial 000. Don't delay.
* Stay with the person until the ambulance arrives. Ask for the nearest person in the shop, or at the scene who knows mouth to mouth resuscitation or cardiopulmonary resuscitation (CPR)
* Ensure adequate air by keeping the crowds back and opening windows where possible. Loosen tight clothing.
* If the person is unconscious, don't leave them on their back - they could choke. turn them on their side and into the recovery position. Gently tilt their head back so their tongue does not block the airway.
* If breathing has stopped, give mouth to mouth resuscitation if there is no pulse, apply CPR.
* Provide the ambulance officers with as much information as you can - what inhalants were taken, how long ago, other medical conditions if known.

This information is taken from the Australian Drug Foundation pamphlet - inhalants - How Drugs Affect You, and is a guide only.

You must seek professional medical assistance immediately if someone has had an adverse reaction whilst abusing inhalants.

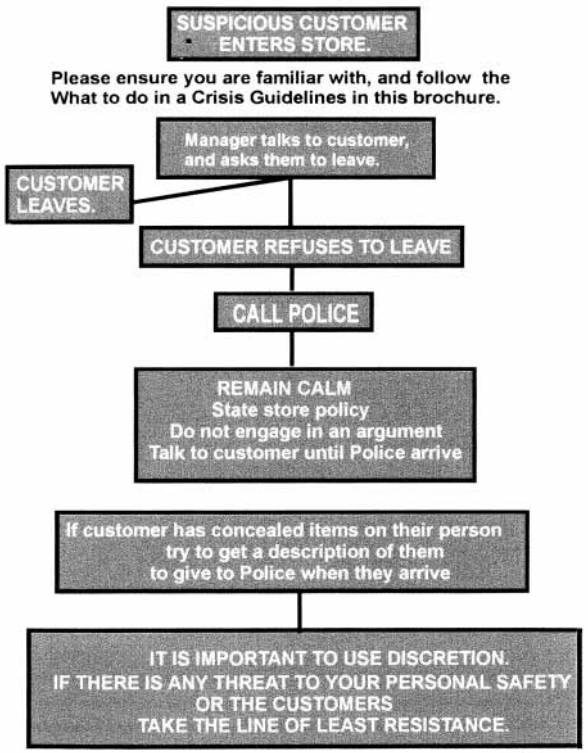


THE SUNSHINE CHROMING AWARENESS GROUP AND COMMUNITY THANK THOSE RETAILERS WHO HAVE ALREADY RESPONDED

* **BUNNINGS WAREHOUSE - SUNSHINE**
* **SAFEWAY**
* **BIG W**
* **REJECT SHOP**

RETAILERS FLOW CHART

Suggested procedure for dealing with problem customers



REMEMBER - IF CONCERNED ABOUT THE PERSONS HEALTH - CALL AN AMBULANCE ASAP.

CONTACTS FOR FURTHER INFORMATION TRAINING OR ASSISTANCE

Sunshine Chroming Awareness Group.

* **Salvation Army Crossroads Galaxy Project Coordinator - Lyn O'Grady (03) 9372 1877**
* **Salvation Army Westcare ICMS Alcohol & Other Drug Consultant - Steve Marchese (03) 9312 3544**
* **Youth Outreach Team - YOT. (Alcohol & Other Drug Program) Western Hospital - (03) 9317 2217**
* **Salvation Army Westcare Glenys Bristow (03) 9311 5261 Mobile: 0407 811 331.**

For contact details for other Awareness Group members please contact the above.

Appendix 25. List of participants at the YACVic Consultation

Thirty-five people attend this consultation. The number was capped due to restrictions on space. Those people who could not attend the consultation were encouraged to submit information by email or telephone. Consultation participants represented the following organisations:[776]

Barwon Adolescent Task Force
Bay West Youth Housing Group
Berry Street/School Focused Youth Services
Centre for Adolescent health
Cutting Edge Youth Services
Children's Welfare Association of Victoria
Department of Human Services
Eastern Drug and Alcohol Service
Hobsons Bay/Wyndham Council
Department of Juvenile Justice
Maribyrnong City Council
Mooney Valley City Council
Moreland City Council
Rover Scouts Victoria
Royal Children's Hospital/Aboriginal Family Support Unit
Salvation Army Eastcare
Sunshine Youth Housing Group
Turning Point
University of Melbourne
Victorian Local Governance Association
Yarra City Council
Youth Substance Abuse Service

776 Some participants did not wish to be identified.

Appendix 26. Newspaper article on inhalants – *New York Times*

THE NEW YORK TIMES, TUESDAY, MAY 30, 2000

Every parent should take a drug test.

Learn about inhalants. What you don't know may surprise you.

An alarming number of children across the country are using household products to get high.

If you're going to protect your kids, you'd better know something about this problem.

Here's a chance to test yourself. The answers are printed below.

1. How many substances found in the average home can make you high if inhaled?
   a. 10 - 15
   b. More than 25
   c. More than 100
   d. More than 500
   e. More than 1000

2. By the eighth grade, how many kids have tried at least one inhalant?
   a. One in a hundred
   b. One in fifty
   c. One in 25
   d. One in 5
   e. One in 2

3. Which of the following can you use with an inhalant to get high?
   a. A soda can
   b. A sock
   c. A plastic bag
   d. A balloon
   e. All of the above

4. What is "huffing?"
   a. Sucking on an aerosol can.
   b. Blowing into a bag, then inhaling the fumes.
   c. Inhaling a chemical by panting.
   d. Putting a rag soaked with a chemical to your mouth and inhaling the fumes.
   e. Pouring a chemical directly into your mouth and breathing the fumes.

5. What percentage of inhalants can be toxic?
   a. 10-15%
   b. 15-20%
   c. 25-50%
   d. 50-75%
   e. All of them.

6. A danger of inhaling chemical substances is:
   a. Brain damage
   b. Liver and kidney damage
   c. Suffocation
   d. Death
   e. All of the above

7. Of the inhalants that will make you "high," how many can cause permanent brain damage?
   a. One or two
   b. A dozen or so
   c. Almost a hundred
   d. Nearly all of them
   e. None of them

8. Why do kids abuse inhalants?
   a. Products that can be sniffed to get high can be found in every household
   b. They're inexpensive
   c. They're legal
   d. Users don't realize how dangerous they are
   e. All of the above

9. What is SSD?
   a. Sweet Sniffing Dreams
   b. Sudden Sniffing Desire
   c. Sudden Sniffing Death
   d. Sure Sniffing Damage
   e. Shaky Sniffing Dancing

10. The best approach to prevention with kids is:
    a. Threaten them – e.g. "I'll break your neck if I ever catch you using inhalants."
    b. Talk with them, tell them how you feel about inhalants, and warn them of the dangers.
    c. Ignore the problem. What your kids don't know can't hurt them.
    d. Tell your kids you want them to talk with their guidance counselor in school about inhalants.
    e. Talk with the guidance counselor yourself and get his or her advice.

Answers: 1(c); 2(d); 3(e); 4(d); 5(e); 6(e); 7(d); 8(e); 9(c); 10(b) or (e).

You don't need to score 100% before you talk about this problem with your kids.

You simply have to let them know how you feel about the problem and warn them of the dangers.

Don't be put off if your words don't seem to register. What does register is not so much what you say, but the fact you care enough to be concerned. Kids have a name for this kind of parental involvement. Love.

A good first step is simply to clip this test and put it up on your refrigerator.

Your kids may make jokes about it. But they'll get it.

For more information call, 1-800-729-6686.

PARTNERSHIP FOR A DRUG-FREE AMERICA®
www.drugfreeamerica.org

Appendix 27. Advice for Parents of Children Who Have Used a Volatile Solvent, Resource produced by the Victorian Department of Education

Talking to your child

Try to talk to your child in a calm and reassuring way. Anger, lecturing or a highly emotional response will not help communication. Poor communication will not help you find ways to work on solutions with your child.

A full discussion is important, but this may have to wait for a few days. Try to find out why your child tried sniffing and put yourself in their shoes. Let them know that they can talk with you. Try to show your support whatever the circumstances.

Listen when your child is talking. Try not to interrupt. An important objective in any discussion with your child is to have another discussion in the future, and not necessarily to get your child to agree with your point of view. You might also discover that your child has been trying to cope with other problems.

Other things that will help

As well as meaningful communication, parents can also help their child by:

- knowing about volatile solvents
- encouraging your child to be involved in activities where there is adult supervision and contact with a range of other young people
- finding support to cope with your child's issues (for family issues)
- showing pride in your child's achievements
- helping your child to develop confidence and social skills.

Teachers and other health professionals can help you with these things.

Parenting adolescents can be difficult

Sometimes young people go through stages when they find it difficult to communicate with their parents. This can be very true when children are entering adolescence. If your child will not talk to you, or is even abusive, hard as it might seem, try not to argue. As most parents will tell you, parenting an adolescent can be very difficult. Try to concentrate on the positive things in your child's life and, above all, persevere! At times you might be tempted to

take action that on reflection could make things worse. Try to keep focused on what you are trying to achieve and not on how you feel at the moment.

Look after yourself

When trying to support a child through difficult times, parents sometimes forget about their own wellbeing. Some of the following tips might help you stay in shape for the long haul ahead:

- have a confidant
- take time out
- be realistic
- be kind to yourself
- seek help.

Have a confidant

Talking with someone who is supportive is often a good idea. You might get new ideas, a different perspective, or just the opportunity to get a few things off your chest. Your confidant might be another family member, a friend, a member of the clergy, a teacher or a health professional. The more you trust your confidant, the more helpful they will be.

Take time out

Be realistic about what is possible to achieve, and what is beyond your control. In other words, do something about those things you can change or influence. Don't spend too much time speculating about things that might or might not happen.

Be kind to yourself

Speak kindly and constructively to yourself. Don't blame yourself or dwell on negative things. Break things down into small steps and aim for achievements on a day-to-day basis.

Seek help

When supporting your child becomes difficult, seek help by contacting the school, or your local council or health service.

For further information about volatile solvents talk to school welfare staff or call the Drug Info Line on 13 1570.

Source: Reproduced in Bellhouse, Johnston & Fuller 2002.

Appendix 28. Training Needs Across the Board – Advisory Council on the Misuse of Drugs (UK)

Educationalists in their educational role

6.2 These staff need to know about the nature of VSA, patterns of use, and the hazards associated with it. They need to understand the principles of education about drugs, and possess the skills and confidence effectively to deliver such education. These issues were covered in our recent report on drug education in schools.

6.3 From an educational perspective VSA can best be seen as another aspect of drug misuse which should be dealt with in the context of a broad approach to health and social education. In our schools report we proposed an aim for drug education of "enabling pupils to make healthy informed choices".

6.4 We went on to set objectives for drug education of increasing knowledge, changing attitudes, and enhancing skills; changing behaviour and promoting responsible citizenship. Under each of these headings we set more detailed objectives. All of these apply equally in the educational response to VSA.

6.5 We also made recommendations in our schools report about the context within which the education should take place. This took account of age, sex, community and cultural contexts of the individuals and schools concerned. We went on to make recommendations on the content, methods and organisation within the school of drug education. Again, all of these recommendations hold good for education about VSA.

6.6 To help teachers, school nurses and others to achieve these objectives we made some recommendations on their training needs which are worth reiterating here.

Initial training

There is a need for recognised courses and consistent national standards of provisions of training at initial training level. Minimal training expectations should be defined, mechanisms should be put in place to ensure that such training is made available and the prestige of such work should be enhanced and related to career prospects. Training provision should be reviewed and monitored periodically."

In-service training

There is a need for a co-ordinated approach which sets national standards and minimal training expectations and which sets up mechanisms for ensuring that in-service training is provided and monitored. All the schools, both primary and secondary, should have a trained co-ordinator who can take a lead role in delivering drug education to children and in enhancing the skills of other teachers across the school. There is merit in opening in-service courses for teachers to others who play a part in the drug education programme such as police officers."

6.7 The recommendations applied and continue to apply equally to volatile substances. Given the involvement in educational activities of staff in youth services, social services and other disciplines, it would also be appropriate to open up such in-service courses to these staff.

Educationalists in their pastoral role

6.8 As VSA is predominantly a teenage phenomenon it is often encountered within educational settings as a policy, practical and pastoral problem. Teachers, school caretakers, youth workers, residential social workers and others working in educational settings therefore need training in a variety of coping skills appropriate to these contexts. They need training in the following areas:

- understanding patterns of young people's VSA both locally and nationally;
- assessment skills to enable them to respond appropriately to different levels of misuse;
- basic first aid skills to help them cope with intoxication and collapse;
- skills in communicating with young people who may be in distress or resistant to explanation of their VSA;
- issues relating to confidentiality – when to inform parents or other authorities and so on;
- the application of rules and punishments to volatile substance misusing behaviour;
- the law relating to VSA and the roles of the police in relation to misusers;
- the range and function of support agencies who can help with volatile substance misusers;
- the development of appropriate policies to manage VSA;
- consideration of the boundaries of this expertise and at what point to refer to outside professional guidance and support.

Staff in a wide range of caring and treating professions

6.9 Staff in services such as probation, the police, social work in field work and day care settings, community nursing, accident and emergency units, general practitioners and pharmacists will come across volatile substance misusers in a wide variety of settings. Their basic training should have equipped them to deal with the specific professional issues which lead them to encounter the misuser. Thus a probation officer or social worker coming across a young offender who is also a volatile substance misuser should be skilled in dealing with young people as such.

6.10 Despite this basic training there is a need for all these disciplines to understand the nature and complexity of VSA, together with its associated hazards. These disciplines will need to master many of the specific issues noted in paragraph 6.8 above together with an understanding of how these relate to their own particular work contexts.

Specialist drug treatment and advice staff

6.11 Staff working in specialist agencies who deal with a range of substance users will need training in VSA issues. They will often be the source of specialist advice to teachers and others, even if they are not always working with the young volatile substance misusers directly.

6.12 There is a need to ensure that the specialists are indeed specialists in volatile substance issues as well as on other drug matters. They will need regular updates on the changing VSA scene and access to the latest scientific evidence on the nature and consequences of VSA. Given their role as a local source of expertise, it is particularly important that they are kept well briefed.

How should the training be delivered?

Basic level and qualifying training

6.14 In our previous report on training we argued that all staff likely to encounter drug users should have been provided with a basic level understanding of drugs in their qualifying level training. We recommended

> "… that each validating body should give priority to determining the basic levels of drug related knowledge, skills and understanding appropriate to their professions". (p.21)

6.18 For those staff who may not yet have been trained on VSA issues, in-service training and education will be needed to bring them up to date. We recommend that service managers should conduct an analysis of training needs on VSA as a matter of urgency to establish which, if any, staff need update training and education.

6.19 There are programmes of multi-disciplinary drug training being undertaken in many areas, often by drug specialists or local drug training agencies. We recommend that multi-disciplinary drugs awareness courses include adequate coverage of VSA.

6.20 Experienced professionals already possess a wide range of skills, many of which are relevant to their work with people who are misusing volatile substances. In-service education should assist them in identifying the relevant knowledge, and the generic skills can be transferred to their work with volatile substance abusers. They may also need to review their attitudes to volatile substance abusers in order to work more effectively with them.

Purchasers and providers

6.21 In a situation where services are brought in it is important to establish where responsibility for training lies. There is a danger otherwise that it will be overlooked. In setting the contract the purchaser should specify the expertise required, which might include specification of the qualifications held by staff. The provider should ensure that staff reach the appropriate level of expertise and are professionally supported to enable them to carry out the task.

(Advisory Council on the Misuse of Drugs (UK) 1995, *Volatile Substance Abuse*: *A Report*, Home Office (HMSO), London pp.80–85.)

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