



COMMONWEALTH OF AUSTRALIA

# Official Committee Hansard

## SENATE

COMMUNITY AFFAIRS REFERENCES COMMITTEE

**Reference: Petrol sniffing in remote Aboriginal communities**

TUESDAY, 21 FEBRUARY 2006

DARWIN

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**SENATE**  
**COMMUNITY AFFAIRS REFERENCES COMMITTEE**

**Tuesday, 21 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, 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, Crossin, Humphries, 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 2.49 pm****FEW, Mr Herbert, General Manager, Australian Fuel Distributors Ltd****MUNDAY, Ms Jane, Public Relations Consultant**

**CHAIR (Senator Moore)**—I declare open the Darwin hearing of the Senate Community Affairs References Committee 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 Larrakia people, and thank them for welcoming us here today. I welcome our first witnesses this afternoon. Would you like to comment on the capacity in which you appear today?

**Ms Munday**—I am from Michels Warren Munday, which is a local public relations consultancy.

**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. Mr Few, we have received a submission from your company. Ms Munday, have we received one from you?

**Ms Munday**—No. I represent AFD.

**CHAIR**—I now invite you to make an opening statement and then we will go to questions.

**Mr Few**—Thank you very much for the opportunity to address the committee. I know that BP has made a submission. We are BP's distributor in the Northern Territory, the top of Western Australia and the top of Queensland. We distribute all of their fuel and products on our patch. We operate in rural and remote Australia, and a good percentage of Aboriginal communities have our fuel, our storage tanks, our bowsers and our dispensing units. We service the fuel requirements of those communities for power generation as well as the fuel they sell through their general stores.

We adopted Opal when it first came out. BP notified us and we went out and changed the existing fuel supply to Opal at the communities that received the subsidy. Subsequently, we are now starting to supply the rest of the communities that have been added on. We have built a bit of a fuel farm here in Darwin where we store the Opal which we truck up from Port Augusta. We are in the process of putting bulk storage into Alice Springs as well so that we can better service that area with bulk Opal. We have also launched biodiesel in the Northern Territory and that will be freely available from September as an alternative fuel.

We supply fuel to a lot of the Aboriginal communities as well as the smaller roadhouses in rural and remote Australia. We have 109 retail sites. Included in that are Aboriginal communities. Probably the best way to approach this is to make Opal compulsory off the main routes. Most of the small roadhouses have a diesel bowser, or a diesel dispenser, and a motor spirit dispenser; and whether it is Opal in that dispenser or 91 octane fuel, there is no difference in the fuel. We can supply that need; we can take care of it. I suppose that, from your end, it is just a question of saying that that is what has to happen—and we can make it happen. In major

centres like Tennant Creek and Alice Springs there are obviously cars that need to run on different types of motor spirit—we acknowledge that—but if you say that Opal is going to be the only fuel that is going to be very difficult. But if it has a better monitoring system around it, so that you may end up with 10 or 15 service stations that have a full complement of motor spirit, that can be managed a lot better than having Opal everywhere on the main routes and also the non-main routes around the Territory.

**Senator HUMPHRIES**—I was not present at the committee hearings yesterday in Perth, so I am perhaps a little bit behind some other members of the committee about these issues. Obviously, you are conscious of the fact that Aboriginal people are accessing your non-Opal product for the purposes of sniffing it. Do you have a sense of how they do that? Do people come into your petrol stations and fill up a can of petrol for no obvious reason? Or are they taking it from the cars that are filled up already? What is the form of supply from you to them?

**Mr Few**—If you look at the list that has come out, you will see that that list was a lot shorter before. There are 52 Aboriginal communities now on the list. In my submission I included the communities that we are supplying. Probably 20 per cent of those have only received Opal. Since that new list has come out, the next load of motor spirit that they get will be Opal fuel. But the fuel that they have in their pumps in a lot of those communities is still normal motor spirit. You have first got to give it a couple of months. We are going through the wet now, so they are not getting any fuel deliveries at the moment. They probably will not get them for the next six weeks, until we can get trucks in there. At that point we are going to start dropping fuel in at five per cent aromatics, whereas the standard is 25 per cent aromatics. So your mix is probably going to be at 15 per cent aromatics and then it is slowly going to decrease over a couple of months to five per cent aromatics, where it is just pure Opal going through the bowser.

**Senator HUMPHRIES**—My question was really: how does the non-Opal product in the bowsers at the moment get from there into the hands of the young Aboriginal people who are using it? Are you aware of how it gets there?

**Mr Few**—They can purchase it anywhere.

**Senator HUMPHRIES**—Would they come in with a can and purchase it in a can?

**Mr Few**—I would say that they are actually siphoning it out of their motor vehicles. They are filling up their motor vehicle and then taking it out of the motor vehicle's tank.

**Senator HUMPHRIES**—Is there no option for you to not sell to somebody because you think they might be using it for the purposes of sniffing?

**Mr Few**—There could be the option of us notifying somebody if we think they are going to use it for sniffing. It is very difficult for us to say to one of our resellers, a roadhouse for example, that they have to approach somebody who is putting fuel into their car and say, 'We think you are going to use that fuel for sniffing; therefore, you can't have it.' We need to have some type of a helpline that we can give to them so that when the guy drives off they can ring the number and say, 'Listen, there is a car with such and such a rego, and we think that they are going to use the fuel not to run their motor vehicle on but for sniffing.'



**Senator HUMPHRIES**—If you were told by police that they suspected a certain person was supplying fuel to young people to sniff, would your operators have the power to refuse to sell to that person?

**Mr Few**—If you gave them the power, or if government gave them the power, yes. But we cannot dictate to them who they can or cannot sell to. They buy fuel from us and they sell the fuel; that is their livelihood. We cannot say, ‘You can’t sell it.’ If a customer has a motor vehicle and it runs on motor spirit, he sells the motor spirit to them. Another thing is that you have people who go and do demonstrations or they come to the communities with a car that runs on motor spirit and then the fuel gets stolen out of it.

**Senator CROSSIN**—Mr Few, you talked about a better monitoring system; what do you mean by that?

**Mr Few**—There are a couple of ways of approaching that. As was mentioned, if somebody were to drive in and put fuel into a jerry can or buy abnormally large amounts of fuel, you could report that. Or we could get our resellers a number to call and say, ‘I have had somebody purchase large amounts of fuel,’ give the rego number and leave it there.

**Senator CROSSIN**—On what basis would they do that? Would they do that simply because they are Indigenous?

**Mr Few**—No. They would do it simply because they are buying larger amounts of fuel than they would normally be buying.

**Senator CROSSIN**—I do not follow the logic in your suggestion that your sellers would become de facto police, or investigators in this instance, and the basis on which they would make that assumption or that judgment.

**Mr Few**—The resellers understand their target market and the people who are putting in fuel at their fuel stations. So if somebody normally puts in \$20 worth of fuel and all of a sudden they are driving and putting in \$60 or \$80 worth of fuel that could possibly be a target.

**Senator CROSSIN**—It might also mean that they are just going to go further west along the highway though.

**Mr Few**—Yes, that is correct. It could mean that.

**Senator CROSSIN**—Is it not the case, though, that generally sniffers actually get their fuel by siphoning tanks or by raiding people’s cars or motorbikes in communities? We were at BP yesterday and we saw some iridescent stickers. Do you distribute those Opal stickers to your outlets?

**Mr Few**—Not at the moment, no.

**Senator CROSSIN**—Wouldn’t that be part of a good monitoring system? I will just show them to you in case you have not seen them. The idea is that you would put that on your motorbike or on your car so if a sniffer goes to raid it in the middle of the night they would know

you have Opal in your car and would leave it alone. Do you distribute these throughout your petrol stations?

**Mr Few**—I must be honest; it is the first time I have seen them, but we will distribute them. All we have to do is just get BP to send them to us and we will distribute them. It is not a problem at all.

**CHAIR**—We will check with BP about that, because they provided those kits to us yesterday and we presumed they were circulating them.

**Ms Munday**—The minister's office here has actually raised that suggestion and we have undertaken to do that.

**Senator CROSSIN**—We just assumed yesterday that they were pretty widely distributed throughout communities that had Opal. Are they available, say, for people who might be accessing the new Opal bowser at Alice Springs?

**Mr Few**—As I say, to my knowledge I do not know, but I will check that.

**Senator CROSSIN**—Fifty-two communities have been identified as getting Opal. Your map shows there are still very few selling it. Does the Commonwealth consult you at all in deciding where Opal will be put? My understanding is that the Department of Health and Ageing alone, with minimal consultation or probably no consultation, decide which communities will get Opal. Do they consult you at all in terms of access or the market about where it goes?

**Mr Few**—No, not at all.

**Senator CROSSIN**—What happens there? Are you simply told, 'We have now made a decision to put Opal in Peppimenarti and you have to find a way to get it there'?

**Mr Few**—We are delivering to Peppimenarti already. So, instead of taking them normal motor spirit on the next load, we just load Opal and give that to them. To them, the price is exactly the same so it does not matter. All we are doing is changing it over as quickly as possible and delivering the fuel.

**Senator CROSSIN**—So there is no consultation with you about access to communities or availability?

**Mr Few**—No. If I may say, we are accessing all those communities already whether by barge or by truck. We are delivering fuel there already so it is just a matter of changing the product.

**Senator CROSSIN**—There were calls yesterday to roll out Opal fuel on a regional basis—this idea that patches of Opal fuel is not the ideal way to go. We heard this from Professor Dennis Grey. Are there any restrictions as far as you are concerned about rolling it out on a regional basis rather than town by town?

**Mr Few**—Not at all. There are no restrictions. As I said earlier, we are busy creating a fuel farm in Alice as well to handle the Opal and we have one up here. There are absolutely no

restrictions. All we have to do is just change over the product. It will just decrease our normal motor spirit and increase our Opal take-off from Port Augusta. It is quite easy to do.

**Senator ADAMS**—As a company, as far as the rehabilitation of these people is concerned, because you have been around and obviously your service people are out there in the area, what do you think is the best solution to the whole problem? Do you have any personal ideas or company ideas as to how? We are going tomorrow to go out and have a look at one of the camps where Mr Abbott is, just to have a look at what they are doing, but do you have any ideas that have not been put forward?

**Mr Few**—It is a very difficult one to answer because first of all it is the youth that we are working with. I think that making sure that every single community actually has Opal fuel is a really good start and then, working backwards from there, converting the service stations along those non-national roads to Opal as well will really make a good dent in it. More than that? Without doing a huge amount of research myself, there is a good start to it already.

**Senator SIEWERT**—I would like to go back to the other motor spirits and premium that you distribute. We know from what we heard yesterday at BP in Kwinana which ones Opal can and cannot substitute for. As I understand it, they cannot substitute for the premium, the high-octane fuel.

**Mr Few**—Yes.

**Senator SIEWERT**—How much high-octane fuel would you sell or distribute?

**Mr Few**—You have 91 octane, which is the same as Opal; 95 octane, which is premium unleaded petrol, which was basically brought out for engines that have lead replacement fuel; and 98 octane, which is your ultimate fuel.

**Senator SIEWERT**—As I understand it, there are certain engines that take just 98 octane and not the other.

**Mr Few**—Yes.

**Senator SIEWERT**—How much of that would you distribute?

**Mr Few**—I would say about 30 per cent of our unleaded volume is 98 octane at this point in time. It is climbing all the time because the 98 actually gives you better fuel consumption than the 91, so you are getting people with their high-performance motor vehicles. We are selling more and more volume as we make it available. It is the same with Ultimate. It is called Ultimate—that is the BP fuel. We actually bring that up from Port Augusta as well, so we are road freighting that all the way into the Territory; it does not come out of the local VOPAC terminal. So 20 to 30 per cent of our volume is actually 98 octane fuel, sold mostly through our retail chain. Our resellers just get 91 octane.

**Senator SIEWERT**—That would mainly be going to which centres, then?

**Mr Few**—Alice Springs, Tennant Creek. So your bigger centres where you will perhaps have four or five service stations will have a fairly big BP and we will be putting 98 octane in there.

**Senator SIEWERT**—Obviously, if we are looking at a regional roll-out of Opal, I would be concerned about how we deal with that other 20 or 30 per cent and making sure that is not then being substituted. You spoke earlier about monitoring; do you have any other ideas besides that about how that could be dealt with so that people just do not swap onto and try to gain access to the Ultimate?

**Mr Few**—I actually cannot comment there.

**Senator SIEWERT**—But it is about 20 or 30 per cent?

**Mr Few**—Yes.

**Senator POLLEY**—You mentioned in your submission that there is an issue as far as subsidies are concerned. Have you as a company taken this up with the federal government—your concerns about the subsidies and the price difference of Opal compared with normal fuel?

**Mr Few**—I think in the submission we said something about the subsidies, but it was not about price; it was just that the subsidy was not available up until recently for all communities. The price to us is exactly the same. Whether we pick up 91 octane fuel or whether we pick up Opal, it is exactly the same price to us. Where there is a bit of a price challenge for us is that we now have to build fuel farms where before we did not have to. So we have had to create a fuel farm or a fuel depot in Darwin and we are in the process of doing the same in Alice. We bring the fuel up in road trains and we need to put it in somewhere and then pull it out again to deliver it. We cannot deliver straight to the communities or to the service stations.

**Senator POLLEY**—We heard evidence that there is a concern about the price difference to the consumers of Opal fuel. Do you have a view on that?

**Mr Few**—The price should be the same. There should be no difference in the price. That is what the subsidy is there for—to take up the difference.

**Senator POLLEY**—Was your company involved in any of the harm minimisation programs?

**Mr Few**—No, we were not.

**Senator WEBBER**—There was discussion earlier about there being 52 communities but only 22 per cent of them accessing Opal at the moment. Leaving aside the federal government's decisions and the subsidy, does your company have in place, or how long would it take to get in place, the infrastructure we would need if the committee recommended to put Opal into all 52 of those communities that are recognised? How feasible is that?

**Mr Few**—As soon as we can get into the community to deliver fuel. So, as soon as the wet is over, we can get fuel in there. We are geared right now to do that.

**Senator WEBBER**—So you do not need to develop any extra storage capacity or anything like that?

**Mr Few**—No. It is going to assist us down the line to just make it easier for us to do it, but that does not restrict us right now.

**Senator CROSSIN**—I want to pick up on something in your submission, Mr Few. You say the main inhibiting factor is that only some of the communities are eligible for the Australian government subsidy at this point in time. We know that. We will investigate how communities become eligible for the subsidy. But, given that the federal government receives \$12 billion from the fuel excise and it has committed \$19.6 million over four years to subsidising, I would not have thought cost was an inhibiting factor for the Commonwealth government. Do you have a comment to make about that?

**CHAIR**—You may not want to comment on that, Mr Few.

**Mr Few**—I would prefer not to.

**Senator HUMPHRIES**—You might want to comment that the revenue is used for other things in the community, like schools and hospitals and police and things like that.

**CHAIR**—You may not want to comment on that either, Mr Few. Do you have any other questions, Senator Crossin?

**Senator CROSSIN**—I guess the point I am making is that, given that there is such a large income to the federal government from the fuel excise, it would seem that there is not an inhibiting factor in terms of price. There is plenty of revenue there. Has your company done any calculations about what it would cost to put Opal fuel in, say, most of the communities in the Northern Territory?

**Mr Few**—The way our business is structured, we buy and sell fuel. We buy from BP and we sell to the community. We are just the middleman and that is all we do. If BP come along to us and say they have developed a new fuel, we say, ‘How can we best service our market with a new fuel?’ and that is all we do. The rest of it we do not get involved in.

**Senator WEBBER**—Being from Western Australia—and I noticed what you said before—which communities do you supply in Western Australia? You have mentioned Halls Creek and Kununurra somewhere.

**Mr Few**—Three that come to mind are Mulan, Balga and Billiluna.

**Senator WEBBER**—Mulan is the one that is meant to be getting a bowser, isn't it—the shared responsibility?

**Mr Few**—It is up and running.

**Senator WEBBER**—Are you supplying them with Opal?

**Mr Few**—Yes. There is Opal in all three of those communities.

**Senator WEBBER**—Excellent. Thank you.

**Senator HUMPHRIES**—Just to be clear about what you were saying about subsidies, you said that it does not make any difference to you whether you roll out Opal or the product that can be sniffed.

**Mr Few**—Yes.

**Senator HUMPHRIES**—I take it the subsidies are important to you for the purposes of defraying the costs of building those petrol farms you spoke about in Darwin and Alice; they are not really necessary for you to distribute the fuel around the Northern Territory. Is that the case?

**Mr Few**—No, it is not. Having the fuel farm or the depot to be able to drop fuel into is just one of the things we do to make it easier for us to deliver the fuel. It is not going to increase the cost to the end user.

**CHAIR**—You would need those fuel farms whether you had Opal or not, wouldn't you?

**Mr Few**—We have existing depots. In Alice we have an existing depot. With us and Opal, it is the same as the subsidy to BP: the more volume they do, the smaller the subsidy that has to be provided. So, the more volume of Opal that we do, the more we can start converting our other product into Opal in the depot and then put in extra storage if we need it.

**Senator HUMPHRIES**—But why do you need the subsidy if the fuel takes the same volume to transport from Port Augusta to Alice and then Darwin? Is it more expensive for you to purchase in the first place?

**Mr Few**—Yes. If you look at the subsidy—

**Senator HUMPHRIES**—What is the price difference?

**Mr Few**—It costs us 27c more per litre to purchase. That is why I said earlier on that, whether I pick up a litre of motor spirit or I pick up a litre of Opal, it is the same price to me.

**CHAIR**—As there are no further questions, Mr Few or Ms Munday, would you like to add anything?

**Mr Few**—No. I am fine, thank you very much.

**Ms Munday**—No.

**CHAIR**—Thank you very much for your evidence, because it is about the local impact in terms of business. If you think of anything you would like to add subsequently, please contact us directly. Thank you for your submission.

[3.15 pm]

**CHALMERS, Dr Elizabeth, Academic Director, Board of Management, Australian College of Rural and Remote Medicine**

**CHAIR**—I welcome you to this hearing. I remind you about parliamentary privilege and the protection of witnesses and that you can seek to give in camera evidence if you choose. I invite you to make an opening presentation and then we will go to questions.

**Dr Chalmers**—I am Associate Professor of Rural Medicine at the Northern Territory Rural Clinical School of Flinders University School of Medicine but I am appearing before the committee in my capacity as Academic Director of the Australian College of Rural and Remote Medicine. I want to talk about the college first. It is a new college and its work is about the preparation of doctors for rural and remote practice in Australia and the maintenance of professional standards for those doctors in rural and remote practices. The college prepares its doctors for a broader role in rural and remote communities beyond the provision of acute care, which is what we normally associate doctors with. We ensure that a population health approach is included in the training and maintenance of professional standards for doctors. Many of our remote doctors either are or have been specifically involved with petrol-sniffing issues in rural and remote communities. ACRRM has an Indigenous doctors chapter, which has representation at the board level. In preparing my statement from the college, I had discussions and worked with our Indigenous members and also with the Australian Indigenous Doctors Association, AIDA.

I have prepared a small summary of my background. I have worked as a rural and remote doctor in the Northern Territory and in northern Queensland and have been involved with petrol-sniffing issues, mostly through local interventions and evaluations of interventions. I have to say that I do not believe I have new information to offer, but I suppose I can put forward a perspective from rural and remote medicine and one that, as I said, takes into account what the Australian Indigenous Doctors Association have said.

The misuse of petrol, as with any volatile substance, is a marker of poverty and social deprivation. I think that factor is often overlooked in our crisis management approach to petrol-sniffing issues. We also must not forget that it predominantly involves children and young adults and that it damages them and can kill them. Petrol sniffing is endemic in certain remote areas and communities. Over time, we have noticed that these patterns change depending on all sorts of issues, such as whether interventions are put in place, ringleaders are moved on or different things happen. The story of petrol sniffing, as you are aware, is characterised in Australia by a series of inquiries and reports at national, state and local levels. Some interventions have been well reported, but many have not been well reported and have not been well evaluated, so the messages and the lessons learnt are lost. I will come back to that point later on.

We are observing changing patterns, as I said, and some of these issues are understood and some are not understood at all. I think we can say that there is a lack of a unified response from government departments and community agencies. Frequently, though not always, the interventions and inquiries are crisis driven. ACRRM strongly supports the contention of the

Australian Indigenous Doctors Association that measures aimed only at combating petrol sniffing are not sufficient in themselves and that there is a need to address the root causes of petrol sniffing if any lasting impact is to be achieved. AIDA says:

This indicates that strategies to combat petrol sniffing should be located within wider, whole-of-government initiatives to improve the health, education, and socioeconomic status of Aboriginal and Torres Strait Islander people and communities. It also indicates that a harm minimisation approach is most effective, including supply, demand and harm reduction. This includes policing, health, education, employment, recreational, rehabilitation, cultural and outstation programs, as well as the widespread implementation of *Opal* fuel.

That is a statement taken from the AIDA submission that we wish to be on record as supporting.

I am a public health physician and I have worked in remote areas. I cannot emphasise enough the need for strong evaluation processes and a government commitment to those for any interventions that happen from now on. Also, and this has been mentioned in many of the inquiries and reports, a well-constructed and tested data collection across jurisdictions for monitoring is needed. I believe that the Northern Territory government, in its new legislation that is coming into place, is developing a community based, 360 degree data collection to monitor at the community level what is happening with petrol sniffing over time. As far as I am aware, that has not been introduced in the other states that have significant problems with petrol sniffing. I would strongly recommend that any opportunity to encourage collaboration on that sort of data collection be taken up so that we know what is happening and we can detect changes in patterns or early signs of new outbreaks when, for instance, ringleaders move from community to community or in fact suppliers open up opportunities in other communities.

Finally, I would like to say, from my college's perspective, that we would assert that a properly prepared, skilled and supported rural and remote health workforce is an essential component of effective responses to petrol sniffing and that we really need to invest in our rural and remote health workforce.

**CHAIR**—Thank you.

**Senator HUMPHRIES**—In one of the submissions we have heard about the training that the Northern Territory government is undertaking of a range of people who will have a role to play in the new legislation that has been introduced this month. That provides for authorised people to be able to intervene and in some cases even put a young person into an involuntary situation so that they can be treated. Are doctors involved in those training programs that you are aware of?

**Dr Chalmers**—I cannot answer that at the moment. I do not know that there is enough detail out there. I am not involved specifically with the Northern Territory initiative.

**Senator HUMPHRIES**—All right, we can ask them. What sort of training do you provide through your college to deal with the medical implications of petrol sniffing? For example, what do doctors need to know about treating people who have been sniffing petrol for a long time?

**Dr Chalmers**—I think doctors in remote communities have two main roles. One is that they can provide leadership and advocacy to raise issues outside the community, because often the community struggles away and does not have that opportunity. For instance, I understand that



the district medical officers in the Northern Territory have made a submission or are appearing. I think there is definitely a role for advocacy. The second role is being able to deal with the health specific outcomes. The most important, of course, is when people through sniffing become unconscious and run the risk of aspirating, which can lead to death. The doctors have to be aware that that is happening and have to be able to treat that. I suppose another role, involving some leadership as well, is within the community to support community members to be able to do the things that we know that some communities are able to do to combat petrol sniffing. There is a lot that is written down about things that do work.

**Senator HUMPHRIES**—Are there treatments available through local doctors for those who are brain damaged as a result of petrol sniffing, or are they required to go away somewhere to be treated? What is the usual course of action when a person receives some brain damage as a result of this?

**Dr Chalmers**—I am certainly not an expert in neurological damage following petrol sniffing and bouts of unconsciousness when the brain loses oxygen, which is one of the mechanisms by which injury is caused, but not the only one. Mostly, people who are in that situation would be evacuated to a tertiary hospital and cared for probably in an intensive care unit. Then, depending on how much damage is done, they may or may not be able to return to their community. Sometimes they may be too damaged. In the past, particularly before some of the initiatives with avgas and now Opal, when there was lead in the petrol, there were people permanently damaged who required nursing home type care. But communities themselves are often able to and often want to care for people who have been brain damaged but who are able to function to a certain level within the community. The doctor's role then is still probably limited to making sure that they are evacuated at the right time and cared for so to minimise the brain damage.

**Senator HUMPHRIES**—Thank you.

**Senator POLLEY**—Yesterday we heard evidence relating to the lack of coordination between the services on the ground in these remote communities. I wonder whether you have any comments from your personal experience or on behalf of your colleagues.

**Dr Chalmers**—About the lack of coordination? Often, even though people know what to expect from endemic sniffing, if a group of younger children become involved in an outbreak and there is escalated evidence of petrol-sniffing behaviour, then people panic a bit. I think that probably accounts for some of the lack of coordination. I will give you a good example. I have been involved with three if not four outbreaks where some well-meaning person in an agency wants to blow up a drum of petrol to scare the children so that they will not do it. That, of course, is documented as something that adds to the attraction—the risk of petrol sniffing. It can become quite difficult to dissuade those people because they are desperate and they want to do something, but they are perhaps not specifically trained or do not have access to the information about the sorts of things that you can do when there is an outbreak.

I have also been involved not with petrol sniffing but with paint sniffing in a town in Queensland. A young police officer got a small grant and worked with the school that most of the children were attending plus the parents group and a group of elders and they had a combined program which ran over, I think, 12 months. The ringleaders were identified and put out to a cultural camp with the elders. The school children had special classes, geared for the

sniffers, with lots of fun and things like that. We evaluated what was happening with that over an 18-month period. That was a coordinated response, where somebody looked up the sorts of things that you could do and involved a group of community agencies, with some good outcomes.

**Senator POLLEY**—When your members go into a community, are they involved in the prevention of sniffing as opposed to at the end when treatment is needed? Could you explain if there is any liaison with the community leaders? What involvement do they actually have in the community? Evidence was given yesterday that whether it is doctors, nurses, teachers or police that go into these remote areas—and forgive me for having to ask this, but I come from an area where, thankfully, we do not have a problem such as this—there is seen to be such a difference between the standard of accommodation and the lifestyle of those who come in supposedly to help and those who already live in the community.

**Dr Chalmers**—The members of the College of Rural and Remote Medicine would be doctors who are practising and who may be resident in communities or may fly in and fly out. Having said that, there are other doctors who practise like that who are not necessarily members or fellows of our college. So those are very difficult questions. I suppose that what I am saying and what our college would say is that the more we can prepare people for exactly the issues that they have the more they would understand the context of the health issues in remote communities especially. Even in my own college we have spent a lot of time looking at rural communities, which we would defined as communities of more than 1,000 people and up to 10,000 or 15,000 people. We have issues about women being able to deliver their babies in their own home communities and that sort of thing.

Remote communities, which are smaller and a further distanced from mainstream health services, present their own problems. I think the context of remote health care delivery is still not that well understood. There are pockets of expertise, but we are having an absolute crisis in getting people to work in those places. At the moment we have many people who have not been trained specifically. They are doing locum or relieving work, and that just compounds the problems that you are talking about. We really need to have the right people out there working. That is a big job, because understanding that context is not necessarily in the curriculum of training doctors or nurses unless you are really saying: ‘This is about preparing people for remote medicine and you must understand the context,’ which includes many of the issues you have raised.

**Senator POLLEY**—Another segment of the evidence that was given yesterday was about the way that doctors are trained now, in terms of young doctors going out to those areas and getting experience. A doctor came before us and said how beneficial that was. There is also the fact that there is such a huge turnover. At times a doctor can be in a community for a matter of only a month. Do you have any suggestions as to how we can overcome that? We already have problems in getting doctors in regional areas such as Tasmania, let alone in remote areas. But it can be such a rewarding experience. Do you have any ideas or solutions? What is the college’s view?

**Dr Chalmers**—I can tell you about something that is making a difference. It is a small program, a kind of boutique training program. It is a joint program between the College of General Practitioners and the College of Rural and Remote Medicine. Doctors have been placed

in remote communities through the Queensland scholarship program, which those of you from Queensland may know about. Quite young doctors are placed in remote communities on their own. We have developed a training program which supports those doctors. There are doctors in remote communities by dint of being overseas trained doctors. Ironically, we place our least trained and contextualised doctors in remote communities. So they are either young doctors who are paying back their scholarships or, frequently, overseas trained doctors in remote communities. We have a program which is supporting the doctors to remain and do their training while they are in the community. We have found that they tend to stay there because they are being supported and are given an opportunity to develop the right skills for practising in that context. It is a small program with a high success rate. I can give you more details if you are interested.

**CHAIR**—Any information on the program would be very useful.

**Senator ADAMS**—Thank you for coming. Being a past member of the National Rural Health Alliance, I think it is great to see that ACRRM has taken off as well as it has. Regarding Divisions of General Practice: are you working pretty closely with them?

**Dr Chalmers**—Divisions of General Practice have enormous potential still. At the moment their broader agendas tend to be—not always—much more along the lines of the national health priority areas. This is one of the key things about petrol sniffing; it is not a priority except on a remote community. A lot of the energies of Divisions of General Practice are around the big ticket items—cardiovascular disease and mental health.

**Senator ADAMS**—It is really an offspring of mental health.

**Dr Chalmers**—It is; I would agree with that. In my experience, Divisions of General Practice will allow a committed and energetic doctor perhaps to set up a program and be supported and helped with funding, but the broad approach of the divisions is much more into mainstream general practice at this stage—even in the rural divisions.

**Senator ADAMS**—I am thinking about the ones here—looking at a more multidisciplinary focus I thought they might be more involved.

**Dr Chalmers**—I am not familiar so much with the Central Australian Division of General Practice, so I would not like to speak for them.

**Senator ADAMS**—I thought they might be involved.

**Dr Chalmers**—Yes, I do agree that there is a great potential.

**Senator ADAMS**—Some of the young woman who are pregnant are sniffing. Are you having many complications there?

**Dr Chalmers**—I am not practising in that area so I cannot answer.

**Senator ADAMS**—It is something I was wondering about.

**Dr Chalmers**—It is a huge issue.

**Senator ADAMS**—I was wondering about the hospitals having to cope with the neonates?

**Dr Chalmers**—Those young women usually would not be presenting for antenatal care, which puts them doubly and triply at risk.

**Senator ADAMS**—I was thinking about the babies and the neonatal thing and wondering if they were affected as well. There is one other thing: we have been told how important safe houses are. Practically, what would you see a safe house being and who in the community would be taking over to help with that? This is just a hypothetical thing.

**Dr Chalmers**—A house for whom?

**Senator ADAMS**—For the sniffers—the ones who are really suffering and need help. I do not mean a safe house for domestic violence. I am referring to keeping them in the community. You did mention that perhaps the communities could look after these people who had had to go away and come back. Who would you see organising the safe houses? A community worker? An Aboriginal health worker? It came up time and time again while we were in Perth and also in the submissions. Do you have an example for us?

**Dr Chalmers**—Speaking as an individual who has worked in remote areas, rather than presenting a view from the college, broadly speaking the approach would be one of working with the community. They are usually the experts in the problem so they have to have inputs into the solution. If a safe house was an agreed idea then the way that would be developed would be in a supported capacity building model, to use a term that is bandied around a bit. I do believe that is the way to do it. Outside people with resources and some expertise would work in partnership with the local people and what they want to do.

That is where a lot of tension arises, as I am sure you have all heard, in community development and health promotion. There is a tension between the agendas of the community and those of the people who want to run a program or assist. There is a real skill in blending those two things: the desires, knowledge and experience of the community members with the resources and expertise of the people who have come from either within the health workforce or the community services sector. I cannot give an easy answer to that but I believe that communities have good ideas about what they would like and what would work. That is where monitoring and evaluation comes in. You have to know that it is working and how to change it if it is not working.

**Senator ADAMS**—It could be a multipurpose service, or something like that, on a much smaller scale, that was funded and the responsible people in each community could have a pilot set up, because that seems to be the way to go.

**Dr Chalmers**—Yes. Once again, it really would depend on the people working there being properly skilled for it to work in that context.

**Senator WEBBER**—So far in your evidence we have talked a lot about the direct health consequences for those who sniff petrol. The committee in Perth yesterday received some

evidence from a doctor who specialises in the remote part of my home state of Western Australia, mainly in the Kimberley, around Fitzroy Crossing. She gave us evidence about some of the consequential health impacts on people who have some form of solvent abuse and therefore are much more vulnerable to predatory behaviour. They get trapped in the whole child sex abuse problem that we have in our Indigenous communities in Western Australia. Of course, it is an ongoing cycle: you stick to abusive behaviour to escape the pain of what is happening. Does your college have any particular thoughts on that?

**Dr Chalmers**—That is a very difficult issue, and I do not know the answer, other than looking at broad mental health approaches. Considering those particular issues, I do not know if our college has got down to that nitty-gritty level. In general, our answers to those questions would be guided by our working in partnership perhaps with the Indigenous Doctors Association. I would be guided very much by them and our Indigenous chapter in how we might formulate a response, should we be asked about those particular issues. They are very difficult, and it is probably beyond the scope of our college on its own to come up with the answers.

**Senator WEBBER**—So you have not had any feedback from your members or their thoughts on the co-occurrence of—

**Dr Chalmers**—At this point in time, I would have to say that I am not aware of that. That does not mean to say that we have not. In fact, one of our doctors on the remote training program that I told you about was at Halls Creek. That may come up as an individual issue for a doctor in training. I am not involved specifically with that training program, other than being on the governance group. It is possible that the response to that would be that a person could be placed in a drug and alcohol centre to have some specific training to upskill in that area, or a workshop or something could be put together. It would be an individual response to an individual doctor's problem in remote areas. It is a very good question because it highlights the idea that, unless you understand the context, you cannot deliver the right training.

**Senator WEBBER**—In your statement you mentioned the issue of data collection. Could you expand a bit on that. What kind of data do you think we need to pay closer attention to collecting? We had evidence yesterday from a range of government officials from the Western Australian state government. Certainly if it comes to apprehension or intervention by law enforcement, the state government seems to think that they have a reasonably good data collection but they do not have the specific legislation that the Territory does, that they are using aspects of the existing Criminal Code to combat this. Are you talking about data collection in terms of access to health services or in terms of known 'offenders', for want of a better word.

**Dr Chalmers**—Yes. I think the point has been made in several of the more recent inquiries into various aspects of petrol sniffing that there are data collections around that may not be specifically collecting information on petrol sniffing. It may come up as youth offending or those sorts of things. I have to say I myself am not 100 per cent across all of the issues. I do know that it has been an ongoing difficulty—as I say, because the information is buried in existing data collections.

While you have access to health services and you can find out how many petrol sniffers have been admitted to hospital et cetera, and police apprehensions and the various data collections there, I think what has been lacking is something more at a community level, which is what I

understand the Northern Territory government is developing. That is what is sometimes called a 360-degree way of looking at the problem, so you would be collecting perhaps snapshots two or three times a year across sentinel communities. I do not want to go into too much detail because it is a bit speculative, but it will look at what is happening with school attendance, with clinic attendance and evacuations, with youth crime, minor breaking and entering and those sorts of things—questions such as: is there any specific activity around petrol sniffing? Is there an increase? Are the ringleaders coming to town? That is the kind of data that has been missing.

Other information can be collected too, although perhaps not as effectively, because petrol-sniffing information is not often singled out. That is not entirely answering your question, but I think that is what I was saying. If that community-level data monitoring can be implemented across the jurisdictions, I think we would make a bigger step forward.

**Senator SIEWERT**—Following up on that question, in the Northern Territory situation has the college been involved in talking to the government or been asked to contribute to the methods of data collection?

**Dr Chalmers**—No. Really, I suppose, the college was invited to make a presentation to the Senate inquiry. The college has not been invited to contribute, as far as I am aware, to any of the Northern Territory or any of the other state activities.

**Senator SIEWERT**—Do you know if any medical practitioners have been included in consultation? I am not talking about the act specifically but about the data collection process and what should be collected.

**Dr Chalmers**—I really cannot answer that. The people who have been notably calling for data collection, a meaningful data collection, have been Dr Peter d'Abbs, whom I know, and Dr Maggie Brady, and there are a lot of references in the various inquiries to their calls for that.

**Senator SIEWERT**—I would like to go back to the issue of treatment facilities and safe facilities. Are you aware of communities where those facilities presently exist?

**Dr Chalmers**—I cannot really answer that at the moment, no. That is not to say there are not, but I cannot tell you that.

**Senator SIEWERT**—That negates my next question then about the adequacy of them. When Senator Adams asked you about facilities earlier, you mentioned the tension between the community and the health professionals, for want of a better word. Reading through the submissions, there is an issue with putting things back on the community to do and the community saying, 'Well, you can't just put it all back on us; these are other issues,' and then there are other submissions saying, 'Well, the community needs be involved in decision making.' In fact, they all say that but some say it should be more involved. How do you resolve those tensions?

**Dr Chalmers**—Speaking from the college's point of view, I do not think we have considered those things. Speaking from having worked as a public health physician, I think there are some good models around community capacity building. As I say, I think it is disappointing, because there are some quite specific activities that recognise the difference between the role and

expertise of the community and the role and expertise of outside agencies, and how you get those working. Several people have written extensively about that: Ronald Labonte is one, and Robert Bush, who used to be at the University of Queensland, is another.

There are models around, but perhaps once again it comes back to the skills and knowledge of the people who are dealing with these situations. Sometimes they are not adequately skilled up to know about those things. Hopefully there is a lot better knowledge around than there used to be. One of the things about remote communities is that the outbreak of petrol sniffing is so intense that everybody is sort of polarised and people become instant experts on it. Sometimes the best knowledge and information and methodologies are lost in that. That comment comes a bit more from personal experience than from a college point of view.

**Senator CROSSIN**—I want to ask you about the lack of protocols in dealing with petrol sniffing and petrol sniffers. It was brought to our attention yesterday that there is quite a significant amount of work the federal government could be doing. There is no petrol-sniffing strategy for eradication, for example, on a national basis driven by the Commonwealth. There are no protocols for dealing with sniffing. With the lack of those sorts of strategies or protocols in place, what do you advise your doctors or what are you telling your doctors when they get out into the field? Do you feel you are sending them out unarmed?

**Dr Chalmers**—It is a good question, because the whole development of the College of Rural and Remote Medicine and other rural and remote health professional bodies is precisely around that issue—that we believe the training that is being offered from more mainstream colleges and other bodies has not prepared people adequately. I do not think we have the answer yet. I think there is a long way to go. If you are talking about protocols in the Northern Territory and North Queensland, for instance—both places where I have worked—there are protocols for managing acute episodes of petrol sniffing as far as emergency treatments and those sorts of things are concerned.

**Senator CROSSIN**—What about on a day-to-day basis though, not just acute incidences but an eradication strategy for doctors to deal with? Nothing exists on it, I take it.

**Dr Chalmers**—These problems need everybody working on them right across the disciplines—welfare workers, child and youth workers, nurses, Aboriginal health workers, health promotion people as well as doctors. As with many community problems, I think we need to be more multidisciplinary, even going beyond that to holistic, where you have policies. I agree that, where you have policies and procedures to back up your approaches, it is much more powerful and people are more confident in moving. That is also an issue that has been raised time and time again—the need for perhaps a national and unified approach. But, once again, the answers are not easy. They are not forthcoming, because, as I said in the beginning, we believe that when the origins of a problem are in the social arena then health interventions have a limited place; it is much more about harm minimisation and managing things as best you can. But prevention lies in much higher and broader realms in terms of managing poverty et cetera.

**Senator CROSSIN**—Has your college done any work or research in equipping your doctors in terms of rehabilitation for these people? We are going to Mount Theo on Thursday, which is a couple of hours out of Yuendumu in the Tanami Desert—you have probably heard about it—which is an exclusion area for petrol sniffers. I understand that the federal government have

announced \$1 million for a rehabilitation centre, which they want to put in South Australia. I will be interested to speak to people in Alice Springs tomorrow, because I am pretty sure that they will want it in Alice Springs to service the Pitjantjatjara lands. What do you train your doctors or equip your doctors to do in terms of rehabilitation? Is best practice to rehabilitate in the community or to send them to a town like Alice Springs? Do you have any models that guide your delivery?

**Dr Chalmers**—That is a good question. I suppose the role of the doctor is as part of the team. The role of the doctor is to understand and see what resources are available for rehabilitation. Often you will find that the doctor may become an advocate if services are not adequate. The role of the doctor is not so much to play a part in the actual rehabilitation, because that is not particularly in the main skill set of doctors, although some may choose to work in that area. I think the broader responsibility is to understand what the problems are in the community that are you working in, especially if you are a rural and remote doctor, where you have a much better chance of understanding all the issues, because are you the only one they come and see. That is one of the ways that we train our doctors, so that they understand the community in which they are living, what the specific health problems are and how they need to be engaged in that, know of the services to be able to refer people to or to advocate for additional services if they are not there. That is more the role that the college sees doctors working in.

**Senator HUMPHRIES**—You were asked about a Commonwealth strategy on petrol sniffing. Is there a Northern Territory government strategy on petrol sniffing of which you are aware?

**Dr Chalmers**—In the Northern Territory I am aware of aspects of responses to petrol-sniffing problems and there is the new legislation that has been looking at that.

**Senator HUMPHRIES**—Yes. I too am aware of the legislation that they have passed, for example, but I am not aware of any strategy, certainly not one that involves doctors. Are you aware of any that involves doctors in terms of attacking this problem at a multidisciplinary level?

**Dr Chalmers**—No, I cannot say that I am, but I would not say that that is not the case. I am not involved particularly in petrol-sniffing work at the moment, so I cannot answer that question. But my guess would be that the role of doctors is similar to the one I have described speaking to Senator Crossin—that it is a broader role that fits into understanding the health of the population and your role in that.

**CHAIR**—The information we have had so far has been very much focused on Indigenous communities. In your experience, is there an issue with petrol sniffing with people who are not Indigenous?

**Dr Chalmers**—I am aware that petrol sniffing is a problem with Indigenous people in lots of other countries, but what tends to happen—and I am not actually right at this minute up to everything in the literature—but it is generally understood that petrol sniffing tends to occur in remote communities, and often that is where Indigenous people are. Volatile substance abuse as a whole, using other solvents, is a problem in various areas around the world. I have been involved with groups of paint sniffers in Darwin and towns in Queensland and they are not always Indigenous children at all. As I say, volatile substance misuse involves children. They can



get access to petrol and volatile things such as for glue sniffing, paint sniffing et cetera, which are available because they are household products. There have been many interventions over time to restrict access; often various solvents are not allowed to be sold to children et cetera. It is a much wider problem if you take account of broader volatile substance misuse, as we call it, or solvent sniffing. Once again, it is a marker of poverty and social deprivation.

**CHAIR**—There are no further questions. Thank you. We would like to have a look at the training information you referred to earlier. If we could get hold of that, it would be very useful. If you think of anything you would like to add, please contact us.

**Proceedings suspended from 4.00 pm to 4.14 pm**

**FIELDING, Ms Penelope Jane, Executive Director, Central Australian Coordination, Department of Health and Community Services, Northern Territory**

**RHODES, Ms Rose, Assistant Secretary, Community Services, Department of Health and Community Services, Northern Territory**

**TOWNSEND, Ms Joanne, Director, Alcohol and Other Drugs Survey, Department of Health and Community Services, Northern Territory**

**CHAIR**—We welcome representatives of the Northern Territory Department of Health and Community Services. Information on parliamentary privilege and the protection of witnesses and evidence has been provided. You know that the committee prefers to take evidence in public but, if you request it, we do have the in camera facility. As public servants—and, I know, experienced 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 a personal opinion on matters of policy. The committee have the Northern Territory submission before us. I now invite you to make an opening statement, and then we will go to questions.

**Ms Rhodes**—I would like to make a short statement on behalf of the Department of Health and Community Services in the Northern Territory context. Petrol sniffing is mostly practised by young Indigenous people, is often cyclical and is known to move from community to community, making an accurate assessment of sniffing numbers quite difficult. Petrol sniffing is most entrenched in the western corridor region of Central Australia and also in the cross-border region of South Australia and Western Australia. Communities east of Katherine and some communities in East Arnhem also have problems associated with sniffing. There are some areas that are noticeably free of petrol sniffing, such as the Barkly region, near Tennant Creek and the area west of Katherine.

As a government agency, the Department of Health and Community Services shares responsibility for policy development and coordination, and service development and delivery with the Northern Territory police, the Department of the Chief Minister and the Department of Justice. The Department of Local Government, Housing and Sport and the Department of Employment, Education and Training also develop and deliver services that may serve to prevent petrol sniffing, such as recreational officers in regional communities, drug education programs and other sports and youth development programs. The department, through the Alcohol and Other Drugs Program, is the main funding body for petrol-sniffing initiatives. Resource allocation has been guided by government policy on volatile substance abuse, emerging research evidence, program evaluation and changes in the patterns and prevalence of volatile substance abuse. Because the Australian government is a major investor in petrol-sniffing services and programs, the department's service development efforts and funding allocation are planned to complement the Australian government's commitment.

The NT government supports the following: a commitment to legislation which supports community sanctions against petrol sniffing; new funding and service development work for treatment and care services in urban centres and in remote areas; improving governance infrastructure of remote communities generally; a communities development approach to

planning service delivery around petrol sniffing; strengthening primary health care responses to petrol sniffing in remote communities through the existing network of remote health centres; and also advocacy and support for supply reduction initiatives available on a community and regional basis.

The most significant policy development has been the commencement of the Volatile Substance Abuse Prevention Act. The act and its supporting regulations were enacted on 9 February this year. The objectives are to support child, family and social welfare by providing a legislative framework for the prevention of volatile substance abuse and to protect people from harm resulting from volatile substance abuse. The act complements existing legislation such as the Mental Health Act and the Community Welfare Act. The act has five main areas and will give police and others new powers to manage petrol and other volatile substance abuse. The five areas are: power to search and seize; power to apprehend people and transport them home or to a place of safety; strengthen provisions relating to illegal supply; assessment and court mandated treatment for chronic users; and also community management plans that control the sale and supply of volatile substances.

The act is not a punitive response to petrol sniffing; rather, it aims to protect individual health and safety and to continue to support the role that families and communities play in setting sanctions around petrol sniffing. Funds of \$2 million per annum have been allocated by the NT government to support this legislation. These funds provide two court based assessors, funding for community planning and coordination, six additional caseworkers in family and children's services, new or expanded remote services and additional rehabilitation places in Darwin and Alice Springs.

The department has also engaged in multilateral negotiations on petrol sniffing in Central Australia as a means to improve cross-jurisdictional arrangements for policy, treatment and care and as a way to improve the investment in prevention and community planning and support. The multilateral negotiations also provide a platform for two key areas: firstly, the planning around the emerging issue of mental health services, disability support and care and reciprocal treatment arrangements across borders; and, secondly, improving working arrangements and compatible arrangements for policing in cross-border regions and focusing on trafficking of illicit substances, including petrol. The department remains committed to preventing the petrol-sniffing problem and supporting community and regional action on this issue. On a personal level, I am particularly pleased by and interested in the ongoing engagement of the communities and service providers to support the continuing efforts around petrol sniffing.

**Senator HUMPHRIES**—You were describing some of the elements of the Northern Territory government's approach to petrol sniffing. You mentioned a number of aspects, including treatment arrangements, intercepting supply and things like that. Is that part of a strategy document which the Northern Territory government has issued? If so, could we possibly have a copy of that document?

**Ms Rhodes**—I have provided a copy of the act and the regulations for your information.

**Senator HUMPHRIES**—They constitute the powers that can be used with respect to the approach that the government wishes to take, but is there a strategy document, for example, on the circumstances in which people will be taken into treatment and the approach that will be

taken to identifying authorised people—as a policy approach or an administrative approach? Are those issues encapsulated in a document that we can see?

**Ms Townsend**—They are not encapsulated into one particular document. The act is fairly prescriptive around those things, but there are some additional guidelines around authorised officers, which I am happy to make available. I have also provided a copy of the fact sheet on the legislation. But there is not a package as such.

**Senator HUMPHRIES**—Can you tell me about the training program people are taking part in? What people are invited to take part in the training program?

**Ms Townsend**—Generally, it is authorised persons. Anyone is able to be considered as an authorised person under the VSA legislation. However, there are some fairly stringent criteria around that—one is that they must have completed the accredited training program that we have developed. We also need to make sure that the community is happy with the nomination of that person, that person is of a good character, that they understand the legislation and that they have the requisite first-aid training and skills in dealing with intoxicated people. The kinds of people whom we anticipate may wish to become authorised persons are probably people who are already in similar roles, such as in well-functioning community or night patrol services, or who are community leaders of some description.

**Senator HUMPHRIES**—Aboriginal elders?

**Ms Townsend**—Possibly—if they can meet the requirements.

**Senator HUMPHRIES**—Are police officers authorised?

**Ms Townsend**—Automatically.

**Senator HUMPHRIES**—How many people have already been trained as authorised persons in the NT?

**Ms Townsend**—No-one. The legislation was enacted a week and a half ago. What we will do is provide the training as broadly as possible this month. That training will be used to let people know about some of the responsibilities of authorised persons and to generate some interest. But essentially the act has an enforcement base with the NT police. The idea of authorised persons is to augment that; it is not instead of it.

**Senator HUMPHRIES**—What role does the authorised person play in bringing a person who is petrol sniffing into involuntary treatment?

**Ms Townsend**—None. They may be involved in some of the warrants, but essentially they are two very separate processes. So, for example, an authorised person or a police officer may identify someone whom they believe is at risk. Then they may take that person home. That would be the end of that exchange. A police officer may have repeated contact with a young person who is engaging in some fairly risky behaviours. That police officer may then, as quite a separate process, lodge an application for consideration for that person to be assessed under the legislation. The assessment actually goes to the clinical nurse positions—one is based in Darwin

and one in Alice Springs—and then they go through a process of verifying some of the information, going back to talk to, say, the family or other people in the community about what might be happening for that person and then putting that information up to our minister for approval for assessment.

**Senator HUMPHRIES**—So the minister is the person who approves the involuntary treatment.

**Ms Townsend**—Yes, the Minister for Family and Community Services.

**Senator HUMPHRIES**—If we could see that legislation, that would be very handy. You mentioned that one of the elements of the strategy was to intercept illicit supply. I assume that, in many cases, in many communities that are Opal supplied there are people that can be identified to some degree as bringing in quantities of sniffable petrol and selling it to young people. What kind of approach would be taken to people who are simply siphoning it off cars that are in that community? We have heard that there are some high-octane fuels that cannot be replaced at the moment by Opal. Presumably if they are present in communities and they are there overnight there is a risk that they will be siphoned. Are there any plans to intercept that supply?

**Ms Townsend**—There are two separate questions there. Under the Volatile Substance Abuse Prevention Act, there are increased penalties—and there have always been penalties—for the illegal supply of petrol to people who are known to go and sniff it. There are no penalties in the legislation for the young people themselves or for the people siphoning off petrol—

**Senator HUMPHRIES**—Apart from for theft, obviously.

**Ms Townsend**—Yes. That is a different act. There is a police effort, particularly in Central Australia, focusing on that kind of trafficking and dealing. That is partly through some of the funds that were provided through the multilateral agreement for the cross-border region. So the NT police have set up an intelligence desk to look at those kinds of things. They will rely in part on some of the provisions in the legislation as well as existing laws that they already had. They have set up an intelligence desk specifically to focus on petrol sniffing and also on other illicit substances on the understanding that a lot of petrol sniffing is opportunistic use. If there are other substances around then those substances are used as well.

**Senator HUMPHRIES**—Like paint.

**Ms Townsend**—Like cannabis, or grog. And they are dry communities, so that is an offence as well.

**Senator HUMPHRIES**—Given the capacity to turn to alternatives to some extent—whether they are licit or illicit substances—and given the fact that there are some levels of petrol that cannot be substituted with Opal, at least at this stage, how effective does the NT government feel the roll-out of Opal will be as a way of cancelling that particular source of hallucinogenic substances to young people? In other words, if you replace the fuels that are currently being sniffed with Opal, are there enough alternatives for young people wishing to abuse a substance to make the supply of Opal a less effective strategy than it might otherwise be?

**Ms Townsend**—The NT government is a strong supporter of Opal as a supply reduction measure. We are also very committed to having Opal available on a regional basis to counter some of the substitution that you talk about and also to counter people moving from community to community in search of petrol. I do not think the supply reduction capacity of having Opal can be underestimated. What it actually does is give communities a break and it offers them a point in time at which they are not dealing with the crisis response to or the chronic effects of petrol. They get a window of opportunity in which to look at a range of other strategies. That is a very important strategy. Opal is also very important because of some of the provisions in the volatile substance abuse legislation which allow for community planning around the sale and supply at a local level. I do not think the availability of Opal coupled with those provisions—and with the continued efforts of a range of agencies and a range of community organisations and a range of communities to look at petrol sniffing—can be underestimated.

**Senator POLLEY**—Following on from Senator Humphries' question, was the Northern Territory government consulted in relation to the roll-out of Opal fuels?

**Ms Townsend**—The roll-out of Opal fuels is a Commonwealth strategy. So were you asking whether we were consulted or have we—

**Senator POLLEY**—In terms of the communities, we have heard evidence given that they agree with the position you have just stated in relation to it being on a regional basis. But at the moment it is obviously going from community to community, so I was wondering whether the Northern Territory government was actually consulted by the federal government.

**Ms Rhodes**—I cannot speak on behalf of government but we are certainly aware of that. It is really our wish that when it gets rolled out through the Commonwealth initiative it is on a regional basis and not on a community by community basis.

**Senator POLLEY**—There has also been evidence given to us that there is not actually a lot of coordination on the ground in some of these remote areas. I am wondering if you have a view on the amount of consultation and communication between the various departments and if you have any views on what is happening at a local level and how that can be improved.

**Ms Rhodes**—I think that probably as a coordinator you can help.

**Ms Fielding**—Certainly in Central Australia there is a high level of coordination around petrol-sniffing activities. There is a number of formalised groups that look at the workings of outstations. They include service providers. There is a high-level group that is looking at the development of common protocols and procedures in the operation of outstations. There is an interagency forum that looks at common clients and common issues and, at a more high-level strategic level, the multilateral arrangements between the Australian government, South Australia, WA and ourselves provide an opportunity for us to focus on coordination through the eight-point plan. Certainly there has been increased effort in that area over the past 18 months.

**CHAIR**—Ms Fielding, can you give me a list of the actual interagency and intergovernmental structures that exist?

**Ms Fielding**—Certainly.

**Senator POLLEY**—I refer to the programs that the Northern Territory are running to try to not only assess the problem but also hopefully prevent young people taking on this habit. How many Indigenous Australians are employed by the Northern Territory government?

**Ms Rhodes**—I am unable to provide you with that information as to the NT government.

**CHAIR**—Can you take that on notice?

**Ms Rhodes**—Yes, we will take that on notice.

**Senator POLLEY**—There has been evidence given—and I guess when you are talking about any substance abuse there is always the potential for other abuse—highlighting the fact that there is the potential for, if not evidence of, an increase in sexual abuse and disease. I was wondering if the Northern Territory government had any evidence that they could provide to the committee relating to that sort of issue.

**Ms Rhodes**—We can provide you with some of that information. On the previous question, the NT government, through its departments, funds an enormous number of non-government agencies to provide these services for us. So we tend to use local service providers in the community, such as quite a lot of council employed night-patrol services. I could only give you a snapshot of what the NT government employment numbers are; I would not be able to provide other agencies—

**Senator POLLEY**—I am particularly interested in the numbers relating to the Northern Territory.

**Ms Townsend**—In the Alcohol and Other Drugs Program, whose direct role is to work with communities on planning, our community development team of 10 has at least seven Indigenous staff members.

**CHAIR**—We intend to get that information documented, in terms of the levels of the workers and their background. Ms Rhodes, we are aware that you are using contracted services in a number of areas, but we would like to get that information as well because that degree of detail was not in the NT submission. We talk a lot about the services that are being offered and it would be nice to know what is on the ground.

**Ms Fielding**—That was the focus.

**Senator ADAMS**—Evidence was given yesterday in Perth on the cross-border program, and it sounds like it is very successful. Will it be expanded, as far as the Northern Territory goes? Is the department happy with it?

**CHAIR**—Say as much as you can, Ms Fielding. It is difficult in your position but, in terms of your coordination position, what is your view of how it is going?

**Senator ADAMS**—Is it successful, and can it be improved?

**Ms Fielding**—I can provide detail on the multilateral arrangements that provide limited detail on the cross-border justice project, for which the Department of Justice is the lead agency. We are committed to the multilateral process, and we see it as an important opportunity to engage with our colleagues on the service provision issues and tackle a number of issues that are emerging for Central Australia. There are a number of issues around the cross-border arrangements for service provision, and we are looking at the new and emerging issues around disability and mental health services.

The elements of the eight-point plan have provided us with a good framework for beginning discussions. I think it would be fair to say that more work needs to be done. The Northern Territory police express great appreciation of the process. As a result of the process, the Commonwealth has funded, with NT funding for ongoing operations, the Central Australian intelligence drug desk, which will fill a key gap around trafficking. It is a key strategy linked with Opal and our ongoing efforts in community engagement. So we have a lot more work to do, but it is a very good process and we see that there is great opportunity in the cross-border region and for Alice Springs.

**Senator ADAMS**—It is very important that we build on something that is working. We need practical things on the ground. There is no point coming out as a committee and recommending something that is not going to go. The positivity that came from the presentations yesterday was very good, and I wanted to get it from your perspective as well. South Australia is still not quite on board with it, but hopefully when they come on it will solve the problem. I do not know whether you will be able to help me; I asked this question of the last witness: I am wondering about the young women who are involved with petrol sniffing, and especially those who are pregnant. Are you having any problems bringing them out here to have their babies, and dealing with their babies once they are born?

**Ms Rhodes**—I cannot answer in detail, but the antenatal care policy in the Northern Territory does require mothers to be brought out to regional centres for their confinement. I have not seen any statistics relating particularly to mums who were already petrol sniffing when their child was born.

**Senator ADAMS**—The reason I ask is that I come from Western Australia and I am a midwife. I have been involved with King Edward, with their people on heroin who are pregnant. It was just a question to see whether that was building up with your neonates, because, once again, it does put pressure on the neonatal nursery.

**Ms Townsend**—I think that in the Northern Territory the pressure is more around alcohol, still, and the numbers of mothers petrol sniffing are still relatively low.

**Senator ADAMS**—What about amphetamine use as a combination with it?

**CHAIR**—There has been evidence from the Western Australian government about polydrug use. Do you have any statement on that issue?

**Ms Townsend**—Our understanding is that if someone has a level of dependency or has some chronic use associated with petrol sniffing then, yes, polydrug use is a problem. Mostly, though, it is alcohol and cannabis rather than the illicit, and that is about availability. But then there is



another group of petrol sniffers who are the younger, experimental group. Yes, they may be using other substances, but certainly not illicit. And petrol sniffing comes back to availability. It is the drug of choice of the young, regardless of whether they are Indigenous or not.

**CHAIR**—It is there.

**Ms Townsend**—Yes.

**Senator ADAMS**—We had evidence yesterday that, with peer pressure, some of the younger ones now—because those who have started petrol sniffing are being taken away to be rehabilitated and are seen to be getting special treatment, as in privilege—are starting to follow on, thinking that, if they go and sniff petrol, they are going to get the same special treatment. Are you seeing any of that? Obviously it is happening in Western Australia.

**Ms Townsend**—Not yet. There are two issues. People will not be compulsorily referred to treatment unless an assessment process deems that they would benefit from it. A court process is fairly onerous for anybody, and it is not likely that a young person would be referred to treatment unless they had fairly pronounced problems because of petrol sniffing. Secondly, it has always been the practice—I am not sure about policy, but it has certainly been the practice—in the Northern Territory that the prevention initiatives are not targeted to the petrol-sniffing population; they are targeted to young people as a whole, precisely to counter the idea that particularly Indigenous young people in remote communities, who have very limited access to recreation, sporting and educational options anyway, are not seen to be further disadvantaged because they do not take up petrol sniffing. So there is a very strong emphasis on diversionary strategies and prevention strategies available across the board, rather than targeted to that group.

**Senator WEBBER**—First I would like to pick up on one of the issues that Senator Adams was talking about. When we heard evidence yesterday from a whole range of government officials from my home state of Western Australia—I think we had every government agency, other than the department of education, that helps deal with the whole-of-government approach towards combating this problem—one of the agencies there was the police. They were highly complimentary about the cross-border relationship that they have with the Northern Territory. In fact, it was them who said that they thought it was a bit weaker with South Australia but that it was going well here. They took us through the way that they combat petrol sniffing in Western Australia at the moment, using existing aspects of our Criminal Code such as powers to seize and what have you. Because you now have specific legislation, I take it that you did not have the power to do that under your existing Criminal Code? So you could not seize illicit—

**Ms Townsend**—Sorry; the Misuse of Drugs Act did have provisions that said you could be prosecuted for knowingly supplying petrol for the purposes of sniffing. Those have been removed from the Misuse of Drugs Act, put in the Volatile Substance Abuse Prevention Act and strengthened, so there are additional penalties but there are also protections for informants so their confidentiality is protected. Is that your question?

**Senator WEBBER**—Our police force seem to feel that they have the power to combat the problem and, therefore, they do not need specific legislation. So I am struggling to come to terms with the need for specific legislation in the Northern Territory.

**Ms Townsend**—When we were designing the legislation, it was evident that police felt vulnerable about their powers to be able to take people home and to respond to someone at risk other than through the Community Welfare Act. There were no specific powers for them to seize petrol, hence the need for it to be specifically put into the legislation. There was something else. I believe there was an intention by the Northern Territory government of having a very strong policy stand in the form of a new act around volatile substance abuse.

**Senator WEBBER**—Ms Rhodes, earlier, in your opening statement, you talked about the Barkly region being free of sniffing. What makes it so different? Most of Western Australia is free of petrol sniffing. We have, as you would know, a large Indigenous population. Is Barkly a bit more like Kimberley?

**Ms Rhodes**—The Barkly region also has Indigenous communities. There are pockets throughout the Northern Territory, in Arnhem Land and predominantly in Central Australia, yet there is a pocket there that is predominantly free. We do not know why, except that the migration of the people who come and live is not there. Jo, you may have some more information.

**Ms Townsend**—Generally, it is understood that in the Barkly region those communities take swift and immediate action against petrol sniffing, so it does not take hold. Tennant Creek has had outbreaks of sniffing in the past. The community get together and they make sure that there is no bike glue sold in town at all. There is a history of those communities and also of that town taking fairly swift and immediate action. That is what it has been attributed to.

**Senator HUMPHRIES**—Did you say ‘white glue’?

**Ms Townsend**—Bike glue. There was an outbreak of bike glue sniffing years ago in Tennant Creek. You could not buy a puncture repair kit without parental permission, but it did something about the sniffing outbreak fairly quickly. In communities west of Katherine, I think Maggie Brady has done some work. She talks about those communities having a proud history of work and involvement in the pastoral industry. She has some theories about how that has had an impact on a range of risk-taking behaviours in those communities.

**Senator WEBBER**—Some of the other evidence we got yesterday in Western Australia was that the stronger and more robust the community, with more of the supports to allow that community to remain robust, the less likely we were to have the problem. That would be the case here too. Perhaps those communities have always had more support than others and, therefore, they are less vulnerable.

**Ms Townsend**—They have certainly had clearer and stronger sanctions against use. The Volatile Substance Abuse Prevention Act has been designed to try and support that community decision making and those sanctions around use, rather than replace them. So it is families making decisions around children needing compulsory treatment and it is communities making decisions around whether they want management plans or not. The legislation has a very strong emphasis on trying to build that robustness in a community rather than replace it.

**Senator WEBBER**—I am not sure whether you were here earlier when we were having a discussion about safe houses and what have you. You referred earlier—I think it was you, Ms

Rhodes—to the power of removal to a place of safety. Is there a definition in the act of what a place of safety is?

**Ms Rhodes**—In the first instance, a place of safety is in the person's home where there are no circumstances that may render it not a place of safety. The department is still to develop community plans where safety places would be identified. As a place of last resort, it would be the police station.

**Ms Townsend**—There is a whole series of regulations around police cells and their use. Places of safety have to be designated by the community, so they will be site specific. Certainly, in the urban centres, we have invited the sobering-up shelters, which were funded through the Alcohol and Other Drugs Program, to consider being place of safety but, as Rose said, the first option is always to take people home or to a responsible adult capable of care.

**Senator WEBBER**—Yesterday, our committee received evidence, and I discussed it here earlier today, about not just the direct health consequences for the individual that chooses to inhale these substances but the fact that when you do that you become a more vulnerable human being and therefore you are more prone to predatory behaviour from others. In Western Australia, of course, that has been caught up in our Gordon inquiry. There seems to be some evidence of links between using inhalants, child sexual abuse and ongoing cyclical behaviour. Is the department aware of or does it have a way of monitoring whether that is taking place in how you are combating those issues here?

**Ms Townsend**—Not particularly formally. You have to imagine that the Territory is a small place. The Department of Health and Community Services has just completed, as a way to update some of our patterns and prevalence figures, an informant survey of all remote communities to look at the numbers of petrol sniffers and movement in and out. That survey provides an opportunity for some of the issues particular to that community to be highlighted.

**Senator SIEWERT**—I want to go back to the issue of rolling out Opal regionally. My concern is the fact that in some centres Ultimate is going to be provided. If Opal is to be rolled out—which, from a personal perspective, I support; I think that would be the best approach, having read the submissions—how would we deal with the issue of the fuels that we cannot replace with Opal? Have you thought about that and do you have suggestions about how we could deal with that?

**Ms Townsend**—That is a big question. We have raised issues with the Australian government about Opal fuel at unsecured airstrips and the potential for people to break into planes on remote strips, but that is certainly beyond my capacity as a health department official.

**Senator SIEWERT**—I am thinking more of Alice, for example, where, if it were rolled out, there would have to be stations that provide Ultimate because of the vehicles that you cannot replace it in. Is the NT government thinking about that? In your submission you support the roll-out regionally. I am presuming that that means in Alice as well. Is that a correct assumption? Have the agencies thought about how you deal with that specific issue? I see that as one of the issues that we are going to have to deal with.

**Ms Townsend**—Through the multilateral process, that is one of the key issues that are being discussed. We acknowledge that through the coordinated process of the multilateral there are some opportunities to build service provision in Alice Springs, but there are some risks that need to be managed. That is one of the risks that are high on the agenda. We have not made any progress in that direction yet, but it has been acknowledged as one of the key risks, and communities have raised it as well.

**Senator SIEWERT**—My understanding from the evidence so far is that communities generally only take 91, so it is in the bigger centres, like Tennant Creek and Alice, that it is going to be an issue. If you make any progress between now and when we report, it would be good to hear it. My other issue is the database material. You refer in your submission to the—

**CHAIR**—Information collection.

**Senator SIEWERT**—Yes, information collection. What type of information are you collecting and who are you consulting with when you decide what information to collect? We heard from the College of Rural and Remote Medicine earlier about the need to collect community information as well.

**Ms Townsend**—The survey that we are doing through the Alcohol and Other Drugs Program is a fairly simple survey that goes to the local police officer, the health clinic staff, the council and possibly another person, whether that is the rec officer or someone else. They are asked to describe the numbers of people sniffing, whether they are chronic sniffers, whether they are experimental sniffers and what has changed in the community that might have had an impact. Those different responses from the community are generally used to triangulate the evidence and then you get a picture for that community. It is not as accurate as other methodologies. In Central Australia there is a process where they have population lists. Every person is named and the health clinic then does identifying information. That would be impractical across the Territory. We are aiming to have this sort of informant methodology, which is not as reliable but able to be replicated periodically, every six months, so that you do get a better handle on trends and changes. There is a lot of evidence that health clinic staff, many of whom belong to the Department of Health and Community Services, provide very reliable information.

**Senator SIEWERT**—I am thinking more about the actual different programs, the diversions, being evaluated. What works and what does not work? Has there been consultation with health professionals and with not only other people who are involved in service provision but also people from the communities themselves who are taking a large responsibility for these programs?

**Ms Townsend**—The most detailed evaluation is the Peter d'Abbs and Sara MacLean report, which looks at interventions for petrol sniffing in remote Aboriginal communities, and I am sure you have a copy of it. That is a very detailed document and it provides very good evidence on what works and what does not work. I think there is understanding about what is effective and what is not effective. What we have more recently come to understand is that there is a layer of information about evidence but then there is the application of that evidence on a site specific basis.

Getting back to your point earlier, Senator Polley, on coordination, there is a need for coordination at a cross-government level certainly, but there is a need for more focused coordination and planning that is site specific and community specific. That way you are able to say, ‘What are the resources in this community right now that we can build on and what are some of their needs?’ because they are quite different. I think there is very good understanding about what is an effective intervention for different types of petrol sniffing problems, but there is a need for that information to be communicated at the community level and for communities to be able to select some of those strategies that apply to them particularly. For some, they may wish to focus on supply reduction and be very strong about that. Others, if they have less entrenched problems, may be able to have a preventative focus and select from the range of options around that.

**Senator CROSSIN**—Ms Townsend, just following up on that, what is the Northern Territory government doing to help local communities pick what strategy best suits them?

**Ms Townsend**—At the moment, that effort is mainly concentrated through the community development team that operates through the Alcohol and Other Drugs Program. We have also funded some positions that sit with council. Mutitjulu now has a substance misuse worker. We piggyback on the Australian government’s substance misuse workers that are dotted around. We use what we have to try to garner interest locally, but there is a small community development team and a community education team. We have clinic staff involved and interested. We also have the Australian government funded positions.

**Senator CROSSIN**—Is there a whole-of-government response to petrol sniffing in the Northern Territory?

**Ms Townsend**—Rose has talked about what the policy principles are. The key policy response at the moment is the Volatile Substance Abuse Prevention Act.

**Senator CROSSIN**—How do you liaise with the health department, the police and Justice? Do you have particular officers meet on a monthly basis or six-monthly basis? How is that coordination across agencies occurring?

**Ms Rhodes**—In the developmental stage we had an interdepartmental committee to develop the policy. We have gone beyond that now since the act was enacted. Some agencies play a much bigger role than others—namely, the Department of Health and Community Services, because we have the Alcohol and Other Drugs Program, the mental health program, family and children’s services as well as the health clinics; the police; and the local council.

In the monitoring role, on whether we are tracking right and doing okay, we are now moving to form a high-level steering committee of interdepartmental members. We are also having the local input of an operational police officer, an operational nurse cum clinic person and medical person to provide on-the-ground feedback on whether our activities and initiatives are working. That will feed into a steering committee that consists of at least four departments. We have not formed it yet, but it will comprise at least Health and Community Services, the police, Justice and Local Government.

**Senator CROSSIN**—In your opening statement you talked about the petrol-sniffing initiatives complementing the federal government funding in this area. Can you tell me about some of the positive interactions between the NT government and the federal government and where some of the gaps might be?

**Ms Townsend**—Essentially there is collaboration around remote rehabilitation services, otherwise known as some outstations in Central Australia. There are joint funds going in there. More recently there has been a joint effort around service standards and planning and support to those outstations, which is a progressive move. That is at the agency level. There is also that collaboration, as Penny talked about, at the multilateral level.

**Senator CROSSIN**—The OIPC's eight-point plan?

**Ms Townsend**—Yes, there is that. As Penny said, there is still a great deal of work to be done on that, but its principles are sound.

**Ms Fielding**—Certainly one of the programs I am quite excited about is the Mutitjulu Working Together Project, which is a whole-of-government project. The Northern Territory government has participation along with the Australian government, Mutitjulu Council are a key stakeholder and of course there is the NPY Women's Council. That provides us with an opportunity to focus on a particular site and the issues at that particular site and engage with the community around what they perceive to be the way forward.

Through the process there has been the development of a plan of action, which we call the Quick Wins plan. Over the past 18 months all items on the community's Quick Wins plan was achieved with the exception of one item. The key for that was collaboration. The Mutitjulu community advocated strongly for a police post at their community instead of just relying on Yallara. That certainly came about as part of that collaborative process between the Northern Territory government and the Australian government. At Mutitjulu, there is an Australian government funded substance misuse worker. Now, through the funding of an additional position through Ms Townsend's program in this department, there is an opportunity to support the Australian government's clinical based position—

**Senator CROSSIN**—Is that funding ongoing?

**Ms Fielding**—Yes—with a community development focus. Certainly it is early days with that project—it is 18 months—but it has provided us with some very good lessons about how we can work together not only with a focus on some key structural issues but also in achieving some local wins, which people want.

**Senator CROSSIN**—Where are some of the gaps?

**Ms Townsend**—Do you mean in the relationship with the Commonwealth?

**Senator CROSSIN**—In combating petrol sniffing.

**CHAIR**—If you had your way in moving forward, where would you suggest that things could be strengthened?

**Senator CROSSIN**—I will give an example. Much criticism came from Ted Wilkes yesterday about the OIPC eight-point plan because Indigenous people were not consulted about it. Is one of the gaps a lack of consultation with Indigenous people across the board? Is it happening community by community? Where do you think things could be better?

**CHAIR**—Senator Crossin, I do not think it is appropriate for public servants to be asked specifically about gaps. I think it would be better to look at things that you think could be strengthened; I think that is important.

**Ms Fielding**—Certainly, in relation to consultation in Central Australia, the message that I and other public servants receive when we go on our roundabouts is that people have provided us with information over the past 10 years in coronials and select committees and they do not feel that additional consultation is required. So I feel quite confident that consultation does not need to be strengthened. Certainly, from a regional perspective, I think there are great opportunities for us to consider how we can have a more coordinated approach around service provision by providing services together rather than relying necessarily on each other's services. That certainly would make a significant difference in the Central Australian region.

**Ms Rhodes**—The other point to add is that the NT government has paid \$2 million per annum over five years for VSA initiatives and we believe that this is the beginning. It will be after we have evaluated the services and programs and found them to be successful, with more communities then wanting to come on board and participate, that we believe additional resources will strengthen some of the community development initiatives.

**Ms Townsend**—One of the areas that I think needs strengthening is the reliance on one-off projects, particularly in the area of prevention. People have talked to us about that for a very long time—pilots and one-off tied funding. The problem is that, in some communities, gaining momentum is very difficult in the first place; to have gained momentum and have the program end is very discouraging; and then to try to rebuild that momentum is very difficult. I know that communities say, 'Well, we don't want to have another discussion with anyone from the government about this,' which leads into Penny's point. I think 'communities'—I use the term very broadly there—have been very explicit about what they think the gaps are, so an overreliance on one-off funding in the prevention area I think needs to be considered.

We do not have good information around what constitutes effective treatment in this area. There are no published guidelines around volatile substance abuse treatment in the same way that there are guidelines for alcohol and heroin, for example. That is one area. Another area that really needs to be considered is that a lot of money goes to treatment services jointly by a range of agencies and those services are not always supported by dedicated service development support. The assumption is that they need resources, but they really need people to give them some fairly intensive support around what constitutes a safe and quality service.

A lot of these services have evolved out of family run outstations. Five or 10 years ago, when they were established, they dealt with a very different client group from the client group they are seeing now. They are seeing a lot more chronic use. A lot more young people have had sustained contact with the welfare system and may or may not have other problems, such as mental health problems or sexual abuse issues. So there is a need to develop and support those services to be able to meet those emerging needs.

Once we do that, I think there is a need for us to consider some reciprocal arrangements with South Australia, which is also setting up treatment services. We have sent the non-government organisations that are going to provide our rehabilitation services to South Australia so that we can start jointly developing a model, which we hope will then lead to a reciprocal arrangement. The idea is that those communities that have family relationships but just happen to be South Australians in Alice Springs can access our services and vice versa. At the moment, South Australia is still a long way off having a service, and we would want to see a service in place before we started to offer that.

There does need to be consideration of the emerging needs in mental health and disability care. That is one of the things that Ms Fielding and I are being very strong about as part of the multilateral process, particularly because if that is not grappled with then the impact will be felt in Alice Springs, which is the centre of that cross-border region and which is already bearing what I would say is an unreasonable responsibility for the region and providing those services there.

**Senator CROSSIN**—Does the Northern Territory government fund the program at Mount Theo?

**Ms Rhodes**—The department do fund programs at Mount Theo.

**Ms Townsend**—We put in a small amount of money as part of the Volatile Substance Abuse Prevention Act. That is about \$30,000.

**Senator CROSSIN**—A year?

**Ms Townsend**—Yes. The bulk of their funds comes from the Commonwealth. They are given a fairly sizeable quantum of funds through that.

**Senator CROSSIN**—Is your funding ongoing?

**Ms Townsend**—Yes.

**Senator CROSSIN**—And the Commonwealth's funding?

**Ms Townsend**—Yes. Mount Theo is a well-resourced and, I would say, well-structured and organised program. It has moved beyond being an outstation; it is a service.

**Ms Fielding**—They also receive fee-for-service funding through the department's Family and Children's Services Program.

**Senator ADAMS**—With the lead agencies, why is Education not included? Are you allowed to answer that? I just find that rather strange.

**Ms Fielding**—Certainly at a regional level the department of education is involved. We have increased contact with them. Certainly the work on the outstations working group has the department of education as a key stakeholder, particularly around resolving the issues in relation



to the provision of education services to young people at outstations. So we do see them as a key stakeholder. But that has been a change over a period of time.

**Senator ADAMS**—So they are not part of the original group? You only mentioned the four.

**Ms Rhodes**—The original group was in the development of the policy. The police, Justice, and Health and Community Services were the key lead agencies in that area. But, as Penny says, when you actually are developing services and engaging other agencies, they come in at that level.

**Senator ADAMS**—That is good. I was worried that they were not involved.

**Senator HUMPHRIES**—One of the recommendations of the select committee of the Legislative Assembly on substance abuse was that, where a death is contributed to by petrol sniffing, that information be collected in data collected by government agencies of the Northern Territory. Was that recommendation accepted by the Northern Territory government?

**Ms Rhodes**—Within the Department of Health and Community Services, we accept the recommendations of the coroner's report and then we have an ongoing monitoring system to look at a plan to implement recommendations that pertain to Health and Community Services.

**Senator HUMPHRIES**—But clearly the select committee thought that there was some failure to collect basic information about how petrol sniffing was contributing to deaths in the Northern Territory. They suggested that the government agencies were not collecting that information in some way. Do you know what their criticism was directed to?

**Ms Townsend**—That emerged out of a previous coronial inquiry, so Ms Rhodes is quite right there. In order for us to do that, there would need to be a change to the Births, Deaths and Marriages Registration Act, for which we would not be the lead agency. So it is not that it has not been rejected or accepted.

There is another process, and that is the National Inhalant Abuse Task Force, which has been set up through the Intergovernmental Committee on Drugs. They have four key recommendations. One of them is around improved data collection nationally, which I think will provide some impetus and a forum for there to be nationally consistent data collected around volatile substance abuse, which we would be very interested in contributing to. We are certainly involved in that working party.

**Senator HUMPHRIES**—This is a practical question. Perhaps the other senators heard answers to this yesterday. How much sniffing do you get out of, say, a litre of petrol? Could 50 people get high on a litre of petrol?

**Ms Townsend**—I could not say, Senator—unless you wanted to set up an experiment!

**Senator HUMPHRIES**—No way!

**CHAIR**—I think we could ask the communities that tomorrow, because I think that kind of local knowledge might have to come from there. We did not test it yesterday, Gary.

**Ms Townsend**—I would be interested in the answer.

**Senator POLLEY**—I want to put a question on notice. Coming from my state I have not personally been exposed to these sorts of issues, but we have heard that the major causes of young people turning to substance abuse such as petrol sniffing is through lack of opportunities for education, maybe lack of activities like sport, because of poverty, poor housing—a whole range of issues. Could you take on notice to give the committee the priorities, as you see them, for the federal government to become involved in to try and eradicate this problem. Those issues such as lack of employment opportunities are not going to be resolved overnight, but you could provide us with your ideas about priorities. There was also criticism yesterday about the lack of ongoing programs. A program will start in a community and then the funding runs out. Obviously people get disillusioned with that, and also the lack of involvement by the community elders in resolving these issues. So I would be most interested, as I am sure my colleagues would, in hearing your priorities.

**Ms Townsend**—Sure.

**Senator WEBBER**—Or the priorities your minister may have.

**CHAIR**—That is a whole paper in itself that you have just been asked for, I think. We would like to thank the representatives from the Northern Territory government department for their evidence this afternoon. I know that we have asked you to do some follow-up in terms of providing some information for us. If you find there is anything else that you think may be useful to the committee, please just forward it to us. Thank you very much. I also thank *Hansard*. We will be meeting again tomorrow in Alice Springs.

**Committee adjourned at 5.18 pm**