



**Public Health Association**  
AUSTRALIA

**Public Health Association of Australia submission  
to the Community Affairs Legislation Committee  
Inquiry into the Low Aromatic Fuel Bill 2012**

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## **Introduction**

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

## **Public Health**

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

## **The Public Health Association of Australia**

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the Australian Government and for the Preventative Health Taskforce and National Health and Medical Research Council (NHMRC) in their efforts to develop and strengthen research and actions in this area across Australia.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

## **Advocacy and capacity building**

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

## Summary of Key Points

PHAA welcomes the opportunity to provide input to the Community Affairs Legislation Committee Inquiry into the Low Aromatic Fuel Bill 2012.

Low Aromatic Fuel (Opal) works well. The evidence demonstrates that its use has led to a 70% reduction in prevalence of petrol sniffing across all current sites<sup>1</sup>.

In Central Australia, where the roll-out of Opal has been more comprehensive, this reduction is thought to be more like 94%<sup>2</sup>. Low Aromatic Fuels work best to reduce petrol sniffing prevalence when rolled out comprehensively<sup>3</sup>.

While the roll out of Opal to date has worked very well, petrol sniffing has proven to be a stubborn and recurring issue in many regions<sup>4</sup>. Petrol sniffing is not the headline grabbing issue it once was and a major challenge for government at this point is to maintain interest and commitment to ensure the maintenance and extension of positive outcomes.

Unfortunately, a number of retail outlets in affected regions currently refuse to stock Opal fuel and in some cases this situation is likely to be contributing to the incidence of petrol sniffing in nearby communities<sup>5</sup>. PHAA believes it is not appropriate for the Government to continue to allow individual retailers to thwart efforts to combat petrol sniffing in nearby communities.

The Government's own report into this issue states that Low Aromatic Fuel mandating legislation is feasible and would save \$1.3billion over 25 years in public health and justice system costs<sup>6</sup>. These savings could potentially be re-directed to fund prevention, treatment and support measures for affected communities.

The proposed legislation could be applied so that it just targets strategically important areas/sites, with no need to declare large zones encompassing many retailers. It is unlikely that such an approach will create a very big increase in demand for Opal. As things stand, such targeted application would likely involve just four or five currently identified sites.

The legislation would provide extra incentive to retailers to voluntarily stock Opal in order to avoid being subjected to a compulsory regime. Retailers currently refusing to participate are well aware that the Government lacks the capacity to force them to stock Low Aromatic Fuel, and have little incentive to seek an outcome to end protracted negotiations.

Currently all retailers in Alice Springs use Opal voluntarily. Maintenance of this outcome is crucial to the success of Low Aromatic Fuel initiatives in the Central Australian Region. However, if any individual retailer decided to stop stocking Opal and make other types of fuel available for sale - thereby breaching the status quo - it is likely that other retailers would follow suit, in order to avoid

1 1 Peter d'Abbs and Gillian Shaw 2008, Executive summary of the Evaluation of the Impact of Opal Fuel, Commonwealth Department of Health and Ageing, Canberra

2 Peter d'Abbs and Gillian Shaw 2008, Executive summary of the Evaluation of the Impact of Opal Fuel, Commonwealth Department of Health and Ageing, Canberra

3 Shaw, G, A Biven, D Gray, A Mosey, A Stearne and J Perry (2004). An Evaluation of the Comgas Scheme, Commonwealth Department of Health and Ageing, Canberra

4 Brady, M 2011 Fuel Cars and the Geography of Petrol Sniffing see

<http://epress.anu.edu.au/apps/bookworm/view/Humanities+Research+Vol+XVII.+No.+2.+2011/7651/Text/ch08.html>

5 see <http://au.finance.yahoo.com/news/pressure-grows-force-opal-fuel-072251904.html>

6 South Australian Centre for Economic Studies 2010- Cost Benefit Analysis of Legislation to Mandate the Supply of Opal Fuel In regions of Australia.

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any potential commercial disadvantage. The proposed legislation would provide a strong deterrent to prevent this happening and would also provide a path for action should such a situation occur in Alice Springs or in any other site crucial to the effectiveness of the Low Aromatic Fuel initiative.

For these reasons, PHAA supports the currently proposed bill or any other legislation with this capacity.

There is wide support for this legislation among key stakeholders, including the Central Australian Youth Link-Up Service (CAYLUS); Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council; the Northern Territory Government <sup>7</sup> and the West Australian Government <sup>8</sup>.

Further, the 2009 Senate Inquiry into Petrol Sniffing examined the issue of mandating legislation and made a clear recommendation endorsing the approach and providing a timeline for government to progress such an initiative <sup>9</sup>. It is frustrating in the extreme for affected communities and service providers that action is yet to be taken in line with recommendation and resultant expectations.

### **Conclusion**

PHAA supports the currently proposed bill or any other mandating legislation with similar capacity. We acknowledge and support the efforts of affected communities, service providers and other stakeholders in seeking to ensure that cross-portfolio, collaborative efforts to combat petrol sniffing are not undermined by individual retailers motivated exclusively by commercial imperatives.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

Michael Moore BA, Dip Ed, MPH  
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Public Health Association of Australia  
16 July 2012

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<sup>7</sup> See submission 20

[http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate\\_Committees?url=clac\\_ctte/petrol\\_sniffing\\_substance\\_abuse08/submissions/sublist.htm](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate_Committees?url=clac_ctte/petrol_sniffing_substance_abuse08/submissions/sublist.htm)

<sup>8</sup> see <http://www.theaustralian.com.au/news/nation/state-looks-to-federal-solution-to-cut-petrol-sniffing/story-e6frg6nf-1225904664772>

<sup>9</sup> Senate inquiry into Petrol Sniffing and Substance Abuse in Central Australia 2009 see

[http://www.aph.gov.au/SENATE/COMMITTEE/clac\\_ctte/petrol\\_sniffing\\_substance\\_abuse08/report/index.htm](http://www.aph.gov.au/SENATE/COMMITTEE/clac_ctte/petrol_sniffing_substance_abuse08/report/index.htm)