

## CHAPTER 2

### PETROL SNIFFING - THE CAUSES AND IMPACT

#### Introduction

2.1 Petrol sniffing is one of a range of activities commonly known as 'volatile substance misuse', 'solvent abuse' and 'volatile substance abuse' which refers to inhalation of fumes from glues, liquid solvents, petrol and fuel gases, aerosols, nitrites and fire extinguisher propellants.

2.2 Petrol fumes can be inhaled directly from a plastic bag, saturated rag or small container either through the nose, or through the mouth. The toxic chemicals in petrol enter the bloodstream quickly via the lungs to the brain and depress the central nervous system, which produces a response that can be described as:

...the sensation of euphoria and excitement, the feeling of numbness, help users forget the daily troubles of growing up in dysfunctional circumstances.<sup>1</sup>

2.3 Examining the reasons why people sniff petrol and analysing the impact on the individual, the community and society highlights the complexity of this issue. The causes are multiple and interrelated and the impacts, given the relative small numbers of sniffers, are considerable. The causes of petrol sniffing have been canvassed at length in a range of the inquiries and reports referred to in chapter 1.

#### Causes of petrol sniffing

2.4 In remote Indigenous communities there is limited access to most goods and services, including a wide variety of drugs. Petrol, compared to illicit and even licit drugs, is relatively accessible both in terms of availability and cost. The fact that some communities are suffering enormous problems because of petrol sniffing, while others do not, is perplexing and raises complex questions.

2.5 The causes of petrol sniffing are multiple and relate to each other in complex ways. Many are specific to individual communities and include: the cultural, family and social disruption that has resulted from dispossession and colonisation; boredom and frustration; individual psycho-social factors, such as family breakdown and neglect; social isolation; peer group pressure; low self-esteem and the need for identity; lack of employment options; poverty; a statement of non-conformity; and an attraction to excitement and pleasure.<sup>2</sup>

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1 Hayman N, 'Petrol Sniffing in Aboriginal Communities' Guest Editorial, *Of Substance*, Vol. 4 No.1, January 2006, cited in *Submission 32*, p.2 (AIDA).

2 Mundy J, 'Snuffing out sniffing', *Connexions*, p.7 February/March 2001; *Committee Hansard* 22.2.06, p.38 (Waltja Tjutanku Palyapayi Aboriginal Corporation).

### *Social and economic disadvantage*

2.6 Socioeconomic causes of petrol sniffing highlighted during the Committee's inquiry included poverty, hunger, boredom, unemployment, inadequate housing and escaping from abuse. CAYLUS commented:

Young people in Central Australia sniff petrol because it is the best thing on offer. They sniff because their friends do, because their family is drinking or dead, because petrol is readily available, because they are hungry and they sniff to get away from pain.<sup>3</sup>

#### *Poverty and hunger*

2.7 One of the common reasons for sniffing cited during the Committee's inquiry was that sniffing reduces the feeling of hunger. Poverty in most Indigenous communities means that there is not enough food or food of sufficient nutritional value and many, especially children and young adults, go hungry:

Perhaps it is the basic fact that they do not have enough food at home. As I am sure has been brought to your attention, sometimes kids sniff just because they do not have enough to eat and petrol and paint kills the hunger pain.<sup>4</sup>

In my experience, too, quite often kids are not only bored but they are hungry and sometimes they use it as an appetite suppressant. I have been told that via reports back from workers in the Kimberley...when you go to remote communities the best houses do belong to the nursing staff, the teachers and the police. The rest of the community are living in complete poverty. These sorts of things are other underlying factors that lead to the quick fix to get out of it, just escape reality for a little while, and get rid of their hunger.<sup>5</sup>

There have been several substantive studies on the subject of nutrition and I do not want to go into those. Nutritious food is essential to all people living in a remote community, just as it is in all areas. With lack of disposable incomes, people are simply in debt to some agencies and cannot possibly hope to come out of that cycle with the regulations that are reinforced at the present time. With little money and inadequate food, it is little wonder that kids turn to sniffing, in some cases, to dull the pangs of hunger.<sup>6</sup>

#### *Lack of employment opportunities*

2.8 The absence of hope, aspiration and opportunity to work, develop, learn and grow are further reasons cited why young people sniff petrol in Indigenous

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3 *Submission 20*, p.32 (CAYLUS).

4 *Committee Hansard* 8.3.06 p.15 (Wuchopperen Health Service).

5 *Committee Hansard* 20.2.06 p.14 (Drug and Alcohol Office WA).

6 *Committee Hansard* 16.5.06, p.78 (Mr P Rawson – Adelaide Healing Energy Centre).

communities. Mr Andrei Koeppen, Chief Executive Officer of the Yugul Mangi Community Government Council in the Northern Territory stated:

Whether it is petrol, grog or ganja, the root cause is the same. Hopelessness. Job opportunities are very limited. Career paths are non-existent. Housing is in such a crisis that around 20 people are sharing a three bedroom house designed for four people. There is no furniture in the houses. There is virtually no support for self-employment initiatives. People die here thirty years younger than the average Australian.<sup>7</sup>

2.9 The impact of meaningful work for local community members cannot be understated. Mr Bill Edwards provided a historical perspective:

Fathers who were stockmen once provided a model for their sons who drew cowboy hats and boots on water tanks and aspired to wear these articles of clothing. A boy may now have the model of an unemployed, drunk and violent father...Employment opportunities have diminished despite the influx of capital works funding because work on the projects has to meet specifications or be completed by a due date. Whereas local men once made and laid bricks, mixed cement and laid foundations and sawed and hammered timber, much of the construction work on new schools, hospitals, stores and even Aboriginal housing, is now done by outside contractors.<sup>8</sup>

2.10 The Alcohol and other Drugs Council of Australia emphasised the need for employment opportunities:

Paid employment is important in giving people sense of self worth and addressing issues of boredom as well as providing an income. Given these are underlying causative factors of substance misuse, the importance of strategies that aim to increase training and employment opportunities as a part of a long term plan addressing petrol sniffing is great.<sup>9</sup>

### *Shortage of housing*

2.11 The shortage of housing in many Indigenous communities creates problems of overcrowding and lack of privacy, feelings of anger and frustration, reduced child safety as well as hygiene and health care issues. Mr Donovan Walmbeng from the Aurukun Community Justice Group stated 'there are big families that are trying to get a house but they cannot. There is a shortage of housing in the Aurukun community.'<sup>10</sup>

2.12 Aboriginal people have a strong cultural connection to traditional land which encompasses wide open spaces. The overcrowding and absence of appropriate levels of housing and in local communities creates many problems. Dr Brian McCoy stated:

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7 *Submission 23*, p.1 (Mr A Koeppen).

8 *Submission 11a*, p.3 (Mr B Edwards).

9 *Submission 17*, p.5 (ADCA).

10 *Committee Hansard 8.3.06*, p.59 (Aurukun Community Justice Group).

It can also create great tension, because the planning of these communities involves putting people literally on top of one another at times rather than spreading them out. We are talking about people that historically had a lot of space between them. Therefore, when geographically they are put in very narrow places and houses are put between houses to save money, often these social tensions can emerge.<sup>11</sup>

2.13 Sustained and consistent funding for Indigenous housing would improve the ability to provide safe home environments for young children. The Remote Mental Health Area in Queensland stated:

[Housing] is where it would make a huge difference to the safety of young children. They are all in one room and there are 15 adults and most of them come in the middle of the night drunk. Just having more rooms would make a huge difference for safety.<sup>12</sup>

2.14 Many witnesses made clear to the Committee that child safety and protection were critical elements in the prevention of young children sniffing. Evidence suggested that some young people begin to sniff petrol as a result of past trauma, violence and abuse. Professor Ernest Hunter commented:

I remember, when I was doing some work in Bourke a few years ago, the kids on the street late at night saying that they did not go home until the early hours of the morning because of the drinking that was happening at home. We have instances of young women who have shown very adaptive protective behaviour by essentially locking themselves in a room for periods of time. So I think housing is a very important ingredient.<sup>13</sup>

#### *Poor educational outcomes*

2.15 Education is an integral issue in overcoming disadvantage and preventing substance abuse including petrol sniffing. The low attendance of Indigenous children at school means that they have poor literacy and numeracy skills, poor retention rates and little prospect of stable, full-time employment:

The difficulties that we see in the sort of community that I am working in include poor language skills from lack of educational achievement. There are issues with parenting young children within that community. School attendance is poor.<sup>14</sup>

There are a lot of young people who drop out of school early and fail even to complete year 7. So their educational opportunities quickly diminish. English, as you probably know, is often a second or third language. They find that school is not attractive; it is not motivating. They drop out. The

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11 *Committee Hansard* 27.4.06, p.34 (Dr B McCoy).

12 *Committee Hansard* 8.3.06, p.35 (Remote Area Health Service Qld).

13 *Committee Hansard* 8.3.06, p.38 (Prof E Hunter).

14 *Committee Hansard* 22.2.06, p.1 (Dr S Foster).

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parents find that they have limited ability to control those adolescents. It becomes a big social dilemma for each of those communities.<sup>15</sup>

2.16 Poor attendance at school also means that many Indigenous children are left to their own devices during the day and often become bored. Boredom is one of the major reasons given to explain why children sniff:

One of the biggest potential diversionary schemes is school, but unfortunately, in a lot of the places that I go to, a lot of children do not attend school. I see children and young adults, including 12- to 14-year-old young men, who have not attended much school, have not got good literacy or numeracy skills and do not have many opportunities for further education, further training or employment. Often they may take up petrol sniffing as a diversion from their own lives. Anything that can help young people do better at school, stay at school and attend school is something that may move them away from sniffing.<sup>16</sup>

2.17 Boredom is also a problem in the wet season in Northern Australia where children cannot participate in diversionary programs such as visiting outstations. Professor Ernest Hunter of the Remote Area Mental Health Services commented:

It has been suggested before, and I think it would be useful, that we reverse the school year so that kids are at school through the wet season and their longest break from school is in the dry season. This would make a lot of sense.<sup>17</sup>

### ***Cultural influences***

2.18 Cultural influences include traditional customs, shared knowledge, accepted behaviours, peer pressures and the values of a distinct group of society. Australian Aboriginal culture is complex and extraordinarily diverse. The system of kinship puts everybody in a specific kinship relationship, each of which has roles and responsibilities attached to it. Kinship governs much of everyday behaviour.

2.19 The impact of the Indigenous value of right to personal autonomy and the unwillingness to impose one's will on another was explained as being a key aspects of Indigenous culture and 'act as impediments for Aboriginal people to take action'.<sup>18</sup> Dr Maggie Brady stated:

...the socially and culturally embedded notions of individual autonomy which are a normal part of the socialization of Aboriginal people in remote Australia. Because child-rearing practices are focused around permissiveness and learning by experience (techniques that worked extremely well in earlier years) adults rarely interfere in the activities of

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15 *Committee Hansard* 27.4.06, p.3 (RFDS Qld).

16 *Committee Hansard* 22.2.06, p.3 (Dr A White).

17 *Committee Hansard* 8.3.06, p.32 (Prof E Hunter – Remote Area Mental Health Services, Qld).

18 *Committee Hansard* 27.4.06, p.13 (Dr M Brady).

children or teenagers. By the time teenagers become young men and women, older family members have no automatic authority over them. 'I am boss for myself', and 'it's my body, my business' are frequently heard statements. It would be embarrassing, shameful and simply socially unacceptable in many cases, for an individual to try to impose his or her will or to remonstrate with others (be they sniffing, drinking to excess, 'neglecting' children, or illegally selling petrol to sniffers).<sup>19</sup>

## **Effects of petrol sniffing**

2.20 The effects of petrol sniffing are immense and the damage is felt by not only the individual sniffer, but also the community and society as a whole. The sniffer will suffer irreparable health problems both mentally and physically. The family and community suffer emotionally and financially, with the impacts including a burden on the health care system and a community left to manage the aftermath when a sniffer commits crimes or causes damage while under the influence of an inhalant.

2.21 These effects of petrol sniffing have been well documented in coronial inquiries including that by Coroner Chivell in 2002 and were also echoed by the Department of Health and Ageing (DoHA) and Department of Immigration and Multicultural and Indigenous Affairs (DIMIA):

Petrol sniffing poses a range of problems for sniffers, their families, communities and to the wider society. The societal impacts of petrol sniffing potentially include social disruption: vandalism and violence; increased inter-family conflict; social alienation of sniffers; social disruption; reduced morale in communities; incarceration of sniffers and significant personal/ community and financial impacts associated with both acute and long term treatment of sniffing related harm...The wider society will almost certainly experience increased demands on hospital-based and other health resources; long-term health care for those disabled through sniffing; and demands on the criminal justice system, arising out of sniffing related crime.<sup>20</sup>

### ***Physical effects***

2.22 The inhalation of petrol fumes can immediately induce euphoria, relaxation, dizziness, increased libido, aggression, hunger and ataxia (loss of coordination of the muscles), with symptoms lasting sometimes up to six hours. Petrol sniffers exhibit blurred speech, staggered gait and impulsive and uninhibited behaviour. Larger doses can induce hallucinations, delirium, unconsciousness, seizures and coma. Longer term usage can result in death due to heart failure, pneumonia or lead poisoning.<sup>21</sup> Petrol

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19 *Submission 26*, p.1 (Dr M Brady).

20 *Submission 25*, pp.21-22. (DoHA & DIMIA).

21 Cairney S, Maruff P, Burns C, Currie J & Currie. B, December 2004, 'Recovery of Brain Function with Abstinence from Petrol Sniffing', *Journal of Australian Indigenous issues*, v.7 (4), p.28-31.

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sniffers also face increased risk of injury including burns and an increased incidence of sexually transmissible infections and unplanned pregnancy.

2.23 The effects of petrol sniffing on physical health include:

- intoxication, auditory and visual hallucination, irrationality, aggression, disinhibition, confusion, poor coordination, headaches, poor memory, slurred speech, vomiting, headache, fits;
- psychological addiction;
- for chronic sniffers, cerebellar ataxia, grand mal epilepsy, encephalopathy, persistent psychosis, chronic disability including mental impairment, and low body weight;
- possible effects on unborn children caused by sniffing during pregnancy; and
- death.<sup>22</sup>

2.24 Researchers at the Menzies School of Health Research have found that neurological damage from petrol sniffing can be present at the very early stages of abuse, including affects on memory, attention, learning, executive function and behavioural inhibition. These changes are associated with social disruption, low school attendance, being involved in activities that break both Commonwealth and Aboriginal law and a poor prognosis for ultimate admission to hospital with severe neurological illness (petrol sniffer's encephalopathy).<sup>23</sup>

### ***Justice issues***

2.25 Justice issues related to petrol sniffing include increased crime rates and domestic violence, whilst damage to community property and vandalism is commonplace as sniffers search for petrol or break into vehicles, fuel bowsers or storage areas. The Committee was also informed of incidents where sniffers had become destructive and broken into stores, homes or other buildings to obtain food.

2.26 The effectiveness of laws and policing at combating petrol sniffing is discussed in chapter 4.

### ***Effect on communities***

Substance misuse, particularly alcohol and petrol sniffing is a major contributing factor in the breakdown of individual, family and community relationships and wellbeing throughout Australia. Family violence, ill health and increasing morbidity, child neglect, imprisonment, sexual abuse,

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22 *Submission 25*, p.21 (DoHA & DIMIA).

23 Cairney S, Maruff P, Clough A, Torsillo P, & Currie B, *Neurocognitive and social changes associated with unleaded petrol sniffing and abstinence from further sniffing*, Project Synopsis, p.1.

acts of violence and premature deaths can all result from substance misuse.<sup>24</sup>

2.27 Petrol sniffing impacts on Indigenous communities not only because of the health risks posed to the individual, but also because it is disruptive and destructive to the functioning of families and the community:

It is well documented that petrol sniffing has been disrupting the life of remote Aboriginal communities with intoxication-related crimes; resultant friction between families; youth suicides and other damage to physical, mental and emotional health which is not limited to the petrol sniffers themselves but spreads to their clan groups and the wider community.<sup>25</sup>

In the Northern Territory some communities are on the verge of complete social breakdown whilst others could achieve greater social harmony and greater economic benefit if their energies were not frequently diverted to the problems of petrol sniffing.<sup>26</sup>

2.28 Ms Vicki Gillick, Coordinator of NPY Women's Council stated:

It is my observation that in the past fifteen years or thereabouts, Mutitjulu, along with other communities in the region including Amata, Ernabella, Docker River and Imanpa, has become progressively more dysfunctional. At Mutitjulu, many older leaders have died and other senior people in the community have become overwhelmed by the escalating sniffing, cannabis use, drinking and associated behaviour of younger people.<sup>27</sup>

2.29 Witnesses reported an escalation in violence associated with petrol sniffing with this report from Mr Dennis Colson of the Turkey Bore Community:

Just recently – on Friday, before I packed up to come down here – one of the petrol sniffers set fire to his own wife. He was arguing with petrol sniffers outside, came back home, chucked the petrol on and lit his own wife up.<sup>28</sup>

2.30 Communities troubled with petrol sniffers can find it difficult to attract and retain essential resources and services including non-Indigenous support workers. The NPY Women's Council commented:

This is particularly so as communities become more dysfunctional. There is a circular effect; a community is in poor shape, so no-one who is very talented or thoughtful wants to work there; the place becomes more dysfunctional and open to corrupt or stupid management. Local community

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24 *Committee Hansard* 16.5.06, p.35 (Mr J Hartley – Australians for Native Title and Reconciliation SA and TAPY Inc).

25 *Submission* 36, pp.1-2 (Wuchopperen Health Service).

26 *Submission* 19, p.5 (Alice Springs Town Council).

27 *Submission* 15d, pp.3-4 (NPYWC).

28 *Committee Hansard* 16.5.06, p.35 (Mr D Colson – Turkey Bore Community).



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residents most often lack the education to enable them to take on the work themselves, are frequently open to being misled or ripped off, and so it goes on.<sup>29</sup>

### ***Impact on health costs***

2.31 Health care to treat the effects of petrol sniffing tends to be concentrated on acute hospitalisations, which often requires aerial medical evacuation. The longer term impacts of sniffing generally call for limited rehabilitative or residential care for the disabled.

2.32 In Alice Springs a Committee member, Senator Adams, visited the local health service and found 'that their emergency department had a 25 per cent increase this year in petrol-sniffing clients.'<sup>30</sup>

2.33 It has been estimated that the annual cost for institutional care for a person who has acquired permanent damage from petrol sniffing in Alice Springs is \$160 000 per annum.<sup>31</sup> It is also suggested that this figure will be far greater if care is needed in remote locations. Given that estimated numbers of sniffers in the Northern Territory alone is 600, the potential economic burden from health costs is very high.

2.34 Estimating the annual cost of health care for a sniffer with permanent disability varies considerably depending on the type and extent of care required. In May 2006, ABC *Lateline* visited St Mary's Hostel outside of Alice Springs and spoke to a 40 year old sniffer with Acquired Brain Injury syndrome who had begun sniffing at 15 and was in a wheelchair at 25 years of age.

Kumanarra wants to return to his country [Mutitjulu], but there is no-one there who can look after him. The cost of looking after Kumanarra is so expensive at times the only option has been hotel accommodation...He stayed here [local hotel] for two months at a cost of \$160 per night. The total cost of looking after Kumanarra is \$200,000 per year.<sup>32</sup>

2.35 Access Economics' cost benefit analysis report on Opal estimated that the cost of petrol sniffing in the Opal roll out region across Tennant Creek in the Northern Territory to the eastern parts of Western Australia and to the north of South Australia. It found that the net cost of the disease burden in the region was \$38.1 million with health, long-term care and rehabilitation impacts accounting for \$12 million.<sup>33</sup>

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29 *Submission 15*, p.6 (NPYWC).

30 *Committee Hansard 27.4.06*, p.78 (Senator Adams).

31 Legislative Assembly of the Northern Territory, Select Committee on Substance Abuse, *Petrol Sniffing in Remote Northern Territory Communities*, Darwin, October 2004.

32 Australian Broadcasting Corporation. *Lateline*, 'Lateline sees petrol sniffing problem first-hand', Broadcast 16.5.06, Ms R Linsdell, NPY Women's Council.

33 Access Economics, *Opal Cost Benefit Analysis*, 2006, p.iii.

### ***Impact on family and carers***

2.36 Mrs Ngitji Ngitji Mona Tur, who has been an interpreter in the Pitjantjatjara and Antikirinya/Yankunytjatjara languages for over 30 years, stated that 'petrol sniffing affects the whole family, not just the person who is sniffing.' Mrs Tur provided accounts of the struggle of Anangu families and commented 'I have seen so much destruction in my communities because of petrol sniffing. We do not want to lose our children and family to this poison.'<sup>34</sup>

2.37 The negative impact on families is significant as there are multiple and interrelated elements in play when a family member is a chronic sniffer. The NPY Women's Council elucidated on the impact:

It is the disabilities, the ongoing care, the ageing parents who are becoming disabled, frail or are dying themselves and cannot look after those kids, and the huge loss of physical and brain power across a small population. Margaret [Vice President of NPYWC] said to me this morning, 'Soon there will not be any Anangu left on the AP lands.'<sup>35</sup>

2.38 Evidence from many family members of sniffers suggests that the burden on families is not only the struggle to prevent their sons, daughters, cousins and nieces from sniffing, but also the burden of providing care to family members who have permanent brain damage acquired through sniffing.

2.39 During *Lateline's* visit to Alice Springs in May 2006, the consequences of petrol sniffing and the effect on carers and family was made clear:

I work primarily with the carers and I really see the stress and strain on carers, especially ageing carers, carers that are getting older who have enormous health problems themselves...I know of another carer who has made the decision not to go on dialysis. She is returning to her remote community. She has a 35-year-old daughter in a wheelchair as result of petrol sniffing.<sup>36</sup>

2.40 Mr Bill Edwards has lived and worked in Indigenous communities for many years and commented on the impact petrol sniffing has had on families:

Having known many of the Pitjantjatjara people of a previous generation as strong, proud and self-respecting, my concern arises from seeing many of their children and grandchildren dying or reduced to human wrecks.<sup>37</sup>

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34 *Committee Hansard* 16.5.06, pp.3–4 (Mrs M Tur).

35 *Committee Hansard* 22.2.06, p.59 (NPYWC).

36 Australian Broadcasting Corporation. *Lateline*. 'Lateline sees petrol sniffing problem first-hand', Broadcast 16.5.06, Ms R Linsdell, NPY Women's Council.

37 *Submission* 11a, p.5 (Mr B Edwards).

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## Incidence of petrol sniffing

2.41 The absence of statistical data and full and accurate records make it difficult to determine the full impact of petrol sniffing. Estimations can only be made on the number of people engaged in petrol sniffing and its true cost to the community. DIMIA and DoHA commented that:

The exact extent of the problem of petrol sniffing in the central desert region is hard to quantify. There is no national data available on petrol sniffing in remote areas. At the regional level data is collected in some communities. All the available data, whether at the broad national or regional levels, is patchy and incomplete, and often inconsistent. The various collections, moreover, are difficult to compare.<sup>38</sup>

2.42 The South Australian Government indicated that it was not aware of any data on deaths attributed to petrol sniffing that are regularly collected. The Government funds the Nganampa Health Council to undertake a survey of prevalence of petrol sniffing in the APY Lands. Twelve health surveys have been undertaken since 1984 and are the most reliable information source concerning the prevalence of petrol sniffing in South Australia.<sup>39</sup>

2.43 Access Economics estimated that across the roll out region there were 612 sniffers in 2005 of whom the majority were male. The number of chronic and occasional sniffers were about the same.<sup>40</sup>

2.44 Some estimates were provided by witnesses including the Alice Springs Council which indicated that petrol sniffing has been linked to as many as 60 Indigenous deaths in the Northern Territory in the past seven years with about 120 people in the Central Australian region suffer permanent brain damage.<sup>41</sup> Other witnesses noted the estimate reported by Coroner Greg Cavanagh in his 2005 coronial inquiry report that there are an estimated 600 petrol sniffers across the Central Desert region of the Northern Territory. DoHA and DIMIA concluded that 'in the absence of consistent accurate statistics, this is the best estimate for the region that is currently available'.<sup>42</sup>

2.45 The lack of research and consistency of data collection on petrol sniffing in Indigenous communities creates much frustration. The true extent of petrol sniffing is not known and evaluation of programs is difficult. Dr Maggie Brady, having researched Indigenous issues for many years, provided a historical perspective:

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38 *Submission 25*, p.3 (DoHA & DIMIA).

39 *Submission 29*, Additional information 16.6.06, p.1 (South Australian Government).

40 Access Economics, *Opal Cost Benefit Analysis*, 2006, p.37.

41 *Submission 19*, p.4 (Alice Springs Town Council).

42 *Submission 25*, p.3 (DoHA and DIMIA).

By the end of the eighties there were increasing pleas for help from the grassroots, together with the spread of sniffing to new areas, but there were still no dedicated staffers in any departments with knowledge of and responsibility for sniffing. There was no national cohesion, no national data collection or evidence base. There was no resource collection to distribute to communities on request.<sup>43</sup>

2.46 Witnesses commented that a lack of national data collection continues to remain as much a problem today as it was in the eighties. Mr Romlie Mokak, Chief Executive Officer of the Australian Indigenous Doctors' Association (AIDA), commented that from his experience 'there was a need for comprehensive data monitoring and surveillance systems and uniformity of collection across jurisdictions. They are the sorts of things that I think would be very useful for the committee to consider.'<sup>44</sup>

2.47 Associate Professor Ted Wilkes, Curtin University, commented on the 1998 Northern Territory coronial inquiry into the death of a 14-year-old boy from petrol sniffing:

A key recommendation made by Coroner Donald was that any death connected to petrol or another inhalant be reflected in the death certificate and autopsy report. However, it appears the opinion of workers in the field is that such reporting is not being carried out in a consistent manner throughout the country. Consequently, there is no reliable statistical data on inhalant related deaths.<sup>45</sup>

2.48 The South Australian Government also commented on the difficulty in establishing the number of deaths due to petrol sniffing and the use of death certificates. It noted that the condition directly leading to death described on the relevant death certificate may not describe any involvement with petrol sniffing 'as this is up to the discretion of the doctor'. There is scope for secondary and supplementary 'antecedent causes' to be listed as factors consequential to the direct cause of death on the certificate 'but again this is at the doctor's discretion'.<sup>46</sup>

2.49 The absence of nationally consistent reporting removes the opportunity of evaluation, information sharing and the identification of trends in Indigenous populations around Australia. Dr Elizabeth Chalmers from the Australian College of Rural and Remote Medicine commented:

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

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43 *Committee Hansard* 27.4.06, p.12 (Dr M Brady).

44 *Committee Hansard* 27.4.06, p.37 (AIDA).

45 *Committee Hansard* 20.2.06, p.26 (Prof T Wilkes).

46 *Submission* 29, Additional information 16.6.06, p.1 (South Australian Government).

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learnt are lost...a well-constructed and tested data collection across jurisdictions for monitoring is needed...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.<sup>47</sup>

2.50 The significant limitations of data collections in relation to Indigenous people have been recognised by organisations reporting on a range of health and welfare indicators. The Steering Committee for the Review of Government Service Provision reports on key indicators of Indigenous disadvantage. The report involves an Indicators Framework, and in order to measure progress against these benchmarks, accurate data collection is essential. The report indicates priority areas for data improvement.

2.51 In its 2005 report, the Steering Committee noted that the data was limited because of variability of the identification of people as being of Indigenous origin, both across data collections and over time. The Steering Committee also noted that there is limited data on Indigenous drug use and indicated that a priority area was more robust data by jurisdictional and geographic areas on alcohol and tobacco consumption and drug and other substance use. The Australian Institute of Health and Welfare (AIHW) is 'currently undertaking work to evaluate the different existing data sources that can provide information on substance use among Indigenous people to assess where the gaps are'.<sup>48</sup>

2.52 In 2005, the AIHW produced its second report against Aboriginal and Torres Strait Islander health performance indicators which included information on determinants of health – risk markers (such as smoking prevalence, alcohol consumption) and outcomes for people (such as hospitalisation ratios, mortality ratios). The AIHW stated that a common problem with the data was the poor quality of information particularly in identification of Indigenous people in birth and death registrations, primary health care service records and hospital records. AIHW noted that the Australian Health Ministers' Advisory Council (AHMAC), through its Standing Committee on Aboriginal and Torres Strait Islander Health and the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, 'is actively supporting data development work to improve the quality of key health performance indicators'.<sup>49</sup>

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47 *Committee Hansard* 21.02.06, pp.10–11 (Dr E Chalmers).

48 Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage, Key Indicators 2005*, p.8.22.

49 Australian Institute of Health and Welfare, *National summary of the 2003 and 2004 jurisdictional reports against the Aboriginal and Torres Strait Islander health performance indicators*, March 2006, p.iii.

## Conclusion

2.53 Over the past 20 years, much research and discussion has focussed on the reasons why people sniff and the impact of petrol sniffing on both the individual and communities. The evidence received by the Committee echoed the research already undertaken and again pointed to the multiple causes of petrol sniffing including hunger and poverty, boredom and lack of meaningful employment opportunities. Petrol sniffing not only effects individuals physically as it causes aggression, delirium and psychosis but also causes disruption to family and community life. Some communities have become so dysfunctional that they have difficulty retaining support workers.

2.54 Concern was expressed that if the many causes of petrol sniffing are considered together, the problem may seem insurmountable. The Committee recognises that the underlying causes of poverty, disadvantage and despair urgently need to be addressed but smaller scale interventions can make a real and substantial difference.

2.55 The extent of petrol sniffing and its impact on the health of users is difficult to ascertain. The datasets are limited with identification of Indigenous people a major problem in key health and welfare data sets. The inclusion of information on inhalant abuse on death certificates and autopsy reports as recommended by the Northern Territory coroner in 1998 could provide a significant source of information on inhalant-related deaths but it appears that this recommendation has not been taken up in a consistent manner.

2.56 The Committee considers that without accurate data, there can only be an estimation of the incidence of petrol sniffing and limited evaluation of the impact of programs to stop petrol sniffing and to address the underlying causes of substance abuse such as poverty.

### Recommendation 4

**2.57 That the Australian Health Ministers' Advisory Council through the Standing Committee on Aboriginal and Torres Strait Islander Health and the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, work to improve data collection on substance abuse including petrol, by Indigenous people as a matter of priority**

### Recommendation 5

**2.58 That State and Territory Registrars of Births, Deaths and Marriages require that, where abuse of petrol or other inhalant is a contributing factor to a death, the inclusion of inhalant abuse and the type of inhalant used be recorded on death certificates as recommended by the Northern Territory Coroner in 1998.**