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SENATE

COMMUNITY AFFAIRS REFERENCES COMMITTEE

Reference: Petrol sniffing in remote Aboriginal communities

MONDAY, 20 FEBRUARY 2006

PERTH

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SENATE
COMMUNITY AFFAIRS REFERENCES COMMITTEE

Monday, 20 February 2006

Members: Senator Moore (*Chair*), Senator Humphries (*Deputy Chair*), Senators Adams, Allison, Carol Brown and Polley

Substitute members: Senator Bartlett for Senator Allison and Senator Crossin for Senator Carol Brown

Participating members: Senators Abetz, Allison, Barnett, Bartlett, Mark Bishop, Bob Brown, George Campbell, Carr, Chapman, Colbeck, Coonan, Crossin, Eggleston, Chris Evans, Faulkner, Ferguson, Ferris, Fielding, Forshaw, Hurley, Joyce, Lightfoot, Ludwig, Lundy, Mason, McGauran, Milne, Murray, Nettle, O'Brien, Parry, Payne, Siewert, Stephens, Stott Despoja, Watson, Webber and Wong

Senators in attendance: Senators Adams, Bartlett, Crossin, Moore, Polley, Siewert and Webber

Terms of reference for the inquiry:

To inquire into and report on:

- a. the effectiveness of existing laws and policing with respect to petrol sniffing in affected Indigenous communities;
- b. the effectiveness of diversionary initiatives and community level activities; and
- c. lessons that can be learned from the success some communities have had in reducing petrol sniffing including the impact of non-sniffable Opal petrol.

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Committee met at 9.33 am

BUDRIKIS, Ms Katrina Joanna, Senior Legal Officer, Cross Border Justice Project, Department of Corrective Services

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PROVOST, Mrs Marenee Christine, Director Operational Policy, Building Community Capacity, Department for Community Development

CHAIR (Senator Moore)—The Senate Community Affairs References and Legislation Committee is commencing its inquiry into petrol sniffing in remote Indigenous communities. On behalf of the committee, I would like to acknowledge the traditional owners of this land, the Nyungar people, and thank them for welcoming us here today. I welcome Terry Murphy, representing the Western Australian government, and the significant delegation that you have brought along today. Do you have any comments to make on the capacity in which you appear?

Mr Lampard—I have been very heavily involved in the roll-out of the Gordon inquiry—in fact, I am the project owner of it—and I am also leading WA's response with Cross Border Justice.

Mrs Provost—I have responsibility for a number of the capacity-building projects that are occurring across the state through our department.

Dr Davidson—As the chief psychiatrist in Western Australia, I will be able to respond to any aspects in relation to the involuntary status for the Mental Health Act as it is applied in Western Australia.

CHAIR—I know that you are all experienced public servants, but information on parliamentary privilege and the protection of witnesses and evidence has been provided to you

all. The committee prefers evidence to be heard in public but evidence may also be taken in camera if you consider such evidence to be of a confidential nature. As public servants, you will not be required to answer questions on the advice you may have given in the formulation of policy or to express personal opinion on matters of policy. The committee has before it the original submissions you gave us last year. I now invite you to make an opening presentation, to be followed by questions from the committee.

Mr Murphy—Thank you very much. We are very pleased to be here and we are pleased that we could assemble such a large whole-of-government group. That stands, we think, as a demonstration to you of (1) how seriously we take the issue and the broader issue of development of Aboriginal remote communities and (2) our desire to tackle this as a whole-of-government issue. That is the only way.

That said, petrol sniffing in Western Australia's remote Aboriginal communities is more cyclical and episodic than it is constant. We are a bit different to the Northern Territory and South Australia, in that there is less of it and it occurs amongst people of a younger age. In relation to the main areas in which it is occurring, there is a bit in the East Kimberley—the Kutjungka lands, particularly in the community of Balgo—the Ngaanyatjarra lands in the Central Desert, particularly in the communities of Warburton and Warakurna, to some extent throughout the Goldfields broader regions that tend to gravitate towards the main regional centre, Kalgoorlie, and there has been a continuous low level in Perth.

As I indicated, a whole-of-government approach has to be taken to this issue and it needs to encompass prevention, supply control and reduction of demand. Obviously, the coordination of that whole-of-government approach is easier said than done. I would like to make the point, and then ask Wendy to elaborate on it, that petrol sniffing is both a problem of itself, with its own causes and consequences, and symptomatic of a long history, the experience of Aboriginal people in remote communities over time and their social and economic circumstances.

Mrs Casey—I think it is important to build an understanding of an Aboriginal world view of health and the impact that solvents have on Aboriginal people, not on just the individuals who use but on family and community as well. If you were to look at an Aboriginal holistic view of health, it is very much about strengthening the inner spirit. For Aboriginal people, the inner spirit is like the centre of our being and emotions. In my language, it is called Ngarlu but many language groups in remote communities have a name for it as well. When our Ngarlu or our inner spirit is strong, we have the ability to make good decisions and it keeps us connected to family, community and country. However, solvents and other substances weaken our inner spirit. Therefore, they affect our ability to make good decisions and weaken our linkages to family, community and country.

The impact of colonisation cannot be underestimated in terms of the oppression that our people have experienced. It is not just the accumulated effects of oppression from the past, it is also the continuing oppression into our present. It is very obvious that things like unemployment, health, living, housing and socioeconomic issues are our oppression in the present, but these have come from the underlying root causes of disempowerment, dispossession and those types of things.

A way forward for our people is definitely strengthening our inner spirit and our connections to family, community and country. We need to understand that strengthening the systems of care, control and responsibility is a way forward to tackle these underlying issues, the ongoing issues of not just solvents but other substances as well.

Mr Murphy—The Kutjungka region and the community of Balgo, as I indicated, has been a focus of petrol sniffing for some 40 years. There are files that report this in Public Service agencies back into the sixties. There was a major outbreak in late 2003 and early 2004 that itself required a coordinated whole-of-government effort. It was a very instructive exercise, both in managing whole-of-government efforts—the very real tensions of trying to assemble that in a crisis situation, which we did with some hits and some misses—and providing a case study of the short- and medium-term interventions that overcame that crisis.

There will be different emphasis from different parties as to what was most important, but there is general consensus that these were the factors: strong community engagement and the community actually getting involved. That included getting some key individuals out of the community to outstations. It also included, for example, one of the Aboriginal health workers writing the name of every kid who was known to be sniffing and sticking that up in the parish church. So it was the community outing itself and taking responsibility itself. The permanent police presence was the forerunner of one of the multifunction police stations in remote communities that Deputy Commissioner Lampard will no doubt talk about later. Once again, I cannot overemphasise the importance—for supporting community engagement and actually tackling taking the solvents off the kids—of that permanent police presence.

The next was sustained youth activities. There is a youth centre up at Balgo. It had been closed for years. A couple of youth workers went up there, engaged some teenage Aboriginal kids from the community and got the place pumping, got the kids busy. Subsequent to that, Sport and Recreation put in a bit more effort, so it is likely to be sustained. Actually getting the kids who are likely to be sniffing busy and engaged in positive activities cannot be underestimated.

Mental health and child protection services were also important at the crisis time. Once again, Richard and the two psychiatrists may want to comment on this, but in that Balgo community there has been a constant person visiting for multiple days every six weeks. He went there in that crisis period to give some intense support, particularly to families. What I am deliberately emphasising is that it was not an individual psychiatric approach to the kids who were actually sniffing, except where there was clear self-harm indicated. The newly established child protection services in that community gave some case management support to the effort and really were the only agency who could do that in the whole-of-community effort.

The last one to emphasise—and this was just beginning—is that the cultural health committee up there, an organisation called Palyalatju Mapampa, was just getting back up and running after a long period of being dormant, and engaging particularly the women in the community in activities like bush medicine and so on. That provided some community strength for the community that in turn supported the community engagement.

These are not complex short- and medium-term interventions. They are not highly technical when you think about it. You have police there, you have youth workers getting the kids busy, engage the community as you can, and then the specialist services come in in appropriate ways.

To reinforce Wendy's point, obviously sustaining that containment, given the 40-year history in Balgo, is going to depend on all the big issues: housing, employment, training and perhaps most of all how that reflects the inner sense of wellbeing and spirit of the local people.

The last interesting thing about Balgo was the coordination of the services on the ground. A number of us have been to Aboriginal communities over the years, I suspect, where in a community of 100 or 200 or 500 people the services do not always know what the others are doing. They are mini-towns with a whole range of services. Balgo established at that time and has sustained a very strong local service coordination.

Turning to the Ngaanyatjarra lands, there are 11 communities in our Ngaanyatjarra lands. There is an ongoing low level of solvent abuse there which, as I indicated, is pretty much in Warburton and Warakurna; and the last informal survey numbered that at about 50 or 60 kids. It also compared their average age to the average age in South Australia and the Northern Territory. Whereas South Australian and Northern Territory Central Desert lands users were in the mid-20s—and obviously that is indicative of length of use and the amount of chronic brain damage that is likely to occur as a result—the average age of the kids in Ngaanyatjarra shows they were just kids. They were late teens; so that is indicative of more sporadic use and a phenomenon that kids perhaps grow out of as they each adulthood.

The Ngaanyatjarra lands are also pretty tough on this. There is a clear policy of no tolerance. Once again there is a permanent police presence. If kids are seen sniffing, the stuff is ripped off them and there are a couple of important new services run by the NPY Women's Council and another by Ngaanyatjarra Health Service.

It occurs periodically through the Goldfields region in those little towns and communities. That is perhaps indicative of the fact that no remote community is immune from this problem. With the right circumstances in terms of ringleader individuals, the supply of petrol and some social malfunction, it can arise. The Goldfields also probably has had, over time, the greatest number of older people sniffing, people in their 20s and even 30s who have been sniffing for a long time; not many, a handful. They are people who have spent time in prison for want of somewhere else to go and present a real challenge for their management by government agencies and communities due to acquired brain damage; but it is just a handful.

That said, Kalgoorlie's Magistrates Court has asked for solvent abuse, petrol sniffing, to be a criterion for the diversion programs. The court and police diversion, you will be aware, is a Commonwealth initiated program that funds treatment associated with that. We have a request in to parliamentary secretary Christopher Pyne for that criterion to be allowed.

In Perth there is once again a continuous low level but here is where you see some older people and cross-generational dysfunctional Aboriginal families, where sniffing is just one of the phenomena affecting their families. We think there are about 50 to 100 at any one time but often much less than that. It occurs in the eastern corridor, out towards Midland, more than anywhere else and that is where the one dedicated service for solvent abusers is, focusing largely on youth activities, self-esteem building and so on—incidentally, a Commonwealth funded service, through the National Drug Strategy.

I mention Perth because, knowing your terms of reference are remote, to get a full picture among Aboriginal communities it helps to see the whole pattern in the state. The state does have a Volatile Substance Use Plan, which we will be more than happy to leave with you: prevention, supply and control, service coordination and service responses again. It also has a state Aboriginal drug and alcohol plan under the same sorts of headings: supply, demand, reduction, and harm reduction as well, which is more important when you are looking at all of the drugs. We see these as, 'This leads to that,' and they present a guide for what agencies and communities can do, depending on their own circumstances.

I would also mention by way of policy an important bureaucratic arrangement in this state: a partnership between state Drug and Alcohol, state Aboriginal Health and Commonwealth Aboriginal Health. Aboriginal health is perhaps, in my experience of bureaucracy, the most unclear and overlapping division of responsibilities in any area of government.

CHAIR—That is a big call, Mr Murphy.

Mr Murphy—It probably is. That is why I say 'as I have experienced'.

CHAIR—It is probably accurate.

Mr Murphy—My experience spans a number of the areas around the table in human services, but it seriously is unclear. State and Commonwealth responsibilities are not differentiated at all. There are different emphases but they are essentially not differentiated and when alcohol and drugs come in, there is another realm. So we have a bureaucratic arrangement, a partnership which is working well and is absolutely essential in the face of overlapping responsibilities.

A couple of other key services in the state: local drug action groups are community based groups tackling alcohol and drug prevention. I mention it because there is a very good Aboriginal group in Warmun, which is in the east, a bit lower down than Balgo. For \$25,000 recurrent funding, this group of older and younger Aboriginal people provide treatment programs, which have at times included kids who have been sniffing, and can marshal community action to address any kids who are running out of control. It is not fail-safe by any means but it is a real example of how Aboriginal communities can tackle quite difficult issues in a very sophisticated way for not a great input of money. A lot of time went in, though.

The other service to mention from a drug and alcohol perspective is community drug service teams. It is a statewide network of alcohol and drug services and, if anybody has to pick up this issue from a service point of view, those teams do. This is a difficult issue to tackle because the people do not want treatment and intervention necessarily, but these teams are charged with the default responsibility that there are services for sniffing.

The last thing I will mention is Western Australia's involvement in the tri-state area, which is the Ngaanyatjarra lands. This has been the focus of the Commonwealth eight-point strategy from the Office of Indigenous Policy Coordination. There has also been another process running. A not very strong committee has been bringing health and police and other agencies together over time across the tri-states and non-government organisations, but it has initiated a feasible study into community services in that region.

This is a draft done by the Centre for Remote Health. It is an excellent outline of what is appropriate for this issue, in terms of both prevention and treatment responses. The treatment responses talk about time out and, in terms of rehabilitation, a model whereby communities, or multiple communities, would have a coordinator to help establish and manage outstations run by the community themselves. It is not an expensive, full-on, big building, stuck, drug and alcohol rehab. It is a model very attuned to the way that communities operate and cost effective enough to be feasible, and also one that could be started up and closed down as the need arises. I will leave that document with you as well, and close the opening statement.

CHAIR—Thank you. Does anybody else have an opening statement before we ask questions? It is much more of a discussion, because we have almost achieved a roundtable. We normally ask each senator for questions but it sometimes flows over, so if you do have a comment that you want to make, please jump straight in.

Senator ADAMS—I come from Kojonup and I have worked in the north-west as a nurse and I know a few people here. It is great to see you again, Deputy Commissioner. My first question will be to you. Could you give us an overview of the state border issues and working with the other states. Also, is there anyone from Education here?

Mr Murphy—We have not brought anyone from Education, but we do represent the School Drug Education Project which we fund.

Mr Lampard—Thank you, Senator. The tri-state arrangement emanated some years back with the Northern Territory, South Australia and Western Australia realising that we had a significant issue with the transient nature of Indigenous people throughout the lands: one week they were in Western Australia, the next week they could be in the Northern Territory and South Australia. Because of the different legislation in each state it made it very difficult for police not only to apply the law but also to proactively deal with the Indigenous communities.

We have made a lot of ground. In fact, it is a first in Australia, and some of the other states—Queensland, New South Wales, Victoria—are watching how we join up services between South Australia, Western Australia and the Northern Territory. Our first big step forward was the multijurisdictional facility at Kintore, where a Western Australian officer went to work in the Northern Territory, sworn in as a special constable in the NT, as were Northern Territory officers sworn in as special constables in Western Australia.

That allowed us to provide, particularly from a Western Australian perspective, policing services to Kiwirrkurra which had been a real issue for us. We had previously serviced Kiwirrkurra from Newman, which was 1,500 kilometres away and we were not able to provide any sort of policing services. Any law and order issues or working with the community at Kiwirrkurra was probably, at best, about six hours by air; two to three days, depending on weather conditions by land. Our ability to be able to go across the border, join up with Northern Territory in their new facility just inside the Northern Territory border, and be within 50 minutes to an hour from Kiwirrkurra, and then make that part of our normal weekly patrol circuit was significant.

We have found that the dual state approach in the Northern Territory at Kintore has been enormously successful for us. Not only have we been able to be much more proactive at

Kiwirrkurra but also we have been able to make a contribution inside the Northern Territory at Kintore. We have been there now for about 18 months and we have enormously improved the attendance rate at schools just through the leadership and the mentoring; the incidence of domestic violence has dropped enormously; we are red hot, of course, on any sort of substance abuse, and we not only work together but we can value add to the transient nature of Indigenous people across the border.

There is a lot of work that goes with that: working out legislation. When people are apprehended for serious offences, traditionally we used to either have to bring them back to Kalgoorlie or, if they received a custodial sentence, they either went to Roebourne in the north of Western Australia or back to Kalgoorlie. Through work that Katrina is spearheading with our Cross Border Justice, the notion is that Northern Territory magistrates will be able to hear West Australian charges, and in reverse. If an Indigenous person receives a custodial sentence, they can serve that sentence within the NPY lands and that is very significant. A lot of work is happening with that.

It is fair to say that South Australia are a little bit behind us. South Australia, in their AP lands of course, have very significant issues with petrol sniffing. We know, and the three states acknowledge that a lot of the drugs—particularly cannabis—are coming up through from Port Augusta in South Australia to the northern part of South Australia, into the NT and into certainly our eastern communities, from Warburton out to Warakurna, down to Wingellina, and we are doing a lot of work on that. We are currently developing Warakurna. We have an interim service out there, so we have two officers on the ground prior to the infrastructure being put in place, and we hope to be joined by some of the other government agencies out of there.

We are well established at Warburton. We have four officers there and they are doing, I think, some outstanding work. Certainly that is the feedback that we have had from the community. It is worthwhile telling the committee that we have gone out into these communities with a very clear focus: if we worried about people driving without licences or unroadworthy vehicles or those sorts of things we would alienate ourselves from the community. But they are not the big-ticket items that we have gone out there for. We have gone out to work with the community, to build capacity within the community, to help the community self-govern and really tackle the big-ticket items, which of course are substance abuse, domestic violence—all forms of violence—and sexual assault of women and children.

In places like Kintore, for example, the policing services, combined with the other government agencies, have had an impact in lowering the incidence of domestic violence and sexual assault of children. There have been some quite colourful and high-profile issues with maintaining and protecting the Indigenous art of the community against people that would take advantage and against the amount of illicit substances coming into the community.

From the tri-state approach, we have officers in Kintore, we have developed our strategy at Warakurna, so we have two officers out there—and the Northern Territory will join us at Warakurna—and as part of my plan, which is the second phase, we have been trying to convince the South Australians to develop Pitjantjatjara, which is in the north-western corner of South Australia. They have decided to go further inland, which in some instances defeats the purpose of the Northern Territory/Western Australian/South Australian approach. However, in the second phase of the Gordon inquiry we will be submitting a recommendation to government that we

develop Wingellina, which is also very close to that corner, and invite the South Australians to join us there.

The advantage is that we would have what we used to traditionally call back to back patrols, where officers would service the central lands from Laverton, which of course is a long way away. We potentially will have four officers at Kintore and four officers at Warakurna. We have four officers at Warburton and will perhaps have up to three or four officers at Wingellina. Theoretically, we could put 20 officers into a location in that central lands area at any one point if there was the need. If the issue was significant enough, we have that back-up and ready response. In addition, WA Police have been lucky enough to purchase some new aircraft, which will give us a timely response if a law and order issue arises in any of these communities.

The thing that pleases me most from a policing perspective is that not only are police out there in many of these communities but we get great support from Health, from Education and from DCD. Sport and Recreation are doing a great job in Balgo, and that is another success that I think is worthy of mention.

Senator ADAMS—Thank you. That has given us a very good overview of what is going on. In relation to housing for the officers in those communities, how are you getting on? Are you getting funding for that or is that a problem?

Mr Lampard—That is my Achilles heel, unfortunately. We have trained all of our officers and they are ready to go. Providing appropriate housing for them and their families has been the significant factor that has delayed us in getting services out. We have overcome that by putting interim strategies in place so that we can get the officers on the ground, and the houses and the facilities are coming along in due time. I think you would understand that being able to build significant infrastructure in some of these remote communities is an enormous challenge. Just getting people to contract to build these facilities is difficult.

When we put the nine locations together as part of the Gordon inquiry, the one location that we thought was going to be our biggest risk was Kalumburu, and that was the first one we finished. We were going to model a number of the other facilities and services off Warburton, which we thought was going to be our flagship, but that has regrettably been our most problematic location in regard to infrastructure, although the houses have now been completed and there is a great facility there. We do not call it a police station; it is a centre where a number of government agencies operate. We have quite an entrepreneurial courthouse setting there, which caters for the wishes of the Indigenous people.

Police have clearly been given a mandate to go into these communities to develop a platform of law and order and to create some sustainability, and we know that once we provide a safe and secure environment our ability to get other government agencies to join us at those locations will be greatly enhanced. I am pleased to say that that is happening.

Senator ADAMS—Dr Davidson, how are the mental health services coping with this problem? Is it becoming more and more extreme?

Dr Davidson—There are, of course, the usual difficulties of needing to have relationships between services, as has already been referred to, from the health perspective—particularly on

preventative and treatment issues, but also for mental health services—for identified mental illness. As Mr Murphy has already commented, the country mental health services make all efforts to make those services available. There are, of course, some difficulties with the small numbers that are involved where this is either an underlying mental illness or a mental illness developed as a result of solvent abuse. Providing adequate services for small numbers into rural and remote areas is, of course, always difficult.

My belief is that, despite the accepted difficulties, there is a reasonable provision of mental health services, in particular. It also becomes more complex when there is resistance to treatment that might be offered. In that complexity, where I would be particularly involved from the point of view of, for instance, involuntary status and the requirement for treatment, there are many additional problems. The problem that I wish to highlight particularly is that of an involuntary status where treatment is required rather than consensual. The two forms of involuntary status that we have are the involuntary status in an inpatient facility—an authorised hospital in Western Australia—or the involuntary status requiring treatment in the community, which in Western Australia is a community treatment order.

Our major issue with community treatment orders is that the consequence of a continuing refusal for treatment, in breach of a community treatment order, is either a return to an authorised hospital or an initial admission to an authorised hospital. From our point of view, the consequence of refusing treatment resulting in a breach then means that a person is—particularly those from rural and remote areas—in what we would regard as very inappropriate circumstances. Our authorised hospitals are, in the main, in the metropolitan area, so it means the removal of the person from what we would regard as the most appropriate setting for treatment.

Senator ADAMS—Yes, rehabilitation.

Dr Davidson—Particularly for rehabilitation.

Senator ADAMS—Are you getting more Indigenous patients coming through at Graylands?

Dr Davidson—No. We are not seeing a major increase in the numbers. A few of these patients are at the more severe end of the spectrum of impairment as a result of solvent abuse, but they are relatively small in number. We interested in not seeing a significant rolling increase in the numbers.

Mr Lampard—Could I add that from our perspective and view the ability to be able to take mental health services to the people in the communities is very significant. It allows us to deal with a whole range of issues. The most severe cases, as Dr Davidson said, often do need to be relocated to approved hospitals, but having the scope to be able to provide mental health services at all levels with some early intervention—I am proud to say that the police are doing this to some extent—where they identify youth at risk, youth that are certainly experimenting with substance abuse and, together with the other government agencies, come up with ways of diverting them from those behaviours, is very important. There is always a reluctance for a lot of these traditional people to come out of their communities and seek treatment, so our ability to be able to provide government services to those communities and then have an appropriate follow-

up is significant. In the communities where that strategy has been put in place, Balgo being one of those, we have seen significant benefits already.

Senator ADAMS—Is the whole thing a multidisciplinary team approach?

Mr Lampard—Certainly.

Senator CROSSIN—Thanks so much for the effort today, all of you: for coming here and for the coordination. Assistant Commissioner, you would be aware the Northern Territory only two weeks ago passed legislation that actually bans petrol sniffing from the Northern Territory?

Mr Lampard—Yes.

Senator CROSSIN—There is now a provision for police to confiscate the substance. Are there moves to try and do something similar in terms of legislation in Western Australia, along those lines?

Mr Lampard—We have two pieces of legislation that we operate in. We have a section of the Criminal Code which allows us to detect people that are supplying deleterious substances. We have used that legislation quite successfully, particularly in the Warburton area. The real bonus with that is that the judiciary are very much supporting us using that legislation. There are three instances here.

Senator CROSSIN—Is petrol classed as one of those substances?

Mr Lampard—It is deemed to be an intoxicant under section 206 of the Criminal Code. The penalties are 12 months imprisonment and a fine of up to \$12,000. We have used that on three occasions in recent times, at Warburton in particular. The people charged have received three months, eight months and nine months imprisonment. Also we have the Protective Custodies Act, which we use, which gives police the power to seize substances. We find it to be a particularly good piece of legislation. We can seize it and dispose of the substance straightaway. When we are dealing with young children, it is not our focus to put them before the judicial system. It is better that we remove the risk—meaning the substance, the liquid, the deleterious substance, as I said—and provide intervention from a health perspective.

So we have two pieces of legislation that allow us to operate. I am not sure if Katrina, being our legal eagle, might like to comment additionally on that, whether I have covered that appropriately.

Ms Budrikis—I think you have. The only difference between the Northern Territory approach and the Western Australia approach is that the new Northern Territory legislation specifically addresses compulsory treatment orders and that is not part of the WA legislation.

Senator CROSSIN—Is it likely to become part of your legislation or are you still operating on the basis that voluntary treatment is probably a preferred model?

Mr Murphy—Our chief psychiatrist has indicated where mental health opportunities apply and may very well elaborate on that, but there are no moves currently to look at compulsory treatment for petrol sniffing or drug and alcohol problems.

Dr Davidson—I would concur that the view is that such are the sorts of issues that go with compulsory treatment that, where it is possible, we would obviously wish to avoid it. The consequences, as I spoke to previously, are such that there may be more ill effect from the compulsory treatment than the benefit that would be gained. That is a concern and we always seek a balance between the ill effect and the intended effect. In general, we would therefore, and our legislation reflects this, wish to have the emphasis that it is only in very severe circumstances where compulsory treatment should be applied but particularly where the treatment is likely to have good effect.

One of the issues with regard to the solvent abuse is the form of treatment which in general we would see as needing to be consenting treatment for good effect in this particular area. In the balance, therefore, we would wish to reserve the compulsory treatment issue only for the more severe end of the spectrum, particularly where it therefore involves a severe mental illness.

Senator CROSSIN—Has the WA government in any department done a costing about the long-term effect of dealing with a petrol sniffer? Do you have a cost per head of what it takes to either stop that person sniffing or rehabilitate them?

Mr Murphy—No, we have not done that, because we do not have the same number of people who are long-term management responsibilities of government, the number of chronic brain-injured people. Rather, there are small occasions on which they will appear in prisons or other arrangements put together. We do know—and you will hear this more, I think, from the other states—that maintaining somebody who has acquired brain damage throughout their adult life is inordinately expensive. That is certainly the case.

Senator CROSSIN—You made some comments about the state and Commonwealth responsibilities, particularly in Aboriginal health, not being defined. Senator Moore might attest to this: we do Indigenous health at estimates year after year and we are constantly being told, ‘I’m sorry, that’s actually not us, that’s outcome 1,’ or, ‘No, we can’t answer that, that’s outcome 7.’ I get a bit cynical because I hear of this new federal whole-of-government approach where we were hoping the silos were going to be broken down. So, in some way, we have experienced that sense of frustration across the table, and I am not surprised that it filters down to a state-Commonwealth level.

You would be aware of Tom Calma’s Social Justice Commissioner report that was handed down just last week. He outlines a 25-year health strategy in that. But what does need to happen to actually stop these silos in Indigenous health happening? You have worked incredibly hard to break down the silos across the policing area in just a little corner of this country across three states, but where do we start to stop shifting the blame or responsibility from the state and Commonwealth to tackle this?

Mr Murphy—My job until four months ago was as director of Aboriginal health for the state, so I do have some experience here. We do work hard at the bureaucratic level to make it fit. In this state each region has a forum that brings together state and Commonwealth and community

controlled sectors and other interested agencies. Some work well, some do not. For Office of Aboriginal Health, state, and Office of Aboriginal and Torres Strait Islander Health level, Commonwealth, those two offices' executives meet regularly. We have a more formal partnership, as I said, in alcohol and drugs. So I think the bureaucrats at a local level work hard to connect and make coordination work.

But of course that can only be at a local level. Meanwhile, there are strong Commonwealth responsibilities in Aboriginal health for very good historical reasons of which we would all be aware, whereby the Commonwealth does fund most of the specific direct Aboriginal health programs delivered particularly through community controlled health organisations.

The state has supplemented those over time, and in this state it is a two-thirds/one-third split, and of course then the state has all the responsibilities for the mainstream health that Aboriginal people use more than the rest of the population. There are problems specific to Aboriginal health because the Commonwealth's direct service contracting role is so large relative to most other areas, and there are problems, as we have been reading a lot about over the last couple of years, it is a complex division of responsibilities and financing arrangements for general health. I think that it is just a bit more exacerbated in Aboriginal health. I am sorry, Senator Webber, but we do not have the magic answer.

Senator WEBBER—We were waiting for that, Mr Murphy. I was waiting for the single sentence that was going to solve everything!

Senator CROSSIN—We hear about the never-ending roll-out of Opal fuel. Does the Western Australian government have a view about whether that is beneficial. Is there a lot of emphasis on that? Should there be more emphasis on perhaps community governance or strategies or rehabilitation rather than the fuel, or is it one part of this large jigsaw puzzle?

Mr Murphy—It is just as you say, Senator: it is one part of a large jigsaw puzzle. The Office of Indigenous Policy Coordination has put forward an eight-point plan that covers most of the other things, as well as roll-out of Opal, for that tri-state area. That said, Opal is incredibly important. Controlling supply of these substances, whether it is by community members and police officers being able to take them away from people or that they do not get into the community in the first place, is incredibly important. I think what Opal does, though, is give communities breathing space. Opal is an improvement on what was called Avgas or Comgas, so it has been in communities, but this is a better version of that. It gives communities and agencies the breathing space to do all the other things that are necessary for a sustained improvement.

Senator CROSSIN—With the roll-out of Opal, though, is there a tendency for young kids to turn to other solvents, to paints or to glues? Are you finding that is the case? If so, what is the strategy to address that sort of area?

Senator WEBBER—And one of the other theories that has been put here, and I would be interested in your comments, is that petrol sniffing is more of a problem in dry communities. It becomes the replacement substance for alcohol.

Mrs Casey—There are always risks, obviously. If you take something away, there are going to be other things that people use, and you have to be really mindful that that is totally monitored

the whole time. It is the same now. With a big cannabis bust there is the risk of perhaps additional solvent use in communities. It is about weighing up which is more harmful and deciding how we monitor those sorts of things in communities.

In my experience in WA there might be dry communities where solvent use is cyclic, but very few dry communities in Western Australia are totally dry. You still have problems of intoxication from alcohol use. They leave the community and go into a local town and come back to that community intoxicated. That has certainly been my experience in the Kimberley; I cannot speak so much for the Goldfields. But you cannot ignore that alcohol is always an underlying issue, and not just for kids who use but for their families who use and perhaps are not there when their kids are sniffing. Those sorts of factors really need to be looked at as well.

In my experience in the Warmun community that Terry was talking about earlier, the Warmun Local Drug Action Group did have a little outbreak of sniffing and they very quickly nipped it in the bud by using the whole-of-community approach, isolating where they were getting the fuel from, getting the whole community together, having a meeting, bringing the kids out and trying to work out where these kids' families were. Part of the issue was that the kids' families were not present. They were able to place those kids into their extended family and they nipped it in the bud within a matter of a week. That happened a few years ago, but it was the persistence of the community that identified that. I think in other communities that is often the case. Kids who are not well supervised and supported tend to run amok.

Mr Lampard—Community leadership is absolutely crucial. You see some real model communities, particularly in WA, and others where leadership and mentoring really need to come to the fore. Where we do have significant issues is when we have a combination of cannabis, amphetamines, petrol and other solvents—what we, of course, call polydrug use. It is a real issue for us. There are some disturbing signs that amphetamines are becoming a little bit more prevalent in some of the communities. Traditionally, a lot of Indigenous communities would certainly experiment with cannabis, but we are just starting to see amphetamines now and we are needing to crack down on that pretty hard. But there are some great communities. It is a really vexing issue of totally dry communities versus communities that have some regulation or some control over the consumption of alcohol. It works in some and does not work in others.

It does get back to the importance of a joined-up government service approach to provide that leadership in the community to activate the local people to take the responsibility that they do up in Warmun. Most of the wardens up in Warmun are female, so that is probably why it is successful!

CHAIR—Absolutely, yes. We would agree with that!

Senator BARTLETT—Following on from that, I wonder whether there is something unique or specific to petrol sniffing that does need emphasising. In one sense it is just another substance that gets abused, going back to your original point about the underlying circumstances that make people turn to those sorts of things, but is there something particularly unique to petrol and perhaps other solvents? Does it do more significant harm more quickly or is there any other sort of aspect that makes it particularly important to target petrol?

Mrs Casey—It is cheap, it is relatively easy to get and it is a very quick hit—a few seconds—and you come down pretty quickly, too. You can have a little sniff on the way to school and be relatively okay by the time you get there. Of course, in remote communities we see them constantly sniffing to keep themselves topped up as well. When you are poor and in a community where there are not many other opportunities, the cheap, quick fix is attractive compared to other substances. You cannot purchase alcohol, you cannot get a whole range of other things, unless you go into town on a fortnightly or weekly basis, so it is using what is there for that quick fix. In my experience, too, quite often kids are not only bored but they are hungry and sometimes they use it as an appetite suppressant. I have been told that via reports back from workers in the Kimberley. Again, it comes down to parental supervision and support, and boredom in those areas.

Another issue is that we concentrate a lot—and we have to—on getting good housing for professionals out in remote communities. We would not get them out there unless we did that, of course, and when you go to remote communities the best houses do belong to the nursing staff, the teachers and the police. The rest of the community are living in complete poverty. These sorts of things are other underlying factors that lead to the quick fix to get out of it, just escape reality for a little while, get rid of their hunger.

Senator BARTLETT—You mentioned at the start about how there is less usage, less sniffing, more episodic in WA. Why is that the case—that WA has a better situation than other states?

Mr Murphy—This is an absolute sixty-four dollar question. I think that others may want to comment. I am very tempted to say ‘good luck’. We certainly have had Comgas roll out to most vulnerable communities very early on. That had a good strong dampening effect on the prevalence some decades ago. I suspect that at the end of the day our communities are just that bit more resilient than those in South Australia and the Northern Territory, but really that would require a lot of teasing out; there are such differences between the communities.

Perhaps to give you an illustrative fact for the Ngaanyatjarra lands: 20 years ago the health service for the Ngaanyatjarra lands was one nurse in a ute, visiting 11 communities—only 20 years ago—and now Ngaanyatjarra Health Service has direct health funding for its community controlled health service over the national benchmark—\$2,500 each, per individual. It is indicative of the amount of investment that has gone into these communities over time. We all know that some health stats have got worse, some levels of dysfunction have either been uncovered or not necessarily improved, and there are great issues still with housing, poverty, employment and alienation. But, on balance, I would suspect that we are a bit ahead of those other states, if you look at petrol as symptomatic of a broad range of problems.

Senator BARTLETT—Does that sort of thing repeat itself in regard to other substance abuse issues?

Mr Murphy—It appears to. But the states have such different histories of managing alcohol. There has been a lot of debate about Queensland, of course, in the Cape York communities. There you are dealing with small towns who have had full alcohol available. WA has a much stronger history of smaller communities; there are only about 20 or so that are up around the 200

to 500 mark, and there are hundreds of communities. Most of them have been dry for a long time. That is a very strong contrast. I could give you a tentative yes to your question.

Mr Pedler—The only comment that I have, to pick up a little bit on Senator Crossin's comment which relates to governance: Ngaanyatjarra is a local government authority in its own right, representing 12 smaller communities, and I think that some of the activities up there in terms of a number of the things that Deputy Commissioner Lampard referred to have probably been much easier to progress because there is a recognised structure that they are dealing with. Recently they have entered into a regional partnership agreement with the Commonwealth and state, and I think that organisation has enabled them to leverage a lot more funds and resources in the overall scheme of things. When you look at the communities across the state that have problems, the common thing is governance. In communities where governance has completely broken down, all these social problems manifest themselves at a much greater level.

In terms of the overall situation, it is worth bearing in mind that, while the inquiry focuses on remote communities, most of the recent reports—like the *Overcoming Indigenous Disadvantage* report—really show that the indicators for Indigenous people in larger regional and even metropolitan settings are not much better than for people in remote communities. As Terry alluded to with the petrol-sniffing issue, certainly in the eastern metropolitan area it has been a constant for many years, so there are obviously common factors. But governance is a particular issue of concern for the state.

Senator BARTLETT—Without oversimplifying, it really comes back to a strong community, strong community leaders.

Mr Pedler—I believe so, yes.

Mr Lampard—We have had some success, too. Even though it has been very problematic, the regional communities act has given some communities powers to be able to deal with some of these issues. That, coupled with a reasonably good warden scheme that we have run here in Western Australia, where we have empowered people within the community, or we have selected key people in communities to become wardens, very much supported by police and our Aboriginal police liaison officers, they do self-regulate somewhat and they do invoke some of the powers they have under the communities act—even though we have done a lot of work on this and sometimes they have been acting without power. It is about an investment in their community, so there is that focus on some regulation in communities to address specific problems.

Senator SIEWERT—I was reading your submission and, in your response to term of reference (b) which is talking about the effectiveness of diversionary initiatives, you said that 'is difficult to ascertain due to the lack of evaluative studies'. Do you have any plans to do any work? How have you been looking at feedback if you have not been doing evaluative studies?

Mr Murphy—I touched on the numbers of people who are petrol sniffing in the opening statement. We have torn our hair out amongst ourselves saying, 'What are the numbers? What is the evidence?' When the phenomenon is reasonably small, it is elusive to count. In Perth we thought 50 to 100 and that is based on a consensus of people who deal with these young people in particular. But there is a lot of uncertainty as to whether somebody's 15 is the same as that

other person's 15 when they are counting in different areas of the city, at different ends of a train line. That is a long way of saying that it is very difficult to study in a sound social scientific manner.

I do think we have a weight of anecdotal evidence, as in the Balgo case study, for strong experience of the phenomenon, clear actions and very demonstrable consequences. While it has not been scientifically documented—and, as an aside, in preparation for when you speak to Palyalatju, it is by no means a Utopia up there; they still have enormous problems—that phenomenon was, to some extent, documented by a coroner's inquest. Obviously you go through a similar process to this, gathering evidence. There were two suicides during that time and the coroner did note a number of improvements that had occurred and a number of improvements that had to occur. That gave a guide to government agencies to know what work at that time still had to be done. It is a long answer, I know, but good social science when dealing with our phenomenon is a bit difficult, but the substitute is coordination and cross-checking anecdotal evidence.

Senator SIEWERT—Across the tri-state committee, is there an agreed approach to what you have just described or is each state doing it differently, such that there is confusion and a lack of coordination?

Mr Murphy—I indicated that the tri-state committee of health, police and non-government agencies was not very strong. That said, it was terrific for exchanging information and ways of operating and building the necessary bureaucratic connections. Our estimates of the numbers in our communities in the Ngaanyatjarra lands are based on an informal survey completed by the NPY Women's Council. They have the most youth workers on the ground and they know the kids, so it is their information that we have relied on to make some objective assessment of the extent of the problem in those communities, the age of the kids and the longevity of their sniffing.

Mr Lampard—From the Gordon inquiry perspective, we are doing some evaluation to put petrol sniffing here and the Gordon inquiry initiatives there, which of course include petrol sniffing as far as our ability to influence behaviour and communities. The government's significant contribution to the Gordon inquiry here in WA has allowed us to roll out nine remote sites, as determined by government, and we are going through a process of independently evaluating those. We have already looked at Kintore in the Northern Territory in relation to a combined Western Australian and Northern Territory government evaluation of its success. From these evaluations, we will get some indicators as to our ability to impact on petrol sniffing, or substance abuse, in some of these communities. But that is part of the Gordon inquiry.

Mrs Provost—Within the Department for Community Development, we have created new positions to go out to each of the same communities as Mr Lampard has just described. Those positions do our core business, which is the protection and care of children, in a different way. We have community child protection workers, we have Aboriginal support workers and we have created capacity builders who, rather than bring an expert model in, go into the communities and work with people around the strengths they already have.

In each of those communities to this point it has been the women that we have brought together, and they have started to put in place their own plans on how to deal with the very

complex issues that exist in communities, sniffing being one of them. We have also put in place what we call our early years strategy, which again has people going into the communities to find people that can continue that process, so that we put people in to find the strengths that exist and provide information and then from that find out how they want to address the issues that exist.

That has been very successful in Balgo, working alongside Palyalatju, Aboriginal Health, Mercy Care and the police and looking at how, as a joined-up response, we can deal with the issues that have arisen, and sniffing is one of them. Sniffing is not the focus; it is one of the issues. We are looking at how this can be sustained, and the answer is to have people strengthened within their own communities to keep delivering the services that are required to keep people strong—instead of an expert model going in, building it from the ground up. We have evaluations running alongside those positions as well.

Senator SIEWERT—One of the issues that comes through the submissions—not just in Western Australia but in all the states—is sustained, ongoing programs. Another is stopping and starting programs, which is quite debilitating. In relation to the coordination that you have been talking about, has it got an end date? How do you deal with that? Just quickly looking at the issues, it seems to me that there are a lot of projects that stop and start, which must be quite debilitating to communities.

Mr Murphy—Yes, it is. I think it is one of the biggest difficulties, in a difficult area of service, for government and bureaucracies. There was a review of Aboriginal health a couple of years ago that said the endless search for innovation ends up in stop-start funding that works against the continuation of basic services. This is an area where we really need to consolidate the basics. In many communities, as we are hearing about—policing remotes and fundamental community development services, focusing on child welfare—these are reasonably new. I think it would be fair to say, from the state government agencies' position, that there is an expectation that they are basic programs and will continue. I think you will hear from Palyalatju about how their youth services are funded, and I think this has been one of the frustrations that we have been sharing across government.

Senator SIEWERT—I had a colleague working up in Balgo who was extremely frustrated that the position was funded—and this was very recently—but they had no ongoing funding for activities. They were up there and they could talk to people but they could not do anything with the kids. It seems to me that, again, it is letting down the community and it is part of this short-term funding cycle.

CHAIR—Yes. You have put your finger on a real problem. There are avenues. For example, DCD has after-school and holiday money and there are other funding programs, but they all take some knowledge and effort to access. If there is good capacity in a community, you can do that, but if you are just getting started and trying to keep a lid on crisis, which occurs, it is more difficult.

Senator SIEWERT—How is that being handled at the moment?

Mr Griffiths—The state government has generally adopted the position in the funding of non-government services that it ought to be tri-annually based and indexed. In fact, in the context of the bilateral agreement on Indigenous affairs that we are working on with the

Commonwealth, which is nearing completion, we have insisted on the same policy principle being adopted into that bilateral agreement as well.

It is a recognition that, within the limits of our respective financial administration acts, when we enter into these agreements or contracts there ought to be some certainty to allow for planning and continuity. That has been an important development in the state jurisdiction, which we are hoping the Commonwealth will agree to in the context of the bilateral agreement.

Mrs Provost—The Department for Community Development has recognised exactly that; the response time to get funding of services into places like Balgo and Kalumburu, alongside all of the work that we are doing to develop strength within communities. We have isolated activities money that can be accessed very quickly and very easily, but it is still in those early years zero to eight that we are looking for a preventative focus in those communities. In Balgo, for instance, Palyalatju, Aboriginal Health, Catholic Ed and the police are wanting to have activities on ground, and I am not talking youth activities, I am talking about the mothers and babies and 14-year-olds who are mothers as well.

We have been able to put quick money alongside that and have that happening, and that is something we have had to work towards. All of the sites we have talked about have also accessed our early years grants, which are up to \$35,000, and have accessed them a number of times. We have particularly made that available to those communities, because we realised the benefits that come with that early intervention.

Senator POLLEY—To follow on from some comments already made this morning: in relation to those people that are going out into the communities, where there are obviously huge problems that are not just related to petrol sniffing, of the police officers and people going from various other departments, how many of those are Indigenous Australians?

Mr Lampard—We have some. The officer in charge at Balgo is an Indigenous officer. He is a fully sworn police officer, a senior sergeant. We have a small percentage that are Indigenous. We selected a pool of officers for the remote communities. We put them through a 2½ month full-time training program at the WA Police Academy and they dealt with all sorts of things, even a bit of survival in the arid areas. Most importantly, they have very significant cultural awareness training. We got some of the communities to send people—we flew them down to Perth at police department expense—to work with the officers so that they had a really good understanding of key Indigenous issues in those communities.

Further to that we gave them a whole series of training so that they were almost a one stop shop but we clearly focused on the big ticket items, which were advanced domestic violence training, and interviewing witnesses, particularly children and women, in regard to complaints of assault, particularly sexual assault. Also, we have a number of Aboriginal police liaison officers that are like second-stream police officers with some limited powers that back up and support those communities. For example, at Balgo we have four Aboriginal police liaison officers that are stationed at Halls Creek, which is the nearest police station to Balgo, and they do go out to the community.

In short, the answer is that we do not have enough. We have a program at the moment where we are trying to do a transition of the Aboriginal police liaison officers, encouraging them to

come into mainstream policing and putting them back out into these communities. Interestingly enough, some of the communities did not want Indigenous officers. They wanted, for example, white Australian males. They were what a lot of communities wanted. However, we have certainly followed that, but we have a number of trained female officers that are going out to the communities as well. It is working well at the moment, but clearly WA Police's preference is that we recruit more Indigenous officers across the board and that we are able to target some of these officers to go to some of these remote communities.

Mrs Provost—The Department for Community Development has a recruitment drive, particularly in the Kimberley to Pilbara and Murchison and in the south of the state, where we are vigorously seeking to recruit local Indigenous people to take up not just positions that have come through Gordon but working as field workers in our organisation. We also have a program that we call HYPE, which is Helping Young People Engage. That is a program that is targeting young people who are exhibiting antisocial behaviour, some of which will be sniffing, alcohol abuse and acting up in the community.

We have vigorously recruited Aboriginal people to be the HYPE workers. In Port Hedland they call themselves Mingle Mob. In Kalgoorlie they are HYPE, they like to be HYPE Kalgoorlie. We are about to put five HYPEs—it is a great name—in the Kimberley. They will be all Indigenous workers. The role of those workers: we strive to select strong Aboriginal role models within each location and they get alongside young people and work with them about the consequences of behaviour, and they work very closely alongside the police about the bottom line, 'The law is upheld.' They give young people the opportunity to change behaviour without coming in with a punitive focus but work with the rest of the community around the behaviours the young people are exhibiting.

We have had very good results working this way. In fact, the HYPE model won the Crime and Violence Prevention Award for Australia two years ago and we have been rolling it out ever since. We have a strong commitment to working that way and wherever we are we target the local ethnicity of that area. I am thinking in those terms because at the moment we are about to set one up in Mirrabooka. We will have Aboriginal HYPE workers, African HYPE workers and Asian HYPE workers and we will be working in teams to work with what is happening there.

Senator CROSSIN—Is it part of the diversionary strategy?

Mrs Provost—No, it sits within our own strategy within DCD. I am sure it fits within the diversionary strategy. Police and DCD work in partnership with this right across the state.

Mr Lampard—The outcome is that there are diversionary results. The other strength is that—and it is certainly a shift from times gone by—DCD and police are actually training together, so that we have a clear understanding of DCD requirements and strategies and they understand our part as well. It is a marrying-up of two important government agencies to provide a better service.

CHAIR—What about any other areas to Senator Polley's question?

Mr Menasse—From a mental health perspective, particularly where Aboriginal populations are greater—Kimberley, Pilbara, Goldfields et cetera—we do try and employ Indigenous mental

health workers wherever possible. At present, certainly in the Kimberley and the Pilbara, we are recruiting as we speak up to four Aboriginal mental health workers. They are quite transient, we have found, and due to the complex nature of mental health services that are required to be provided for the communities, these people tend to move on. We are constantly trying to revisit that. We are trying to spread that across rural WA as well as the metro area.

Mr Murphy—Those comments would also apply to general health services. We try and recruit people from the local communities and train them as Aboriginal health workers.

Mr Pedler—In terms of Indigenous employment generally, it is fair to say, I think, in Western Australia that government agencies spend a lot of time trying to poach each other's Indigenous workers. We all have impossible targets to meet. Another feature of Western Australia with the resource boom is that the mining companies have exactly the same issues.

Mr Murphy—They poach our workers.

Mr Pedler—We lost I think at least four of our Indigenous staff to Argyle Diamonds over a period of years and an excellent director-general I worked for only a few months ago now works for BHP Billiton, so across the board it is a real issue. In the Pilbara, as an example, a number of mining companies have targets they cannot meet and at the same time there are still Indigenous Work for the Dole programs in Port Hedland. The issue is that when the companies have sat down with government to look at how they get Indigenous people into employment, the impediments to employment are health, drugs, alcohol, housing and all those sorts of particular services. There is certainly a lot of good intent to get Indigenous workers and local workers and one of the issues, particularly around remote communities, is simply employing the people who are prepared to stay there and take up those kinds of positions. We find that recruiting in the north of the state with Indigenous Affairs, which I think is the higher employer of Indigenous people in the Public Service, is incredibly difficult.

Mrs Casey—It is not just about being able to employ people, it is about being able to skill up a workforce to be able to manage it. The approach of the Drug and Alcohol Office has been to provide nationally recognised training in alcohol and other drug work, which is training over a 12-month period on block release, where we have had people from rural and remote metropolitan regions and building up the skills of the existing workforce. Our target has been workers in AOD areas to get some form of qualification, whereas often the alcohol and drug sector, particularly the Indigenous alcohol and drug sector, has been quite neglected in terms of professional development over the years.

So our primary aim has been to skill up the existing workforce, which is now creating a pool of people—to be poached! But also it is building up our workforce and expertise. What is really interesting about that program is that it is now going national. We have five other jurisdictions about to roll out the training we have developed in Western Australia which is specific for Indigenous drug and alcohol workers, and pilot programs are starting now. NT will be starting in March. It is Queensland, South Australia, NT, ACT. We will continue the training in WA, and it looks as though a partnership is now developing with New South Wales and Tasmania. That only leaves one jurisdiction out; we will not mention their name. That has been a major project in terms of the last 12 months of coordinating that. People from the lands, from the South Australian side, will be on that program in the South Australian training program. NT have

already got 12 participants ready to go. WA will be training again across the state. We are going to do that over a 2½-year period.

What is really important about this is that we are skilling up nationally what we consider to be a culturally secure, evidence based practice in the drug and alcohol field. It is not just specialising in solvent workers. There have been some recommendations in the past that we just skill up solvent use workers, but obviously we need comprehensive drug and alcohol workers. It is the same set of core skills that is required in delivering treatment and support to individuals regardless of what substance they are using. Harm reduction information might change, obviously, but it is about skilling up people in a culturally secure way. This will help build workforce, which will hopefully build the capacity of a more skilled workforce to apply for jobs. Are there enough Aboriginal workers? No, quite clearly not.

CHAIR—Can we get some detail about your training?

Mrs Casey—Absolutely.

CHAIR—That will be subject to it not being publicised too much because of your ownership. There is a term for ownership of that process and I have forgotten it, but that would be just for our information.

Mrs Casey—Absolutely.

Senator POLLEY—As a senator coming from a state where, thankfully, we do not have a huge problem with this issue—obviously in Tasmania there is other substance abuse, like everywhere else—I just saw this opportunity. As you said earlier, it is terrific when you get workers to go out into the communities, but their housing is different, and I would have thought that Aboriginal people taking on those roles would be a good role model, as would any high-profile Aboriginal going into the community, whether it is sport, whether it is in music, whatever. That has to be a very useful tool to show the young people that there is a way out and that there are opportunities for them. I am still reading up—unfortunately, a little bit but not enough—about this issue. Can you give me an explanation of the supply reduction strategy and elaborate a little bit more. Also, most importantly, how are you going to measure the success and the outcomes of this program?

Mr Murphy—Supply reduction in terms of petrol?

Senator POLLEY—Yes.

Mr Murphy—The basics of supply reduction would be for the fuel in communities to be Opal; police capacity to remove petrol and prosecute offenders, and Mr Lampard spelt out the two pieces of legislation for users and suppliers on that; and, in terms of measuring it, that is easy to monitor—although not necessarily to document—because sniffing is so visible and the supply cannot really be well hidden, so communities know when there is or is not a supply in their own local communities.

Senator WEBBER—As a Western Australian, I want to thank you all for coming along. I know those of us here from WA like to showcase whatever it is that happens in our state. It is not

often that we get visitors, so thank you for coming along and showing the whole-of-government approach.

I have two quick questions. Although we say that there is a relatively low incidence of petrol sniffing, where we do find it in communities would it be fair to say that we have an across-the-board problem with substance abuse in those communities or do we find that it is petrol and petrol alone?

Mr Murphy—I would say across the board.

Senator WEBBER—I am just thinking about it in terms of what Mr Lampard was saying before about polydrug use.

Mr Lampard—Yes, certainly we have issues with supply in the central lands, or the NPY lands. South Australia recognises that a lot of the illicit substances are coming up from Port Augusta. From a West Australian perspective, in the Balgo-Warmun area and maybe just on the fringes of getting out to Kalumburu we have issues with alcohol and drugs coming through from the Northern Territory. We are doing a lot of work on that. I must say, Western Australia's relationship with the Northern Territory I think is outstanding. They are very proactive. They do not have the money that Western Australia has to focus on a lot of these issues but they are very proactive and will do whatever it takes.

To get to the heart of your question, sadly it is more polydrug use. It is quite clear that where we have a very significant success with petrol sometimes the locals will revert to or be diverted to others substances of choice and use those. Particularly in Western Australia, our strategy has always been, for petrol, through all of the government agencies. Petrol is just one of a number of substances that we are targeting—a very important one, but just one of a number.

Senator WEBBER—Picking up on what Senator Siewert was saying before about there being problems with funding and ongoing funding for lots of things, it has been pleasing to learn about the strong relationship between here and particularly the Territory because I would think that would help us get over the image of it being just a short-term solution. If they can build an ongoing relationship it does show a commitment to a long-term strategy in both places.

We have talked a lot about Balgo, and I know that Senator Adams and I are hoping the committee will have a chance to at least talk to people from that community, even if we do not have time to visit them. Balgo, of course, has had some challenges in the past and has addressed them. Bearing in mind what Mrs Provost was saying before about not imposing the expert model coming in onto a community, do you think if we pulled together what we have done in Balgo to help address their problems we can use that to assist other communities that may confront those significant problems?

Mr Lampard—I think we have two shining examples in WA of a joined-up government approach. In Balgo we have been very successful. Balgo was a real issue for us. I have never heard a community mentioned so much in parliament as Balgo was, and, of course, we had some high-profile suicides, sadly, of young people up there. The milestones that we have reached in Balgo have been significant and I think probably Balgo best reflects a whole-of-government approach to the issues up there of sustainability and capacity in the community. Warburton is our

other model. One of the really big advantages of Warburton is that the Ngaanyatjarra shire and the local council are so strong. In my mind they are probably the benchmark for a lot of other councils and local government areas. They are what I consider to be our two shining lights.

We are using those models particularly to roll out to the Dampier Peninsula and to Jigalong. Jigalong will be in our third year of development. Warmun is getting close, so there are some really good and positive things happening in Warmun. We are learning by putting in a model. Each of these communities has a collaborative service delivery agreement; we consult widely with the community on how we are going to deliver these services. We not only consult with the community but all of the government agencies get together in a steering committee. Sometimes it is like herding cats when all of the government agencies are together, but we have come a long way. We are using those models to stamp those successes on a number of the other communities.

Mrs Provost—DCD has identified each of those communities that Mr Lampard has described as early years sites and we see them from the prevention end as well. We have a number of activities happening in the communities—Balgo became a high priority—working alongside young families, young mums, young women who will be mothers in the future, looking at what we can put alongside those groups of people to make sure that we are strengthening them so that they do not go down the same track that they have always gone. We have had some remarkable outcomes from our Early Years Strategy in each of those locations.

Mr Murphy—It should be written up, you are right. The whole Kutjungka region is a COAG priority site, so there has been a lot of documentation on the start of a major consultation by Dodson Lane up there. I suspect that that process may be the best one through which to get a whole-of-community perspective, including the whole-of-government interventions.

Mr Pedler—Mr Murphy has stolen my thunder a little bit. Balgo is part of that COAG pilot; DOTARS is the lead agency. The Commonwealth activity is funded through that, and the state is now progressing down that track as well to look at working in conjunction with the Commonwealth around regional partnership agreements as a way of focusing. Local government is coming into that as well, and certainly the Shire of Halls Creek is very proactive. Where you can get that coordinated approach from the three tiers of government, you do stand some real chances of utilising all of your resources to an optimum level. As Deputy Commissioner Lampard said, we are looking at applying that also to the other areas: you can look at an area, like the Dampier Peninsula that has a number of communities, as a collective because there are issues that move from community to community. If there is that sort of mini regional approach to things, that is a good way to go.

CHAIR—Does anyone have a final comment? You have read the terms of reference. It is really looking at what has happened and what has worked, as opposed to the general issues. Does anyone want to take the opportunity of giving a message to the Senate inquiry?

Mr Murphy—We have presented a range of positive examples that have occurred in WA, but we have not been shy in admitting that there are problems and where the challenges still remain. While we might have emphasised that our remote communities are suffering less petrol sniffing than NT and South Australia, to a degree, WA would be as keen to capitalise on any opportunities that arise out of the report of the committee to support our remote communities and, even though we do not have this problem in the same dimension, that does not mean that

these communities are not fragile beings, up against a range of historical and current socioeconomic challenges and those challenges are as deep for our remote communities as they are for the others.

Mr Menasse—I would like to take the opportunity to highlight the fact that mental health services, as we have all discussed, do partnership with all the other agencies. We are underresourced in some of those areas and many of our services are more than willing to engage but find ourselves battling. But, as Mr Lampard pointed out, we have a good strong partnership with police. We would like to do more if the resources were there.

Senator WEBBER—It is not just the underresourcing. To pick up the point that Mr Lampard made, with some of the communities we had the problem where there was not any security so we could not get people to go there until the police became more proactive in leading and securing the community. Then you could at least attempt to recruit people to go there.

CHAIR—Thank you very much. The strong support for this committee that the Western Australian government has given should be noted, in terms of having the opportunity to have the representation from a range of different agencies who are involved in the whole-of-government. That is something that we were seeking and WA has provided that.

Proceedings suspended from 11.19 am to 11.30 am

GRAY, Associate Professor Dennis Arthur, Deputy Director, National Drug Research Institute, Curtin University

WILKES, Professor Edward Thomas, Professorial Fellow in Aboriginal Health, Telethon Institute for Child Health Research, Curtin University

CHAIR—I welcome Professor Ted Wilkes and Professor Dennis Gray from Curtin University. Do you have any comments to make on the capacity in which you appear?

Prof. Wilkes—I am a Nyungar man from the south-west of Western Australia, but I am here in a couple of capacities. I have chaired a reference group to develop the complementary action plan for the National Drug Strategy, and I am the current chairperson of the National Indigenous Drug and Alcohol Committee to the Australian National Council on Drugs.

Prof. Gray—The National Drug Institute is one of three research centres which were established as part of the National Drug Strategy. I am co-author of over 70 publications on Indigenous substance misuse. I was a member of the team which evaluated Comgas Scheme and I am currently leader of a team researching the policing of petrol inhalation and other volatile substance misuse. Like Ted, I am also a member of the National Indigenous Drug and Alcohol Committee.

CHAIR—Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. The committee prefers evidence to be heard in public but evidence may also be taken in camera if you consider such evidence to be of a confidential nature. I now invite you to make an opening presentation, to be followed by questions.

Prof. Wilkes—My role today will be to give you a bit of background on the petrol-sniffing issues that have impacted on me in my professional life, and, as I said, I will probably present more in line with being the chairperson of the National Indigenous Drug Advisory Committee. I have followed through many issues in relation to drugs and consequently I did not feel it appropriate that I again try to reinvent the wheel. I have chaired NIDAC and we have, with other Aboriginal members and senior members within our community such as Associate Professor Gray, discussed this issue at considerable length and there is a fair bit of work to do, but to put it on the record I will provide the background that the NIDAC secretariat have provided me. I understand that this has already been sent to government and so you may already have access to this through other means, but could I give a bit of a summary of what I have in front of me and then I will be pleased to answer questions?

CHAIR—Sure.

Prof. Wilkes—As I said, I have chaired NIDAC and been involved in health in particular since 1986. I come through a university in Western Australia with a Bachelor of Arts many years ago, in 1988, and I commenced working in the Derbarl Yerrigan Aboriginal Health Service in 1986. I was director of that organisation for 16 years.

CHAIR—Professor Wilkes, for those of us who are not local, where is that?

Prof. Wilkes—The Derbarl Yerrigan Health Service is the major health service in the city of Perth. It was called the Perth Aboriginal Medical Service until we renamed it with a Nyungar name, and the Derbarl Yerrigan, for your information, is the environs of the Perth and the Swan River area as the Nyungar elders have named it. So I have been involved in health and I do say to you very clearly that many of the health issues that I have been confronted with, through some form of cause and effect, related profoundly to drug misuse.

In particular, whilst this is about remote Aboriginal communities and petrol sniffing, the connection of drugs and the way that Aboriginal people have misused or used drugs to seek their own escapes or highs or whatever we like to call it, is something that I am quite capable of talking about. I am probably more capable of talking about it in an urban environment but, as a result of being on NIDAC, I do have some issues to tell you about and relate to you about petrol sniffing.

In 1985 a Senate inquiry identified and characterised two main types of volatile substance misuse: petrol sniffing, which is largely a problem in remote Indigenous communities, and glue and solvent sniffing, which we call chroming, which is most prevalent in urban environments. The allocation of short-term funds to non-government organisations to produce information booklets was the primary outcome of the 1985 inquiry, so we might just reflect on how we have moved into this modern era in 2006.

In 1998 I am aware that a 14-year-old boy died in the Northern Territory, despite warnings from a prominent alcohol and drug worker that the boy required urgent treatment. A number of recommendations were made following the coronial inquest into the boy's death. A key recommendation made by Coroner Donald was that any death connected to petrol or another inhalant be reflected in the death certificate and autopsy report. However, it appears the opinion of workers in the field is that such reporting is not being carried out in a consistent manner throughout the country. Consequently, there is no reliable statistical data on inhalant related deaths.

Data on the nature and extent of petrol sniffing has not been gathered in a systemic way since a 1992 study by Brady. However, it is thought that the problem of petrol sniffing diminished somewhat in the mid-nineties and then increased again post 1995; therefore, Brady's data—and I refer to Maggie Brady and I have referenced this document—is only able to provide a very rough baseline with which to compare the current extent and geographic distribution of petrol abuse. The 1992 data showed that petrol sniffing was focused in Arnhem Land, Central Australia and the Eastern Goldfields region of Western Australia. Brady described a similar geographic pattern in the distribution of 63 deaths caused by petrol sniffing. Two-thirds occurred in South Australia and the Western Desert communities of Western Australia. A further 12 were in the Goldfields region of Western Australia and the balance from the top end of Central Australia.

In 1994 the Department of Human Services and Health, now the Department of Health and Ageing, conducted a survey to complement the regular household surveys carried out as part of the National Drug Strategy. This seems to still be the most comprehensive survey of its kind, and reported that four per cent of people living in Aboriginal and Torres Strait Islander communities have sniffed petrol, with 0.3 per cent reporting that they had done so in the past 12 months. Despite these figures being small, petrol sniffing remains endemic in some communities and the impact of sniffers on the community can be substantial.

In 1995 the Commonwealth government took over responsibility for Aboriginal health from the Aboriginal and Torres Strait Islander Commission. A review has since been conducted and the Central Australian Cross Border Reference Group on Volatile Substance Use was established. However, an action framework has not yet been implemented.

The most comprehensive study on the issue of the health impacts of petrol sniffing was conducted in 1995. This study evaluated the impact of switching from leaded to unleaded petrol and included an evaluation of the health impacts of sniffing unleaded petrol. The study found that in the short-medium term, sniffing unleaded petrol did not necessarily result in morbidity requiring hospitalisation. However, it stated that further studies of the effect of long-term exposure to hydrocarbons present in both fuel types warrant further investigation.

In 1998 the Comgas Scheme was launched. Under this scheme the Australian government provides participating remote Aboriginal communities with a subsidy for Avgas. Avgas is an unleaded, low-hydrocarbon fuel that provides little of the high associated with sniffing regular fuel. Since the inception of this scheme about 36 communities introduced the use of Avgas.

In 2001 the South Australian government established the Petrol Sniffing Task Force to specifically address petrol sniffing and the Anangu Pitjantjatjara Lands Inter-Governmental Agency Collaboration Committee to tackle wider issues surrounding petrol sniffing. A broader meeting with Anangu on the Pitjantjatjara lands is yet to occur—and that may have occurred in the last few years. I have been in touch with Scott Wilson and, Dennis, you might even be able to inform us about that, but I know there have been some good efforts in South Australia to ensure that the people are meeting with government.

In September 2002 a South Australian coroner delivered his findings from an inquest into the deaths of three men aged 25 to 29 years from the Anangu Pitjantjatjara lands. Each of these young men had been chronic sniffers for over 10 years and all three died as a result of the inhaling of petrol fumes. The coroner identified the failure of both federal and state governments to provide substantial services to the AP lands to address issues contributing to the problems associated with and leading to sniffing. The recommendations of this inquest provide an action blueprint for governments to consider as a means of providing a long-term solution.

In August 2005 a coronial inquest was held into the deaths of another three males as a result of sniffing petrol. The inquest also heard that petrol sniffing is increasing in Central Australia and that brain-damaged sniffers are unpredictably violent. Helen Roberts, counsel assisting Coroner Cavanaugh, stated that there was a consensus view that attempts to address the issue of petrol sniffing was the responsibility of government and not that of the affected communities. She noted that treatment, non-sniffable fuel and activities for young people to engage in should be the primary focus. The coroner is expected to deliver his findings, and these should have been coming down in October 2005. Many states and territories have implemented plans or initiatives to deal with volatile substance misuse and the national plan is currently being established.

The current situation is that after a preliminary investigation the National Indigenous Drug Advisory Committee has identified the following initiatives to address the problems of petrol sniffing. It should be noted that this is not intended to be an exhaustive list of all current funding.

Due to modifications to the composition of Avgas the Comgas Scheme has been replaced by Opal fuel, which is lead-free. Thirty-seven communities are currently involved in the Comgas Scheme. In the 2005 budget the Australian government allocated \$9.6 million over four years from 2005-06 to provide Opal fuel to a further 23 communities. This is in addition to \$3.3 million that has been spent this financial year on the supply of Opal fuel. NIDAC have already, in deliberations, discussed this and believe that this should be allocated more liberally over the remaining communities in the Central Desert and those regions I have already talked about.

As to the COAG trials, part of the \$9.6 million announced in the 2005 budget was used to trial regional-specific approaches to reduce petrol sniffing in two of the Council of Australian Governments trial sites. I did hear the discussion previously that we were talking about one of those sites.

The Northern Territory diversion program: in 2001, the Australian government committed \$1 million to a range of pilot programs in the Northern Territory top end and central Northern Territory, aimed at reducing the problem of petrol sniffing in Indigenous communities.

Jurisdictional initiatives: the Northern Territory government has allocated an extra \$10 million over five years to implement the recommendations made for programs and services in the final report of the parliamentary committee into substance abuse which was finalised late last year. New legislation in the Northern Territory, called the Volatile Substance Abuse Prevention Bill, now gives police the powers to seize inhalants such as petrol and to take users to a safe place. This is certainly something that NIDAC have discussed and would propose that this be allowed in all of the states.

NIDAC perspective: petrol sniffing is unfortunately endemic in some remote Indigenous communities. It continues to have adverse effects on communities where it is common, including crime, serious disability, cultural degradation, grief and death. NIDAC recognises that petrol sniffing and indeed other drug use is the result of a myriad of socioeconomic factors that are characteristic in many of these communities, such as lack of food, high levels of illness, low rates of literacy, almost total unemployment and very limited opportunities for training, as well as a paucity of recreational facilities.

The prospects for many children in these communities are quite dismal and, given the lack of resources and skills available to deal with issues relating to petrol sniffing, the responsibility for solutions cannot rest solely with the affected communities. However, as the solutions need to be culturally secure if they are to work, community involvement is paramount for developing successful strategies. We also note that, although sniffers are disruptive and create a great deal of pain and grief for their families and the community, the Indigenous way is to remain inclusive.

NIDAC strongly supports interagency coordination and a whole-of-government approach for addressing the problem of petrol sniffing. A holistic approach is needed to address the immediate short-term problems as well as long-term issues. Clearly, short-term solutions will only be effective if the structural determinants of petrol abuse are also addressed. In the short term, sniffable fuel resources accessible to sniffers need to be stopped and abrogated, services available need to be upgraded, youth workers need to be accessible and well resourced, and legislation that supports these strategies needs to be put in place. In the long term, petrol sniffing

needs to be viewed in the context of the social circumstances in which it is occurring. It is the habitual feelings of hopelessness, boredom and lack of opportunity, not the petrol itself, which make the addiction chronic.

I would now like to mention some of the recommendations very quickly. I will not go into them in the long way but I would like to put on record the short-term recommendations that have already been advised to government: (1) subsidised Opal fuel should be made available to any community wishing to use it and rolled out across the whole of central Australia; (2) we should establish a best practice model for dealing with sniffers when a non-sniffable fuel is introduced, including investigating legislative changes; (3) encourage collaborative working relationships between the health and law enforcement sectors; (4) encourage legislation across other states and territories to reflect legislation enacted in Victoria and the Northern Territory which gives police the power to seize inhalants and take users to a safe place; (5) establish treatment services, including residential where necessary, that provide effective interventions and treatment options for individuals who engage in petrol sniffing; (6) establish mechanisms to ensure that when appropriate petrol sniffers have access to the expertise of mental health workers that these workers are suitably equipped to deal with such clients; (7) ensure accessible, well-resourced youth services are available to communities affected by petrol sniffing—these services should be provided in a culturally secure manner with specific training and support for youth workers; (8) engage in dialogue with affected communities to provide them with the necessary support and assistance to allow them to directly address the problems arising from petrol sniffing; (9) build, on successful and culturally appropriate information, education campaigns that target particular groups to address specific needs within affected Indigenous communities; (10) support the recommendations of the National Inhalants Abuse Taskforce.

Recommendations in the long term: (1) address the socioeconomic factors that play a part in the general aetiology of petrol sniffing, such as poverty, illness, lack of employment, hunger, low education levels; (2) collect reliable and valid data on prevalence of petrol sniffing and develop performance indicators to evaluate and monitor trends; (3) create a petrol-sniffing information clearing house; (4) provide an ongoing support for current program services and research; (5) conduct a feasibility study of Opal fuel being available to tourists and workers entering communities where sniffing is a problem. Thank you, that is my presentation.

CHAIR—Professor Wilkes, can you just clarify again where those recommendations are from?

Prof. Wilkes—These recommendations are from the National Indigenous Drug and Alcohol Committee, NIDAC, of the Australian National Council on Drugs and this is advice to government on petrol sniffing. It has been provided to you.

CHAIR—That was 2005, was it? Thank you, Professor Wilkes. Professor Gray, were you wanting to make some opening statement?

Prof. Gray—Firstly it is important, I think, not to see petrol inhalation in isolation. It is part of a broad spectrum of drug and alcohol use that is found in all communities and it has its analogue in the sniffing of other volatile substances in places like Alice Springs and Perth. Although there are some individuals who are chronically addicted to inhaling petrol, for most users petrol is not the first drug of choice. It is really an issue to do with availability. One of the

things we are seeing in Arnhem Land, which I have documented with colleagues from the Menzies School of Health Research—Alan Clough—is the increasing use of cannabis in those communities and we are seeing increase use of cannabis in places like the Yankunytjatjara lands, the Pitjantjatjara lands and other communities in Central Australia. If we want to address petrol sniffing we have to address it in the context of that broader use.

One of the things that Ted said was that we should not be reinventing the wheel. Australia already has a National Drug Strategy. It has been evaluated. It has been effective and it is seen as a model in other countries. As well as the main plan, there is a complementary action plan for dealing with substance misuse issues amongst Indigenous people. Ted was chair of a committee that oversaw the putting together of that complementary strategy. Together, those documents provide a framework for addressing petrol sniffing.

There are some key elements in that, in both of those documents. We have to address issues of supply, issues of demand and issues of immediate harm from drugs. They are three central planks of the National Drug Strategy. The other, which is encapsulated in the complementary action plan, is that we should be working with Aboriginal groups and not imposing solutions.

There is a long history within Indigenous Affairs that demonstrates that defining problems and imposing solutions from outside does not work. This has led to the policies of self-determination and self-management but unfortunately, as Peter d'Abbs pointed out to the coronial inquiry into petrol sniffing, all too often that has meant that government agencies have abrogated their responsibility to communities and just left it to communities. That does not work either.

I mentioned earlier that we are currently working on a project looking at the policing of petrol sniffing in remote communities. In terms of that cooperation, it was summed up quite nicely by one of the elders from Warburton in the Ngaanyatjarra lands. He said, 'We all got to help, but some kids are too hard for us.' They are telling us, 'It is a community thing, but we can't do it.' That is a really important message to take home.

As I said, there are three essential planks to the National Drug Strategy and I want to talk a little bit about petrol sniffing in the light of those. The evaluation that we conducted of the Comgas Scheme demonstrated that it can be effective. One of the issues, though, was that the closer communities were to sources of sniffable petrol the less effective the Comgas Scheme was. I think that has important implications for the Opal scheme. At the moment, the Commonwealth government, through the Department of Health and Ageing, is rolling out the Opal scheme on a community by community basis.

As Ted said, I think NIDAC is of the view that it should be done on a regional basis. At the moment in Alice Springs there is one station which has just come on board with selling Opal. That is great for the people who are going back to communities and do not want to take unleaded petrol in, but for those who want to take sniffable petrol in to sell to others, it is wide open. To me, it would make a lot of sense in terms of the problems to roll out Opal on a regional basis rather than a community by community basis.

CHAIR—Professor Gray, do you want to give more information about that before you go on with your prepared statement? That is a pretty telling comment that you have made there, and we

are going to Alice Springs. Do you want to make a few more comments on that issue in itself? What exactly do you mean?

Prof. Gray—A much better alternative would be to say that in the southern part of the Northern Territory, for example, Opal will be sold and will replace all unleaded fuel. I know that there are considerable elements of cost associated with that, but I think in terms of the harm that we could reduce it is well worth it. The reality is that petrol sniffing has a devastating effect on communities, and I think it is an important strategy. If the fuel is subsidised it is not a disadvantage to other users, and we could be making a significant contribution.

I do not think that that will solve the problem, because there is no magic bullet. There is no one thing that is going to solve this. We need a range of strategies. Comgas did not solve it but it had a big impact, and Opal will do the same. It is a really important part of those strategies.

CHAIR—Thank you.

Prof. Gray—That is a scheme at the Commonwealth level. In terms of addressing supply at the state and territory level, police in both WA and the Northern Territory are retaining small numbers of prosecutions against people who are taking in petrol for sniffing, but there are a number of difficulties. One is the difficulty of catching suppliers in the act and another is the difficulty of proving that people who take in large amounts of fuel are not taking it in for some legitimate reason. For example, a police officer from Kintore told us about stopping a diesel vehicle which had a big drum of unleaded petrol on the back. Their suspicions were that that was being taken in to sniff, but there was no way that they could prove it.

Another big issue is the limited police resources available in remote areas. There are also some difficulties in gathering intelligence, particularly in places where the police presence is limited and relations with communities are sometimes strained. One of the things that has come out of our study of policing is that part of the reason that there is less sniffing in Ngaanyatjarra communities than the Pitjantjatjara communities is that the police have much better relations in those communities.

In South Australia they are having great difficulty in recruiting police to the Pitjantjatjara lands. There are a couple of senior officers based just to the east of the lands—I cannot think of the name of the place at the moment—and they are flying officers up from Adelaide on a four-week rotation. The police that are coming in see different people all the time. There are more confrontations with the police in the Pitjantjatjara lands than in the Ngaanyatjarra lands. You have incidents where kids are stoning police vehicles in the Pitjantjatjara lands and you simply do not have that in the Ngaanyatjarra lands. I think it is important to have adequate resourcing of police in those communities, and the policing of the supply is a major role that police can play in those remote communities.

In terms of demand reduction strategies, they need to be targeted at a number of levels. We need to look at the broad socioeconomic things that Ted has talked about; the underlying factors that are the cause of much of this substance misuse. Clearly, there are elevated levels of substance misuse amongst Indigenous people when compared to non-Indigenous people. That, I think, is attributable to the underlying conditions, but I would not say that that is the only reason that people sniff or use drugs.

We need to be addressing those broad socioeconomic things, we need to be addressing things in particular communities and we need to be addressing things at the individual level. We have had 30 years of various Aboriginal policies, and when you go to some of those remote communities you would be hard-pressed to say that they have had much of an impact. I do not have any magic solutions but somehow we have to find them, because until we address the issue it is just bandaid stuff.

In terms of the community things, Sarah MacLean and Peter d'Abbs did a petrol-sniffing kit—and I suspect you have already seen this—part of which was a literature review which looked at programs that had been evaluated and what works. One of the things they showed was that there have been actually very few evaluations, but there are indications of things that do work. I will not go into those, but a good example of what can work is the Mount Theo program out of Yuendumu. That has been quite widely identified as being successful.

Senator CROSSIN—We are going there.

Prof. Gray—One of the youth workers and a woman from the community have written a paper on it which is to be published in the *Drug and Alcohol Review*, a journal, in the next couple of months. That is a good example of what can work when communities take the initiative for themselves but also get outside support. Support is really important. A few years ago we did a mapping exercise of Indigenous drug and alcohol projects. From the Commonwealth, state and territory governments, we identified all the funded intervention projects for substance misuse across the board. We got from those agencies the amount of money they had put in, and then we were able to allocate that between programs.

These community initiatives fall down in the area of prevention. We would all say that prevention is better than cure, but in that particular financial year only 20 per cent of intervention projects were prevention projects, which is quite amazing. They got only 10 per cent of the total funding that went in substance misuse programs, and half of that was non-recurrent. What you have is a lot of small projects which go for a year. The funding cuts out and there is no ongoing support to enable communities to act.

The third level of reducing demand, as I said, is treatment, which is a really important strategy at the individual level. Both of the recent coronial inquiries in the Pitjantjatjara lands in South Australia pointed to the need for treatment facilities. I think it is true that we need more facilities, but there are no clear protocols for how to treat petrol sniffers. Lots of people will say, 'We need treatment,' but very few can tell you what is actually needed. Examples include the Ipurula community outside Alice Springs and the Yuendumu program, but we need to work with those people to develop protocols for the treatment of sniffers and to work out how those treatment programs should articulate with other interventions. The thing to emphasise there is the collaboration with Aboriginal organisations. In relation to harm reduction, it is generally accepted that people who are intoxicated, whether from petrol or other substances, need to be put in a safe place if they are at risk of harming themselves or others.

That is all very well in principle, but in a lot of those remote communities there are simply no options of safe places. For example, in the Pitjantjatjara lands, if the police apprehend a sniffer, they have the choice of doing nothing or charging that person for breach of the community by-laws and immediately releasing them. If they want to take them to a place of safety, they have to

put them in the back of a police vehicle, drive several hundred kilometres to a police station or to a hospital, and they have to stop every 15 minutes to check that that person is safe. We need safe places in communities. There is very little call for that at the moment and I think it is something that we need to do.

Another principle of drug strategy has been that proposed solutions should not do more harm than they fix. That was a point made by the Royal Commission into Aboriginal Deaths in Custody and it was behind legislation in most, but not all, states and territories, to decriminalise public drunkenness. What we have seen in the Northern Territory with the move to make petrol sniffing illegal is taking a step back from that. At this stage it is too early, I think, to see what the effect might be, but given what has happened with regard to decriminalisation of public drunkenness, it would be prudent to look at what happens in the Northern Territory and evaluate that, before other jurisdictions jump in and criminalise sniffing. That is not to say that there should not be legislation which enables the police to seize volatile substances or to take them to safe places, but in most jurisdictions there are already pieces of legislation in place which enable that to happen.

In summary, as I said earlier, there is no magic bullet. What we need are lots of interventions and, although the situation looks bleak, I think there are effective interventions and we need to be learning from those. In terms of strategies, I think they need to be comprehensive. They need to address supply, demand and harm reduction. They should be conducted in conjunction with strategies to address other forms of substance misuse. They have to tackle the underlying problems and they have to be done in conjunction with Indigenous people.

In terms of the bureaucrats, effective strategies are not going to be cost neutral. We really need to be spending money to address the problem. If we do not, we will not get anywhere. If I was to make some succinct recommendations, the first would be that the Commonwealth roll out the Opal scheme on a regional rather than on a community basis; that state and territory governments should enhance the ability of the police to enforce legislation against the supply of petrol; that appropriate protocols for the treatment of petrol sniffing should be developed, preferably with resourcing from the Commonwealth government because it has cross-jurisdiction responsibilities; that more treatment facilities should be provided; that more safe facilities should be provided; and we should not jump in and criminalise petrol sniffing until we know the effect of the Territory legislation.

Senator POLLEY—In terms of some of the work that has already been done, you said you did not want to outline it. I come from a state where we do not have any significant problems in relation to this issue. We have heard this morning that, if you take away petrol, there is always the potential for young people to go onto some other substance. Can you outline for me a program that you see as something that we can use as a role model. Also, could either of you elaborate on how we can help community leaders to help their own people?

Prof. Wilkes—I can make a reference to a community effort in this city which can be basically transferred to other cities. To engage the community to take ownership of issues around what we might call community or family, we set up a program called the Indigenous Family Program. It identified who the really hard-up families were. Usually when you get to that level and you are engaging with the community, you can be quite specific about who those families are. The strength of that partnership that you might then engage with government and the

Aboriginal leaders—who might lead this Indigenous Family Program—is that you have all of those resource sectors and all of those stakeholders engaging together. But at the end of the day, taking away a myriad of contributors in the past—there were the mental health mob coming in; there were the education mob coming in; there were the police and justice mob coming in; there were good intending Aboriginal people; there were the voluntary services through the Salvos or through the Good Samaritans; then there was the local city councillors. A range of stakeholders were coming in as individuals.

We grabbed hold of all this and said, ‘Well, hold on. You guys just step back a bit. We will engage our community leaders and they will do the bartering’—for want of a better word—‘between those stakeholders and the families.’ The families found that a much more productive way to get their voice heard and to have family input into their children. We still lobby governments to try and make sure that we build on that capacity. I can certainly reflect on what I saw as the value of that: Aboriginal people were owning the issue; the families were more inclined to go to those leaders who were saying, ‘We’ve identified your family.’

There is no imposition on families. It is sort of, ‘Would you like to engage in this program? We’ve identified that your family and some of your children need a little bit more special help.’ In most cases those families came to us and said, ‘Yes, we would like to.’ We went into bat for them. We coordinated all of that, and you would have one or two Aboriginal people that would take on those case loads and hide the other stakeholders away from it. This family would come to me as one of the case load people and I would go to you guys and say, ‘Hey, these are the issues I need. I need some money from Housing. I need you mob in Housing to really stand up and be counted because you are the last resort and these families are at that end. They’re at the last resort end.’ Similarly with education.

That is just one example. While I am not trying to promote that one size fits all, it is certainly something that you might look at in the future. Obviously Aboriginal people talk about our own self-determination. It is very important that you do identify those genuine leaders and we work with those genuine leaders. The dilemma you have is that there are some people in our own community—and I call it internalised oppression—who might not be as genuine as we might believe they are. It is very important that we have some good streamlining to identify who those people are.

Prof. Gray—I mentioned the Mount Theo project. That is a good example. They have used the carrot and stick approach there. If kids are sniffing in Yuendumu, they take them to the outstation at Mount Theo. But it is not just about punishment; there are various activities for them to become involved in—recreational activities, for example. We need to be careful about doing things on a half-hearted basis. As Peter d’Abbs and Sarah MacLean pointed out in the review that I spoke about, alternative recreational activities are seen as important but they have to be adequately resourced. It is no use putting in a hall and a dartboard and a pool table and hoping that kids are going to do things themselves. You need experienced youth workers. You need to have activities which are challenging. All of those sorts of things are important.

Again, the resourcing is an issue. The people that were here before spoke about cooperation between government agencies. The reality on the ground is that there is very little cooperation. There simply are not enough people to cooperate. In a lot of communities, sometimes the police are the only agency that is there and virtually everything falls to them.

You get a visit from a health worker, or in other communities there may simply be a clinic. The visits of agencies tend to be infrequent and there are not enough people on the ground with all of the skills to provide the help that is needed. That is really important. It is easy to talk about cooperation in Perth or Darwin. It is a very different matter on the ground at Kintore or Amata or somewhere like that.

Prof. Wilkes—I think there are some cultural paradigms that we miss out on in relation to traditional Australia. Whilst people like myself live in southern regions, we have adapted to a new paradigm within the law structures. What I am saying is that traditional Australia, or those remote communities, are now going through what we went through some time ago. I think we have to announce that transfer of the cultural law to be substantial and to be more conducive to what is contemporary Australia. I think it is time that white Australia started to come across and incorporate into the legislation of the rest of Australia traditional Australian cultural law and the value systems.

We talk about by-laws—that is all well and good—but I think it is time for law enforcers in Australia to sit down in the dust with the traditional law-makers in Aboriginal society and come up with constructive ways to deal with those, what we call, social issues. At the moment we are prone to the one law, it is a white Australian law and I do not think it fits into traditional Australia. I would like to make reference to a bloke called Richard Trudgen who wrote about a community in the Northern Territory. He certainly picks up on some of those values.

Senator POLLEY—I asked the government representatives earlier if they knew how many Indigenous Australians were going out to remote areas, whether it is in policing or in other departments. Do you think that is important—that more Indigenous Australians go back to these communities as role models? If so, how do you encourage more Indigenous Australians to take up that challenge?

Prof. Wilkes—It is certainly an issue which we have had to deal with across the broader spectrum of health care, and even in education. How do you get the Aboriginal kids, who qualify as teachers in this wonderful city in the southern part of Australia, to go back and live in a remote community that is 500 or 600 kilometres inland, very hot? We are also being introduced to the modern and contemporary ways of life. All I can say is that you have to make the packages very attractive, as we do with doctors who we want to go out to remote Australia. You have to also stop pretending that, because an Aboriginal person comes from Balgo and has become a scientist, they will go back to Balgo.

Senator CROSSIN—Why would you?

Prof. Wilkes—Yes. You have to pay for them and make those packages worthwhile.

Prof. Gray—My comment builds on what Ted has said. I guess what we are talking about is building Indigenous capacity. One of the problems is that, when we talk about this, we talk about building the capacity of individuals, so we take the person from Balgo and train him or her as a nuclear physicist. One of the things that we want to do is build the capacity of Indigenous organisations. We have a wonderful project at the moment which we are, with some other university groups, conducting with Tangentyere Council in Alice Springs. I will give you some of the history.

There was a 12-month trial of alcohol restrictions in Alice Springs. There was to be an evaluation, and part of the evaluation was to survey community attitudes. The evaluation was conducted by Northern Territory Health, and they decided that they would survey community attitudes by doing a telephone survey. That cuts out all of the people in the 20 town camps, a lot of the Aboriginal people in town. Tangentyere Council came to me and I had some ongoing contact with them for a number of years. They said, 'Will you help us to do our own survey?' In conjunction with staff from the Centre for Remote Health in Alice Springs, I went up there. We trained a group of people to do the surveys. We explained the basic principles of things like sampling; how to interview. They went out and did a tremendous job. I then helped them analyse the data and we jointly put together a submission to the Territory Liquor Commission.

It did not have much impact on the Liquor Commission, but it had a tremendous impact within Tangentyere Council because they said, 'This is the first time that someone has actually trained people within our organisation.' They said, 'We've been in control of research before, but usually what that means is getting a whitefella in. He or she does the research and they've gone,' and there's no ongoing capacity. We have signed a memorandum of understanding between Tangentyere Council, the National Drug Research Institute, the Centre for Social Research at Edith Cowan University and the Centre for Remote Health in Alice Springs. We are providing ongoing support to that group of people to do research. They have recently completed a study of mobility between outer communities in Alice Springs and they are currently trialling some questions for the ABS for the next census. We do not need to be looking at just training individuals; we need to be providing support to community organisations.

Senator POLLEY—You have given evidence that, on the ground, there is not as much coordination so that in itself is not going to be useful any more than starting a program without having ongoing funding for that. Can you give us any prime examples of where there is a breakdown in communication between agencies that has led to more serious problems?

Prof. Gray—Not necessarily where it has led to serious problems, but it has led to less than optimal responses to situations. A classic one is the thing I touched on before: about having no safe facilities for people who are intoxicated on petrol fumes. As I said, in some communities there is only a police presence or on a rotational basis; there are no staff in the communities who can provide the supervision that is needed for someone who is taken into safe custody. To use Kintore as an example, people from the Northern Territory—I am using the Northern Territory because I am familiar with a lot of things there; that is not to say that the Northern Territory is unique in this—things like staff from the Department for Community Services coming out on a fairly infrequent basis, so that if the police identify a young person that is at risk and who needs further support, it may be several weeks before there is any response to their request for support. Those are the kinds of issues.

Senator ADAMS—Professor Gray, when you started your presentation, you spoke about imposing solutions on communities. Can you give us an example of a community that has something imposed upon it that has not worked?

Prof. Gray—Yes, a community that I have worked very closely with in Western Australia. I worked with a group of Aboriginal people that were on a reserve. It was in a very vulnerable position, next to the Gascoyne River. They had fought for a long time for improved housing. It was quite a discrete community; there were three distinct Aboriginal groupings within the

community. There was a flood, the reserve was wiped out, and the state housing authority decided that they were going to have to do something. These people had been lobbying for a separate village. They decided that they would build the village but they saw it as a solution to the problems for all Aboriginal people in that community. They put disparate groups of Aboriginal people in that community and for the last 15 years it has been largely dysfunctional.

Senator ADAMS—It is a shame that you were not here a little earlier because a lot of the criticism of projects that you have spoken about were described to us as being some very good projects; those being at Balgo, Warburton and starting at Jigalong and Warmun. Some of the things that you have said are the absolute opposite to what we have heard in evidence.

Prof. Gray—I am not saying that everything is bad; I am saying that there are examples. There are good things being done, but we need to realise that in a lot of communities things are not as good as they could be and that we need to do more. I am certainly not saying that nothing good has been done.

Prof. Wilkes—I would like to make a comment, and this is about being Aboriginal: when we look through the eyes of Aboriginal people, we can see that we are being patronised more often than not and that is the worst thing you can do to us. Do not patronise us. Some of the housing situations that have arisen in the past have been substandard. I am a social scientist. I study human behaviour and I know that we have our own ethnocentric biases towards our cultural upbringing. I fear to say this, but the fact of the matter is that most of the white people that work in government systems will pull their own kite sometimes. They will make statements to protect their integrity.

I do not really have any issue about that fact, but I will say all the time, I will say to people who head up bureaucracies and other people who work in the bureaucracies, ‘When are you going to put an Aboriginal person to head up the offices of Aboriginal health? When are you going to put an Aboriginal person to head up a regional setting where there is a predominance of crime being committed by Aboriginal people?’ When are we going to start doing all that?

Senator ADAMS—We did have one. Shane Houston was Indigenous.

Prof. Wilkes—We had one and we have to continue to do it because we are the real McCoys. We can go in there and we can start to fix some of this up for the rest of us. I live in this community, I call Australia my home and my house is my home; but what if I do not have a good house to live in, with some other variables like a good car? And I know all about the social determinants of wealth, I have studied them. I actually admire Marmont and Wilkinson tremendously for bringing it up. That is where we are at: we have to look at all these other socioeconomic factors and we have to let Aboriginal people take control.

Wajala people—and that is the word we use in the Nyungar world to describe those people with the good intent—surely can come along with us. They must never try to lead, impose or dominate us.

Senator ADAMS—Some of the programs that the department is putting out at the moment, with its multidisciplinary approach in the areas that I have spoken about, are in Warmun, Balgo

and Warburton, which are the showplaces where they are trying to get this focus going. Would you agree that is the right way to go or not?

Prof. Wilkes—Just say that again slowly. I did not pick it right up.

Senator ADAMS—What we had described to us before was all the departments working together with their personnel going out to and living in these communities and working together as a team, rather than a silo of police here, a silo of education here, child development there, not talking to one another and not working together. What we have had described to us today has been a multidisciplinary approach of all the agencies—the health workers, the Aboriginal liaison people, the police, whoever else is involved—all working together. To me—and I am a nurse and I have worked in the north a long time ago—that is a very positive step forward. I just want to know how you feel about that type of program.

Another thing is that, in response to the question, ‘Should we have more Aboriginal police officers rather than the Aboriginal police aides going out there?’ the assistant police commissioner stated today that some communities request to have white police. They have the Aboriginal liaison officers but they really want to have the whitefella as the person that is organising it. These are the sorts of comments we have had before, and I would like to know how you feel about that. Is that the right way to go? We need some guidance as a committee.

Prof. Wilkes—There are two issues there. Collaboration between agencies is a great idea and I do not think I could disagree with that. If they are working in with the board of the Warburton community or whatever the community is, that is fine, as long as at the end of the day there is no direct imposition of what white Australians might think is a good thing to do.

Remember the old homemakers who taught my mum and dad how to set up a table and put the spoons on this side and the knives and the forks in a certain area? If we are not getting down to that, if we are allowing Aboriginal people to still use their hands to do their cooking, fine, we can do that. We expect governments to do that. That is called intersectoral collaboration and when we develop the national Aboriginal health strategy—and any plan that we develop—we want government sectors to be more collaborative, but it should never impose on the Aboriginal leaders from that region or community not having the right to self-determine what is the way ahead.

In relation to the police, certainly there are Aboriginal communities where it is culturally at this time inappropriate for Aboriginal people to try to enforce law on other Aboriginal people from those communities. You cannot enforce laws onto your Aboriginal mother-in-law because, as I said earlier, there are already laws in place that quite specifically say, ‘You can’t do that,’ in the Aboriginal law. So the best way to deal with it is to ask white Australia to put someone in there so that there is no complication with that stuff. That is good as long as the Aboriginal leaders in that community are saying that. There are some communities which might be a bit more liberalised in their thinking—and I use that word advisedly—who might be closer to what I call white Australia and the western ways of living, that might be able to adapt another system. One size does not fit all, here.

Prof. Gray—That is the important point: that different communities want different things. What we need in the system is flexibility, not to say, ‘Community X does not want Aboriginal policing, therefore we will not put Aboriginal police anywhere.’ We need flexibility.

Senator ADAMS—I gather that was the request that was coming through, because some have it and some do not.

Senator CROSSIN—Regarding the response from the Commonwealth government to combating petrol sniffing, we have heard mention of the eight-point plan that has been devised by OIPC. Did your advisory committee, Mr Wilkes, have any input into that?

Prof. Wilkes—From memory, we did have a bit of input into it. The eight-point plan was already put in place.

Prof. Gray—And we commented on it.

Prof. Wilkes—That is right, we commented on it. So, no, not in the first instance, but in the second.

Senator CROSSIN—Can you remember what sorts of comments?

Prof. Wilkes—You might have to help me out here, Dennis. I think we are both fuzzy on it. I again would refer to the fact that the government of the day, in developing plans, is always going to be flying in the face of Aboriginal leaders. Your ministers right through to senior bureaucrats have to be advised that the better way to do this is to ask the leaders of a particular sector. As the chairperson of NIDAC, I would have certainly been able to be in touch with people like this fella next door to me and other people to give good advice in relation to what might be a good eight-point plan. From memory, there were some major concerns about the eight-point plan.

Senator CROSSIN—The point I want to highlight, and you have just re-emphasised it, is that we can write eight-point strategies and we can write protocols till the sun comes up and goes down again, but it is Indigenous people who must predominantly drive that in conjunction with the government. How effective are protocols or strategies that do not have either consultation with or agreement by Indigenous people? Are they effective?

Prof. Wilkes—They invariably are not. Invariably, Aboriginal people stand on a very strong definition of what we call our right to self-determine and what we call community control. Most leaders still play that out to the max, where we demand of our non-Aboriginal counterparts that you actually engage with us in the first instance. Do not wait until the second round, because what you are doing is patronising us and that is not what we want. We want to have the power, and feel the power, that comes out of us as individuals but also as communities that say, ‘We achieved this and we had some really well intentioned whitefellas coming with us, and isn’t that wonderful?’ We do not want it the other way. We do not want whitefellas saying, ‘We did all this,’ because that is not empowering to us.

Senator CROSSIN—In terms of resourcing and response from the Commonwealth government, they receive \$12 billion revenue from fuel excise. They have allocated about \$19 million over four years to roll out Comgas. Minister Abbott was in Alice Springs last year

and launched another booklet, and I am sure that Blair McFarlane will talk to us about that on Wednesday.

Professor Gray said that the 1985 response to that committee report was to produce booklets. We are still producing booklets, basically, and there has only been the roll-out of Comgas. Is the Commonwealth government's response to this adequate, from your point of view?

Prof. Wilkes—We will take whatever we can but, to be truthful, it is inadequate. As Dennis said, we should be rolling it out at the regional level. The people in Alice Springs are able to take sniffing petrol out to communities. It is like the sly groggers. We have sly grogging up in the north of this country. We probably have it in the southern regions too, although we do not notice it as much. People will make a profit out of other people's oppression.

Prof. Gray—Booklets are important. There is no doubt that health promotion is important. As I said, there is no one magic bullet and we need a broad range of strategies. About 10 years ago we did a study of Aboriginal kids between the age of eight and 17 in the town of Albany, a survey that was conducted with a team of Aboriginal people. A lot of them grew up with, 'Tell us how many standard drinks it took to be over the limit,' and things like that. Clearly, health promotion has had an impact there.

There was a group that we classified as frequent polydrug users, and they were kids who regularly used some combination of alcohol, tobacco, cannabis and sniffed volatile substances. Amongst the older group, kids who were unemployed were 15 times more likely to be frequent polydrug users than kids who were still in school, in some form of training or who had jobs. While the health promotion stuff is important, we need to be addressing those other issues.

Senator BARTLETT—I am particularly interested in your experience in the metropolitan areas. There is a bit of a focus with this inquiry on remote communities. We have talked about the recommendation of rolling Opal out on a regional basis. I presume in metropolitan communities or in areas that are not remote that sort of substitution approach is not going to be viable unless costs can be brought to down such that we can replace it nationwide. Is that an accurate assessment? In metropolitan areas you have to look at other sorts of approaches.

Prof. Wilkes—In the metropolitan areas we do not have, to my knowledge, the advent of petrol sniffing as we have in the remote communities. Having said that, volatile substance misuse is prevalent throughout Perth, and some of the legislative changes and some of the needs are very similar. In relation to petrol sniffing, now and then you will hear of one or two kids, but petrol is hard to get anyway and there is easier access to a whole multitude of drugs and substances in the city.

The real issue for us at the moment is amphetamine use and intravenous drug use. There are 13-year-old kids getting access to starter packs and things like that in this city, and probably in other cities. If they can find 10 bucks, they are into it. They will form a group and go and buy a can of spray or something that they can sniff. It costs \$5 at the most to buy a can of something that can be sniffed, so kids are more inclined to do that. The point Dennis makes about polydrug use is certainly about what is available, how much money you have and how well off you are. If you are well off, you are obviously going to be into marijuana, drinking excessive amounts of alcohol and perhaps going into town, hitting the nightclub scene and getting into amphetamines.

If you are a poor kid living out in suburbia and you have a little peer group, you are likely to grab hold of anything you can.

Senator SIEWERT—I am aware that Curtin has just had its first lot of new graduates in Indigenous health, Gavin Mooney's program.

Prof. Gray—That is health economics.

Senator SIEWERT—That program is really interesting, and I wondered where we could get information on it from.

Prof. Gray—It would probably be best for your committee to contact Gavin Mooney directly.

Senator SIEWERT—Professor Gray, I think you were saying—I missed the statistics—that 20 per cent of the intervention projects were prevention. Is that what you said?

Prof. Gray—That was for that one particular year. For the 1999-2000 financial year—and we have just been funded to redo it—we identified all of the intervention projects for Indigenous people that were directed at substance misuse. In that particular financial year, it was \$35 million. I think there were 277 projects, most of which were run by Indigenous community controlled organisations, with government funding. Aboriginal people are doing a lot to address these problems, which is really important. Of those 277, only 20 per cent were prevention projects. They received about 10 to 12 per cent of the funding, so they were not even funded proportionally, and then half of that funding was non-recurrent.

Senator SIEWERT—That was for the 1999-2000 year?

Prof. Gray—Yes.

Senator SIEWERT—And you have just been refunded?

Prof. Gray—Yes. We are trying to get the data in now to do that for the 2004-05 financial year.

Senator SIEWERT—So we do not have a clear picture now of what percentages are going where?

Prof. Gray—No, but there has been some additional money put into prevention, particularly through the Alcohol Education and Rehabilitation Foundation. Are you familiar with that? They received \$120 million of additional money that was collected from the excise on beer when the GST was brought in. That was given to this foundation primarily to do work on alcohol, but I believe the Prime Minister gave the dispensation that petrol sniffing could also be targeted with that money. A good percentage of that money has been put into prevention.

There does not seem to have been a significant increase in any jurisdictions overall, and again these are impressions. There is a tie-up with historical factors here. In the seventies, the first organisations that got off the rank were alcohol treatment organisations, which have been funded recurrently since the mid-seventies. In fact, both residential and non-residential treatment

programs consumed a little over 50 per cent of all of that substance misuse money, so clearly we need to be putting money into others areas. That is not to say that we should be taking it off the treatment centres. Simply juggling the money around internally is not the way to do it.

Senator SIEWERT—Different ones are coming up and saying—

Prof. Wilkes—That is right.

CHAIR—I know in your previous evidence you both went through a series of recommendations. Was there anything you wanted to leave with us in particular?

Prof. Wilkes—In the knowledge that I am relatively free to speak my mind—

CHAIR—Absolutely.

Prof. Wilkes—I might leave you with something. In relation to children and solvent abuse—and it may be the case with petrol sniffing as well—children living in urban areas that are abusing solvents are vulnerable to predators. When I say that, I am referring to older people who may abuse young people while they are high on these substances.

Prof. Gray—That has come out in our policing of petrol sniffing, both from Aboriginal community people and from the police themselves.

Prof. Wilkes—These predators do not come from any particular culture; they come from across the board.

CHAIR—Thank you very much for your time.

Prof. Wilkes—Thank you.

[12.43 pm]

MAK, Associate Professor Donna (Private capacity)

CHAIR—Doctor, we will not go through the introductions again because you have heard them. Do you have any comments to make on the capacity in which you appear?

Prof. Mak—Yes. I am a medical practitioner and I am appearing as someone who has been invited to come here. I work at the University of Notre Dame, teaching medical students, and I also work in the Department of Health, Western Australia, where I am the medical adviser for the Sexual Health and Blood-borne Virus Program. But I am not representing any of those organisations.

CHAIR—I know that you have received information on parliamentary privilege and the protection of witnesses and, as you know, the committee prefers evidence to be heard in public but evidence may also be taken in camera if you consider such evidence to be of a confidential nature. I invite you to make an opening statement and then we will move into some questions.

Prof. Mak—Thank you. I am here because I have been asked to come. My background is as a medical practitioner. I have worked in the Kimberley region of Western Australia as a general practitioner for 3½ years, based in Fitzroy Crossing, and later as a public health physician based in Germany for 7½ years. That is the background with which I come. The Kimberley was quite a unique sort of a place in terms of the petrol-sniffing aspects, because the community of Balgo and the communities around there—Billiluna, Mulan and Yagga Yagga—were affected by petrol sniffing, but the other communities with which I was much more familiar—which was where I worked—had less problems with petrol sniffing. When I first started working in Fitzroy Crossing, there was no petrol sniffing in Fitzroy Crossing. There was one boy. So that is the context.

I have not had experience in programs to do with prevention or treatment of petrol sniffing, but certainly the work that I have done in terms of delivering primary health care services and services that are aimed at preventing disease have been very much affected by petrol sniffing, and the health staff and other staff that work in these areas have been very much affected by it. For example, if you have sexually transmitted diseases, which is what Ted was just alluding to, we know that people who are using petrol are at a much higher risk of a sexually transmitted disease. Sometimes that is because they have been predated on; other times it is because they are in a situation of intoxication and do not have any control over what they do. So they do engage in risky behaviour.

Certainly when you are then trying to contact trace, finding out who they have had sex with so that you can close that loop of infection—you do not want to just treat that person and, meanwhile, the person they have caught it from is merrily spreading it—when you are dealing with people who sniff on a regular basis, it is nigh impossible to do. The whole sort of social chaos that happens when you have a large number of, usually, children or adolescents in the communities that sniff has huge ramifications on any sort of service, be it health or education,

that anyone is trying to provide. That is the background that I come from and those are the kinds of questions that I am happy to answer.

Senator ADAMS—I am listening to that and thinking, ‘Goodness!’ because I worked in Derby and I know Fitzroy pretty well. You have done very well, by the sound of where you have been with your experience. We have heard from the department, speaking about a multidisciplinary approach to some of the communities, especially at Balgo, Warmun, Jigalong and Warburton. As a health professional, do you think that is the right way to go?

Prof. Mak—Yes, I do think a multidisciplinary coordinated intersectoral approach is the right way to go but it is, practically, very difficult. I am very familiar with the health aspects because that is where I come from. However, the average age of community health nurses is over 50 years old and the turnover is huge. We are not breeding them up the way that we used to, so it makes it very difficult. In theory, it sounds great; it is really hard to get it working in practice. I think of all the places where I have worked, I have been quite a long stayer and have absolutely loved it. But the downside is that if you are a long stayer and you have a much longer view of programs, you are trying to orient and also teach new people, and sometimes your colleagues will be there for four weeks.

That is sometimes a long locum. It is not that they are there for four weeks replacing someone who has gone on holiday and who is permanent; the next one comes for four to six weeks—never mind what it does to the Aboriginal people who they are there providing services for, because they have this endless sea of faces of all different colours now. We have a lot of doctors from Africa. There is an endless stream of people that come through. While that team is important—and if we had people who were willing to commit to areas for even one year would be wonderful, it might have a chance of working—the reality is that it is very difficult.

I did want to say that, given the underresourcing in a lot of areas in Aboriginal communities, we really have to be careful that people do not take up a habit that is adverse to their health, just so that they can get access to resources. If the only youth centre or wonderful recreation program for young people is targeted at young people who have a drug or alcohol problem, what about the people who are trying to be responsible and doing the right thing? What do they get access to? That is something that when we present solutions they do have to do no harm. Often we see that, if you have a problem, you get all these wonderful things, but if you just pal along with your life you do not get very much.

Senator ADAMS—Working in conjunction with the other agencies—police, health and education—do you see them talking to one another?

Prof. Mak—Yes. Police, health and education people do need to talk to each other. Some of the things that make that very difficult are requirements for confidentiality. ‘A breach of confidentiality’ is probably not the right way to put it, but if you are case managing someone you do have to have that circle within which people can share information without feeling that they could be jeopardising their own professional safety. Then there are bits of information that do not need to be shared outside that circle. But again, do you have people there long enough who understand how to work with communities and who have the trust of communities for that whole team to work?

Senator CROSSIN—Dr Mak, I would like to ask you about mental health services in those remote communities. What sort of support do you have as a professional to not only treat petrol sniffers in a physical way but also their mental health?

Prof. Mak—It is very underresourced. I am thinking back to the time when I was last in the Kimberley, so we are going back about three years. There was a community drug and alcohol team that was based in Broome. Petrol sniffing is more than 1,000 kilometres away in Balgo. The mental health service was clear, in that it dealt with people with psychoses, major depression and mania. It was people who needed that level of psychiatric intervention. If you needed counselling, in terms of the types of things that relationships ascribe to, it was not there. The mental health people were very stretched, and I am not blaming them but probably quite rightly.

There are a lot of people in those communities with major psychoses, like schizophrenia, and if you are not dealing with them they create havoc within the community and can cause harm to themselves. Those sorts of counselling services are virtually non-existent—very hard to get hold of—especially if you are in a remote community. I suspect it has not changed dramatically in the last three years.

Senator CROSSIN—Is the answer to put resources into preventative medicines and exposure or to try and provide those mental health services in communities?

Prof. Mak—My viewpoint is as a public health physician, so I am always going to say prevention is better than treatment. I heard Dennis and Ted talking about why people sniff. If that is not addressed, then you can get rid of petrol sniffing and something else will pop up, because people have this empty hole inside them and they do not know what to do with it. It is not really for me to say how that is addressed in remote Aboriginal Australia. I think the people who want to live there need to be asked how they want to address it.

What I see is very sad. Young people are often voting with their lives about where they want to be, and sometimes it is very clear that they do not want to be there. They do not know where else they can be and they do not necessarily fit in anywhere else. People kill themselves, and they either do it by obviously killing themselves, like hanging or shooting, or they sniff and they take drugs; things which lead to a rather slow, protracted death.

Senator POLLEY—You touched on the fact that one of the disadvantages in the communities is getting continuity of people out there. What attracted you to go? Is there a role model or something that the government can look at to get people to go to communities and commit, as you said, for at least 12 months? A previous witnesses said that one of the problems in these communities is that the people that go there—the nurses, the police, the teachers—all have lovely homes and that in itself divides them from the community which they are trying to help. As somebody who has actually lived there, do you have any ideas and solutions as to what we can do?

Prof. Mak—There are no easy solutions. If there were, you would not be asking me, would you? How do you get professionals out there? I believe that you have to continuously expose people as they are training—and I mean from the undergraduate student stage right through to all levels of professional training—working up to when they become specialists or whatever,

because people are receptive to ideas at different times in their lives. A lot of it depends on what is happening with their families, their partners, their children and all those sorts of things.

To my very peculiar way of thinking—and it is one of the reasons why I work in Notre Dame, because they believe in service in return for learning—we have an obligation to help where we can. That is not a sacrifice; that is something that you gain a lot from by doing. In every doctor's life, for example, there is a time when they can work in an area of unmet need, whether that be in a geographical area or a discipline area or whatever. I cannot believe that in someone's life there will not be a time when that calling will come or when it is appropriate for them to do it. I think we have to just keep sowing the seeds so that, when it is the right time for that person, they will be able to do it. They will know that it is the right time and they will have the necessary skills. It is quite an interesting demographic shift that has happened in terms of medical staffing of remote areas, because when I first started there was none of this provider number legislation.

As a very junior doctor, you could go and work in a remote area, and you sunk or you swam. The people who took it on board loved it, and a lot of them are still there. Since the provider number legislation was introduced, junior doctors have not had that opportunity. They have had to pretty much stay within the cities or stay within a training program to get their fellowship so that they can get a provider number, so they have not had the chance to experience that.

Only in the last few years has there been a program—initially it was called the Rural and Remote Area Placement Program and now it is called the Prevocational General Practice Placement Program—whereby prevocational doctors who have not entered specialty training have a chance to go out to these remote areas and see what it is like. I have had some of those doctors working with me, because I applied for some of that money, and they do not all come back straightaway, which I think is fine. You have to have a very long-term view to this.

As to your very personal question of why I ended up doing it, I went to do Derby as a medical student in my sixth and final year of medical school. I thought, 'This is wonderful, but I could never do this. It is far too hard and I can't see myself leaving Perth,' which is where I had grown up. Three and a half years after I graduated from medical school, circumstances in my life changed and I felt that I could go. There was a job there. I did not have to worry about a provider number or having any sort of fellowship paper. I was allowed to go, and I went.

Some of the people who knew me at that stage—I was enrolled with the general practice training program—sort of looked at me and said, 'God, she'll die up there. She won't cope because she's a private school girl.' Anyway, I went up there and learnt more than I had for pretty much all my life. It was an invaluable opportunity for me. It was because I had had that little bit of exposure as a medical student that I felt that, yes, it was fun and I could do it. I think we have to keep giving people those sorts of opportunities and we have to expect it from them as well, in that if you are a doctor you are a very privileged member of the community and there is some obligation on you to do something for the community. Even though it might seem a bit inconvenient to you at the time, it actually is not. It becomes a gift that your profession gives to you. Not many people have that chance.

Senator POLLEY—I appreciate your comments, and I believe they are invaluable to the committee. From your experience of working out there, what can the federal government do to

deter these young people, particularly, from going down the path of petrol sniffing? The implications, as you said, are mental health and other health problems.

Prof. Mak—I think that young people need to have a voice. When you typically go to a community—and it does not have to be an Aboriginal community—to do your consultation or whatever, it is the people in power who you talk to. That is a protocol you have to follow. I do not know that that always reflects what young people want. If you were to ask my children what they want, it is going to be very different to what I say is good for them and what I want them to have. As a government, if we are making decisions about what services are going to be available to young people, where they are going to live and all these sorts of things—yes, we ask their parents and the people in power, for sure—perhaps we have to bite the bullet and ask them what they want.

There was a very powerful study commissioned by the Kimberley Aboriginal Medical Services Council about 10 years ago. I am not quite sure how far it was disseminated or how far it went, but the findings were quite damning. I suspect it did not go terribly far, but they interviewed a lot of young people living in towns around the Kimberley. It was despairing to read, because they were talking about how they were not getting fed at home, how there was not enough care at home and all those sorts of things that we know lead to that vicious cycle of not looking after yourself and getting involved in substance abuse. I think it is those voices that we need to hear. What do you do when someone says, ‘My family aren’t looking after me’? That is hard and I am not sure what you do because we have tried taking them away and it did not work well.

Another interesting thing I have seen in my 15 years or so of working in the Kimberley is that people, who I know quite well as health workers and people in positions of power, were sent away to boarding school by their parents. At that stage, that was very forward-thinking. They hated it. Then there was a time when people did not send their kids away to boarding school, they wanted to keep them there within the community. Now if you look at who is going to all the private schools around Perth, it is Aboriginal children of Aboriginal leaders. Quite middle-class parents, who might be plumbers or electricians or whatever, are sending their children to boarding school, to whatever school they can afford. Some of them are relocating to Perth and bringing their children and extended family with them because they want them to have that sort of exposure and to be able to walk in both worlds.

The kids up there have access to a wide variety of media. They see what is on offer in the rest of the world. I do not know what it is like to live in Balgo. I have never lived in Balgo, but I think if I were 12 years old and there, there would be a lot of good reasons why I would think I might want to get out; but if I could not, then this is what happens to kids. They are in this cycle of despair. They do not know what to do, especially if their parents do not support them.

CHAIR—Thank you for your contribution. If you have anything else you want to add or send to us, please do so, in particular from the primary health perspective.

Prof. Mak—The only thing I want to leave with you is this paper about the incidence of sexually transmitted infections. It quite clearly shows there the increased risk that petrol sniffing has in terms of higher incident sexually transmitted infection.

CHAIR—Thank you, we will table that.

[1.06 pm]

GLAZEBROOK, Dr Mark, Project Manager, 3D Petrol Sniffing Initiative, BP Australia

METCALFE, Mr Peter, External Affairs Manager, BP Australia

SPERLING, Ms Jan Louise, Product Manager Opal, BP Australia

CHAIR—Welcome. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. The committee prefers evidence to be heard in public but evidence may also be taken in camera if you consider such evidence to be of a confidential nature. The committee has before us the information you sent us. I now invite you to make an opening presentation, then we will go to questions.

Dr Glazebrook—Firstly, BP would like to thank the Senate committee for this great opportunity to appear before this very important inquiry into petrol sniffing. To assist the committee better understand BP's position in relation to petrol sniffing, I would like to present the following background. This is an extract, which also appears in the submission that we sent, of an email which BP received from a community advocate in December 2002:

As I write, I can see a ten year old girl outside the window with half a coke bottle filled with unleaded petrol tied over her mouth and nose. She may well never reach her 12th birthday.

This very powerful message, along with the findings of the South Australian coroner's report into the tragic deaths of three young Aboriginal men from petrol sniffing, alerted BP to the gravity of petrol sniffing and its impact on remote communities. The situation was particularly concerning, given that BP had for several years helped supply Avgas, under the federal government's Comgas Scheme, to remote communities, due to its un-sniffable qualities.

Embarking on a steep learning curve, staff from BP in conjunction with government authorities spent time visiting the hardest hit communities within Central Australia, speaking directly with young people who sniff petrol and elders from the community to establish what if anything the company could do to make a tangible difference to this devastating situation. When considered as a whole, the wide range of community concerns put to BP during these visits appeared to fall into three broad areas of support being sought: deterrence, diversion and development. I will address them individually.

Deterrence was around helping to find a way to change the fuel to deter sniffing directly. The development of Opal is BP's response to the call for a fuel to help make sniffing less attractive. It meets Australian fuel standards and was independently assessed for performance and toxicology. Diversionary activities include things such as recreation camps to help create more positive alternatives to sniffing; that was a very strong message too. BP has worked with Teen Challenge and helped fund recreation camps that were linked to a return-to-school program. Last, development pathways: helping to get young people to return to school was a very strong message from the communities. BP has supported Yirara College in Alice Springs to establish a

return-to-school program that began in 2004. This program established outstation and outreach work to help recruit and retain Indigenous students.

To sum up, BP acknowledges that Opal can only ever form part of the solution to petrol sniffing. To provide increased community access to Opal, BP has also made it available to other oil companies and, importantly, has made non-BP-branded information and labelling available to other companies to identify this as Opal. This is our indication that the development of Opal has not been about BP trying to grab a particular market or market share around product but, as I said earlier, to address petrol sniffing.

Finally, BP looks forward to continuing to work with the government and communities on the supply of Opal as well as enhancing work in areas of diversion and development. I have information kits to hand to the senators today. If time permits, I would like to draw your attention to some of the signage we have developed in conjunction with communities, showing some of the nuances around how we have been rolling out Opal to make sure that it does fit with the community needs.

Senator ADAMS—I am from Western Australia, from Kojonup, and have had quite a lot to do with Teen Challenge, but the other senators might not know about it. I was wondering if you would like to give a brief overview of Teen Challenge and the work that they have done, just for the record.

Dr Glazebrook—We specifically worked with Teen Challenge based in South Australia who, through the Anangu Pitjantjatjara lands work, also was interested in working up in the Central Desert region of the Northern Territory. They have a long history of developing youth programs, diversion camps—they had a very good background—and the people there are just amazing in terms of their commitment.

They also were able to develop a recreation program which acts as a feeder for kids to go back to school, which certainly seemed to be something that was missing. A lot of diversion camps or activities stopped and then the young people went back to sniffing. In this example, Teen Challenge were able to help those young people who wanted to start school. It helped them through that transition.

Senator ADAMS—Do you know how Teen Challenge is funded, as far as their funding goes?

Dr Glazebrook—Do you mean all together?

Senator ADAMS—Yes, overall. I think it is important that we know.

Dr Glazebrook—Are you talking from BP's perspective?

Senator ADAMS—No, Teen Challenge as a whole. How is it funded?

Dr Glazebrook—I believe it is a church organisation.

Senator ADAMS—Are the other distributors taking up supplying Opal?

Ms Sperling—They are all other oil companies, so we have Caltex, Mobil, BP distributors, as well as some independent, small organisations.

Senator ADAMS—It is increasing?

Ms Sperling—Yes. They have access to our facility in South Australia. They come directly to the BP terminal and pick up the product, so we have accounts set up with them.

Senator POLLEY—The return to school program is very interesting, because we all know that with this issue it is not just a ‘one problem’ approach. Are there any plans to expand that project and can you tell me how that is funded?

Dr Glazebrook—We deliberately focus in a very small geographical area, and an area where we first undertook consultation with communities. We do not have any plans at this stage to go beyond the Central Australian region, and it complements the further roll-out of Opal that is going on there, but we are always looking at new ways to assist and enhance it, because the schools’ experience is sometimes a couple of steps forward and a couple of steps back. For the outstations we have looked at we have had some good outcomes and we have had some not so good outcomes. Yes, we will continue to support Yirara. It may change over time, but we are not sure at this stage.

Senator POLLEY—Have there been any discussions between the federal government and BP in relation to this sort of program and expanding it?

Dr Glazebrook—I have had preliminary discussions with the Office of Indigenous Policy Coordination but nothing in any great detail, no.

Senator CROSSIN—Teen Challenge being run out of Yirara has predominantly a Lutheran Church background, hasn’t it?

Dr Glazebrook—Yes, that is right.

Senator CROSSIN—I was assuming that comes from the influence of the Lutheran Church in Hermannsburg and those surrounding communities there.

Dr Glazebrook—Exactly, yes.

Senator CROSSIN—And I think people need to understand that in communities across Central Australia, not all of the kids go to Yirara. Some go to St Philip’s and some choose to just board in town and go to Centralia College, for example. What is the actual cost of producing Opal? Does it differ from ordinary unleaded petrol and does it need subsidising by the federal government in order to keep production going?

Ms Sperling—Opal is a boutique fuel and is a very expensive product to produce. You will see that this afternoon. It does cut into our other product slates that we have. It requires segregation because of the aromatic properties of the product. It requires full segregation throughout the supply chain, so that in itself adds cost. Yes, it is a very expensive product to produce.

Senator CROSSIN—If you were just going to put it into a bowser like unleaded and it was not subsidised, can you give me an idea of what I would be paying per litre for it?

Ms Sperling—An additional 27c per litre.

Senator CROSSIN—Have a look in Alice Springs on Wednesday, but I think petrol is already around the \$1.20 mark there, probably about \$1.80 out at places like Kintore.

Ms Sperling—Yes.

Senator CROSSIN—Twenty-seven cents here in Perth or 27c in Alice Springs?

Ms Sperling—Across the board. There is a production subsidy, which is 27c per litre, and there are also transport subsidies, so to get the product up to the Top End there is an additional cost.

Senator CROSSIN—Is that what the federal government's \$9.2 million is doing: subsidising your production costs?

Ms Sperling—Part of that, yes.

Senator CROSSIN—What impact does it have on a car? If I have an unleaded petrol car and I choose to go to Opal, does it affect the engine or the running of the car or anything like that?

Ms Sperling—No.

Senator CROSSIN—I would see no noticeable difference?

Ms Sperling—No. It is exactly the same as regular unleaded 91-octane petrol. It basically exceeds that legislation, so it does meet regulation and specification.

Dr Glazebrook—One of the issues with supplying Avgas in the past was that it contained lead, and a lot of communities would not take up Comgas because of concerns over cars et cetera. Hopefully, Opal addresses those concerns.

Senator CROSSIN—Petrol sniffing is pretty prevalent in north-east Arnhem communities, particularly around Gove Peninsula—Yirrkala and those places. Has any thought been given to putting it into that sort of region or does the mining activity predominantly prevent any kind of roll-out up there?

Ms Sperling—We work with the Department of Health and Ageing and they determine which communities come on board to the petrol-sniffing prevention program. We supply the fuel in accordance with that; we do not determine which communities come on board.

Senator CROSSIN—Do you know how they determine the communities?

Ms Sperling—No, I do not. I understand that there are certain criteria that they use. I think one of those is to be a certain distance away from another petrol source. Another is that there are some initiatives that a community may have in place. So it is via community consultation, but I am not entirely sure of the exact criteria that they use.

Senator SIEWERT—Can we get copies of those criteria?

CHAIR—We will ask for it.

Senator ADAMS—Other witnesses speak about this: BP has got Opal in Alice Springs, but unleaded is sold; therefore, really it is not making any difference. Some of the communities will buy Opal, but the other fuel is available to them. Unless Alice Springs is completely Opal throughout and nothing else is available, it is really not going to make a difference, so that is a worry.

Ms Sperling—The purpose of having a bowser, a service station, in Alice Springs with Opal is for the community members, for people travelling through the communities and coming into town, so that when they go back to their community they take Opal with them.

Senator ADAMS—I think it is a great idea; it is just the worry that the others are still there. If it was all Opal, it would be much safer.

Senator WEBBER—I am not sure whether you were here when the previous witnesses were here. They were saying that they were concerned that the Opal scheme is less successful the closer it is to a community that does not have Opal. People are more likely to travel and to use traditional sources. They, therefore, talked about rolling out Opal by region rather than by community, which is obviously a policy consideration for government, but do we have the infrastructure and the capacity to do that if there were a change of policy?

Ms Sperling—It is possible. Anything is possible, obviously at a cost. The refinery can produce up to 20 million litres. We said that right at the beginning. Anything above and beyond that would require a total review, and what the cost will be depends on the volumes we are looking at. Whether it requires additional infrastructure at the refinery we just do not know.

Senator WEBBER—Do we have any idea of what kind of lead time we would be looking at?

Ms Sperling—Until we have indications as to what volumes we are looking at, we cannot really say.

Mr Metcalfe—Senators might be aware of the clean diesel schemes that were brought in recently, and the situation at Kwinana. We gave evidence to a previous committee on it: that we could continue to make a bit more and a bit more up to a certain amount and then, to get beyond that amount, we had to build a new plant. We will drive past it this afternoon. So the question of how much you can make is entirely variable based upon what the demand is and what the available funds are. Clearly, with limitless funds and limitless demand, you could build the plant to make it, but it is difficult to predict before you have those other inputs.

Senator SIEWERT—Can you put 20 million litres in terms that I can understand in relation to usage. It sounds like a lot to me.

CHAIR—How many four-wheel drives?

Senator SIEWERT—Tell us how many litres you understand goes through Alice, for instance, so that we know where the line is in terms of how much you could service without building a new plant.

Ms Sperling—If I take it back to the end of 2004—and there were 32 communities, I think, that were on Comgas—the communities were using one million litres a year. That was what we expected, so we expected the communities to switch from Comgas to Opal during 2005. They have doubled that, and more communities have come on board, so it is now two million litres. The commitments that the Department of Health and Ageing have made with the regional roll-out now include 11 million litres. We are not based in Alice Springs, so to get volumes is quite difficult. Peter, what is the refinery production?

Mr Metcalfe—Twenty million is not very much at all.

Senator SIEWERT—It sounds an awful lot to us.

Mr Metcalfe—I can show you lots of five-million-litre tanks this afternoon, which get drained and filled again on a weekly basis at the refinery.

Senator SIEWERT—What do you produce in ordinary fuel?

Mr Metcalfe—Off the top of my head, I think the number for regular unleaded across industry is 14 billion litres a year.

Ms Sperling—Something like that, yes.

Senator SIEWERT—So we are talking about a very small amount. How do you take it up to the NT?

Ms Sperling—It is trucked from Adelaide up to the Northern Territory. Then it is filled into what we call intermediate bulk containers—1,500-litre containers—and it is barged across to the communities up in the Top End.

Senator SIEWERT—So you take it over to Adelaide—

Ms Sperling—Yes.

Senator SIEWERT—and then you take it up the centre.

Ms Sperling—The distributors pick it up and truck it straight up the centre, yes.

Senator SIEWERT—You said that there is no difference between Opal and ordinary unleaded now. So if I am driving a car I can put normal unleaded in it. If I am in a community or in Alice, because it gets rolled out across Alice, I can use Opal there and then just go and put normal unleaded in later on.

Ms Sperling—That is right.

Senator SIEWERT—There is no difference in performance?

Ms Sperling—No, none whatsoever.

Dr Glazebrook—To help you picture it, one busy suburban service station might supply two million litres in a year.

Senator SIEWERT—That is helpful, thank you.

Senator WEBBER—That is something that we are more likely to relate to. You said that you had some things you wanted to show us.

Dr Glazebrook—Sure.

CHAIR—Is petrol sniffing an international issue? I would like to get some kind of context, because we are talking about it here and the development of Opal here. Is this a product that could be in demand elsewhere and is there the same demand elsewhere?

Dr Glazebrook—Being an international company, we have become aware of this issue in Alaska—the Inuit people—and also in Canada. We have had preliminary discussions with various government health agencies, because they are interested in the potential for the supply of Opal there. At the moment I also have somebody looking at provinces in China, because we have heard reports that it is also an issue there, and parts of South Africa. You hear things around the place, and we are not 100 per cent sure about those two latter examples, but certainly Alaska and Canada are very interested.

Senator WEBBER—That should then help to bring the cost of production down over time, I would have thought, if you are going to be using it in more places—economies of scale and all that.

Mr Metcalfe—I do not know if we would produce it here for—

Senator WEBBER—No, but overall.

CHAIR—This is the labelling and stuff you were telling us about.

Dr Glazebrook—Yes. I will not go through them all, but contained in there is a lot of information about the technical background of Opal.

CHAIR—How you discovered it and worked it up and stuff like that?

Dr Glazebrook—Its composition and a whole lot of technical properties of the fuel. I want to draw your attention to the fact sheet in particular, which was developed with graphics to assist people with limited literacy around the sorts of questions that have been asked here: ‘Can you use it in various vehicles?’ and ‘Has it been tested from a health perspective?’ et cetera. There are a couple of stickers.

CHAIR—Can you use both? If you have a car that is using Opal, can you mix unleaded with it?

Dr Glazebrook—Yes.

CHAIR—So that will not be a problem?

Ms Sperling—No.

Dr Glazebrook—You cannot tell in the light here, but these are reflective stickers. As part of our communication with communities, they are saying that petrol sniffing usually happens at night. There is not much in the way of lighting in communities. These have been developed to put onto cars that use Opal or diesel. This one here has been designed to put on fences—police stations, schools—to say, ‘Look, there’s Opal in here, so there’s no use breaking in.’

CHAIR—If you used Opal and you put the stuff on your face and breathed in, it would not give you the kick at all?

Ms Sperling—No.

CHAIR—It might make you sick but it would not give you the high.

Ms Sperling—That is right.

Dr Glazebrook—The anecdotal reports we have had are that people do not continue because there is nothing there for them.

Senator ADAMS—So the reason they are painting their Coke bottles black now is so that you cannot see that they are sniffing the red-coloured unleaded rather than the yellow Opal? I was at the Royal Perth this morning and there were two kids out in the street with black Coke bottles having a go, and I thought, ‘Gee, I should bring them up here to show you.’

Dr Glazebrook—Communities sometimes tell us, ‘Look, Opal is no good. We’ve seen some kids sniffing.’ Then we investigate—

CHAIR—You have that in your submission. It is a clearly different colour.

Ms Sperling—Yes.

Dr Glazebrook—Exactly.

CHAIR—Is that deliberate or is that the way it is manufactured?

Ms Sperling—No, we add the yellow dye.

CHAIR—So you can see it straightaway.

Ms Sperling—Yes. What they used to sniff, which was leaded petrol, was red and the regular unleaded is purple. If you see a red or a purple, that is the product that will give them a high.

Senator ADAMS—So this is possibly why the Coke bottles are black.

Ms Sperling—Or they could have added something else to it—motor oil, which is black.

CHAIR—You may well have looked at some of the submissions that people have given us. There has been some comment that the only reason BP is involved is because it is going to be such an amazing money-spinner for you. People have the perception—and they may or may not be supportive of the program—that your involvement is simply an economic decision. Would you like to put something on record about that, because I think it is important.

Dr Glazebrook—With, say, the Central Australian communities which we have done the most work with—a great deal of the supply of Opal has been to those communities—we do not as a company have much presence there in terms of fuel distribution, and it is not something that we are seeking to enhance.

CHAIR—It is not your market.

Dr Glazebrook—No, and we did come in specifically about petrol sniffing. That is why we have made the fuel available for the other companies.

Mr Metcalfe—To underscore that, we are talking about a 14-billion-litre market, largely centred around the major metropolitan areas, which is where we own service stations, not chasing 50,000-litre-a-year communities for commercial reasons.

Senator POLLEY—Have there been any other communities, other than the ones that the government's programs go to, that have approached BP direct to have the fuel in their communities?

Ms Sperling—Any calls that we get about that we direct them back to the Department of Health and Ageing. We have had a few calls from communities. We have also had calls from local gaols—a whole range of different areas—which we put straight back to the department.

Senator POLLEY—Are there any of those contacts that have gone through to the agency that have not been taken up, that you are aware of?

Ms Sperling—I do not know.

CHAIR—In the information that you gave to the committee, you spoke a lot about the way that BP is now back and involved in the communities to work with them through your

development programs. Was that different for the people from BP to be involved with the schools and the youth groups, or is that something that you do in other hats?

Dr Glazebrook—The company has a social responsibility or corporate responsibility framework. Where we do work like develop Opal, where it is linked to our operations, we like to complement that work, if there is a green or an environmental dimension, as well as social. In some ways it is new, but in other ways it is not, because in a lot of the countries in which the company operates these are everyday issues that the company gets involved in.

CHAIR—Do you still make avgas?

Mr Metcalfe—It is still used. It is just a petrol developed for aircraft.

CHAIR—It is not used in social experimentation as it was previously?

Ms Sperling—That is right. There are only two refineries now that produce avgas—BP Kwinana and the Shell refinery in Geelong. They are looking at lowering the lead content in avgas, but when you lower lead that increases the aromatics. They are producing a lower lead gas.

CHAIR—The aromatics is the stuff that gives you the hit.

Ms Sperling—That is right. It gives you a high.

CHAIR—You bring down the lead but you increase its potential.

Ms Sperling—Yes, that is right. Avgas is still being used but for the aviation industry, which is its purpose.

Dr Glazebrook—That was a very important component for us—trying to think systemically around the company. It is one thing to reduce lead for aviation fuel which has obvious benefits for the environment, but there were potential social consequences. Opal is about trying to balance those priorities; making sure that we are not creating problems in other areas.

CHAIR—I think that having a look this afternoon will possibly stimulate a lot more questions. Thank you so much. That concludes today's formal hearing. We will visit the BP plant in Kwinana this afternoon. The committee will resume its inquiry in Darwin tomorrow morning.

Committee adjourned at 1.36 pm