

Whole of Strategy Evaluation of the Petrol Sniffing Strategy:

***Future Directions for the PSS***

Final Report

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**Contents**

Acronyms 5

Executive Summary and Proposed New Directions 7

1 The Petrol Sniffing Strategy 11

1.1 Background 11

1.2 History of the government response to petrol sniffing 11

1.3 The Petrol Sniffing Strategy 12

1.4 Scope of the PSS 13

1.5 Delivery of the PSS 14

2 Evaluation Scope and Approach 16

2.1 Scope 16

2.2 Current extent of petrol sniffing 17

2.3 Overview of the report 17

3 Implementation of the Eight Points 19

3.1 Consistent legislation 19

3.2 Appropriate levels of policing 21

3.3 Further roll-out of Low Aromatic Fuel 23

3.4 Alternative activities for young people 28

3.5 Treatment and respite facilities 34

3.6 Communication and education 36

3.7 Strengthening and supporting communities 39

3.8 Evaluation and monitoring 42

3.9 Implementation at the regional level 47

4 Whole of Strategy Issues 49

4.1 Leadership and governance 49

4.2 National management - the Petrol Sniffing Strategy Unit (PSSU) 52

4.3 Cross-Jurisdictional relationships 54

4.4 Clarity on the goals and scope of the PSS 59

4.5 PSS Zones 60

4.6 Scope of the PSS 62

4.7 Costs and funding processes 62

5 Conclusions – Impact of the PSS 65

6 Future Directions for the PSS and Control of Petrol Sniffing 67

6.1 A new Remote Indigenous Youth Strategy 67

6.2 Continuation of the PSS 68

6.3 Changes to the focus and scope of the PSS 69

6.4 A new structure for the PSS 71

6.5 Improving delivery of the PSS 75

6.6 Suggested priorities into the medium term 78

Bibliography 82

APPENDIXES 83

Appendix A: List of Stakeholders Consulted 84

Appendix A : Interview Guides 90

# Acronyms

**AGD** Attorney-General’s Department

**AIATSIS**  Australian Institute of Aboriginal and Torres Strait Islander Studies

**AMS** Aboriginal medical service

**AOD** Alcohol and other drugs

**APY** Anangu Pitjantjatjara Yankunytjatjara

**CAAPs** Council for Aboriginal Alcohol Program Services

**CAPSSU**  Central Australian Petrol Sniffing Strategy Unit

**CAYLUS**  Central Australia Youth Link Up Service

**CJF**  Cross-Jurisdictional Forum

**COAG**  Council of Australian Governments

**DASA**  Drug and Alcohol Services Association

**DEEWR**  Department of Education, Employment and Workplace Relations

**DoHA** Department of Health and Ageing

**DOU**  Dog Operations Unit

**EKYSN**  East Kimberley Youth Services Network

**EL2**  Executive Level Two

**FaHCSIA**  Department of Families, Housing, Community Services and Indigenous Affairs

**GBM** Government Business Manager

**ICC**  Indigenous Coordination Centre

**ICSI**  Indigenous Communities Strategic Investment Program

**IYSP**  Integrated Youth Services Project

**LAF**  Low aromatic fuel

**MEP**  Monitoring and Evaluation Plan

**NHMRC** National Health and Medical Research Council

**NPY**  Ngaanyatjarra Pitjantjatjara Yankunytjatjara

**NTER**  Northern Territory Emergency Response

**PSS**  Petrol Sniffing Strategy

**PSSU** Petrol Sniffing Strategy Unit

**RAPOVAPS**  Remote Areas Petrol and Other Volatiles Abuse Prevention Strategy

**ROC**  Regional Operations Centre

**RULP**  Regular Unleaded Petrol

**SAID**  Substance Abuse Intelligence Desk

**SES**  Senior Executive Service

**SES SC** Senior Executive Service Steering Committee

**TFS**  Targeted Funding Scheme

**VSU**  Volatile substance use

**WOSE**  Whole of Strategy Evaluation

# Executive Summary and Proposed New Directions

This Whole of Strategy Evaluation (WOSE) is a high-level strategic review of the implementation of the Petrol Sniffing Strategy (PSS) since its establishment. Its purpose is:

*… to evaluate the effectiveness, appropriateness, sustainability, impact and continuing relevance of the Petrol Sniffing Strategy (PSS) as a way of coordinating government effort on petrol sniffing.*

This evaluation was expected to:

* focus on activities at the whole-of-strategy level including the effectiveness of the PSS as a whole-of-government framework
* consider the appropriateness and effectiveness of the current components and their geographic scope[[1]](#footnote-1), and
* determine the effectiveness, impact and continuing relevance of the PSS as a way of coordinating government effort on petrol sniffing.[[2]](#footnote-2)

In line with a ‘Whole of Strategy’ evaluation, the focus of this evaluation is on the management and implementation of the PSS (the Eight Point Plan to control petrol sniffing), on the extent to which it has been coordinated at the ground level, and on its impact at a broad level. Importantly, evaluation was not intended to “…re-examine each component in detail but examine how the combined effort of all components has worked holistically to achieve outcomes.” Nor was it required to assess the current level of sniffing.

**Key Findings and Conclusions**

Overall, and particularly through the roll out of low aromatic fuel (LAF) and youth services, the PSS has achieved a dramatic reduction in the prevalence of sniffing across much of remote Australia. There have been a number of benefits from having a PSS including:

* providing a shared framework for the content and management of the response to sniffing
* being a focal point for investment by agencies, and leveraging other relevant programs and funds to address sniffing-related issues
* reflecting the complex nature of petrol sniffing, and
* being a visible demonstration of governmental action to stakeholders.

In regard to the Eight Points that make up the PSS we found that:

* the lack of a **uniform legal framework** to control sniffing has not been a significant obstacle. The work done under this element is useful, but does not justify it being a major focus of the PSS
* the focus on **appropriate levels of policing** reflected concerns at the PSS’ establishment that there was insufficient police in many remote areas. This has since been addressed by state/territory governments (independently of the PSS). It therefore should not be a strategic focus of the PSS and the emphasis should now move to ensuring that police have appropriate skills and training to support communities and individuals who prevent and control sniffing.
* the further **roll out of LAF** is vital and has been a dramatic success in reducing sniffing. The provision of LAF should continue as the foundation of the PSS. There remain concerns held by some in the community about the impact of LAF on cars and small engines, which should be addressed, especially in the light of legislation before Parliament which will provide the option to mandate the use of LAF in some areas.
* the funding of **alternative activities for young people** has also made a major contribution to controlling sniffing. The major issue arising from this evaluation is that the scale of need for such services far outweighs the likely capacity of the PSS to deliver. We therefore propose that the Government establish and fund a comprehensive new program to address the needs of remote Indigenous youth. Such a program should be a multi-agency initiative but with clear leadership from one Australian Government department.
* action on **treatment and respite** facilities has been limited. This largely reflects ongoing ambiguities about the role of governments in funding such services, debate about what an appropriate service response should be, and difficulty sustaining services. This should continue as part of the new PSS but re-defined to encompass a wider set of possible responses.
* **communication and education** about the PSS and LAF has generally been effective, however as noted above there remain many unconvinced about the need for and risks of LAF.
* despite agreement about the importance of **strengthening and supporting communities** the purpose and content of this point has not been clear. In practice many of the other points have contributed to community resilience. The new PSS should continue a focus on community but with more identifiable actions.
* there has been a sustained focus on **evaluation and monitoring** of the PSS over its life, culminating in this evaluation. This activity has included evaluations of projects, conduct of research, monitoring activity and data collections. In a new PSS this work should continue but be enhanced by greater effort on ensuring lessons and insights are disseminated and incorporated into practice, and to encourage innovation in delivery.

A number of issues were identified that cut across the Eight Points and affect delivery of the PSS overall. These were:

* **leadership and governance** of the PSS has generally been good, but varied in the level of ‘seamless’ delivery over time. An early, highly integrated approach has given way to a more lightly coordinated approach by agencies and uncertainties at time over responsibilities. The commitment to a coordinated, consultative approach by the four main agencies should be re-affirmed and responsibilities clarified.
* **national management**, through the Petrol Sniffing Strategy Unit within FaHCSIA has generally been effective but needs improvement and greater capacity to guide the PSS strategically.
* although intended as a multi-government response the strength **of cross-jurisdictional relationships** has varied, with regular communication and coordination only re-starting recently after a gap of some years.
* the **PSS Zones** have been core element of the PSS since its establishment, helping to define the geographic scope of the strategy. Over time, the Zones have become progressively less relevant as some agencies have correctly moved outside them to address emerging needs. They are now redundant and complicate management of the PSS.
* the **scope of the PSS** has remained focused on petrol, however it has been increasingly recognised that petrol sniffing cannot be addressed in isolation and a number of activities have recognised this at both local and national levels. The complex poly-drug environment should be explicitly recognised in the new PSS.
* not surprisingly, the **funding arrangements** for the PSS vary across the agencies. Agency staff in central, state and regional offices have worked hard to support and facilitate the provision of services through the PSS, often under challenging circumstances. Many successful projects have been supported and made a real impact. However, there are some challenges to ensure that funds match the varying level of need and to coordinate the roll out of LAF with complementary services as originally expected.

**Future Directions for the PSS**

In the light of these findings we propose the following future directions for the PSS.

**Proposed New Direction 1: The Australian Government establish a national multi-agency Remote Indigenous Youth Strategy to address the severe disadvantages and challenges faced by remote Indigenous youth. One agency should have designated leadership of the strategy.**

**Proposed New Direction 2: The PSS should continue as a national strategy, with changes suggested in this report**

**Proposed New Direction 3: The PSS be broadened to include other volatiles, while keeping a primary substance focus on petrol and on remote areas and, where appropriate, relevant regional centres.**

**Proposed New Direction 4: The PSS engage other agencies as appropriate to achieve its goals.**

**Proposed New Direction 5: The PSS be renamed to reflect its focus on broader volatiles, remote areas and prevention.**

**Proposed New Direction 6: The PSS be restructured to have five elements of:**

1. **Supporting communities to prevent and control sniffing and its consequences**
2. **Supporting individuals to stop sniffing**
3. **Providing low aromatic fuel**
4. **Building and disseminating the evidence base**
5. **Leadership and coordination**

**Proposed New Direction 7: Project funding be directed primarily to those regions currently or planned to receive LAF and reflect the needs of the region.**

**Proposed New Direction 8: The role and composition of the Cross-Jurisdictional Forum be revised to focus it on discussions of strategic directions.**

**Proposed New Direction 9: AGD’s funding for petrol sniffing projects be transferred to FaHCSIA and managed through its programs, in conjunction with the Targeted Funding Scheme (TFS).**

**Proposed New Direction 10: A Strategic Plan be prepared to guide the PSS.**

**Proposed New Direction 11: The PSSU be given additional resources to allow it to undertake the leadership of the PSS and implement the changes proposed by this evaluation.**

**Proposed New Direction 12: Clarify leadership arrangements for the PSS.**

# The Petrol Sniffing Strategy

## Background

Petrol and other volatile substances contain hydrocarbons. The inhalation of these hydrocarbons produces intoxication. The sniffing of petrol and other volatiles is acknowledged to be an activity that can have severe consequences on the user’s physical and mental health. When widespread sniffing occurs in remote Indigenous communities it also has profoundly negative impacts on the quality of life for all community members as many people fear the aggression shown by sniffers, and despair that they cannot stop their young people from participating in such a damaging practice. At times in the 1980s and 90s there were remote communities where sniffing reached epidemic proportions, with almost all young people sniffing at varying degrees of frequency. Many have died, and others have permanent brain damage. This not only affects the lives of the affected individuals and their families but the future of communities that lose potential leaders.

Even though the absolute numbers sniffing may be small they can have a dramatic impact. The Comgas Evaluation in 2004 (page 10) concluded that:

At a population level, the percentage of Aboriginal and Torres Strait Islander people who sniff petrol is relatively small. Nevertheless, in those communities in which sniffing is endemic, especially in small communities, the proportion of sniffers is high and the impact of their sniffing activity is far greater than their numbers would suggest (for example, five chronic sniffers can cause havoc in community of 400 people)

Sniffing petrol reduces engagement in education, employment or other productive activities and creates substantial direct and indirect costs. For example, in 2010 the prospective costs of sniffing over 25 years were estimated at $1,708 million. (SA Centre for Economic Studies, 2010) Of this, the cost to sniffers (in mortality, morbidity and employment costs) was estimated to be $1,014 million, to Government of $471 million and to communities of $223 million.

The causes of sniffing are complex and still debated (d'Abbs & MacLean, Volatile Substance Misuse: A Review of Interventions, 2008). However, it is generally agreed that a major factor influencing the behaviour is the level of positive engagement by young people with their families, communities and broader society. As one review concluded:

Working with young people to enhance their opportunities, identify and fulfil their potential capacities in a spirit of confidence, optimism and resilience, creates the conditions under which people are most likely to make their own decision not to misuse inhalants or any other drugs. (d'Abbs & MacLean, Volatile Substance Misuse: A Review of Interventions, 2008, p. p.126)

The persistent harms caused by petrol sniffing have prompted intervention by all levels of government.

## History of the government response to petrol sniffing

The Australian Government has actively tried to address petrol sniffing in Indigenous communities since 1998. In that year, the *Comgas* Scheme was established to provide a subsidised low aromatic fuel (LAF) to registered Indigenous communities as a replacement for standard petrol.

In 2004 BP Australia, working in conjunction with the Commonwealth Department of Health and Ageing (DoHA) and the Australian Institute of Petroleum, developed a new fuel designed for the specific needs of the Scheme. Unleaded low aromatic fuel (branded as “*Opal*”[[3]](#footnote-3)) was launched in February 2005, replacing the supply of Avgas. As a vehicle fuel LAF performs similarly to regular unleaded petrol (RULP) in terms of economy and efficiency, but it is more expensive than RULP to produce and (in some areas) to distribute. Accordingly the Government decided to subsidise production and distribution of LAF as a harm minimisation and supply reduction strategy. The subsidy ensures that consumers pay the same amount for LAF as for regular unleaded fuel.

In 2005 the Commonwealth Budget provided $9.6 million, over four years, to expand the Comgas scheme (later renamed the Petrol Sniffing Prevention Program). Subsidised LAF fuel would now be made available to Indigenous communities, roadhouses, petrol stations and other relevant fuel outlets on a regional basis. This was the beginning of what is now known as the Petrol Sniffing Strategy (PSS).

In September 2005 the Australian Government gained the support of the state/territory governments of South Australia (SA), Western Australia (WA) and the Northern Territory (NT) for an “Eight Point Plan” to combat petrol sniffing and it announced the allocation of a further $9.5 million over two years. The Eight Point Plan outlined what was needed for a comprehensive approach to addressing sniffing issues. The aim of this coordinated approach was to assist Indigenous communities to address the causes, as well as the practice of petrol sniffing.

In May 2006 the Australian Government allocated a further $55.1 million, over four years, for the Eight Point Plan to be delivered in the Central Desert Region, and also for a regional approach in certain other areas. The new regions involved an expansion of the original Central Desert Region, parts of Queensland and the East Kimberley (added in early 2007). In July 2006 a further $12 million was provided over three years commencing in 2007-08 to support the rollout of low aromatic fuel to Alice Springs. In 2007-08 the PSS was made an ‘ongoing program’. In the 2010-11 Budget further provision of $38.5 million was made to expand the rollout of low aromatic fuel to at least an additional thirty nine sites in northern Australia.

## The Petrol Sniffing Strategy

The ‘Eight Point Plan’ agreed to in September 2005 became the basis for the Petrol Sniffing Strategy. The eight points were as follows:

* Consistent legislation
* Appropriate levels of policing
* Further roll out of low aromatic fuel
* Alternative activities for young people
* Treatment and respite facilities
* Communication and education strategies
* Strengthening and supporting communities
* Evaluation.

The broad objectives of the PSS are:

* to reduce the incidence and prevalence of petrol sniffing in the PSS Zones by addressing the complex mix of interrelated causes and contextual factors contributing to this activity
* to reduce the impacts of petrol sniffing on individuals and communities in the PSS Zones
* to evaluate the effectiveness of a regional and comprehensive response to petrol sniffing, and
* to determine whether and how it might usefully be expanded to other regions with similar issues.

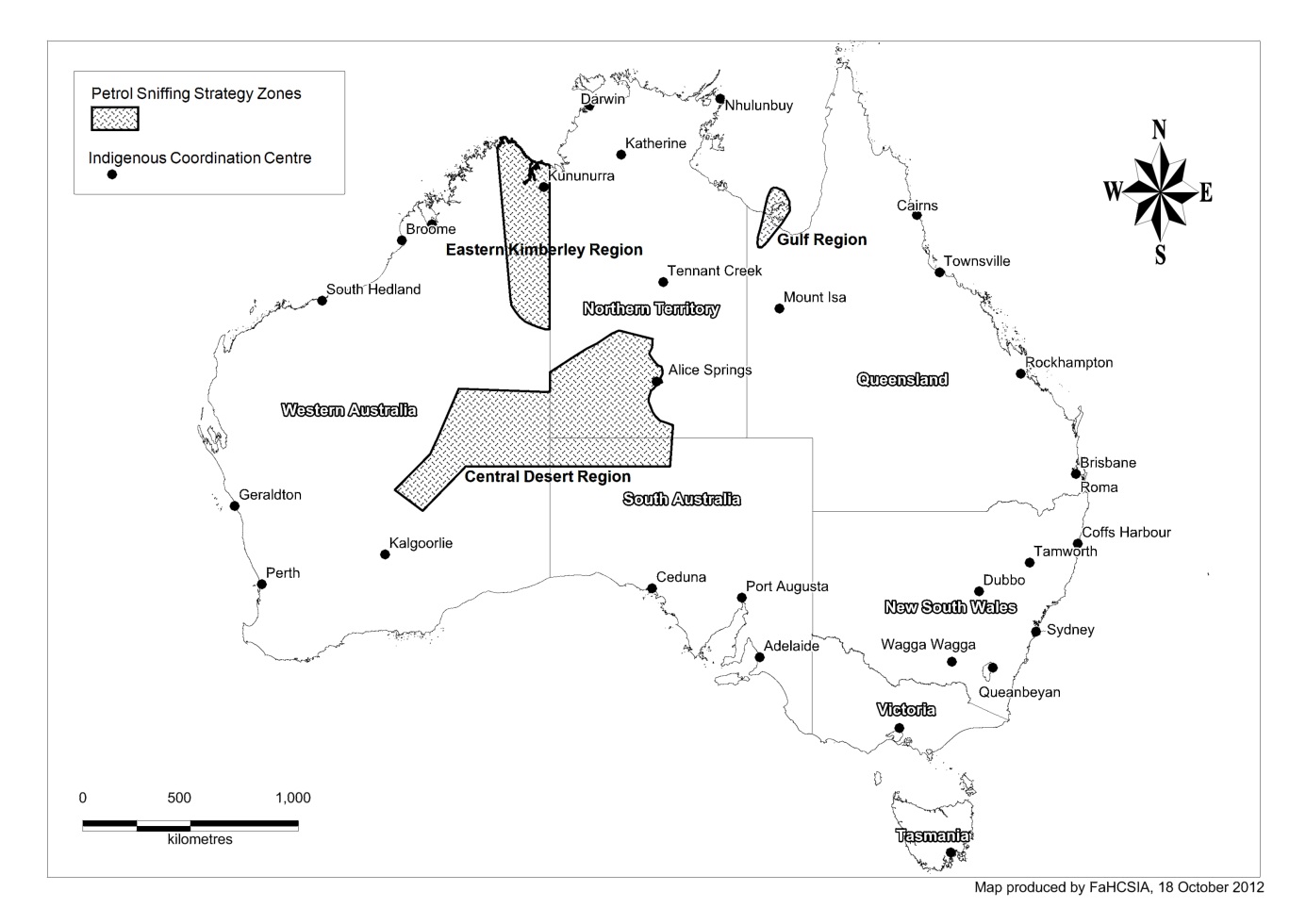
## Scope of the PSS

Geographically, the PSS is focused on reducing the incidence and impact of petrol sniffing in a number of areas in remote Australia (see Figure 1). These areas are the designated PSS ‘Zones’ of:

* the remote cross-border region in central Australia, covering the Ngaanyatjarra Lands in Western Australia (WA), the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia (SA) and the communities of Docker River, Imanpa, Mutitjulu and Apatula in the Northern Territory (NT)
* the expanded Central Australian region, incorporating the Alice Springs township, communities to the west and north of Alice Springs and the Top End of the NT
* Doomadgee and Mornington Island in the Southern Gulf area of Queensland (QLD), Cairns and the Cape York Region, and
* Western Australia - East Kimberley region.

In recent years the PSS has extended its reach beyond the Zones - supporting activities to control sniffing in other regions such as the Top End of the NT, Cairns, Cape York and the Pilbara. This expansion is discussed further in Chapter 4.

Figure : Map of PSS Zones



Source: FaHCSIA

## Delivery of the PSS

### Management

Within the Australian Government, responsibility for the PSS is shared across the following four Australian Government departments:

* the Department of Families and Housing Community Services and Indigenous Affairs (FaHCSIA) funds a number of youth and community programs, is responsible for respite services, the evaluation of the PSS, the legal framework for the PSS and coordination·
* the Department of Health and Ageing (DoHA) funds the provision of low aromatic fuel, supports communication activities, and treatment
* the Attorney-General's Department (AGD) supports a number of youth diversion activities, and
* the Department of Education, Employment and Workplace Relations (DEEWR) funds some initiatives in the area of youth.

Findings on the management of the PSS are in chapter 4.

### Funding

Since the start of the PSS the Australian Government has funded actions to control petrol sniffing through a number of programs. The largest contribution has been through various specific PSS programs in each agency. Since 2004-5 over $80 million has been spent through these programs, and the expenditure by agency over this time is shown in Figure 2. As can be seen DoHA accounts for the majority of expenditure, mainly on LAF (around $42 million or over half the total expenditure by agencies).

Figure : Expenditure on the PSS 2004-05 to 2011-12

Source: relevant agencies’ internal data

In addition to this expenditure directly through the PSS, agencies have utilised a number of other funding sources to support petrol sniffing-related activities, and address the underlying causes of volatile substance use (VSU). Other programs that have contributed significantly to PSS outcomes (but are not the subject of the this evaluation) include Youth in Communities, Youth Alcohol Diversion, Substance Abuse Intelligence Desks, Substance Misuse Service Delivery Grants Fund, Shared Responsibility Agreements and the Strategic Intervention funding. Overall, the greatest share of expenditure has been in the NT and WA. Overall departments estimate that around $213 million has been expended during the period 2004/05 – 2011/12.

# Evaluation Scope and Approach

## Scope

Since its establishment the overall PSS and its elements have been subject to a number of evaluations. These are described in Section 3.8. The focus of this evaluation is at the ‘strategy’ level. As described in the Request for Tender (RFT) its purpose is:

*… to evaluate the effectiveness, appropriateness, sustainability, impact and continuing relevance of the Petrol Sniffing Strategy (PSS) as a way of coordinating government effort on petrol sniffing.*

*It will draw together monitoring information, research, implementation review/s, individual component evaluations and baseline data and examine how all the components interact to achieve the aims of the PSS.*

*This evaluation is expected to:*

* *focus on activities at the whole-of-strategy level including the effectiveness of the PSS as a whole-of-government framework*
* *consider the appropriateness and effectiveness of the current components and their geographic scope, and*
* *determine the effectiveness, impact and continuing relevance of the PSS as a way of coordinating government effort on petrol sniffing.*

In line with a ‘Whole of Strategy’ evaluation, the focus of this evaluation is on the management and implementation of the PSS, on the extent to which it has been coordinated at the ground level, and on its impact at a broad level. Importantly, the evaluation was not intended to re-examine each component in detail but examine how the combined effort of all components has worked holistically to achieve outcomes.

The evaluation was also designed to investigate how well components of the PSS interact at a specific location, whether it is effective and sustainable at the regional level and how effective the partnership approach is at the whole of government level. This has been achieved through conducting two case studies of implementation on the ground in the East Kimberley, and Ngaanyatjarra Lands – both in Western Australia. These areas were chosen because of their distinctly different histories and responses to sniffing.

Overall, the focus of the evaluation is analysing the conduct and achievement of the PSS in order to provide guidance on the future management and structure for the PSS. Methodology

The evaluation has been managed by FaHCSIA, and guided by an Evaluation Advisory Group with representation from each partner agency. This group has met regularly during the course of the evaluation.

The first stage of the evaluation was to review program documentation including:

* evaluation reports of the various elements of the PSS
* the research compendium, produced in 2010 which synthesised a number of evaluations and research studies generated through the PSS
* minutes of the various coordinating committees and groups including the SES Steering Committee, the EL2 Committee, the Cross-Jurisdictional Forum and other ad hoc groups
* other documents such as clinical guidelines, guidelines for funding programs such as the Targeted Funding Scheme (TFS) and a sample of applications
* transcripts and some submissions to the Senate Inquiry into Low Aromatic Fuel (which occurred during fieldwork for the evaluation), and
* other internal working documents and data.

This material was reviewed, entered into Nvivo™ software for analysis, and used to identify issues for follow-up in interviews with stakeholders.

The second phase was a series of meetings and interviews with Australian Government staff. These included both staff currently involved with the PSS and those involved at its establishment. These interviews were conducted using a standard, structured interview guide to ensure a consistent approach to gathering information. This guide was developed in consultation with all evaluation stakeholders. Notes were made at the time, and then entered into computer files, with one file for each interview and included in Nvivo for analysis. A list of those interviewed is at [Appendix A](#_Appendix_A:_List).

A similar process then occurred with interviews of service providers, advocacy bodies, other experts and staff of state/territory governments to gather their views on the PSS. Appendix A contains the guides used in these interviews.

The third stage was to conduct case studies in two regions that had received services through the PSS. Evaluators viewed service level reports and visited both of these regions to interview community members, service providers and locally based government officials. The purpose of this fieldwork was to focus on how well components of the PSS interact at specific locations, to learn from similarities and differences on how the PSS has been implemented in the two regions, and whether it is effective and sustainable at the regional level, and how effective the partnership approach is at the whole of government level.

The data collected has been analysed for its contribution to the themes of the evaluation, and into the components of the Eight Point Plan.

## Current extent of petrol sniffing

This evaluation has not attempted to assess the current level of sniffing, as it is a complex and resource intensive task.

There is a separate research project to determine the current extent of sniffing in a sample of forty communities across Australia currently underway that is funded by DoHA as a part of the evaluation of the impact of LAF. This project will not give a final report until 2014. Interim data has not been made available to this evaluation.

Therefore, we have limited discussion of levels of sniffing to the results of previous (2008) research and on current perceptions of sniffing by a number of stakeholders.

## Overview of the report

This report is in four main parts:

* Chapter Three summarises progress made in regard to the implementation of each of the individual eight points of the PSS. In each section we present an overview of activities undertaken, as well as findings on delivery and impacts. This summary is based largely on previous evaluations and information from the case studies
* Chapter Four discusses a number of issues that relate to the PSS as a whole, such as scope, leadership and governance of the PSS, the role of the Zones and funding arrangements
* Chapter Five provides some overall conclusions about the benefits and impacts of the PSS, and
* Chapter Six describes the proposed new directions for the PSS.

# Implementation of the Eight Points

*The purpose of this Chapter is to summarise progress made in regard to the implementation of each of the individual eight elements of the PSS. In each section we present an overview of activities that were undertaken, as well as findings on delivery and impacts. This summary is based on review of previous evaluations, review of documentation and information from the case studies.*

## Consistent legislation

### Description of the element

The purpose of this element has never been clearly articulated in detail.[[4]](#footnote-4) PSS documents have varyingly described it as a “uniform legal framework” or “consistent legal framework”. Its origins appear to lie in recognition of the importance of laws and law enforcement in the response to volatile substance use (VSU), and a desire on the part of families, communities and service providers to find legal mechanisms that would help stop young people sniffing, whilst not necessarily incurring a criminal record for the sniffer.

An additional impetus for the legislative consistency point in the Eight Point Plan was the introduction of the Volatile Substance Abuse Prevention Act 2005 (VSAP) in the NT. This legislation was enacted to meet the challenges faced by both police and service providers in dealing with behaviour that is not illegal, and a substance, which is legal and is, moreover, an indispensable part of everyday life. Early feedback from the implementation of the NT legislation was very positive. (AIATSIS, 2010, p. 25)

### Implementation and activity

There have been two major activities conducted under this element of the PSS.

The 2006 report of the Community Affairs Reference Committee of the Senate, *Beyond Petrol Sniffing – Renewing Hope for Indigenous Communities* (referred to in this section as ‘the Senate report’) proposed that “the Attorney General’s Department, with the cooperation of the State and Territory Governments, conduct an audit of current legislation used to police and combat petrol sniffing with a view to ensuring a consistent and cooperative approach in legislation across all jurisdictions by 2008.” (p. 57).

AGD subsequently funded a “desktop analysis” of all legislation used to police and combat petrol sniffing (del Villar, 2008). The analysis examined the different approaches taken by state/territories to legislate in regard to petrol sniffing and VSU. It addressed issues of:

* the definition of volatile substances
* whether it is an offence to inhale or possess volatile substances
* offences of sale or supply of petrol and volatile substances
* police powers and reporting requirements
* involuntary treatment of chronic substance abusers, and
* involvement of Aboriginal communities in managing sniffing.

The analysis considered the various pieces of legislation and commented on the effectiveness of the different approaches taken. This analysis report was not circulated to state/territories.

The second major activity in the element was to commission the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) to undertake research into existing legislation relating to petrol sniffing in the jurisdictions where the PSS is implemented; WA, SA, NT and QLD. The AIATSIS study considered the report on the desktop analysis and used this to inform consultations with stakeholders in a number of states/territories. The study, completed in March 2010, sought to examine the effect of different legislative frameworks across jurisdictions. [[5]](#footnote-5)

The study found that:[[6]](#footnote-6)

* there are no major adverse impacts from inconsistencies in existing legislation that need to be addressed by the introduction of consistent legislation relating to volatile substance use
* the vast majority of stakeholders are satisfied with the legislative tools currently at their disposal
* jurisdictions reported that they had the power to mandate treatment, but that these were not used because of the lack of services to which sniffers could be sent
* stakeholders recognise that legislative frameworks are fundamental tools in the response to volatile substance use, and
* stakeholders identify the following issues as critical to the successful and sustained reduction of levels of volatile substance use in Indigenous communities:
  + strategies to reduce the supply of intoxicating substances, and
  + access to good quality services such as rehabilitation and diversionary programs (including youth services).

### Findings

This element has not been a major priority of the PSS, and there has been relatively little work on this element.

In our fieldwork there was a clear consensus across all stakeholders that achieving ‘uniformity’ was not the issue and would not offer a good return for effort. Instead, the challenge was to establish legal frameworks that suited the local context. As one state/territory officer put it:

It is difficult to mandate a single approach. What is needed is a good framework each jurisdiction can work within according to its own needs

Fieldwork in the case study areas identified some common issues such as:

* confusion about what the actual legal framework was in the region, leading to differing views on, for example, the ability of police to intervene
* lack of treatment services which sniffers could be mandated to attend, and
* concerns about a general perceived inability of community services or police to intervene with people known to be sniffing, but not breaking any law.

In addition, some of the work that has been done has not been broadly circulated. For example, the desktop analysis of legislation was not distributed to jurisdictions for comment on the basis that it was legal advice. This is unfortunate as it may have assisted jurisdictions in their consideration of changes to their legal framework.

### Conclusions

Improving the legal framework for petrol sniffing should remain an area for action within the PSS as part of helping communities deal with sniffing. There are issues to be addressed to ensure that there is a sufficiently strong and clear legal framework in all jurisdictions. We reiterate the findings of the PSS Compendium[[7]](#footnote-7) that the priority for legislative change may be to strengthen existing legislation and support agreed best practice, rather than uniformity.[[8]](#footnote-8)

Whilst acknowledging that further work needs to occur at the state/territory levels, our fieldwork and previous evaluations suggest that the lack of a uniform legal framework for sniffing does not appear to constitute a significant obstacle to controlling and preventing sniffing. It is therefore not justified as a major element of the PSS. Accordingly, we will propose that the element be removed as a major, strategic focus of the PSS, and viewed more as a part of strengthening and supporting communities to respond to sniffing issues and possibly to support the future mandated provision of LAF.

As a starting point for action, we suggest the issues raised by the analysis of legislation be summarised and circulated to states/territories for their consideration.

## Appropriate levels of policing

### Description of the element

According to an early evaluation, ‘Appropriate levels of policing’ was understood as a state/territory responsibility, and no specific funding under the Eight Point Plan was allocated for this purpose. FaHCSIA has overall responsibility for this aspect of the PSS. (Urbis, 2008, p. 36) Although not specifically documented, the element’s inclusion probably reflected recognition that effective policing would be essential to control sniffing. In one review of evidence for petrol sniffing interventions (d'Abbs & MacLean, Volatile Substance Misuse: A Review of Interventions, 2008) the authors concluded:

In order for law enforcement agencies to work effectively against VSU, a number of pre-conditions must be met. These include an adequate police presence... (p.xx)

### Implementation and activity

The major activity under this element has been funding for Substance Abuse Intelligence Desks (SAID). Although the funding for these is now provided through COAG, the initiative was first funded through the PSS.

These desks are located in Alice Springs and Katherine with Dog Operations Units in Alice Springs, Katherine and Darwin. A SAID officer has also been placed at Marla (SA).

The role of the SAIDs is to:

* gather intelligence on suppliers and criminal networks
* coordinate policing operations in the tri-state region of NT, SA, WA and the Top End targeting traffickers of drugs, alcohol, petrol, kava and other illicit substances
* conduct covert and overt enforcement and disruption activities
* pursue traffickers under proceeds of crime legislation to strip them of their money and assets, and
* work with partner agencies including health, youth workers, women’s councils, communities about the role of the SAID and dangers of alcohol and substance abuse, and promote the Indigenous Family Safety Agenda and youth initiatives.

The work of the SAID is supported by dog operations units.

Funding to establish the SAID was provided to FaHCSIA through the PSS in 2005. Further funding was provided in 2006 for two additional drug detection dog teams through a Council of Australian Governments (COAG) measure following the Inter-governmental summit on violence and child abuse in Indigenous communities.

The program was very successful, was extended to SA and WA and became a separate program.

### Findings

The operations of the SAID were not included in this evaluation. However, feedback from stakeholders spoken with during the evaluation was positive about the impact of their operations.

Apart from the role in funding the SAID desks, the PSS’ role in policing has been acknowledged as unclear by Australian Government staff. Community policing is a state/territory responsibility and the Australian Government and PSS have little direct influence over the level or location of police, which are influenced by many other factors. Government stakeholders considered this element was at the ‘operational’ rather than ‘strategic’ level and could be given less profile. In 2010 the SES Steering Committee (SC) considered policing did not need particular attention.

Another reason for the relative lack of activity is that, since 2006, there appears to have been a substantial increase in the level of policing activity in remote areas driven by state/territory and Commonwealth (i.e. NTER) priorities. Stakeholders advised of new police stations, with expanded staffing, in a number of areas experiencing sniffing. This was apparently due to a concern in several jurisdictions to address a number of law enforcement issues, and not just VSU.

Case study fieldwork confirmed the views of those with experience in the field that police can play an important role in controlling VSU. We heard a number of examples of police coordinating with local community services and leaders to tackle sniffing, for example local police encouraging retailers to restrict access to volatile fuels. In one case study community the police were regarded as being the most pro-active agency and took a leading role in bringing agencies together. They coordinated fortnightly meetings of school, child protection services, clinic and police staff to discuss ‘kids at risk’.

In both case study regions community stakeholders agreed that police were an essential part of the response to sniffing. Often they were the first and main point of contact for any action in regard to sniffing incidents. For example, stakeholders in one community said that police are acknowledged as the key *watching group* who keep an eye out.

There are also obstacles to the involvement of police. There remain varying understandings of the power of police with some local service staff believing that police can only be involved when a crime was committed. This issue is discussed further in section 3.1.

### Conclusions

Sufficient and appropriate policing is an essential foundation for an effective response to sniffing. However, the aims and scope of this element of the PSS (and in particular the Australian Government role) have been unclear and, apart from supporting the establishment of the SAID desks, relatively little Australian Government action has occurred via the PSS (although, as noted above there has been investment via the NTER).

Accordingly, while policing should continue to be addressed by the PSS, future effort should be directed towards issues such as best practice in policing in remote areas and ensuring police have sufficient knowledge and skills in how to deal with VSU. This includes that individual police:

* understand the context of sniffing or VSU
* are well informed of their powers to intervene under relevant legislation
* are proactive in engaging with other services
* are willing to go beyond just responding to particular breaches of peace or law and helping to identify and engage with young people at risk
* work within a broader community approach to tackle sniffing, such as by visiting retailers and encouraging them to secure volatiles, and
* are skilled in working with Aboriginal communities.

Given that levels of policing in remote areas have improved substantially in recent years, and that decisions on police numbers are largely beyond the influence of the PSS, it would be appropriate to reduce the emphasis on quantitative aspects of policing in the new framework for the PSS.

## Further roll-out of Low Aromatic Fuel

### Description of the element

The supply of low aromatic fuel (LAF) as a replacement for regular unleaded petrol is the foundation of the PSS. Sniffing LAF does not produce intoxication. There is therefore no reason to sniff LAF, although there are records of individuals doing so. In most cases it does not cause physical harm but there has been at least one death due to asphyxiation while attempting to sniff LAF.

The fuel is currently produced by BP Australia at its refinery in Kwinana, Western Australia (WA) and transported to storage facilities in Adelaide and Kalgoorlie. It is then transported to outlets by a range of commercial distributors and ultimately sold at bowsers for the same price as regular unleaded fuel. DoHA pays subsidies to fuel producers to address the higher costs of production of the fuel given that it is more highly refined and produced in smaller quantities, and to distributors to compensate for the additional transport required due to limited storage capacity in Northern Australia.

Figure 3 shows the current and planned sites for delivery of LAF as at February 2012, as well as the location of the PSS Zones.

Figure : LAF Delivery Sites at February 2012

Figure 3 shows the current and planned sites for delivery of LAF as at February 2012, as well as the location of the PSS Zones. 



Source: DoHA

Initially LAF was intended to be made available to communities within the Petrol Sniffing Strategy Zone as described above, however DoHA has provided LAF to communities outside the Zones for a number of years. Areas that lie outside the designated Zones, but which are considered for LAF, are described as the ‘LAF footprint’. The decision to create the ‘footprint’ was driven by two factors - recognition of the existence of sniffing outside the Zones, and that for some areas, even if there was no sniffing, access to regular unleaded petrol (RULP) from sites outside these Zones could affect availability of RULP and sniffing levels inside the Zones.

### Implementation and activity

#### Delivery and use of LAF

Figure 4 shows the trend in the number of sites and overall volume of sales since 2004-5. As the chart shows, the provision of LAF expanded rapidly up until 2007-08 and then stabilised somewhat. As at 2012 LAF is currently being delivered to 123 sites throughout Australia. Consumption of the fuel has declined slightly since 2008-09. The reasons for this are not clear. The decline may be due to new vehicles better fuel efficiency and/or greater use of diesel and premium unleaded fuel.

Figure : Provision of Low Aromatic Fuel 2004-05 to 2011-12

Source: DoHA

The cost of the provision of LAF is significant. For the period 2005 – 2012 around 124 million litres were delivered at a cost of around $42 million (or on average around 33 cents per litre).[[9]](#footnote-9)

A further 101 sites have been identified as possible sites to stock LAF. Whether or not these sites eventually use LAF depends mainly on establishing improved storage and distribution arrangements.

#### Managing the roll out of LAF

The Volatile Substance Use Section within DoHA manages the provision of LAF. It:

* manages contracts with producers and distributors
* supports the construction of bulk storage facilities, and
* negotiates the roll out of LAF to additional communities.

DoHA has two staff specifically working with communities and stakeholders to support the roll out. New sites/regions are chosen on the basis of:

* their likely willingness to participate in preventing petrol sniffing
* the level of apparent sniffing
* availability of distribution capacity such as storage points, and
* the results of consultation.

The first attempt to introduce LAF into the largely non-Indigenous community of Alice Springs in the NT was met by vocal and negative community and media reaction, based on reports that LAF was damaging car engines. Motorist confidence in the fuel was quickly eroded and many service station managers, facing a consumer backlash, stopped supplying LAF until a co-ordinated roll out supported by a communications campaign was implemented.[[10]](#footnote-10)

The roll out has been helped by the existence of VSU working groups and Regional Coordinators. These mechanisms greatly streamline the process of local consultation and liaison but despite DoHA’s efforts, some state/territory staff were unclear about the planning process for the roll out.

#### Findings on implementation

The story of the manufacture and distribution of low aromatic fuel in central Australia, to substitute for sniffable fuel, is a story of spectacular policy success. It is a rare and precious achievement in the challenging field of Indigenous health policy. The initiative has involved a partnership between the private sector, including both large and small businesses, governments at all levels, non-government organisations, and Indigenous communities. This partnership has dramatically curbed the scourge of petrol sniffing, by over ninety per cent in some places. (Senate Community Affairs Legislation Committee, 2012, p. 17)

It is clear that the roll out of LAF has been successful in reducing both the prevalence and the frequency of petrol sniffing in regions in which it is available and this is discussed further in Chapter 5.

State and Territory stakeholders were generally very positive about the work of DoHA in providing LAF, but pointed to the need for close monitoring of ongoing availability so that subsequent issues can be addressed promptly. An example was given of health staff noticing a spike in sniffing in a particular community. On investigation it was found that the outlet stopped ordering LAF.

Staff responsible for the roll out of LAF comment that they recognise the benefits of a regional approach, as oppose to ‘cherry picking’ discrete communities experiencing sniffing. The regional approach allows for the creation of large regions where RULP is not available. This makes the supply reduction strategy more effective by making it more difficult to access RULP because it is further away.

The major region experiencing problematic levels of sniffing that has been unable to access LAF is the Top End of the NT. (However it should be noted that some sites in the region do receive LAF.) There is currently no bulk storage in Northern Australia for LAF which would allow distribution to the Top End and other areas. Additional funding was made available in the 2010-11 Budget and DoHA expects a storage facility in Darwin to be operational by mid-2013.

Despite its success in reducing the prevalence and incidence of sniffing there are concerns that LAF has adverse impacts on small engines such as boats, lawn mowers and the like. Research conducted by BP and the Royal Automobile Association of South Australia did not identify any major technical issues. Nevertheless, in September 2010, BP Australia (BP) commenced manufacturing an improved low aromatic *Opal* fuel formula which independent testing has confirmed to be as good as, or better than, regular unleaded petrol for cars, boats and small engines. The improved *Opal* fuel formulation has been designed to clean and protect vital parts of the engine and help to break down the sooty deposits which ordinary fuels can leave behind.

LAF has clearly had a major impact on sniffing, and this is widely acknowledged and appreciated. However, a major rationale for the establishment of the PSS was that delivery of LAF would be supported by a coordinated provision of other services and evidence from both the case studies and evaluations suggests that this does not routinely occur.

For example, the *Evaluation of the Impact of Opal* fuel found that ‘…there has been no coordination between the provision of *Opal* and access to youth services in communities in the sample’. (d'Abbs & Shaw, 2008, p. 10)

Fieldwork in the case study regions for this evaluation found that there is frequent consultation between DoHA and other agencies in regard to the timing of the provision of LAF; however structural issues often prevent a coordinated roll out of LAF and youth programs.

One difficulty is that DoHA does not always have sufficient infrastructure in place to deliver LAF. Other services have therefore had to be implemented without LAF. In other cases, funding for services (such as youth programs) has been driven by other priorities such as to establish the Integrated Youth Services Pilot in Central Australia. In addition, LAF is being made available to a wider area (the ‘footprint’) than that which other agencies operate within. As a result LAF is available in areas where other agencies will not fund other services. Finally, there is a general lack of funding for youth and other services which limits the ability to match services to the roll out.

This lack of a ‘packaged’ approach to the roll out remains the major concern of communities, and is taken up further in section 4.7.

### Conclusions

Both previous evaluations and fieldwork conducted for this evaluation indicate that LAF is a vital component of the PSS. We found universal support for the continued provision of subsidised LAF. Stakeholders were generally very positive about the management of the roll out with their major concern being to improve communication on its planned implementation.

In the later stages of the evaluation the Australian Government announced it would support proposed legislation to mandate the supply of LAF in some areas. The legislation will allow the responsible Minister to designate an area as a Fuel Control Area or a Low Aromatic Fuel Area. In these areas only low aromatic fuel will be made available, regular unleaded petrol will be prohibited and, in Fuel Control Areas, the supply and storage of other fuels, including premium unleaded petrol, will be restricted.

This measure will undoubtedly contribute to further reducing petrol sniffing. It is also likely that the geographic scope of LAF will grow, possibly into areas previously not considered. This reinforces the need for robust consultation with stakeholders and coordination with other agencies on the delivery of other services to complement and reinforce LAF’s impact.

## Alternative activities for young people

### Description of the element

From its inception the PSS has seen increasing the availability of youth services as a fundamental part of the attack on petrol sniffing. Youth services are seen, correctly, as an essential strategy to address the disadvantage and disengagement of young people in remote areas that leads to VSU. In particular, alternative activities can address the boredom experienced by young people in many remote communities.

### Implementation and activity

This element has progressed through two main phases over the life of the PSS. The first phase was funding of one of the most innovative projects during the life of the PSS, the Central Australian Integrated Youth Services Project (IYSP) which ran from 2006-7 to 2009-11. The IYSP project was innovative because rather than each PSS agency funding individual services, each funder pooled funds to support a single project. This was intended to improve coordination, maximise impact and reduce the accountability burden on services. At the time, such joint funding was a radical departure from previous practice. All funding for youth services from the agencies was directed to this project and amounted to approximately $12 million over three years.

Perspectives on the success of the IYSP vary. The evaluation (Urbis, 2010) of the project found it was likely to have contributed to a number of positive outcomes such as improved school attendance, increased engagement in activities and reduced sniffing. As with many youth programs, there were challenges to the easy attribution of results to particular activities. However, there were also many concerns about the project ranging from its initial contracting process (a non-local provider was selected) and management, to a lack of community engagement and, paradoxically, difficulties due to the involvement of four agencies. Interviews with staff involved at the time also suggest that the agencies took some time to adapt to the integrated funding approach, and in particular to develop appropriate oversight arrangements that respected the flexible and comprehensive nature of the project. Notwithstanding the weaknesses in the IYSP, FaHCSIA staff consider that it generated many useful lessons that have been incorporated into subsequent programs such as the current Youth in Communities program.

The second phase began at the conclusion of the IYSP as departments returned to funding individual projects. These are discussed below.

#### Attorney-General’s Department (AGD)

AGD has funded a number of projects totalling around $20 million since 2006-07 (excluding its contribution to the IYSP). The funding was delivered through an element of the Indigenous Justice Program. Projects were selected that provided alternative activities for young people that:

* were located within the PSS Zones
* target reduction in offending and anti-social behaviour associated with petrol sniffing or substance abuse, and
* either target petrol sniffers and substance abusers and Indigenous youth at risk of petrol sniffing or substance abuse, or
* aim to reduce petrol sniffing or substance abuse.

AGD was relatively strict in limiting funding to services within the Zones.

After the IYSP AGD funding went mainly to Western Australia, in particular to establish and operate the East Kimberley Youth Services Network (EKYSN) which consists of a network of youth workers across the East Kimberley. Funding to other regions supported provision of youth workers and improvements to relevant infrastructure, such as construction or refurbishment of recreation halls and facilities. An evaluation of the EKYSN had commenced in mid-2012 and is planned to report in early 2013. AGD will use the findings of this evaluation to guide its future investment in the PSS.

#### Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)

FaHCSIA has spent around $11 million from its PSS program (excluding the IYSP). In addition an equal amount or more has been ‘leveraged’ by the PSS from other FaHCSIA programs to fund projects relevant to sniffing and VSU more broadly. Because projects often have multiple goals, it is not possible to precisely quantify how much of this funding was spent on youth activities. PSS funding is currently provided through the Targeted Funding Scheme (TFS), which provides one-off funding to communities for a number of activities. Major projects have included:

* youth worker accommodation
* sports programs, such as AFL in most states/territories as well as softball and horse treks
* support for the East Kimberly Youth Services Network
* youth engagement and development programs and activities, including bush camps in South Australia
* lifestyle education programs
* training for youth workers
* youth related infrastructure (such as recreation halls and basketball courts), and
* multi-media training facilities

A number of these projects have been evaluated. As an example an evaluation of a sports Regional Participation Agreement found:

Community and agency/service provider feedback expressed ongoing support for all programs and appreciated that although the first three years have established a strong foundation for future development and sustainability, further financial and administrative support is necessary before the programs can become self-sustaining. There is great optimism that such support will be forthcoming for the activities that are having a visible and positive impact on people’s lives, and

Whole-of-government coordination is very good in relation to the SSL [Senior Sports League) …. (Armstrong Muller Consulting, 2010, p. 22)

FaHCSIA has also provided substantial funding for youth services in the NT through two other programs, the Youth Alcohol Diversion Measure (part of the NTER at a cost of over $27 million over three years) and the Youth in Communities Program which has funding for a further 10 years.

#### Department of Education, Employment and Workplace Relations (DEEWR)

Over the life of the PSS DEEWR has spent around $3.5 million on youth projects (excluding the IYSP). In recent years its contribution to the PSS had grown substantially. In the period immediately after the IYSP it funded a number of projects aimed at improving education and employment outcomes at Mornington Island, Halls Creek and the APY lands.

Then, in 2011-12 it began funding three pilots within its Reducing Substance Abuse Program for two years to provide and support youth workers help at-risk youth. The pilots, referred to as the “Youth Connections/Reducing Substance Abuse Pilot Projects” run for two years and provide diversionary activities for young people and support youth workers to help at-risk youth. The pilots are targeted to Aboriginal and Torres Strait Islander youth who are at risk from, or engaged with petrol sniffing or other volatile substance use. The objective of the projects is to increase pathways for Indigenous youth aged 10 – 25 years of age who are at risk of, or engaged in substance use, to re-engage with formal education, training or employment.

In 2012 DEEWR conducted an evaluation of the Youth Connections Pilots. DEEWR advised that the evaluation found:

* feedback from stakeholders, clients, family members and other community members that the Pilot Projects are highly valued and have made a positive contribution to their communities
* Pilot Projects provided well-supervised and engaging diversionary activities for young people which have kept them usefully occupied and less likely to get into trouble whether related to substance abuse or other reasons
* the Pilot Projects have increased access to services by young Aboriginal people in these communities engaged in, or at risk of, petrol sniffing or other Volatile Substance Use (VSU)
* the evaluation revealed improvements in young people’s emotional well-being (in particular self-confidence), physical well-being, as well as a reduced or low incidence of petrol sniffing or VSU
* positive outcomes were also reported for parents and community members, including the provision of useful and engaging diversionary activities for young people, opportunities to participate in whole of community events, greater awareness about petrol sniffing/VSU, and opportunities to act as role models, and
* while there is limited evidence to date that the Pilot Projects re-engaged clients with education, training or employment, progress has been made in reducing barriers to education or employment.

Despite the positive outcomes, in 2012-13 the Australian Government announced that funding for these pilots would end in December 2012 and that Indigenous young people will continue to be engaged in remaining mainstream services until those services funding ends in December 2013. DEEWR advised that:

*The [pilot] evaluation also found that the DEEWR funded diversionary services to young people at risk of petrol sniffing and other substance abuse pilots were suitable to be delivered through the mainstream Youth Connections program.*

*From 2013 the providers of the Youth Connections program will integrate, where possible, the reducing substance abuse diversionary services into mainstream Youth Connections services.*

*The Australian Government decided that its urgent education priorities in the Northern Territory required a redistribution of Aboriginal and Torres Strait Islander resources. This involved the cessation of some of the pilots and programs funded under the Indigenous Education (Targeted Assistance) Act 2000 including the Reducing Substance Abuse pilot.*

As a result, as of that time DEEWR will not be funding any specific services as part of the PSS. It is not known what funding commitment (if any) the Government through DEEWR will input for specific services as part of the PSS from 2014. The implications of this are discussed further below at page 51.

#### Department of Health and Ageing (DoHA)

DoHA also provides some funding for youth services. In particular it funds the Central Australian Youth Link Up Service (CAYLUS) to support community initiatives that improve quality of life and address substance misuse affecting young people in Central Australia. The CAYLUS Youth Wellbeing Program provides education, prevention, diversionary and treatment activities to Indigenous communities with a focus on inhalant misuse including petrol sniffing. Two independent evaluations have been conducted on the program delivered by CAYLUS (2004 and 2007). Both evaluations found that the program has achieved its objectives and has considerable support from Indigenous communities for services delivered. CAYLUS is currently funded until June 2014.

### Findings on implementation

Youth activities have been and are planned to continue to be a major part of the PSS. All stakeholders (government and non-government) agreed that youth services are a critical element of an effective response and prevention strategy. A major challenge is to address the causes of sniffing, and one of which is boredom. A number of participants stressed the importance of high-quality youth services.

Generally, evaluations have been positive about the impact of youth services with a number of community stakeholders commenting on the visible changes such services can make. As one put it:

“If the youth program went belly up we would be in a lot of trouble here.”[[11]](#footnote-11)

Nevertheless, implementation has been challenging for a number of reasons. Despite the level of investment and evaluation there is no clear model of best practice and projects have had to develop location-specific strategies in difficult circumstances. State/ territory government and other stakeholders considered that there are still many unknowns in terms of what makes a successful youth service.

The distribution of services is, not surprisingly, more related to the capacity of funders and services to deliver than the needs of the particular region. Despite the best efforts of staff it has been difficult to synchronise the funding of youth workers with the provision of LAF, as was originally expected. (This is discussed more fully in section 3.3)

Coordination among agencies and governments is difficult. In addition, even if funders agree on priorities or directions successful implementation relies on a robust network of providers. Partly in recognition of this the Cross-Jurisdictional Forum (CJF) has decided to map existing funded youth services to improve coordination, and allow for better alignment and a more targeted provision of services.

The relative roles of agencies remain unclear. Understandably, stakeholders expect DEEWR to play a lead role in youth services, but with recent decisions on funding its involvement in the PSS is likely to decline markedly. Participants noted that despite the importance of youth services, programs were currently scattered across multiple-agencies. Given this fragmentation and low levels of funding it is difficult to move funds to regions of highest need. For example, the East Kimberley has extensive networks of youth workers while the Ngaanyatjarra Lands have relatively fewer resources.

One result of youth programs receiving funds through this range of agencies is that the agenda for programs varies according to the funding body. For example programs funded by AGD have been asked to report on Key Performance Indicators that revolve around diversion from the justice system whereas those funded through FaHCSIA are asked to report on sniffing related outcomes. Evaluators received feedback that youth services that receive funding that is tied to such ends experience pressure to skew their program away from the needs of the young people and toward the orientation of the funder. Whilst this is understandable from the funder’s point of view, it is not in the interests of running a relevant and well patronised youth program.

### Conclusions

The challenges faced by the PSS in effectively funding youth services in a coherent, needs-based way are also faced by many other programs. Fieldwork in the case studies for the evaluation suggested that delivery will be affected by:

* capacity of service providers
* availability of staff
* continuity and focus of funding agencies and their staff
* clear leadership from one agency
* extent of previous investments
* coordination between funders to address needs and synchronise funding rounds, and
* flexibility of program guidelines to address ‘general’ youth needs.

Based on a review of the various evaluations of PSS-funded alternative youth programs the major directions for the future in this area appear to be:

* defining and strengthening an evidence-based model for remote youth services that considers factors such as
  + the difference between sport/recreation work and broader youth work
  + optimal age groups for action
  + the balance between longer-term broad preventive and specific justice program goals
  + education and employment objectives and activities
* achieving stable funding for on-going services rather than one-off pilots
* how to balance catering for sniffers’ needs without appearing to reward VSU, and
* addressing the problems recruiting and retaining skilled staff

The need for the provision of alternative/diversionary activities for youth goes far beyond the PSS. In his 2010 report the Coordinator-General for Remote Indigenous Services identified youth services as a crucial issue that was not being adequately addressed by governments:

**Responding to youth issues in Remote Service Delivery priority communities**

The need for active and viable youth programs to support the development of young people in Remote Service Delivery communities has been consistently raised as a priority issue by community members as part of the ongoing Local Implementation Plan development process.

In my first Six Monthly Report, I highlighted the need to improve the quality, quantity and coordination of youth services. Since my last report, my Office has been working through Boards of Management to identify pilot communities to conduct a youth project. The project will respond to youth issues and consider how government might get better results from youth investment in the priority communities. The project identified the following key issues:

issues affecting young people cut across all of the seven COAG building blocks and, as a result, it is unclear how integrated strategies to address the issues facing young Indigenous people should be included in the Local Implementation Plans;

youth services are delivered by multiple agencies, across all levels of the Australian, State, Territory and local governments, through multiple programs and funding streams, with no clear overarching Indigenous youth policy guiding implementation;

the success of youth programs in the priority communities is consistently undermined by the absence of a clear lead agency to monitor the implementation of programs and activities in remote Indigenous communities, with a resultant disconnect between the funding of a youth service or related infrastructure and the follow up measures to ensure that the service remains viable and the infrastructure maintained;

in many priority communities, youth programs are implemented with limited consultation with young people in the community, so the service provided does not meet the needs of the people or the place, and

by failing to adequately engage young people in the development of youth programs, government is missing out on an opportunity to develop strong youth leadership in the community.

*Report of the Coordinator-General for Remote Indigenous Services - 2010*

## Treatment and respite facilities

### Description of the element

While many elements of the PSS focus on prevention of petrol sniffing (such as through supply of LAF or funding of alternative activities for youth) the PSS also addressed the need for there to be appropriate treatment for those currently sniffing. As with most other elements there was not a clear definition of what was meant by treatment or respite and in practice it has been considered to mean ‘residential care’. It was expected that, consistent with their responsibilities for other drug and alcohol treatment services, state/territories would take lead responsibility for this part of the PSS.

### Implementation and activity

Notwithstanding that state/territories were expected to take most responsibility for this part of the PSS, the Australian Government has made significant investments in treatment services. In the early years of the PSS little funding was provided for treatment, however since 2008 DoHA has spent around $4.0 million on treatment services, primarily in the NT, such as Bush Mob, CAAPS, Mt Theo and Miwatj Health Service as well as other services. This funding was mainly in the later years of the PSS.

Independent of the PSS there has been some expansion in the availability of treatment services. For example, in August 2007 the Drug and Alcohol Services Association (DASA) in Alice Springs opened ten new beds which have been funded through the NT Government with COAG funding, primarily for the purposes of the Territory’s Volatile Substance Abuse Prevention Act 2005 – that is, to offer a rehabilitation and case management service for (adult) sniffers of petrol and other inhalants. These beds are located in a 20-bed residential facility that has been made available to DASA by the NT Government, and where detoxification services relating to other drug and alcohol problems are also provided.

The ten-bed Alice Springs facility previously occupied by DASA has been taken over by Bush Mob, a non-government organisation which over the past ten years has offered support, respite and rehabilitation services for young people with substance abuse problems, including petrol sniffing. Their new residential service, described as offering ‘stabilisation and treatment’, targets young people aged between 12 and 18, with sniffing and/or other drug problems. It offers accommodation for carers as well as young people themselves. Bush Mob’s residential and non-residential services are funded by the NT Government.

Another treatment service that received PSS funding was Ilpurla Aboriginal Corporation, which ran a residential service located approximately 200km from Alice Springs. This service has now closed.

In South Australia Drug and Alcohol Services SA began an outreach service in the APY Lands in 2007 for people with substance abuse problems, including petrol sniffing. However it is not clear if the service is still operating. In addition, a major new residential facility was funded by the Australian Government at Amata in northern South Australia. It was due to take its first clients in April 2008 and was intended to cater for eight clients, with facilities for family members nearby. Unfortunately this facility never operated as intended. It proved extremely difficult to staff, and took very few residential clients. The service model has now changed to an outreach model, and the facility will be used as a family support centre.

DoHA also reports that there are plans to provide, in the near future, additional drug and alcohol workers to be based in primary health care services in the Northern Territory.

In regard to the respite component of this point, no activity has been funded. Papers prepared for the SES Committee show that the purpose and responsibility for respite was never clear.

#### Development of volatile substance use clinical practice guidelines

One gap identified early in the PSS was the lack of systematic guidelines for health staff to deal with VSU. DoHA subsequently funded the National Health and Medical Research Council (NHMRC) to develop the Volatile Substance Use Clinical Practice Guidelines. The Guidelines were released in October 2011 and provide recommendations and practice points to assist health practitioners to identify, assess and treat people who use volatile substances in metropolitan, rural and remote communities.

To complement the guidelines DoHA is developing an information package to promote the Guidelines and the key concepts of care involved in VSU. A strategy is also being developed to evaluate the uptake of the Guidelines.

#### Funding for treatment-related activities

As well as direct treatment, some services have been funded to facilitate access to treatment. The Central Australian Youth Link Up Service (CAYLUS) Youth Wellbeing Program provides (funded through AGD) support such as transport and clothes and swags for individual sniffers to access treatment programs.

As part of the 2011-12 Budget, the Substance Misuse Service Delivery Grants Fund was established as an Australian Government initiative and is managed through DoHA. A number of drug and alcohol treatment and rehabilitation services target youth and of these some have a specific focus on addressing volatile substance use.

### Findings

The responsibility for treatment services was originally allocated to state/territories in recognition of their pre-existing role in providing alcohol and other drug (AOD) health services. However, as implied by the list of activities above, the Australian Government has contributed substantial funding to treatment services.

The major finding from consultations with services and communities is that despite previous expansions (probably offset by closure of services at Ilpurla) there remains a desperate shortage of services to accommodate severe sniffers. We heard of the frustration of families, communities and service providers at the lack of appropriate options for these sniffers. There are extremely limited options for chronic sniffers from remote communities to seek treatment in a conducive environment. The experience of the Amata facility demonstrates the need for careful planning of services to ensure they will be viable if investments are to deliver the expected benefits.

Those services that exist are located in the NT, and we heard of prolonged and costly arrangements to take a small number of sniffers from WA across the border so they might be eligible for NT services.

In addition, there remains a lot of uncertainty about what is meant by treatment. There has been one initial review of desirable characteristics of services (d'Abbs & MacLean, 2008) but since that report there does not appear to have been a systematic review of what the appropriate responses or service system might be in practice. The VSU Clinical Practice Guidelines, for example, do not address systems through which services should be provided. Among stakeholders there were strong and divergent views about the relative merits of:

* residential services, ‘in community’, or at a distance
* intensive case management
* the role of pharmaceutical treatments
* gaps in services for more experimental sniffers, rather than severe/chronic, and
* providing treatment in a culturally relevant but safe environment.

We also heard of the difficulties in achieving a coordinated response to help younger or experimenting sniffers. We saw evidence of uncertainty by teachers and other service providers on what to do with young sniffers, as well as a lack of understanding of the best approaches to educating young people.

The other concern with the availability of treatment is the need to provide safe environments for people with acquired brain injury as a result of sniffing. Fieldwork for the case study found evidence that the responsibility for trying to provide appropriate support for these people falls on their families and on other services and organisations which are not necessarily resourced or equipped to provide it.

Respite services would go some way to meeting the needs of people with brain injury acquired through sniffing, and their families. As referenced above, respite was originally part of the PSS; however no funding or services were delivered. However the need for respite care remains, and needs to be given a higher priority in the future.

### Conclusions

Despite some progress, limited access to treatment is a major and continuing gap in the PSS. The relatively small numbers and cost of residential facilities have resulted in great difficulties getting sniffers into services (possibly compounded by limited ability to mandate treatment).

Developing an effective treatment system to deal with multiple types of sniffers in various circumstances requires a broadening of treatment and respite facilities to encompass a range of measures to help sniffers including, but beyond residential care. We will therefore be suggesting that treatment and respite facilities be broadened to address a wider range of ways to help sniffers, to ensure a coordinated and evidence-based approach to all types of sniffers from experimental to chronic. This is discussed further in Chapter 6.

## Communication and education

### Description of the element

The purpose of this part of the PSS has been to support communication and education activities associated with the roll out of LAF. There have been a number of communication campaigns to alert consumers to changeovers from RULP to LAF, and also to assuage concerns on the impact of LAF on engines.

### Implementation and activity

As noted in section 3.1 the roll out of LAF has been taking place since 2005. One of the major challenges for the roll out has been to inform relevant communities about the reasons, benefits and approach for distributing LAF and to address any concerns or misconceptions. Over that time there have been various communications exercises – notably that addressing the initial introduction of LAF into Alice Springs. Since 2004-5 over $1.8 million has been spent on communications and education activities related to LAF. The 2010-11 budget measure – *Expanding the Supply and Uptake of Opal Fuel* included approximately $1.0m per annum from 2010-11 to deliver comprehensive communication activities to support the roll out of LAF.

Activities included:

* concept testing for communication materials
* print and radio advertising
* sponsorships of events
* technical briefing sessions
* establishment of the Stop Petrol Sniffing website
* national road shows to promote LAF
* development of communication plans and strategies, and
* a public relations strategy using development and implementation of advertising and public relations materials and community and stakeholder engagement strategies.

DoHA developed a communications strategy that:

* targets individual communities as they commence receiving LAF
* targets tourists so they will positively accept the messages about when, how and where to use LAF, and
* shows *Opal* as a key part of a wider PSS, rather than a ‘Band-Aid’ measure. The LAF roll out is supported by other Government and community initiatives designed to help tackle the social and health aspects of petrol sniffing.

### Findings

#### Communications about LAF

An evaluation of the campaign in Alice Springs in 2007 was commissioned by DoHA but the report was not made public. However, DoHA advised that the key findings of the evaluation were positive and included that:

* the messages in the communications strategy resonated well with the broader community, and
* community members understood the key issues in relation to *Opal* (such as what it is, who could use it, that it wouldn’t damage car engines), and how it connected to the PSS more generally.

Nonetheless, there was a perception that the timing of communications associated with the roll out of *Opal* in Alice Springs in early 2007 was already too late:

They badly miscommunicated Opal, and we are still paying for that. When it first came in to Alice there was loads of negative press about how it was stuffing up cars. There was no answer to that press – it was allowed to go unchallenged. That harm can’t be undone. A lot of people think that Opal damages their cars.

A more recent (2012) evaluation of the impact of the LAF campaign in the Goldfields region of WA found that:

*Positively, the majority support the introduction of Opal fuel in the Goldfields region, and there were few concerns identified about the impact of Opal fuel on vehicle performance or wear.* (CIRCA, 2012, p. 2)

In addition, 60 per cent of those surveyed supported the introduction of *Opal*, 35 per cent had no opinion and only 1 per cent opposed it. Nevertheless, only around a third of those surveyed agreed that *Opal* was safe for cars and a smaller proportion agreed it was safe for small engines. This is consistent with stakeholder views during case study fieldwork that notwithstanding the scale of the communications activity there remain some concerns, particularly on the impact of LAF on small engines. There is still a negative perception of LAF in many communities where it is needed.

There was a communications campaign around ‘New *Opal*’; however this has not been evaluated.

#### Education about sniffing

In 2009 FaHCSIA commissioned research into the need for a broadly based communications campaign about the dangers of sniffing found that service providers placed more value on small, locally generated campaigns. Fieldwork for this evaluation found that states/territories have been active in generating their own education materials on sniffing. These are used by service providers, and are often available at police stations.

Fieldwork in the case study regions suggested that some service providers are looking to Regional Coordinators to provide education to users and community members. This would seem to be a potentially valuable role for them to undertake and has already occurred to some extent, such as the running of information and training sessions by coordinators and local state/territory staff. In order to continue this role some education needs to be provided to the Regional Coordinators (especially those new to the realities of petrol sniffing) so that they are fully familiar with the field.

State/territory governments are also being increasingly active in supporting the creation of education materials (such as ‘Strong Spirit Strong Mind’ in WA) addressed to potential users, users and their families and communities about the dangers of sniffing. State/territories remain careful in this area, noting the risk of inadvertently ‘promoting’ sniffing to those not currently aware of it. Case study interviews identified a number of episodes where key influencers, such as journalists or teachers, were not aware of current policies on community education about sniffing and VSU.

### Conclusions

The PSS, via DoHA, has actively sought to educate communities about the benefits of LAF and the dangers of sniffing. The Australian Government has provided for a substantial increase in the communication effort which should bear fruit. This element of the PSS could be even more important in the future as moves are made to mandate supply of LAF in areas where sites were previously resisting its introduction.

There have been some evaluations of communications activities, but to ensure stakeholder support the results of these evaluations should be disseminated, particularly to other jurisdictions that could use the findings in their own campaigns. There is a continuing need to ensure a consistent message is delivered about the appropriate way to educate and inform communities and individuals about sniffing.

## Strengthening and supporting communities

***Description of the element***

The initial logic behind the inclusion of this element in the Eight Point Plan is likely to have come from the recognition that communities themselves have a key role in taking action to reduce the level of VSU among their young people.

The recognition that strong communities are an important ingredient in responding to VSU is stressed in several reports commissioned by the PSS (d’Abbs and MacLean, 2008; CIRCA, 2009; Urbis, 2009). d’Abbs and MacLean report that evidence from two programs in Central Australia – Petrol Link Up and the Central Australian Youth Link Up Service (CAYLUS), suggests that there are benefits to be derived from ‘service provision with brokerage and advocacy activities aimed at promoting local community capacity’ (d’Abbs and MacLean, 2008).

Accordingly, it was logical that the PSS included an element focused on communities.

FaHCSIA has overall responsibility for the element of the Eight Point Plan concerning strengthening and supporting communities. To date activity in this area has largely been focussed on the facilitation of the alternative youth activities component of the PSS. As with some other elements, there has been uncertainty over the scope of this element with no clear definition of activities, and in 2010 the SES SC identified the need to develop a better definition. It is not clear if this occurred. However, the PSS Targeted Funding Scheme did develop a set of funding priorities (discussed below).

This evaluation found differing views amongst stakeholders on both the importance of this component, and how it should be operationalised. Some felt that it had no place in the PSS because activities delivered through the ‘Alternative Activities’ and ‘Treatment and Respite’ components meet community needs. Other saw it as second only to the roll out of LAF in importance, because long term solutions to sniffing must revolve around communities.

In addition, communities themselves have significant powers under some state/territories to develop community management plans for alcohol or volatile substances (particularly in the NT). Although not formally part of the PSS such plans can play an important role in implementing other measures such as the roll out of LAF and the specification of how volatiles such as paint, glue and aerosols are stored.

***Implementation and activity***

#### Role of the PSSU and Regional Coordinators

Prior to 2009 the work occurring to strengthen and support communities was done by the Central Australian Petrol Sniffing Strategy Unit (CAPSSU), who visited communities to assist with the response to particular VSU issues. Their work was reviewed during the 2009 PSS evaluation (Urbis, 2009) and found to be well planned and constructive.

The introduction of the Regional Coordinators (RCs) in 2010 has created capacity beyond the PSSU (formerly known as CAPSSU) to work at the community level in regions that have RCs. These positions have used two main strategies to foster this work. Firstly, the formation of Volatile Substance Use Working Groups, which strengthen networks, are useful in the community response to sniffing. The second strategy is supporting a range of community based projects through the Targeted Funding Scheme (TFS).

#### The PSS Targeted Funding Scheme

One issue raised in the previous evaluations was the lack of specific funding for the Strengthening and Supporting Communities element, and in 2010 FaHCSIA addressed this with the commencement of the PSS Targeted Funding Scheme (TFS). In 2011-12 the TFS had a budget allocation of $2.3 million. The aim of the TFS is to:

…support and build the capacity of communities to actively respond to and address petrol sniffing and/or other forms of Volatile Substance Misuse (VSU) in order to reduce the incidence and impact of VSU on Indigenous young people and their communities.[[12]](#footnote-12)

The TFS has nine priority areas under which projects may be funded including; to support local efforts to respond to VSU, prevention activities, build leadership capacity to respond to VSU or support coordination of responses to VSU in communities. Grants are exclusively for one-off projects. In addition, funding is targeted to the PSS Zones. According to the guidelines “…the Delegate will consider project proposals for a community located outside of a zone where a strong business case can be made”.

Examples of recent projects include funding for:

* youth workers
* winter holiday programs for school children
* supply reduction officers
* multi-media programs
* horsemanship programs, and
* construction of youth facilities

***Findings***

#### Supporting communities or supporting communities to address sniffing?

The PSSU has continued the CAPSSU role of contact with communities experiencing difficulties with sniffing. The view of PSSU is that contact by their staff should be focused on the immediate response to sniffing. They acknowledge that there is a much wider need for activities that strengthen and support communities, but consider they do not have the resources to make a significant contribution and that they are therefore better to maintain a narrower focus on actions that support a response to sniffing. Nevertheless, Regional Coordinators have been active in broader supporting activities beyond specific incidents, especially in supporting youth programs and strategies.

There was a strong view from one of the case study sites that this element is the key to sustainable decreases (that do not rely on LAF) in sniffing in remote communities. They interpreted the element to be working with communities so that they are better able to meet young people’s needs through having stronger families and authority structures in place within the community. These changes are long term, and take long term investments.

This is in contrast to the guidelines for the TFS, which focus work on building community capacity *to respond to sniffing*. However, we noted that in practice TFS funds are allocated to a number of broad community-enhancing projects as well as a number of youth-oriented projects.

#### Management of the Targeted Funding Scheme

A number of issues arose in relation to the TFS.

Currently funding from the TFS allocated to state/territory FaHCSIA offices is based on a population measure corrected for Indigenous disadvantage (the same approach used for the Indigenous Communities Strategic Investment Program). The funds are then further divided within the FaHCSIA office to relevant regions. However:

* funds are allocated to RCs and staff performing similar roles in areas such as the Pilbara do not have formal access to the TFS, although we understand some flexibility is being explored so they can access the TFS
* while the setting of allocations based on population/disadvantage measures is defensible, it does not recognise the variation in the level of sniffing between state/territories and regions within them, or that additional funding may be available in some state/territories (especially the NT) but not others
* the project development and approval process is very cumbersome and time-consuming, only bringing the PSSU into the approval chain once extensive work has been done to develop proposals
* the allocation process does not enable the FaHCSIA National Office (as represented by the PSSU) to identify and respond to particular priorities, and
* TFS projects did not appear to have been evaluated. Although projects are often relatively small and one-off, there would be value in FaHCSIA designing a simple evaluation-on-a-page template to ensure any useful lessons-learned are captured.

Accordingly, we propose that FaHCSIA revise the management of the TFS so that:

* funding is allocated on relative need, based on verified data on the prevalence of sniffing
* RCs, the PSSU and relevant FaHCSIA senior management are involved in an early identification of priorities and the subsequent funds allocation process is streamlined. One approach to this may be to ask FaHCSIA state/territory offices to develop, in consultation with the PSSU, a part of their business plan to address petrol sniffing. Once this is agreed with the PSSU funds could then be automatically transferred
* establish a standard evaluation process for TFS activities, and
* a portion of the TFS funds are held back to address emerging or national priorities.

### Conclusions

There is widespread acknowledgement that strengthening and supporting communities is an important part of the response to sniffing. However in the context of the Eight Point Plan this point has lacked clarity in how it should be defined and implemented. Furthermore there is a tension between strengthening and supporting communities through building the immediate response to sniffing incidents – such as knowledge of who to call for help and alerting other service providers, and in implementing strategies that focus on building community strength and sustainability over the longer term. This needs to be clarified.

## Evaluation and monitoring

### Description of the element

Evaluation was the eighth element of the Eight Point Plan. FaHCSIA has lead responsibility for evaluation under the PSS.

### Implementation and activity

A large number of evaluations have been conducted across most elements of the PSS costing some $1.48 million (this excludes staff costs for in-house evaluations and contract management). Table 1 lists the specific evaluations and research projects commissioned as part of the PSS.

Table : List of Evaluation and Research Activities 2006-12

| Element | Evaluation or Research Activity |
| --- | --- |
| Roll out of low aromatic fuel | * Data Collection for the Petrol Sniffing Prevention Program, d’Abbs and Shaw, 2007 * Evaluation of the Impact of *OPAL* Fuel, d’Abbs and Shaw, 2008 * Cost Benefit Analysis of Legislation to Mandate the Supply of *OPAL* Fuel in Regions of Australia: Final Report, South Australian Centre for Economic Studies, Adelaide, 2010 |
| Consistent legislation | * Responding to substance use and offending in Indigenous communities: review of diversion programs, Jacqueline Joudo, Australian Institute of Criminology, 2008 * Desktop analysis of Petrol Sniffing Legislation, Gim del Villar, Federal Australian Government Attorney-General’s Department, Canberra, 11 August 2008 * Research into Legislation Relating to Petrol Sniffing, Shaw, Gill, Australian Institute of Aboriginal and Torres Strait Islander Studies, Canberra, March 2010 |
| Appropriate levels of policing | * Review of the Substance Abuse Intelligence Desk and Dog Operations Units, Judy Putt, Department of Families, Housing and Community Services, 2011 |
| Alternative activities for young people | * A report on ‘Youth In Communities’ measure under Closing the Gap in the Northern Territory, ORIMA Research, 2009 * Review of certain FaHCSIA funded youth programs, Urbis , June 2010 * Multi-Media and Computer Program Review, FaHCSIA 2012 * Youth Connections / Reducing Substance Abuse (YC/RSA) (Petrol Sniffing) Pilot Projects, Urbis * East Kimberley Youth Services Network Evaluation, Allens Consulting (in progress) * Interim Evaluation, Mornington Island Restorative Justice pilot project, 2010 |
| Strengthening and supporting communities | none |
| Treatment and respite | none |
| Communication and education | * Research to inform the development of the youth diversion communications strategy in the East Kimberley and Central Desert region, Cultural and Indigenous Research Centre, Australia, 2009 * Summary of Alice Springs *OPAL* Campaign Research: Benchmarking, and Evaluation, TNS Social Research, 2007 |
| Broader evaluation or research projects | * Volatile Substance Misuse: A review of interventions, d’Abbs and MacLean, National Drug Strategy Monograph Series No 65, Department of Health and Ageing, 2008 * Petrol Sniffing Prevention Program Evaluation Framework, Urbis Keys Young, 2006 * Review of the first phase of the Petrol Sniffing Strategy, Urbis, 2008 * Discussion paper for the description and further design of the 8 Point Petrol Sniffing Strategy as a whole of government strategy, Courage Partners, 2008 * Review of the Central Australian Petrol Sniffing Strategy Unit, Urbis, 2009 * East Kimberley Baseline Community Profiles, Social Compass, 2009 * The Petrol Sniffing Strategy Compendium: A Research Synthesis on the Eight Point Plan to Combat Petrol Sniffing, AIATSIS, March 2011 * Petrol Sniffing Whole of Strategy evaluation, Origin Consulting (in progress) |

#### Governance and planning of evaluations

Management of evaluation within the PSS has evolved over its life. Initially, evaluations were largely initiated by individual agencies and were not developed within an overall framework. To give more structure to the evaluation effort, in 2007 FaHCSIA developed an evaluation strategy which was revised and updated subsequently in 2008. Also in 2010 it developed a monitoring and evaluation plan, including program logics, for each element and in the same year an Evaluation Working Group was established that reported to the SES SC.

Evaluation activity was expected to occur in four main stages:

* **Stage 1: Development of Baseline Community Profiles (2007-2010).** Baseline Community Profiles (BCPs) establish a comprehensive picture of the current state of play in the community (i.e. BCPs are not restricted to indicators related to petrol sniffing). In addition, PSS-specific baseline data has also been collected by James Cook University on behalf of the Department of Health and Aging (DoHA) on the prevalence of petrol sniffing and on other petrol sniffing related harms in 74 communities using, or shortly to commence using *LAF*.
* **Stage 2: Implementation reviews (2007).** FaHCSIA commissioned a review by Urbis of the first phase of the PSS in 2007. The review is primarily concerned with the period July 2006 to December 2007 and focuses in particular on the NT. This provided an assessment of progress in rolling out the PSS and provided some valuable guidance to widen the scope of the PSS into other regions.
* **Stage 3: Component evaluations (2009-14).** The component evaluations are undertaken by the responsible Australian Government lead agency in collaboration with other agencies with responsibilities under the specific component. These are a mixture of summative evaluations at the end of projects (such as of the integrated youth service in the NT) and formative evaluations (such as the DoHA-funded evaluation of the impact of *Opal* fuel) to enable the further improvement of the PSS components.
* **Stage 4: Whole of PSS evaluation (2012).** In addition, in 2006 FaHCSIA developed a research framework which was eventually endorsed by other departments. The purpose of the plan was to create new evidence on the various elements of the PSS; however it did not identify particular priorities.

### Findings

There has been an impressive effort devoted to evaluating the PSS.

The planning and management of evaluations has been highly collaborative. For example:

* all agencies are offered the opportunity to participate in evaluation steering groups
* major activities, such as the development of evaluation plans, and the Monitoring and Evaluation Plan were developed in conjunction with agencies, and
* there is a standing Evaluation Advisory Group that considers all evaluation activity for the PSS. This group reports to the SES Steering Committee (now EL2 committee).

FaHCSIA has developed an evaluation framework, a monitoring and evaluation plan and strategy and overseen specific evaluations of youth services. Evaluations (such as the Review of the First Stage of the PSS) have also considered the overall management and implementation of the PSS.

The activity has tended to focus on three main areas:

* youth services
* governance and management of the PSS, and
* impact of the PSS (particularly LAF).

There has been little evaluation to date on strengthening communities, management of the LAF roll out (as opposed to its impacts), or treatment.

To date, the evaluations have been conducted only of Australian Government-funded activities. We were not aware of evaluations of state/territories’ programs, but it would be useful if the PSSU were to be kept informed of such evaluations and ensured the findings were distributed. This could be a focus of the Cross-Jurisdictional Forum.

In regard to the utilisation of evaluations, we were advised that a number of the evaluations of youth services had proven very useful in informing the planning of subsequent programs, such as Youth in Communities. At least one jurisdiction had circulated the findings of the d’Abbs and Maclean review of interventions to local service staff, and that some stakeholders had seen and found the PSS Compendium valuable.

These are demonstrable benefits from the evaluation effort. Given the substantial investment in evaluation and the many insights from the various evaluations, FaHCSIA should continue and expand its efforts to make sure the reports and findings are distributed to maximise returns. Exercises such as the Compendium could either be repeated or individual parts updated (such as that on youth services) and made available to encourage improvements in practice.

If the changes to the structure of the PSS recommended in this report are adopted, the current Monitoring and Evaluation Plan (MEP) will need to be revised. We suggest the plan particularly focus on ensuring evaluation and research includes all elements of the PSS including supporting communities and management of the LAF roll out. It should particularly identify areas of possible better practice in supporting sniffers through treatment or other direct services.

### Data and monitoring

Monitoring the prevalence and frequency of petrol sniffing is a difficult task. People are unlikely to self-identify, and typically family and community members are reluctant to identify people as sniffers because of the severely negative connotations invoked. In addition the number of people sniffing in any given community can, and frequently does fluctuate greatly over quite short periods of time. A football carnival or the visit of an individual might spark a group of young people to start sniffing. If the community takes action and asks people to leave or locks up the stocks of the volatile substance being used, the sniffing may stop quite quickly. If unchecked it can grow too much higher levels very quickly. The clandestine nature and variability of sniffing makes accurate data collection extremely problematic.

There are three potential sources of data that could be used to monitor the impact of the PSS and general trends in sniffing. These are: a regular data collection by the Menzies School of Health Research (currently in train), data collected on clients of state/territory health services, and FaHCSIA’s internal ‘GOVDEX’ incident monitoring system. Each has their strengths and limitations, as discussed below.

#### The Menzies collection

The current data collection being conducted by the Menzies School of Health Research[[13]](#footnote-13) is done through community visits. Data collectors visit a community to work with people to identify the number of people sniffing, and the frequency of their sniffing. This data collection is guided by clear definitions of what constitutes a user, and what defines the different frequency levels. This is based on a methodology that was initially developed by Nganampa Health in South Australia, and adapted for national use. The consistency and rigour of the data collection process mean that it is probably the most reliable source of data for changes in sniffing over time. The collection of data using this methodology needs to be a constant feature of the PSS into the future.

Its limitations are that it is currently only covering 40 communities, and the data collected will not be released until December 2014. (This may change due to the recommendation of the Senate Inquiry into the Mandating of LAF that the data collected to date be released as soon as possible.) In any case, the data collection is designed for monitoring longer term trends rather than rapid detection of incidents. The other major disadvantage of this methodology is that it is expensive. It would not be feasible to vastly expand the number of communities involved.

#### State/territory clinical data

Each of the relevant jurisdictions holds data on clients being treated. Although it was not within the scope of this evaluation to investigate the data available we were able to gather some reports from the NT Department of Health. Unfortunately, the data relates to those being treated for volatiles generally, and it is not possible to identify those specifically sniffing petrol.

The weakness of developing any reliance on data collected through the health system is that most sniffing activity does not appear on the health system ‘radar’. People who sniff tend to visit the clinic only if they have hurt themselves whilst they are high – or some other immediate reason. Chronic sniffers may come to the attention of clinic staff; however more infrequent users may not. As a result, clinic data should not be relied on in itself to indicate trends in sniffing. Nevertheless the data does have some value in indicating regional and gender characteristics of sniffers presenting to clinics which can assist with service planning.

#### FaHCSIA GOVDEX monitoring

For some time the PSSU inside FaHCSIA has been collecting information on reported incidents of sniffing. It collects this information primarily to identify possible outbreaks of sniffing so it can facilitate responses by services. The data is based on reports from Regional Coordinators and other services or stakeholders and is held on the Australian Government GOVDEX site. This site is accessible by relevant Government officers, but is secure, and is not available to the public.

In theory, this data could be used to track ‘real time’ trends in petrol sniffing. However, in practice there are a number of major drawbacks. These stem from the lack of a clear methodology that defines sniffing and frequency levels, the possible bias in data due to presence or absence of staff to report from particular locations, and the lack of a verification process that authenticates the reports. It is therefore possible that the system both counts multiple reports of the same incident, and inflates estimates of the number of people sniffing, and does not report significant sniffing from some areas. Furthermore the nature of the collection is informal, so there is no guarantee of the extent of coverage it offers.

The data is not currently released because of these concerns. As an Australian Government witness noted before the Senate Inquiry:

The feedback from the Northern Territory government was there were some large discrepancies between our data and the data that they collected. So it called the integrity of the data into question and for that reason the decision was made that at this stage, until we could be more confident, we should not be using it more broadly outside of the Australian government…

### Conclusions on evaluation and monitoring

The PSS has invested substantial effort to evaluate interventions, research into the drivers and context of sniffing and gather information on the prevalence of sniffing, and to monitor this over time.

In regard to evaluation, the next phase of the PSS should include a review of the Monitoring and Evaluation Plan (MEP) to ensure it is comprehensive and will support priority needs for insight and better practice. Discussions with stakeholders during the case study fieldwork showed that there remain many areas where providers and others are uncertain about what is best practice in dealing with VSU and were keen for new insights and ideas, especially around treatment. Those who had seen the PSS compendium of research found it very useful to guide interventions and train staff. Accordingly, we see value in broadening the focus of this element of the PSS to move from simply the conduct of evaluations to a focus on identifying practice improvement and innovation and disseminating these. This would include not just evaluating funded activities but looking for themes that recur in projects, lessons that could be disseminated (via workshops and other means as well as distributing reports) and researching topics of concern.

In regard to data collections, there are currently a number of possible sources of data for monitoring sniffing, but each has its weaknesses either in timeliness, comprehensiveness or reliability. The issue of deciding upon and implementing the best possible monitoring system needs to be given priority. The SES Steering Group or the EL2 Group need to consider the issue, decide upon a system and issue clear instructions on how it is to be implemented by all stakeholders.

In addition to these weaknesses there does not appear to be any clear process as to how monitoring data is used to guide the response to sniffing in different communities. For example there is no set process for a response if an incident of sniffing in a particular community is notified. This was highlighted by feedback to evaluators that some staff in service provision organisations no longer report incidents because nothing happens when they do. This is a serious issue. If people who report sniffing incidents lose heart because of a lack of response it will quickly impact on the quality and usability of the data.

Once there is a clear direction on the monitoring system to be implemented this needs to be complemented by the creation of a clear and accountable process for the response to notifications of sniffing incidents including their verification and, importantly, recording any follow-up, including communication back to the original source if possible.

This response needs to be transparent and accountable. The timeliness and effectiveness needs to be tracked as an ongoing part of staff supervision.

## Implementation at the regional level

As described in the Methodology section, a major part of the evaluation was to examine the operation of the PSS in two regions – the East Kimberley and the Ngaanyatjarra Lands - to assess how well the PSS was implemented ‘on the ground’, whether it was effective and sustainable and how well the partnership approach worked.

The two regions are very different geographically, culturally and historically. The key difference is that the East Kimberley region is less isolated and remote than the Ngaanyatjarra Lands. The dispersion of the population is also very different. The East Kimberley has a major town (Kununurra), and then a number of medium sized and smaller communities. The Ngaanyatjarra Lands consist entirely of small communities in the desert. Their history of petrol sniffing is also very different, with the East Kimberley having a small number of communities that have experienced severe sniffing, but most of the region has had very little sniffing. Whereas the entirety of the Ngaanyatjarra Lands have experienced endemic sniffing until the late 1990’s, and continues to experience sniffing issues into the present. Finally the level of service provision is quite different. The East Kimberley has a greater range of more accessible services delivered by a range of service providers; whereas at times the Ngaanyatjarra Lands struggles to deliver basic services, and has one key service delivery organisation.

The results from fieldwork in these regions have been incorporated throughout this report. As noted in the sections dealing with regional coordination and cross-jurisdictional relationships, regional implementation is marked by good interagency relationships and communication and coordinated action between governments, particularly since the establishment of RCs. But, in both regions, the more remote areas (often those with greatest sniffing) have had the greatest difficulty achieving steady and effective service delivery.

However, an important finding is that implementation took very different paths, with substantially more PSS and PSS-related investment into the East Kimberley, notwithstanding the latter’s lesser problems with sniffing.

As noted elsewhere in this report, this disparity is not unique to the PSS and results from challenges in factors such as staff continuity, funding flexibility, service provider capacity and infrastructure constraints facing any intervention in remote Indigenous Australia (see p. 32). In moving forward into a revised PSS we have therefore tried in Chapter 6 to identify some changes to ensure that in the future funds and focus are more closely related to need.

# Whole of Strategy Issues

*This Chapter identifies and comments on issues that affect the whole strategy.*

## Leadership and governance

Key aspects of the governance of the PSS are that:

* the Australian Government provides whole-of-government oversight and management of the PSS via the SES Steering Committee, (comprising branch manager representation from the four PSS partner agencies of FaHCSIA, DoHA, AGD and DEEWR)
* FaHCSIA has lead responsibility for National Office coordination, administration and reporting on the PSS, through the Remote Priorities Branch
* responsibility for the respective components of the PSS Eight Point Plan are managed separately by the PSS partner agencies (see section 1.5), and
* the day-to-day responsibility for managing FaHCSIA’s involvement in the PSS across the designated PSS Zones remains with its Petrol Sniffing Strategy Unit (PSSU) in Alice Springs, state and territory offices, in collaboration with the partner agencies responsible for various components of the Eight Point Plan.

Day to day management of the PSS is the responsibility of each agency.

Figure 5 summarises governance and coordination arrangements for the PSS as at June 2012.

Figure : Summary of PSS Governance Arrangements (at June 2012)

Figure 5 summarises governance and coordination arrangements for the PSS as at June 2012. 


One issue that emerged during the evaluation was some uncertainty with regard to overall leadership of the PSS. Most documentation states that leadership of the PSS is shared between FaHCSIA and DoHA. However, DoHA advised that it considered that FaHCSIA had overall leadership, with DoHA’s role being similar to the other participating agencies.

### Coordination of Australian Government activities – the Senior Executive Service Steering Committee and EL2 Committee

The PSS has been led throughout its life by an SES Steering Committee (SC) which consists of senior responsible officers from each of the four Australian Government PSS partner agencies. The SES Steering Committee was originally to include states/territories representatives but this did not occur and in practice the main focus of the Committee has been to coordinate Australian Government activity. Its role is to:

* ensure a coordinated approach to the PSS, particularly in regard to policy and planning
* provide strategic direction and advice on the development, implementation and evaluation of the 2006-07 Petrol Sniffing Budget Measure
* facilitate inter agency investment and coordination on initiatives and projects related to the 2006-07 Petrol Sniffing Budget Measure, and
* facilitate resolution of issues relating to implementation.

The SES committee has met regularly during the life of the PSS and has been the main consultation, coordination and decision-making forum for the PSS.

When the PSS was established it was seen as a ground-breaking attempt to achieve a truly coordinated approach to the difficult problem of petrol sniffing. Previous PSS staff (who have since moved on to other programs) considered the PSS (through the SES Steering Committee) was an exemplar of joint action with successes outweighing any failures. Its experience had been communicated to the Secretaries Group on Indigenous Affairs as a model of good practice. Two particular achievements were the continued coordination via the SES SC and the joint funding of the Integrated Youth Services Program (see section 3.4).

Australian Government staff we interviewed considered the SES Steering Committee to have worked well, fostering good communication and joint action (such as on the preparation of joint submissions to the various inquiries) as well as developing a cross-agency view on issues such as the goals for various elements and the role of the PSS Zones. There was a good working relationship between agencies and the SES level was appropriate.

However, this group now meets less frequently and met only once since September 2011. It has been replaced by an ‘Executive Level (EL2)’ group of less senior staff. The reasons for this change were not clear – some Australian Government staff speculating that it was due to a mixture of the maturing of the PSS, the confirmation that there was ongoing funding (reducing the sense of urgency), and a generally reduced profile for petrol sniffing. Staff considered this was appropriate and that if needed the SES SC could be re-convened to discuss any major issues.

Views on the effectiveness of the new EL2 group are mixed. The opportunity to interact and discuss the program is appreciated, but some feel the EL2 meeting is too focused on information exchange, rather than exercising leadership and setting directions.

One fundamental challenge for coordination was that the Eight Points focused more on particular programs and activities than overall objectives. Accordingly, agencies tended to focus on implementing their assigned roles resulting in a ‘federated’ approach where each agency focused largely on its responsibilities, rather than an integrated approach. As a review of the first phase of the PSS put it:

By 2006 it seems to have become clear that the PSS would not take the form of a cohesive inter-governmental strategy so much as a series of independent though related initiatives in the Northern Territory, South Australia and Western Australia. (Urbis, 2008)

We also found that individual agency staff were often unclear what services were being delivered by other agencies. This suggests there is not a shared understanding of the components of the PSS and the role each plays.

One event that occurred during the evaluation fieldwork highlighted the difficulties in achieving a truly coordinated approach.

DEEWR, as one of the founding partners of the PSS, has contributed funds since the PSS began and had substantially increased its contributions in recent years. In July/August 2012 (following the 2012-13 Budget) DEEWR notified services that funding would cease at the end of 2012 and the pilots receiving funding would cease operation (see pp. 30-31). As it was a decision of the Government under the 2012-13 budget, there was no formal consultation between PSS agencies on this decision. This suggests that the PSS had established little ‘lateral accountability’ between agencies and that agencies were able to fundamentally change their commitment to the PSS without seeking the input of other agencies. This apparent reduction in involvement is particularly concerning given the clear need for a strong Australian Government presence in Indigenous youth services.

Overall, the PSS is now a lightly coordinated multi-agency approach rather than a tightly integrated package. This is probably inevitable given the division of responsibilities across multiple agencies and their need to balance their commitment to the PSS against broader portfolio strategies. Some coordination does still occur with good impacts. Case study fieldwork in the Kimberley found a very cooperative approach on the ground between agencies to support a network of youth services there. However, there remains a need for strong interagency relationships and planning to ensure that all opportunities for cooperative action are achieved.

### Planning

A complex strategy such as the PSS requires sound planning to ensure that priority areas are addressed, and gaps and duplication are minimised.

From the perspective of external stakeholders, the term ‘Eight Point Plan’ has been seen as a misnomer and raised expectations of a coordinated, integrated approach. As one provider expressed it in 2011:

The PSS has the 8 point plan, which is more accurately described as a list of objectives, but no plan as to how to get there.

Despite this perception, FaHCSIA staff had in fact prepared a number of work plans to guide implementation. These plans addressed all aspects of the PSS and were considered by the SES SC. The most recent plan was developed in 2008 and updated in 2011.

However, the plans tended to be built on what agencies said they would do, rather than driving actions and do not appear to have been used to, for example, communicate priorities to stakeholders, or to hold individual agencies accountable. In interviews with Australian Government staff, most (but not all) participants were aware of the current PSS work plan in general terms, but not its detail. It did not appear to being used to guide actions by agencies.

A recurring theme from interviews with Australian Government and state/territory staff was a perceived lack of focus or leadership for the PSS, as shown by a lack of documentation of the strategy. Some pointed to need, for example, for a summary or strategy document that clearly articulated the PSS’s strategic approach including roles of each element and agency.

## National management - the Petrol Sniffing Strategy Unit (PSSU)

Day to day management of the individual elements of the PSS is the responsibility of each agency. Overall operational management of cross-strategy elements is the responsibility of FaHCSIA, via the Petrol Sniffing Strategy Unit.

### Background and history of the PSSU

As described above, since the start FaHCSIA has had lead responsibility for National Office coordination, administration and reporting on the PSS. Up until 2010 this role was exercised by policy staff in Canberra together with operational staff based in the PSSU in Alice Springs.

The PSSU (then known as the Central Australia Petrol Sniffing Strategy Unit or CAPSSU), was established at the start of the PSS to coordinate and oversee implementation of the Eight Point Plan across Central Australia. It was originally envisaged as a multi-government unit, with staff from state/territories as well as Australian Government agencies which would oversee all aspects of the PSS. For a period (up until early 2012) a DoHA staff person worked within the PSSU.

However, state/territories did not provide staff as was expected. In practice the PSSU has undertaken three main roles. First, it has coordinated FaHCSIA’s involvement in the PSS, including support for the network of Regional Coordinators. Second, it has provided support and advice to other funding departments as an on-the-ground presence and finally it manages the PSS TFS.

In its early years the CAPSSU/PSSU faced a number of challenges to exercising its role. A review of its operations in 2009 found that its operations were affected by:

* the state/territories not contributing staff and it consisting only of FaHCSIA staff
* its initial focus on a large youth program, the Integrated Youth Services Project
* the announcement of the Northern Territory Emergency Response (NTER) in 2007, which diverted staff effort away from the PSS, and
* a focus primarily on NT-related issues.

The review found a number of other areas needing strengthening in regard to its communication with stakeholders and management of the PSS.

This evaluation was not tasked to review the operations of the PSSU in detail; however we did consider its role in regard to overall coordination and management of the PSS.

### Recent changes to the role of the PSSU

The PSSU originally had a number of operational roles, namely to:

* work with partner Australian Government agencies to implement the PSS
* facilitate joint understanding of the PSS with Australian, state and territory governments, including local management
* with stakeholders, identify and implement local programs which address petrol sniffing, and
* collect and interpret data on petrol sniffing and other volatile substance misuse.

In the recent period national program management roles for the PSS that had previously been performed by staff in FaHCSIA National Office were devolved to the PSSU. For example it is now coordinating the Australian Government response to the Senate Inquiry into mandating the use of *LAF*. These national roles are delivered by a team that was originally established with a much more operational focus. It has now taken on responsibility for:

* oversight for the Substance Abuse Intelligence Desks (SAID)
* national management of the TFS (see section 3.7)
* for coordinating (but not directly managing) the network of Regional Coordinators FaHCSIA has established
* development of the national PSS work plan
* policy coordination, for example in preparing submissions for government inquiries, and
* support for the SES Steering Committee and Cross-Jurisdictional Forum.

This addition of ‘national office’-type functions is a significant change and was not accompanied by an increase in staffing. Although we were not able to review staffing and workloads in detail, it appears that the current staff have difficulty managing the increased workload, and in particular taking on the new national policy and planning roles. In the light of the major changes to the PSS suggested in this evaluation, it is likely the PSSU will need some additional resources to deliver the transition to a new strategy.

### Support to agencies in Canberra

The other Australian Government agencies were highly positive in regard to the PSSU *“when I want information on petrol sniffing I ring the PSSU…”.* They identified where the PSSU had built strong links with agencies and PSSU staff were readily available to provide advice and information.

The PSSU is seen as giving a good service as the ‘eyes and ears’ for programs: a hub of information and coordination on the PSS. Contact is greatest with the more active agencies, especially DoHA. The PSSU also assists in implementation of other programs that might affect VSU. For example in regard to Remote Service Delivery Pilots PSSU attended briefing sessions for providers to give advice.

### Management of the Targeted Funding Scheme

The PSSU also has National Office responsibility for the PSS TFS. This program is discussed in more detail in section 3.7.

## Cross-Jurisdictional relationships

### Background

The PSS was originally conceived in cooperation with state/territories and was hoped to be a cross-governmental initiative. State/territories were expected to take the lead in elements of the PSS such as policing and treatment. However, after initial communication and discussions with states/territories, formal coordination with jurisdictions seems to have largely lapsed during the first phase, despite approaches from the Australian Government. Some early evaluations found that there were discussions between jurisdictions at the regional level, but that the implementation of the whole of government approach was limited (Urbis 2008).

Nevertheless, state/territories remain important to the control of petrol sniffing through their provision of treatment and other services, such as policing. Accordingly we consulted with a number of state/territory staff to gather their views on the PSS.

### State/territories views and interest in the PSS

Overall, jurisdictions were very positive about the role of the PSS and its implementation. They considered:

* the overall role and aims of the PSS were clear
* it has helped improve the response to and control of sniffing
* it has helped maintain the profile of VSU as a health issue, and therefore it has had some influence on state/territories activities, and that
* there are now good and productive relationships between jurisdictions on the ground.

Jurisdictions’ interest in the PSS varies by state/territory and level of operation. At the local level in the case study regions there was good knowledge and commitment to the PSS. Local staff particularly welcomed the role of RCs in facilitating local planning and coordination.

At higher levels there was more variable interest (though still strong in-principle support). This probably reflected the varying levels of perceived significance of petrol sniffing in the jurisdiction. For example, in the NT and WA there was good understanding and commitment and some clear suggestions for future directions and priorities. There was reasonable awareness of the role of the PSSU, even if there was not frequent contact. However, in SA and Queensland there was less knowledge of the PSS, though still recognition of the importance of LAF in controlling sniffing and support for activities such as youth services to address disengagement.

Recognising these differences in the level of engagement, we found that some state/territories staff considered the PSS still was somewhat crisis-driven, responding as a controversy occurs. A number of comments on other aspects of the PSS referred to the lack of apparent priorities (or at least lack of discussion with and communication to the jurisdictions of priorities). While the overall intent of the PSS was clear there was less understanding of issues such as the specific roles of the various Australian Government agencies, how decisions on funding were made and the specific activities planned under each element. Finally, while the PSS was considered to have a good profile they were not sure how it related to other programs, such as the National Drug Strategy or Indigenous health programs such as funding for Aboriginal Medical Services (AMSs).

The main expressed priorities of state/territories staff were for:

* more youth services
* funding for treatment services
* support for more treatment services, and access to existing treatment services
* in some jurisdictions the Australian Government was the major funder of community-based services which actually reduced jurisdiction leverage over services
* better communication of plans, such as roll out of LAF
* broadening the scope of the PSS to all volatiles
* ensuring continuity of activity by the Australian Government. For example, the presence or absence of an RC had a strong impact on one state’s ability to improve coordination on VSU and accounted for part of the perceived differences in implementation between the two case study regions, and
* encouraging consistency in approach by staff in remote areas dealing with sniffing. Fieldwork in the case study regions found that this work is already being done by RCs but it is a continuing need. As one state/territory stakeholder put it:

*There is a steady growth in the number of various workers coming on to communities doing various things, all funded by the Commonwealth. However, they know little about VSU or petrol. There is a need for the PSS to support these workers (with induction and training) to respond to VSU appropriately.*

Areas seen as less relevant for inclusion in the PSS were legislative issues and levels of policing.

### The Cross-Jurisdictional Forum

In recent years FaHCSIA has taken two steps to improve collaboration with jurisdictions. The first of these was the establishment, in 2011, of a ‘Cross-Jurisdictional Forum’ (CJF) consisting of representatives from Australian Government agencies, state/territories departments and some local shires working in the PSS Zones. The CJF has met several times since.[[14]](#footnote-14) Its aim is to:

“…provide an opportunity for SA, NT, WA and Qld jurisdictions to share information about what their areas and communities are doing regarding volatile substance misuse, and

improve efforts to work together on volatile substance misuse through a formalised Terms of Reference.”

Issues considered by the CJF have included:

* information exchange on PSS-related activities
* future tasks to be undertaken as part of the PSS such as workforce development and clinical guidelines
* data collection and evaluation
* discussion and agreement on a work plan for future PSS initiatives, and
* monitoring outbreaks of petrol sniffing/VSU.

The Forum has also developed a work plan which includes actions such as:

* mapping youth services
* researching trends in petrol sniffing
* developing a funding model for services
* developing a communique to raise the profile of the CJF
* distributing clinical guidelines, and
* advising on the role of the Zones and incident data.

Outcomes from the meetings are then taken up by the PSSU, which has responsibility for communicating them to relevant agencies and monitoring any actions.

Jurisdiction staff views on the CJF were that it was a useful mechanism, a ‘good partnership’, and worked well at what it did, but had some limitations. In particular, its value was seen to depend on the relative interest of the state/territories. Those who considered they had better developed VSU strategies said they got relatively less out of it, but it was a good venue to distribute resources to other jurisdictions. While it was a good information exchange it was seen as “a bit reactive”. We also found staff were often not aware of the CJF’s work plan.

Suggested improvements from jurisdiction staff were that it:

* should not include Shires, as this limited opportunities for open discussion between governments
* review its focus and membership – if it is about developments on the ground then the RCs should be involved to enable resolution of any questions or issues immediately, rather than requiring a later follow-up
* needed to focus or be complemented by another group that focused on strategic discussions and greater joint planning, including allocations via the TFS, and
* include more information from the Australian Government about planned funding changes (so jurisdictions were forewarned of de-funding decisions and likely subsequent impacts on VSU) and community profiles.

### Role of Regional Coordinators

A second initiative by FaHCSIA that has improved collaboration was the creation of a network of Regional Coordinators (RCs).

#### Establishment of the Regional Coordinator network

Up until 2009 the PSS management structure included a number of Canberra staff, including an SES Band 1 officer. In 2010 the FaHCSIA Minister agreed to change the staffing structure to create a network of Regional Coordinators to be located in the regions, to move staff from Canberra to Alice Springs, and to remove the SES Band 1 officer. Recruitment to the positions occurred in late 2010 and early 2011.

PSS RCs are located at Alice Springs, Darwin, Kununurra, Kalgoorlie, Adelaide, Cairns and Mt Isa. They are generally based in either the local ICC or Regional Operations Centre and are part of, and accountable on a daily basis to, local FaHCSIA managers. Most work primarily on PSS-related duties, but also have other functions within the ICC. The PSS meets the salary costs of the officers, and pays a contribution towards their travel expenses.

The roles of the RCs are to:

* support the implementation of ‘place-based’ responses to issues of petrol sniffing and other volatile substance misuse in communities and regions
* identify and work with key stakeholders in their region to facilitate a coordinated response to volatile substance misuse including petrol sniffing
* undertake or facilitate training of services in VSU
* information exchange, liaison with local stakeholders such as police, media or state/territory agencies
* develop proposals for the PSS TFS to address local needs
* advise of implementation issues and incidents of volatile substance use in communities and record that information in the appropriate format, and
* create a regional network of relevant agencies including local service providers to develop a regional response to volatile substance use issues, identifying and implementing strategies to assist communities and regions to:
  + re-engage youth with community values and culture
  + divert youth from risky behaviours
  + strengthen community capacity to develop and implement local responses to volatile substance misuse, and
  + provide information and education to community members to better inform their decisions to develop and implement local responses to volatile substance use.

#### Effectiveness of regional coordination

The network appears to have made a substantial contribution to implementation of the PSS. For example:

* DoHA staff advised that having a regional focal point and ‘platform’ greatly improved the efficiency of the roll out of LAF. Rather than DoHA staff needing to undertake the task of identifying and building relationships with local stakeholders, much of this work was now already done by the RCs, enabling consultations and communication to be done much more easily
* state/territories and service provider staff were also positive about improved flow of information, the greater focus on petrol/VSU in the region and stronger links that resulted from having specific staff in place
* a particular benefit was the establishment, support and in some cases leadership of regional VSU working groups. In both case study regions the coordinator took a lead role in improving coordination of activity via the working groups. They typically led the development of multi-year plans to control and prevent sniffing in the region
* the RCs, in conjunction with the PSSU and state/territory departments, have emphasised developing interagency protocols for the reporting of sniffing incidents and ensuring that appropriate agencies are promptly notified of such incidents. Stakeholders in the relevant regional centres were very positive about the benefits of the protocols and the improved understanding among service providers on how to respond to incidents. The smooth handling of a recent incident in one case study region was considered to show the benefits of the protocol. However the other case study region found that a lack of response to reports of sniffing incidents meant that some stakeholders no longer report incidents, because from their perspective, there was no point
* RCs interviewed in both regions for the case studies produced an impressive amount of planning documentation, engaged in active liaison with service providers and gave support to new service staff, and
* RCs greatly improved the collection and distribution of information about trends in sniffing in their regions (though there still remain some concerns about the quality of some data, as discussed in section 3.8).

Local community organisations and services were highly supportive of their role and contribution.

The value of the role has been further recognised and enhanced with FaHCSIA’s Western Australia office establishing an additional position to perform RC functions in the Pilbara, where no formal coordinator role exists and where sniffing is emerging as a problem. Notwithstanding these important gains, the evaluation did identify some areas where change or strengthening is needed to address some gaps and weaknesses in the RC arrangements.

The first of these is to ensure that there is continuity in the positions being filled. In one case study region there was a substantial gap between incumbents and the overall response is less-developed as a result. Development of regional plans or development of coordination arrangements and groups moved forward when a RC was in place, and stalled when they were not, or when the RC role was only part-time. In the other case study region there has been much better continuity and the response is more strongly established.

The roles of the RCs are generally well understood and appropriate but need to be better communicated to the staff and more broadly within FaHCSIA. Although the removal of Zones (as recommended by this report) should not affect the type of work done by RCs it may increase the amount of work, as their reach possibly extends. This may require less effort devoted to non-PSS tasks.

Not surprisingly, coordination is tending to focus on regional centres where a lot of agencies are based. Communication and coordination is much harder in remote areas as there are few services, but greater needs and incidence of sniffing. In both case study regions there was a perception that the main “players” for the PSS are in the regional centre. Stakeholders in remote parts of both regions questioned whether understanding of the PSS overall and the recommended response protocols in particular extended to their remote areas. They also questioned the value of such response protocols when there were few options apart from police to make a response.

More fundamentally, the network of RCs is somewhat inflexible as it consists of a set number of designated positions in the various offices. This limits the ability of the FaHCSIA state office to allocate staffing resources to emerging areas of need where sniffing is starting to occur. Case study fieldwork found some feedback to suggest that RCs limited the scope of their activities to the PSS zone. In some instances this has meant that RCs have not been active in places experiencing sniffing that are geographically close to them, but not in the PSS zone.

There are also some actions needed to improve the effectiveness of individual staff and of the network overall. These include:

* ensuring all staff gain a proper induction and explanation of their role
* setting up a transparent and accountable system through which it is the responsibility of the RC to respond to notifications of sniffing incidents (if only to make a referral), and to let the notifier know what is happening
* improving communication and information flow to the RCs so they are aware of current PSS priorities
* there was some evidence that RCs are diverted from PSS-duties to other tasks within the ICC. This is probably an unavoidable trade-off for the benefits of being within a broader management structure (such as greater awareness and access to other funding sources) and the variable nature of petrol sniffing. It is also a function of inadequate travel budgets, which means that their ability to travel purely to address sniffing issues is limited, and they have to take on other functions. This trend needs to be monitored to ensure that core PSS responsibilities are being met
* developing a clearer statement on the role and expectations of the RCs to guide their efforts. This would not only help them plan work but help balance work on the PSS with broader responsibilities within the ICC, and
* although the positions are not all full-time on VSU, ensuring that there is clearer guidance on the proportion of time they should be devoting to non-VSU issues.

## Clarity on the goals and scope of the PSS

Another recurring challenge to implementation has been some vagueness about the intent of the Eight Points. As one early review of planning noted:

…there is a need for greater clarification of what could be included in each of the 8 components of the Strategy and what is actually being done. (Courage Partners, 2008)

The uncertainty over the content of the strategy required constant attention by the SES SC. Its meetings regularly addressed the question of each element’s goals, particularly in regard to the elements relating to policing and legislation. Some elements (such as respite) were never fully defined.

This lack of clarity probably reflected a number of factors. The PSS was developed quite quickly, and while the core elements were stated, more detailed definition was left for later implementation. Also, the elements varied markedly in their breadth. Some were very specific and somewhat inflexible (such as uniform legislation), while others were very broad (strengthening communities) and ill-defined.

In addition, the eight elements combine objectives (‘strengthening…’) and particular mechanisms (‘communication and education’…). This has made it difficult to develop and communicate a coherent vision of the strategies needed to tackle petrol sniffing. Debates over the exact content and focus of the strategy have led to confusion among stakeholders and avoidable work for staff.

To address this lack of clarity we suggest a new structure for the PSS in Chapter 6.

## PSS Zones

### Origin and purpose of the Zones

At its commencement the PSS was intended to focus on the APY Lands in South Australia, the Ngaanyatjarra Lands in Western Australia and several communities in the south of the NT, including the four communities of Docker River, Imanpa, Mutitjulu and Apatula, where the IYSP investment has been made. Subsequently this original zone was extended to include another 18 or so remote communities together with the town camps of Alice Springs, a small area around Mornington Island and Doomadgee in the Gulf of Carpentaria and the East Kimberley. The current Zones are shown on page 14.

The purpose of the Zones was to focus effort of agencies on what were, at the time, areas of greatest perceived incidence of sniffing. Australian Government staff agreed that the Zones were necessary at the start of the PSS and functioned to provide a geographic focus, avoid diffusing effort and prioritise investments “ …they give some operational priorities…”.

### Application in practice

The challenge faced by the agencies is that sniffing is highly episodic and mobile – in the sense that it can arise and fade away quickly in one location, and re-appear in another location. Within a few years it became clear that sniffing was occurring to a serious degree in areas outside the Zones, in particular the Top End of the NT, and in the Pilbara in WA. A strict application of the Zones would imply no action would occur outside the Zones.

Agencies took varying approaches to using the Zones when implementing their elements of the PSS:

* DEEWR and AGD followed the Zones relatively closely to guide funding (such as for the Youth Connections pilots or youth justice projects), and did not fund services outside the Zones
* FaHCSIA focused effort mainly on the Zones, but has also put substantial effort into areas outside of the Zones such as by establishing RCs in other areas (such as the Top End). It has also funded projects in Napranum, Aurukun, Mt Isa, Pormparaaw, Cherbourg, Jilkminggan, Wadeye, Tiwi Islands, Cairns, Katherine and Ceduna , and
* as shown in Figure 4 on page 25 DoHA is rolling out LAF far beyond the Zones and has created a concept of the ‘*Opal* footprint’.

Over time, the extent and role of the Zones have been revisited by the PSS agencies with the view to agreeing how to reconcile the Zones with changing patterns of sniffing. The agencies (via the SES SC) regularly considered the role of the Zones. In 2011 the SES SC considered whether to combine the Zones with the LAF footprint or abandon the designated Zones approach. It decided that abandoning the Zones had some advantages, but that in the light of the continued need to have some mechanism to prioritise locations:

“…boundaries of the designated PSS Zones should be retained and flexibly applied with responsiveness to need and to the aspiration to deliver programs using an effective, collaborative and community-based approach.”[[15]](#footnote-15)

### Future of the Zones

In our view the best option is to abolish the Zones and provide services and funding according to need, rather than which side of a boundary the community sits. This is for a number of reasons.

Firstly, as discussed above implementation by the agencies has already shown a highly variable regard to the Zones ranging from the quite rigid to very flexible.

Secondly, and partly as a result of the first issue, stakeholders universally criticised the Zones as out-dated, confusing (particularly given that the LAF footprint went far beyond the Zones) and bearing little relationship to sniffing patterns.

Thirdly, a concern that abolishing Zones would lead to increased expectations for funding is reasonable but given expectations are already building because some activity already occurs outside Zones, this should be manageable.

Fourthly, we found instances (for example, the Pilbara) where funding for services dealing with sniffing was reduced or not available as they lay outside of the Zones, even though the scale of sniffing was acknowledged as justifying investment, and plans were in hand to roll out LAF to the sites concerned. If the PSS is to be true to its original multi-service origins, service investments need to be able to follow or complement the use of LAF wherever it is feasible.

Finally, given the inherently variable and unpredictable nature of sniffing, any specific Zones are bound to be rapidly out of date, unless cast very broadly.

There are a number of issues which would need to be addressed if the Zones are abolished:

* an alternative way to prioritise investments will need to be created. We make some suggestions for funding criteria in section 6.5
* although there is no formal requirement to do so, it would be desirable to gain the agreement of state/territories to the change. Virtually all state/territory staff we spoke to supported the abolition of the Zones. It would probably be easier to gain their agreement to outright abolition than to a detailed re-drawing of boundaries of individual Zones
* there are implications for the current distribution of resources, particularly youth services and RCs that will need to be reviewed, and
* the program would need to continue to stress that the focus is on remote areas, and that the removal of Zones does not mean investments will be made in urban areas.

## Scope of the PSS

### Substances

The current formal scope of the PSS is on petrol sniffing. Many stakeholders raised the issue of broadening this scope to include all volatiles.

The primary reason for this view is that it is well recognised that people in remote Indigenous communities who sniff are most likely to be poly-drug users who will use a range of products, depending largely on what is available. When petrol was widely available it was the most commonly sniffed volatile. Supply reduction means that for many regions it is no longer available, and consequently other substances such as aerosols, glue and paint are sniffed. The people engaging in the sniffing are the same – just the substance varies. With this in mind it makes sense for the PSS to apply to all volatiles that these people might sniff.

Another argument for broadening the PSS is that any response to control VSU (other than supply reduction) will be very similar regardless of the particular volatile being used. Strengthening communities, engaging youth or expanding treatment all address the common causes and results of VSU, not just petrol sniffing. More pragmatically, given the episodic and variable nature of petrol sniffing, focusing just on one substance would be inefficient and difficult to maintain.

Reflecting this, an evaluation of the CAPSSU recommended in 2009 that it address other volatiles, and this was supported by the Australian Government. Recognition of the need to address other volatiles includes DoHA’s funding the development of *Consensus-Based Clinical Practice Guideline for the Management of Volatile Substance Use in Australia*. These address petrol sniffing in the wider context of volatile substance use. In addition, the various working groups set up by RCs have all been or become v*olatile* substance working groups, rather than *petrol* sniffing groups.

Notwithstanding this action, the formal scope of the PSS has remained purely on petrol, and is as a result out-of-step with both the range of activities and community expectations.

During the case study fieldwork it was also apparent that VSU was not, and should not be addressed in isolation from other drug use, especially cannabis. A number of stakeholders referred to the large scale and impact of cannabis use, and that an approach was needed that took a holistic approach to youth and drug use. Reflecting this, the East Kimberley PSS group recently re-named itself to be a ‘Youth at Risk’ coordination group.

### Youth services

The other issue regarding the scope of the PSS is its position as a de facto provider of youth services to remote Indigenous communities. This role is not ideal, as it is too broad for the PSS. A discussion of the creation of a Remote Indigenous Youth Strategy is included at Section 3.4.

## Costs and funding processes

Funding for activities is currently of three main types:

* funding to producers and distributors of LAF
* one-off or recurrent funding to organisations for delivery of services and projects, and
* funding for supporting activities such as evaluations, data collections or communications activities.

The funding arrangements for LAF have recently been changed, and we see no need to change them further. Similarly, funding for consultancies, evaluations, or other program support activity was not examined but we are not aware of any concerns on its management.

In regard to service or project funding there are three major programs:

* the FaHCSIA TFS, which delivers one-off funding
* the AGD funding under the Indigenous Justice Program which has provided recurrent funds to a number of youth and diversionary activities, and
* DoHA’s funding of various activities, including treatment.

Up until December 2012, there was also funding available from DEEWR (see page 30).

Current project funding arrangements between agencies are fragmented and do not result in a coordinated attack on areas with the greatest need. Individually, some lack a clear evidence base for decisions and there is not a visible connection between provision of LAF, incidence of sniffing and funding for complementary programs. These arrangements are seen to result in significant disparities. For example the 2009 review of the CAPSSU found:

The rationale for the variation and the link between community preference and the activity funded is not always evident in program documentation. The background information, the ‘story’ behind each investment is held in the corporate memory of individuals, and can to some extent be accounted for verbally. At times the driver for investment has been as simple as a short timeframe for funds to be expended, and the most evident opportunities were taken. In these circumstances, not all factors are with the Unit’s control. But it is the view of many stakeholders that with better networks, more effective communication and a clearer connection to an underlying program logic, better funding decisions could have been made. (Urbis, 2009, p. 18)

Analysis of funding data for this current evaluation shows that these disparities do not reflect relative need for services. Of the two Zones in Western Australia, one received nearly double the amount of the other, despite it having much less sniffing.

In addition to the disparities, there is a lack of flexible *recurrent* funding for services. Current AGD funding is locked into one particular region, and the TFS funding is only for one-off activities.

There is continual and understandable pressure for funds to be aligned with portfolio priorities –but these may not align directly with the needs of the PSS, for example the discontinuation of DEEWR Youth Connections/Reducing Substance Abuse pilot projects and AGD concerns to see clear justice outcomes from its projects. In our view these expectations risk reducing the broader benefits of youth programs.

One option would be to move AGD funding to FaHCSIA, as part of the TFS. This would give options for recurrent funding to be more flexibly allocated across regions and allow coordination of investment of long-and short-term funding.

# Conclusions – Impact of the PSS

The primary aim of the PSS has been to reduce the incidence and prevalence of petrol sniffing. There is good evidence that this has been achieved. Section 3.8 describes the difficulty in accurately establishing the incidence and prevalence of sniffing. With this in mind we have taken a conservative approach to reporting the evidence of a reduction in sniffing.

The primary source for assessing longer-term impacts of the PSS is the *Evaluation of the Impact of Opal Fuel* (d’Abbs and Shaw 2008) which describes a significant reduction in the number of people identified as sniffing petrol between the collection of baseline data (2005 – 2007) and the collection of impact data (2008). For example it found that while there were 145 individuals sniffing petrol across Central Australia before the roll out of LAF, after the roll out there were nine (d’Abbs and Shaw, 2008). The other findings of the evaluation[[16]](#footnote-16) include:

* there was a decrease in prevalence in 17 of the 20 communities from which data was collected
* a decrease across the sample of 70 per cent (431) in the number of people sniffing between baseline and follow up across all communities in the study
* petrol sniffing had dropped by over 90 per cent in central Australia and the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands
* there had been a fall of 90 per cent in the number of people sniffing at regular heavy levels
* there is a statistically significant relationship between the distance from each community to the nearest ULP outlet, and the size of the decrease in the prevalence of sniffing at each community, which indicates that the use of LAF has had a significant role in the decrease in the prevalence of sniffing
* qualitative feedback indicates that most residents of the communities who have experienced a decline in sniffing attribute the cause of that decline, at least in part, to the introduction of LAF, and
* a change in the frequency at which the remaining individuals sniffed, with a move towards occasional sniffing in those who previously sniffed at heavier levels.

The use of LAF not only resulted in drops in the absolute numbers of people sniffing petrol, but also in the frequency of the sniffing of those who continue to sniff petrol, with falls of 60 per cent in the number of people sniffing at occasional levels, 85 per cent at regular levels, and 90 per cent at chronic levels (d’Abbs and Shaw, 2008). However, some commentators note that petrol sniffing is still a problem in regions where a regional approach to the supply of LAF has not so far been possible to implement, and RULP is therefore easier to access (Shaw, 2010).

The evidence of a decrease in sniffing that has been provided by this data has been reinforced through fieldwork done for both case studies for this evaluation. All service providers that we spoke with considered that the PSS and the provision of LAF in particular, had driven a marked decrease in sniffing over the past few years.

The other major impact of the PSS has been through the delivery of diversionary services for young people. These have a twofold impact – they both provide activity for young people to divert them away from sniffing, and they operate to strengthen and support communities by offering their young people opportunities to gain new skills and potentially engage with constructive pathways such as employment and training.

A secondary impact of the PSS has been to recognise and validate the need for remote Indigenous communities to have comprehensive, sustained youth programs. This has been achieved by both the provision of funds for programs, and by the publishing of evaluation reports that legitimise the need for such programs, and make recommendations for their improvement. This activity is likely to have assisted to create conditions where programs such as the new ‘Youth in Communities’ initiative for the NT receive support. This is not insignificant - over $10 million per year for two years is being provided for youth programs.

The PSS has also had some impact on the provision of treatment facilities for users. This tended to be later in the life of the PSS. It is likely that recognition of particular services, and support from the PSS has been important in leveraging ongoing state contributions to those services.

A more intangible impact of the PSS has been in the creation of a sustained governmental response to the issue. In 2004 Professor Peter d’Abbs and Dr Maggie Brady published an article entitled ‘Other people, other drugs – the policy response to petrol sniffing among Indigenous Australians’ (d’Abbs, Brady, Drug and Alcohol Review, 2004). In it they argue that ‘a number of structural factors combined to marginalise petrol sniffing’, and called for an end to ‘reliance on short-term, one-off interventions in place of a sustained policy commitment’. Three recommendations were advanced to help overcome these factors:

1. *agreements should be reached within and between levels of government on steps to be taken to reduce risk factors before the eruption of petrol-sniffing crises;*
2. *the evidence base relevant to petrol sniffing (and other inhalants) should be improved by funding and directing one or more existing national drug research centres to collate data on inhalant-caused mortality and morbidity, and to conduct or commission research into prevalence patterns, effectiveness of interventions and other gaps in knowledge;*
3. *the current pattern of short-term, pilot and project funding should be replaced with longer-term, evidence-based interventions that address the multiple risk and protective factors present in communities. (d’Abbs and Brady, 2004)*

The PSS has gone on to, in substantial measure, achieve each of these recommendations.

# Future Directions for the PSS and Control of Petrol Sniffing

This evaluation is a formative and future-oriented one, seeking to advise the Department on future directions for the PSS and control of petrol sniffing. Our proposed new directions address the need for the expansion of youth services for remote Indigenous youth, changes to focus and scope of the PSS and how its delivery might be improved.

## A new Remote Indigenous Youth Strategy

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| Proposed New Direction : The Australian Government establish a national multi-agency Remote Indigenous Youth Strategy to address the severe disadvantages and challenges faced by remote Indigenous youth. One agency should have designated leadership of the strategy. |

As discussed in section 3.4, implementation of the PSS has revealed an overwhelming need for youth services in remote areas. Every community that receives LAF is also requesting (and needing) a youth program. The PSS is a tightly focused strategy, and yet because its target group tends to be young people it has developed a de-facto role in trying to meet the need for the provision of youth services. The PSS is not an appropriate vehicle from which to meet the depth and diversity of the needs of Indigenous young people in remote areas.

The responsibility for young people in remote Indigenous communities is currently diffuse and unclear. Consequently there are a multitude of agencies and programs that try to deliver outcomes for young people through their particular interest. However there is a need for more coordination and broader strategic goal setting that brings together these disparate programs.

The creation of a Remote Indigenous Youth Strategy that focuses on the wide ranging needs of young people would replace the current trend of funding youth services through the lens of substance use services, or diversion from the justice system (or training and education and so on). Youth programs would become a recognised tool for engaging young people, and a pathway for meeting other needs as diverse as treatment for drug and alcohol issues, or beginning an apprenticeship.

In this schema the PSS would be able to focus on the provision of more narrowly defined petrol sniffing related activities, and play a more advisory role in the broader Remote Indigenous Youth Strategy.

## Continuation of the PSS

| Proposed New Direction : The PSS should continue as a national strategy, with changes suggested in this report. |
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There have been a number of benefits from the PSS. It has provided a shared framework for the content and management of the response to sniffing. As a strategy it has added value to the response to sniffing in two ways- a marked rise in the resources available to combat sniffing, and better coordination between Australian Government agencies involved in managing the response. This is not to say that there are not areas where improvement is needed, but overall the PSS framework and structure has facilitated improved service delivery, and communication and discussion between the Australian Government agencies with a common goal.

The PSS has also acted as a focal point for investments by agencies, and a broad accountability between departments. By this we mean that without the PSS it is more likely that individual programs would have diluted their focus, and/or shifted to meet other needs, both of which would have been detrimental to the response to sniffing. The structure of the PSS has encouraged most departments to remain engaged and on target in their prioritisation of sniffing as an issue in an environment of multiple calls on their resources.

A multi-element strategy such as the PSS also recognises the complex nature of petrol sniffing and the need to complement supply control measures (such as LAF) with demand and harm reduction and other measures. The existence of the Eight Point Plan has generated a focus from government on the breadth of response needed. Such a comprehensive approach would have been possible without a formal strategic framework, but would have been more difficult to maintain.

In addition the PSS meets stakeholder strong expectations for a coordinated response. Without the PSS communities would have struggled to see what governments were doing in regard to petrol sniffing and instead been presented with a patchwork of individual initiatives. Stakeholders were unanimous in their wish for the PSS to continue. They all perceived the value of its existence in prioritising, coordinating and managing the response to sniffing.

Accordingly, our conclusion is that the PSS should continue as the coordinating framework for government action to control petrol sniffing. The recent support by the Australian Government to mandate the supply of LAF in some regions will potentially extend its impact.

However, it should be recognised that whatever success the PSS has had in tackling sniffing, the *circumstances underlying sniffing still remain in many communities*. As one community member advised, there are “… plenty of sniffers, but nothing to sniff”. This emphasizes the fact that sniffing will not be fully controlled until the deep social, economic and cultural disadvantages faced by young Indigenous people in remote areas are addressed.

## Changes to the focus and scope of the PSS

There is a strong case for the PSS to continue. Discussion with stakeholders of the form in which it should continue generated a plethora of potential directions that could be taken by the PSS into the future.

The first area of change tended to be comment on whether it should remain as the *Petrol* Sniffing Strategy, or should be broadened to include all volatiles, and have its name changed to reflect that expansion.

### An expanded scope to include other volatiles

| Proposed New Direction : The PSS be broadened to include other volatiles, while keeping a primary substance focus on petrol and on remote areas and, where appropriate, relevant regional centres. |
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As noted in section 4.6 the focus on petrol was entirely appropriate at the establishment of the PSS. This reflected the urgent need to reduce petrol sniffing and its impacts across remote Australia but has become out-dated with greater recognition of the inter-relatedness of factors affecting use of drugs in remote areas. On the ground the PSS has responded by addressing other volatiles in a number of contexts, and this broader range of activity goes beyond the current formal scope.

There are some risks to broadening the scope of the PSS. The key part of the current strategy that applies particularly to petrol is the provision of LAF. It is possible that with broadening the focus, effort will shift away from petrol, and possibly put this element of the strategy at risk. This would be an entirely retrograde step, and must not be contemplated. As one interviewee commented ‘*We’ve got our knee on its throat now – take Opal away and we’re back to square one.*’ The recent Australian Government decision to mandate LAF suggests the focus on this element is, if anything, increasing.

Similarly with a broadening of focus to all volatiles, there may be pressure to extend the geography of the PSS to urban areas, where most VSU occurs. The PSS focus on disengaged youth and young adults in *remote* areas must be maintained to ensure the needs of this most vulnerable group are the priority. There may also be some pressure on resourcing (in terms of funding and staff) to accommodate the wider focus on all volatile substances. However, in practice broader VSU issues in remote communities are already being managed by the PSS within current resourcing levels. The PSS is already addressing sniffing in regional centres (such as Kalgoorlie and Mt Isa) that are close to the most affected communities and the nearest urban centres that remote youth may visit. These should remain part of the PSS, as long as they are contributing to action in remote communities and the main focus remains on the more difficult to reach and more disadvantaged remote youth.

### A true whole of government strategy

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| Proposed New Direction : The PSS engage other agencies as appropriate to achieve its goals. |

A whole of government approach has been defined as:

… public service agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to particular issues. Approaches can be formal and informal. They can focus on policy development, program management and service delivery. (Management Advisory Committee, 2004)

Notwithstanding some difficulties, the PSS has at times in its implementation been an exemplar of such a whole of government strategy in the way it has fostered a consistent approach to a complex problem by four Australian Government agencies and in coordination where possible with state/territory governments.

However, its focus has tended to be on what action can be taken by the four agencies, rather than looking more broadly to other agencies who might assist in, for example, improving engagement opportunities for Indigenous youth in remote areas. Other agencies can play a role in controlling sniffing. For example, the PSS could seek to engage with programs such as the Indigenous Rangers Program run by the Department of Sustainability, Environment, Water, Population and Communities to see if that program could be modified to address issues of substance abuse, or focus on engaging young people. To some extent this broad approach already exists on the ground with good multi-agency cooperation and coordination between the Australian Government and state/territories.

We do not suggest that governance of the PSS should be expanded beyond the current agencies – this would be unworkable. What we are proposing is that when the PSS is addressing an issue, or considering investing in a region, it look beyond the four core agencies to see if other agencies can be encouraged to direct their funding in ways that would support the PSS. Broadening the involvement of other agencies would create some additional workload for coordinating staff, and we make recommendations on this below.

### A new name for the PSS

| Proposed New Direction : The PSS be renamed to reflect its focus on broader volatiles, remote areas and prevention. |
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### Consistent with the broader focus, the name of the PSS should change to reflect the expanded range of substances. Some general considerations for the name are that, consistent with the above discussion of the broader focus, it:

* keeps the word ‘petrol’ in the title, and
* highlights the remote focus of the new strategy.

## A new structure for the PSS

| **Proposed New Direction 6: The PSS be restructured to have five elements of:**   1. Supporting communities to prevent and control sniffing and its consequences 2. Supporting individuals to stop sniffing 3. Providing low aromatic fuel 4. Building and disseminating the evidence base 5. Leadership and coordination |
| --- |

As discussed in Chapter 0 the Eight Points reflected initial priorities, but are generally too broad and ill-defined, or too narrow and specific. More importantly, they do not clearly enough communicate the *aims* of the various PSS activities.

Instead we propose that the new PSS be structured in a way that conveys its goals, rather than particular mechanisms. The proposed ‘five elements’ are:

1. Supporting communities to prevent and control sniffing and its consequences
2. Supporting individuals to stop sniffing
3. Providing low-aromatic fuel
4. Building and disseminating the evidence base, and
5. Leadership and coordination.

These elements recognise the broad areas in which activities to respond to sniffing occur. They acknowledge both the two primary targets of the response to sniffing – individuals and communities, and the associated areas that require discrete action – supply reduction, demand reduction, reflection on practice and implementation.

We see a number of benefits from the new structure. It should:

* make it easier to explain and communicate the purpose and goals of the PSS
* avoid activities seen as necessary being ‘shoe-horned’ into an overly rigid out-dated structure
* enable easier assessment of alignment and fit of projects and investments to PSS goals
* reinforce that the needs of communities *and* individuals will be addressed
* support evaluation and monitoring planning by clarifying higher-level expectations of individual projects
* encourage an emphasis on learning and innovation, and
* support stronger leadership at the national and regional level.

The relationship of the existing Eight Points to the new structure is shown in **Figure 6**. It is important to note that the new elements are broader and are designed to encompass a wider range of issues and approaches than the current points. The inclusion of existing points does not fully define the new elements, and a number of the ‘Eight Points’ relate to more than one element. For example, while “building and disseminating the evidence base” includes evaluation, it may also include activities such as better practice development.

**Figure 6: Relationship of the Eight Points to the Five Elements**

The relationship of the existing Eight Points to the new structure is shown in Figure 6. It is important to note that the new elements are broader and are designed to encompass a wider range of issues and approaches than the current points. The inclusion of existing points does not fully define the new elements, and a number of the ‘Eight Points’ relate to more than one element. For example, while “building and disseminating the evidence base” includes evaluation, it may also include activities such as better practice development. 



***1. Supporting communities to prevent and control sniffing and its consequences***

One of the strengths of the current PSS is that it recognises that action is needed at the community level to address the underlying causes of sniffing and to support control of sniffing by individuals. We propose this emphasis continue and be further enhanced by including, with some shift in priority, the current points that relate to:

* legislation
* policing
* strengthening and supporting communities
* alternative activities for young people, and
* community-level aspects of treatment and respite.

Each of these points can make a strong contribution to community capacity to deal with sniffing but bringing them together with a common focus should make this more apparent to stakeholders and provide more flexibility in planning.

Additional activities could be strengthening the engagement of remote communities into the Volatile Substance Use Working Groups, encouraging other community based programs to consider VSU in the way they plan and deliver their programs, and continuing to work with the SAID desks to monitor the bootlegging of volatile substances.

As discussed earlier in the report, there is no longer a need for the legislative and policing aspects of the Eight Point Plan to be at the level of a ‘strategic’ component. There may be some need for continuing work on legal issues (for example as part of the mandated provision of LAF) but in our view the proposed structure facilitates that these topics could still be addressed within the ‘supporting communities’ element. Areas that might be considered for a new PSS work plan might include considering powers to mandate, the role of local management plans, or training for police in handling VSU matters remain part of the new PSS’ work plan.

***2. Supporting individuals to stop sniffing***

Reducing sniffing also requires helping individual sniffers change their behaviours and stop, or reduce their sniffing. Sniffers may be children experimenting for the first time or older episodic or chronic sniffers, and each type of sniffer requires an appropriate response. Such approaches may range from brief interventions and counselling, family support, or case management to residential care.

This element of the new PSS primarily continues the aspect of the Eight Point Plan dealing with treatment. The purpose of this change is to move away from a simple focus on ‘treatment and respite’ (and an assumption that the only response is residential treatment) to a more flexible approach to assist individuals to stop sniffing in a variety of circumstances.

In addition, some other parts of the Eight Point Plan, such as alternative activities for youth, better policing or better legal frameworks may also play a role in getting sufficient appropriate services for individuals.

Activities in this element might include:

* actions in regard to individual-focused activity such as support to providers including police, schools, health services, child protection services in dealing with individual sniffers and their families
* communication and education material for sniffers and service providers, and development of best practice guidelines
* appropriate education around VSU
* in light of the association of VSU with other forms of drug use: expanding and improving preventive measures to promote resilience among young people, especially with respect to recreational drug use, and
* expanding and improving response, support and treatment pathways and services for dealing with individual episodes of sniffing. This is an area where more investment is required to address major gaps in treatment for chronic sniffers, particularly outside of the NT.

There is a risk that this change might be seen as downplaying the role of treatment in the PSS. As noted in Chapter 3 a major finding of this evaluation is of a continuing gap in availability of treatment for sniffers. Funders should demonstrate they are committed to helping individual sniffers through a variety of ways, including an expanded set of treatment options.

***3. Providing low aromatic fuel***

Provision of LAF will remain the bedrock of the PSS. Eliminating the supply of RULP reduces the scale of sniffing to manageable levels and enables communities and funders to put in place strategies to deal with remaining sniffers.

This element would largely include the existing activities of:

* roll out distribution and subsidy of LAF
* consultation, planning for the delivery of LAF into more communities, and
* provision of education and communication materials on LAF.

There will be little change as a result of this restructuring and it recognises the crucial importance of educating communities, including local petrol sites, about the benefits of LAF. The recent Government support for legislation enabling the mandating of LAF in certain areas may further strengthen this element.

***4. Building and disseminating the evidence base***

Prevention and control of VSU and sniffing in remote Indigenous communities is a complex, challenging goal with many uncertainties about the best way to intervene. There remain many gaps in knowledge of what policies and programs work best. The track record of good evaluation needs to be continued, and emphasis placed on the creation of mechanisms to disseminate findings to all stakeholders. There are also weaknesses in the scope and quality of data available to monitor trends in sniffing. An effective overall response requires good evidence on interventions which is then taken up and applied as well as robust, comprehensive data on trends in sniffing.

Therefore, this element includes the part of the current PSS dealing with evaluation but expands it to emphasise the assessment of interventions, dissemination of best practice and useful innovations and improved data on trends in sniffing.

We envisage that activities in this element might include:

* improving data collection, response, analysis and reporting arrangements for sniffing as it occurs[[17]](#footnote-17)
* conduct of evaluations, and
* work with stakeholders and other funders to discuss, develop and share good practice.

The PSS has a good record of evaluation, and one risk is that this may diminish. However, evaluations are largely project and program-based and are certain to remain a requirement for major investments. A benefit will be that evaluation, creation of learning, insights and applying these in practice will become a standard procedure.

***5. Leadership and Coordination***

This was not one of the original Eight Points, but is an important current activity that, with the growth of the RC network and the agreed need for coordination and clearer priorities, deserves recognition in its own right. There are a number of important governance and management issues that should be addressed including:

* implementing the changes proposed in this report
* clarifying leadership arrangements
* confirming the role of Regional Coordinators
* strategy planning and priority setting
* managing the interrelationship of the new PSS to other volatiles and other drug control strategies
* cementing the role of the PSSU in national management of the PSS, and
* developing stronger links with state/territories.

This is a substantial workload and is likely to require additional investment in program staffing.

In order to clarify the intent of the new PSS we have identified a number of priority tasks aligned with the five elements. These priorities are mainly based on findings from this evaluation and are presented to start discussion within the PSS management. These are shown in Table 2.

## Improving delivery of the PSS

### A needs-based approach

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| Proposed New Direction : Project funding be directed primarily to those regions currently or planned to receive LAF and reflect the needs of the region. |

The major concern with abolishing the PSS Zones is that an alternative mechanism or set of criteria is required to guide investments. In many ways the role that DoHA has had in determining which communities should get LAF is a prototype for determining which communities should be encompassed by the PSS. They have developed a needs assessment and consultation process that determines a community’s need and willingness to stock LAF in order to address their sniffing issues. We propose that this currently informal process becomes formalised.

Implementing a needs-based approach will require the following be done:

* disband the Zones as they are currently described and accept the current ‘footprint’ area as a working definition of the areas in which remote area sniffing issues are in need of a response
* develop a mechanism for collecting accurate data at sites that report sniffing to see if they need to be included in PSS activity, and also assess the extent of services in any given community, and
* include as a principle that funding of complementary services (such as youth or community support services) under the PSS will be limited to communities that are either receiving LAF (or not receiving it for purely mechanical reasons such as supply issues) or planned to receive LAF.

Within these broad parameters, investments into particular priorities should be prioritised according to factors such as:

* severity of sniffing
* extent of other service provision (is there a relatively high level of *unmet* need)
* support from the relevant state/territory government, and
* support for the services from the relevant community.

### Engagement with state/territories

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| Proposed New Direction : The role and composition of the Cross-Jurisdictional Forum be revised to focus it on discussions of strategic directions. |

Recent changes such as establishment of the CJF are seen as a positive and should continue, but are not sufficiently engaging state/territories on overall priorities and directions. There is a need to establish mechanisms that are more likely to engage governments and clarify the different roles and stakeholders for:

* setting priorities
* information exchange about developments ‘on the ground’, and
* broader planning and engagement.

However, the level of interest and engagement by jurisdictions will vary.

### New project funding arrangements

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| Proposed New Direction : AGD’s funding for petrol sniffing projects be transferred to FaHCSIA and managed through its programs, in conjunction with the Targeted Funding Scheme (TFS). |

As noted in Chapter 4, the current separation of funding programs reflects agency arrangements but makes it difficult to coordinate action to address regions of high need. In particular, the AGD funding of youth services, while it addressed real needs, is delivering benefits primarily to one region although there are greater needs and higher rates of sniffing elsewhere. A more effective approach would be to combine as much funding as possible into FaHCSIA so it could utilise its ICC and RC network to deliver and support funding where needed and apply a consistent needs and priority framework assessment across all funding programs. This could also reduce the need for services to address narrow justice outcomes and instead focus on broader strategies tackling the underlying factors leading to young people take up sniffing.

### Improved strategy definition and communication

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| Proposed New Direction : A Strategic Plan be prepared to guide the PSS. |

One of the recurring themes in evaluations of the PSS has been the need for more clarity on the goals, strategies and priorities of the PSS. This would provide a ready source of information and priorities to staff and stakeholders on the content of the PSS and hopefully, reduce uncertainty about its approach. We envisage a document similar to, though smaller than those documents describing the *National Drug Strategy* or the *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan*. Stakeholders should be consulted on its content and priorities. The document should articulate the PSS’s strategic approach including its:

* goals
* focus of the components
* scope
* role of Zones
* short and medium-term priorities
* funding opportunities
* organisation (such as the role of the PSSU and RCs)
* responsibilities, and
* focus of effort in the next period.

### Improved governance and management

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| Proposed New Direction : The PSSU be given additional resources to allow it to undertake the leadership of the PSS and implement the changes proposed by this evaluation.  Proposed New Direction : Clarify leadership arrangements for the PSS. |

Notwithstanding that one of the strengths of the PSS is its multi-agency composition, it also requires strong leadership which is best done by one agency. A number of reviews have identified the need for clearer leadership on issues such as priorities, data collection and analysis, definition of elements, cross-jurisdictional relationships and communication. Implementing the proposals of this evaluation will also require substantial effort.

These roles have recently been assigned to the PSSU in addition to its operational responsibilities, however the PSSU’s current staffing numbers and profile are probably insufficient to exercise the leadership required. Some small additional senior staffing is required to support the strategic leadership role. This could be based in Alice Springs, but we suspect it would be more effective located in Canberra where it can liaise with other agencies and with the FaHCSIA senior staff.

Also, as noted at page 49 there is uncertainty over which agency(s) has formal leadership of the strategy. This should be clarified as part of implementing new arrangements.

## Suggested priorities into the medium term

To assist with implementing the changes suggested, we have prepared a summary of proposed priority actions for the PSS over the next three years.

Table 2: Summary of the new PSS and possible priorities

| Arm | Agency Lead | Suggested Future Priorities |
| --- | --- | --- |
| 1. Supporting communities to control and prevent sniffing | FaHCSIA | * Continue to fund comprehensive youth services in areas affected by sniffing that are: * targeted to areas of greatest need * have community support and involvement in their design and implementation * based on better practice * have a clear focus on addressing substance abuse * funded for a minimum of three years, and * target young people aged between 15 and 25yrs. * Support the continued expansion of police numbers in areas affected by sniffing * Disseminate advice to police on the management of VSU in remote Indigenous communities that recognise their key role in controlling VSU * Continue to support the Substance Abuse Intelligence Desks * Support coordination and planning of services at the community/regional level to prevent and control VSU * Identify and disseminate models of best practice in legal measures to prevent and control sniffing at the community, state/territories and national level. This should include: * distributing the desktop analysis of legislation conducted in 2009 and the subsequent consultation and policy project, and * identifying and addressing any legal obstacles to enforcement of cross-border treatment orders * Revise the guidelines for the Targeted Funding Scheme to reflect the new structure of the PSS, link allocations to prevalence of sniffing and streamline decision-making within FaHCSIA * Develop an accountability framework for the TFS so that grant recipients have to report on their project, and those reports can be evaluated at a later stage * Leverage the evidence and expertise developed by the PSS to advocate for the development of a National Indigenous Youth Strategy * Continue to support RCs in the creation and strengthening of VSU Working Groups * Support development and implementation of local VSU management plans |
| 1. Supporting individuals to stop sniffing | FaHCSIA | * Develop guidelines for community agencies’ staff on how to deal with sniffing in different settings, for example: * by children in schools or statutory care, and * by children in statutory care arrangements. * Review current respite, support, treatment or rehabilitation options available for VSU in remote areas and regional towns and identify gaps, lessons and better practice models in dealing with people affected by VSU whether experimental, regular or chronic users * Further develop plans to create a new residential treatment facility for chronic sniffers from remote areas in the Central Desert region * Engage DEEWR: * to ensure funded youth programs include consideration of VSU issues, and * to link with Job Services Australia services to provide additional opportunities for engagement with the workforce for all job seekers. * Develop and facilitate a best practice approach to VSU education materials and processes among state/territories * Draw on research and programs promoting resilience among young people in ‘mainstream’ society to develop programs targeting Indigenous young people at risk of VSU and other substance misuse |
| 1. Providing low aromatic fuel to remote communities in or near regions experiencing sniffing | DoHA | * Improve the testing of the impact of LAF on small engines and address and disseminate test results * Continue to strengthen communication activities to address concerns about the effect of LAF on small engines * Continue to strengthen the regional approach to the provision of LAF to build stakeholder support * Ensure communities considered for LAF are fully informed on the likely timeframe for provision * Continue to monitor trends in sniffing in communities after provision of LAF in order to assess the impact of LAF on sniffing patterns * Expedite establishment of storage facilities in Northern Australia * Conduct a review of the LAF to date to identify lessons learned and new directions in the light of the support for mandatory provision of LAF * Focus on further developing consultation and implementation strategies for settings where communities are linked to towns, and the provision of LAF therefore entails multiple stakeholders * Update and publish criteria for the provision of LAF |
| 1. Building and disseminating the evidence base | FaHCSIA | * Review the current data collection and reporting arrangements by the Australian Government and state/territories to identify whether they can be improved to enable the timely production of reliable information on trends in sniffing * Evaluate programs that have previously not been evaluated * Distribute the compendium of research to stakeholders * Publicise the availability of evaluation reports to stakeholders * Codify lessons from youth services evaluations and distribute these * Conduct research to inform best practice approaches in areas such as addressing VSU by youth services, treatment modalities, professional and community education * Re-assess the Govdex data system to see how the quality of the data can be improved. This may particularly require training of those reporting incidents via GovDex and entering data. * Report regularly (at least annually) on trends in sniffing. This should consider service, clinical, administrative and evaluation data and have regard to community privacy. * Maintain a list of communities that are receiving services through the PSS, and what services each one receives |
| 1. Leadership and coordination | FaHCSIA | * Enhance the capacity of the PSSU to plan, lead and develop the PSS through, for example, collecting and analysing data on sniffing trends, liaising with state/territories and develop a strategic plan for the PSS * Reform the Cross-Jurisdictional Forum to strengthen its leadership and coordination capacity * Review the roles of the SES and EL2 Committees in the light of the new structure * Codify and document the role of RCs * Strengthen the induction and training of RCs * Develop a five-year plan for the PSS in consultation with state/territories * Re-orient the concept of the Zones so that complementary activities fall in behind the provision of LAF, except in cases where supply or isolated stakeholder issues are preventing supply * Develop funding criteria for the TFS that are aligned to need * Manage the incorporation of the AGD youth funding into the TFS |

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# APPENDIXES

# Appendix A: List of Stakeholders Consulted

| Name and Position | Location |
| --- | --- |
| Mr Rob Zadow, Executive Director of Aboriginal Health, SA Department of Premier and Cabinet | Adelaide, SA |
| Ms Gordana Curcic, PSS Program Lead, Port Augusta, Department of Families, Housing, Community Services and Indigenous Affairs | Adelaide, SA |
| Ms Karyn Douglas, Deputy State Manager, Department of Families, Housing, Community Services and Indigenous Affairs | Adelaide, SA |
| Mr John Gaynor, Alcohol and Other Drugs Program, NT Health | Alice Springs |
| Ms Dianne Bramich, Department of Families, Housing, Community Services and Indigenous Affairs | Alice Springs (ICC), NT |
| Mr Richard Farrell, Southern NT Regional Coordinator, Department of Families, Housing, Community Services and Indigenous Affairs | Alice Springs (ICC), NT |
| Ms Helen Walker, Director, PSSU, Department of Families, Housing, Community Services and Indigenous Affairs | Alice Springs (ICC), NT |
| Ms Christine Williamson, Youth Services Manager, NPY Women's Council | Alice Springs, NT |
| Mr Blair McFarland, Manager, Central Australian Youth Link Up Service | Alice Springs, NT |
| Mr Brett Cowling, Manager, Ngaanyatjarra Health Services | Alice Springs, NT |
| Ms Janeen Bulsey, GBM, Apatula and Titjikala, Department of Families, Housing, Community Services and Indigenous Affairs | Apatula, NT |
| Mr Tossie Baadjo, Director, Wirrimanu Aboriginal Corporation | Balgo, WA |
| Brother Rick Gaffney, Principal, Luurnpa Catholic School | Balgo, WA |
| Mr Michael Gravener, Manager, Boy’s Town – Tjurablan region | Balgo, WA |
| Mr Brendan Houkamau, Clinic manager, Balgo health service | Balgo, WA |
| Mr George Lee, Chairperson, Wirrimanu Aboriginal Corporation | Balgo, WA |
| Mr Tjilawa Nagomara, Director, Wirrimanu Aboriginal Corporation | Balgo, WA |
| Father John Pernell, Parish priest, Tjurabalan region | Balgo, WA |
| Mr Darren Perrett, Senior boys support worker, Luurnpa Catholic School | Balgo, WA |
| Ms Karen Previtt, School teacher, Luurnpa Catholic School | Balgo, WA |
| Mr Daniel Rockman, Director, Wirrimanu Aboriginal Corporation | Balgo, WA |
| Mr Xavier Ennis, Youth worker, Wirrimanu Aboriginal Corporation | Balgo, WA |
| Chelsea Rutledge, Youth worker, Wirrimanu Aboriginal Corporation | Balgo, WA |
| Ms Wendy Burns, Department for Child Protection, Balgo | Balgo, WA |
| Snr Sergeant Gordon Hughes, Officer in Charge, Balgo, WA Police | Balgo, WA |
| Mr Brad Warburton, Officer in Charge, Wyndham (former Officer in Charge, Balgo), WA Police | Balgo, WA |
| Mr Bruce Smith, Chairman, Ngaanyatjarra Council | Blackstone, WA |
| Ms Janice Scott, Ngaanyatjarra elder | Blackstone, WA |
| Mr Regis Brito, Assistant Director, Volatile Substance Use Section, Department of Health and Ageing | Brisbane, QLD |
| Mr Jason Scott, Assistant Director, Volatile Substance Use Section, Department of Health and Ageing | Brisbane, QLD |
| Mr Jeff Buckley, Dovetail | Brisbane, QLD |
| Ms Sarah-Jane Selwyn, PSS Regional Coordinator, Northern QLD, Department of Families, Housing, Community Services and Indigenous Affairs | Cairns, QLD |
| Ms Genevieve Sinclair, Youth Towards Empowering Independence | Cairns, QLD |
| Ms Jacki Arnold, Department of Education, Employment and Workplace Relations | Canberra, ACT |
| Ms Frances Corby-Moore, Department of Education, Employment and Workplace Relations | Canberra, ACT |
| Mr Mark Canning, Attorney-General's Department | Canberra, ACT |
| Ms Belinda Collins, Department of Prime Minister and Cabinet | Canberra, ACT |
| Ms Mandy Doherty, Branch Manager, Reconciliation and Relationships Executive, Department of Families, Housing, Community Services and Indigenous Affairs | Canberra, ACT |
| Ms Kate Gumley, Group Manager, Indigenous Housing and Infrastructure Group, Department of Families, Housing, Community Services and Indigenous Affairs | Canberra, ACT |
| Ms Josephine Haussler, Assistant Section Manager, Research and Evaluation Section, Department of Families, Housing, Community Services and Indigenous Affairs | Canberra, ACT |
| Mr Anthony Heiser, Assistant Director Indigenous Justice Section, Attorney-General's Department | Canberra, ACT |
| Ms Rebecca Lane, A/g Director, Volatile Substance Use Section, Department of Health and Ageing | Canberra, ACT |
| Ms Jan Lawless, Branch Manager, Cross Portfolio and Information Executive, Department of Families, Housing, Community Services and Indigenous Affairs | Canberra, ACT |
| Ms Wendy Matthews, Section Manager, Research and Evaluation Section, Department of Families, Housing, Community Services and Indigenous Affairs | Canberra, ACT |
| Ms Michelle McGaurr, Section Manager, Land Councils and Funds Management, Department of Families, Housing, Community Services and Indigenous Affairs | Canberra, ACT |
| Mr Ben Mudaliar, Director, Indigenous Justice Section , Attorney-General's Department | Canberra, ACT |
| Ms Marita Opray, Assistant Director, Volatile Substance Use Section, Department of Health and Ageing | Canberra, ACT |
| Mr Mark Kneebone, Director, NT Health, Drug and Alcohol Program | Darwin, NT |
| Mr David Hughes, Section Manager, NTER Unit: Community Stores, Department of Families, Housing, Community Services and Indigenous Affairs | Darwin, NT |
| Mr Cameron McDougall, PSS Regional Coordinator, Darwin, Department of Families, Housing, Community Services and Indigenous Affairs | Darwin, NT |
| Ms Jess Green, Youth worker, Shire of Halls Creek | Halls Creek, WA |
| Ms Donna Hindmarsh, Director of Nursing, Halls Creek District Hospital | Halls Creek, WA |
| Dianne Tomatsos, Deputy principal, Halls Creek District High School | Halls Creek, WA |
| Mr Grant Astles, Local Area Coordinator, Halls Creek, Department of Families, Housing, Community Services and Indigenous Affairs | Halls Creek, WA |
| Mr Richard Smit, Youth Services Team Leader, Shire of Halls Creek | Halls Creek, WA |
| Mr Omar Chahal, Officer in Charge, Halls Creek, WA Police | Halls Creek, WA |
| Ms Virginia O’Neil, ROC, FaHCSIA and community member | Halls Creek, WA |
| Mr Vincent Sheen, ROC, FaHCSIA and community member | Halls Creek, WA |
| Ms Sally McEvoy, Manager, Goldfields Community Drug Service Team | Kalgoorlie, WA |
| Mr Roland Jahnke, PSS Regional Coordinator, Goldfields Region, Department of Families, Housing, Community Services and Indigenous Affairs | Kalgoorlie, WA |
| Mr Graham Larchin, Regional Manager, Kalgoorlie ICC | Kalgoorlie, WA |
| Ms Susan Gatti, Regional Alcohol and Other Drugs Coordinator, WA Country Health Service, Goldfields, Department of Health | Kalgoorlie, WA |
| Ms Sharon Jessett, Project Officer, Department of Indigenous Affairs | Kalgoorlie, WA |
| Mr Garfield Prowse, WA Regional Coordinator, Indigenous Justice Section, Department for Child Protection | Kalgoorlie, WA |
| Ms Merle Ann Cochrane, Team Leader, Kalgoorlie ICC | Kalgoorlie, WA |
| Mr Chris Davies, PSS Regional Coordinator, East Kimberley, Department of Families, Housing, Community Services and Indigenous Affairs | Kununurra, WA |
| Ms Karla Foster, Regional Manager, East Kimberley, Department of Families, Housing, Community Services and Indigenous Affairs | Kununurra, WA |
| Mr Ed Brockhoff, Youth Development Coordinator, Save the Children | Kununurra, WA |
| Ms Leah Thorpe, East Kimberley Program Coordinator, Garnduwa | Kununurra, WA |
| Mr Gary Gaffney, CEO, Shire of Wyndham-East Kimberley | Kununurra, WA |
| Ms Sue Gaffney, Youth Services Officer, Shire of Wyndham-East Kimberley | Kununurra, WA |
| Mr Patrick Fagan, Program Manager, MG Ord Enhancement Scheme, Kimberley Development Commission | Kununurra, WA |
| Mr Lawford Benning, Community Information Coordinator, MG Ord Enhancement Scheme, Kimberley Development Commission | Kununurra, WA |
| Ms Ann Mills, Team Leader, Prevention and Diversion Team, Department of Corrective Services | Kununurra, WA |
| Ms Cheryl Wansbrough, Senior Community Drug Service Worker, Kimberley Community Drug Service, Department of Health | Kununurra, WA |
| Ms Janet Blair, PSS Regional Coordinator, Mt Isa, Department of Families, Housing, Community Services and Indigenous Affairs | Mt Isa, QLD |
| Ms Angela Rizk, Coordinator, Volatile Substances Program, Drug and Alcohol Office | Mt Lawley, WA |
| Mr Bryan McKain, GBM Mutitjulu, Department of Families, Housing, Community Services and Indigenous Affairs | Mutitjulu, NT |
| Ms Sophie Staunton, Department for Child Protection | Perth, WA |
| Mr Carl Lincoln, WA and SA Regional Coordinator, Indigenous Justice Section, Attorney-General's Department | Perth, WA |
| Ms Janette Newman, OATSIH Substance Use Program, Department of Health and Ageing | Perth, WA |
| Ms Gemma Palfrey, Early Childhood Branch, Department of Education, Employment and Workplace Relations | Perth, WA |
| Mr David Pedler, Manager, ICC Metro South-West Perth, Department of Families, Housing, Community Services and Indigenous Affairs | Perth, WA |
| Ms Lorraine Merrick, PSS Regional Coordinator, Port Augusta, Department of Families, Housing, Community Services and Indigenous Affairs | Port Augusta, SA |
| Ms Marian Palandri, Indigenous Coordination Centre, South Hedland, Department of Families, Housing, Community Services and Indigenous Affairs | South Hedland, WA |
| Ms Leonie Johnson, Regional Youth Coordinator, North Queensland Region, Department of Education, Training and Employment | Townsville, QLD |
| Ms Damian McLean, CEO, Warburton Community Inc. | Warakuna, WA |
| Ms Daisy Ward, Ngaanyatjarra elder | Warakuna, WA |
| Mr Graeme Tysoe, Officer in Charge, Warakurna, WA Police | Warakuna, WA |
| Mr Shane Wilson, Student Services Coordinator, Ngaanyatjarra Lands School | Warakuna, WA |
| Livingstone West, Elder | Warburton, WA |
| Jon, Youth worker, Ngaanyatjarra Council | Warburton, WA |
| Mr Rowan Shinkfield, PHAMS Team Leader, Ngaanyatjarra Health | Warburton, WA |
| Mr Giordano Silvano, Artistic Director, Wilurarra Creative (Youth Diversion Project) | Warburton, WA |
| Ms Alice Munro, Child protection worker, Department for Child Protection | Warburton, WA |
| Mr Chris Paget, CEO, Shire of Ngaanyatjarraku | Warburton, WA |
| Ms Rebecca Minichilli, Skills Development Coordinator, Skill Hire | Wyndham, WA |

###### : Interview Guides

**Whole of Strategy Evaluation for the Petrol Sniffing Strategy**

**Questions for Australian Government public servants**

**Short introduction on the history of the PSS and this evaluation:**

 Came into being in 2005

 Is a whole of government strategy with DoHA, FaHCSIA, AGD and DEEWR

 Now being evaluated as a whole but there have been previous evaluations on various different parts of it

 We are talking with Commonwealth and State and Territory public servants and service delivery and community representative organisations in WA, SA, NT and Qld

 There is a PSS zone show map

The interview is in three sections:

1. The implementation of the strategy as a whole

a. Scope of the strategy

b. Governance and leadership

c. Content of the strategy

2. The impact of having a strategy (as oppose to an ad hoc response)

3. What the future of the response to sniffing should look like

**QUESTIONS**

*[Ask for information on current position, title, involvement in PSS – do not record name in the document]*

1. What has your role been in the development and implementation of the PSS?

2. What do you see as the main impact of your role?

**Implementation of the strategy**

We want to start with the nuts and bolts of the strategy itself.

**Goals**

3. Is it clear to you what the PSS aims to achieve?

4. Is it clear to you how the strategy aims to achieve it?

**Scope**

5. Has it been clear what activities/substances/geographic areas have been included in the scope of the PSS? (And what has been excluded)

**Definition**

6. Have the aims of each of the components been clearly specified and observed?

7. If so, has there been a process to relate the aims to the activities that have taken place on the ground? Do you think that the activities that you have undertaken have been guided by the aims of the strategy?

**Responsibilities**

8. Have the responsibilities for the different elements of the PSS (roll out of Opal, treatment and respite etc.) been clearly allocated between the government stakeholders, and observed?

9. Is this division appropriate?

**Leadership**

10. Has there been a clear vision and leadership of the strategy?

11. Has the joint DoHA/FaHCSIA leadership provided a workable leadership structure?

12. Has the SES Steering Committee been effective in coordinating action and providing strategic direction? Has it added value and if so how?

**Challenges to leadership**

13. What challenges have there been to the leadership structure of the SES Committee working to maximum effect?

14. What impact do you think those challenges have had?

15. Can you think of any way in which the leadership and coordination of the strategy could be improved?

**Communication**

16. Has there been regular and useful communication across the PSS partners at the State and Commonwealth government level?

**States/Territories**

17. Have they played an important role? Is it clear? Should it continue? If so, how should it change?

**Use of evidence**

[*For those involved in the establishment of the PSS]*

18. How were the priorities of the PSS been derived?

19. What evidence were the priorities based on?

*[for all respondents]*

20. Do you think the various elements of the PSS are sufficiently evidence-based?

21. Do you think that the recommendations of evaluations commissioned on the various components have been implemented? (Examples) If not, why not?

22. Are there areas in which you have insufficient evidence/information/data to plan for the future? If so, what?

**Relation to department**

23. How have the priorities of the PSS affected the way in which your Dept. has allocated its PSS funds?

24. Has your participation in the PSS affected other programs or activities your agency supports? How?

**PSSU Role**

25. Do you interact with the PSSU?

26. What contribution do you think the PSSU is making to the implementation of the PSS? Did its contribution increase following its review in 2009?

27. Should its role be changed in any way? What could it do better?

**Strategy Content**

The eight elements of the strategy are:

 Roll-out of low aromatic fuel

 Consistent legislation

 Appropriate levels of policing

 Alternative activities for young people

 Strengthening and supporting communities

 Treatment and respite

 Communication and education

 Evaluation

28. Given your knowledge of petrol sniffing now, what do you think the key elements of the response to sniffing should be? (Are these things reflected in the elements? What is additional? What has been taken out?)

29. So to what extent do you think each of these elements remain relevant to the current response to petrol sniffing? How should they change?

*(go point by point and get a ‘Yes’ ‘No’ answer for each)*

| Element | Still relevant? Needs changing? |
| --- | --- |
| Roll-out of low aromatic fuel |  |
| Consistent legislation |  |
| Appropriate levels of policing |  |
| Alternative activities for young people |  |
| Strengthening and supporting communities |  |
| Treatment and respite |  |
| Communication and education |  |
| Evaluation |  |

30. Please will you rank the elements in order of those which have had the most investment from your Department, to the least?

| Element | Ranking |
| --- | --- |
| Roll-out of low aromatic fuel |  |
| Consistent legislation |  |
| Appropriate levels of policing |  |
| Alternative activities for young people |  |
| Strengthening and supporting communities |  |
| Treatment and respite |  |
| Communication and education |  |
| Evaluation |  |

31. Do you think that the balance of investment across the elements has been right? If not, how would you change it?

32. Do you think there are overlaps with areas covered in the PSS and other programs? If so, is this a bad thing, or is it OK to have more than one program covering essentially the same activities?

**Zones**

Show map again

33. What do you see as the function of having ‘PSS zones’?

34. Do you think that having these zones has had an impact on the way that the PSS has been rolled out in your Dept.? What? Has this impact been a positive, or a negative one?

35. Going forward, do you think there should still be PSS zones?

36. If so, how should they be determined and where should they be?

**Strategy Benefits**

The final area that we want to ask about is whether or not it has been beneficial having a ‘Strategy’. This is the first time there has been such a thing in relation to petrol sniffing, and we want to think about whether the benefits of having a strategy are worth the cost of it.

37. Has the existence of the PSS had an impact on the way your agency has responded to petrol sniffing? What? (Increased/decreased the level of response; improved coordination……….);

38. What have been the costs of being a partner agency to the PSS for your agency? (Extra administration, delays to activity whilst agreement was sought?) Are these significant?

39. What do you think the benefits of having a ‘PSS strategy’ have been above what would have been achieved with just individual initiatives?

40. Do you think that the existence of the strategy has improved the response to sniffing? How? (Monitoring of trends; sharing of ideas on how to respond);

**Future Strategy**

41. Do you think that the PSS should continue as a whole of government ‘Strategy”? Why?/Why not?

42. If it does continue, do you think that it should continue as a ‘Petrol Sniffing Strategy’, or do you think it should be broadened to include other volatiles (like paint and deodorant) as well? If broader, should the name also change?

**Additional Comments**

**Whole of Strategy Evaluation for the Petrol Sniffing Strategy**

**Questions for State/Territories public servants – not in direct service delivery role**

**Short introduction on the history of the PSS and this evaluation:**

* *Came into being in 2005*
* *Is a whole of government strategy with DoHA, FaHCSIA, AGD and DEEWR*
* *Now being evaluated as a whole – but there have been previous evaluations on various different parts of it;*
* *We are talking with C’wealth and State and Territory public servants and service delivery and community representative organisations in WA, SA, NT and Qld*
* *There is a PSS zone – show map*

The interview is in three sections:

* *The implementation of the strategy as a whole*
* *Scope of the strategy*
* *Governance and leadership*
* *Content of the strategy*
* *The impact of having a strategy (as oppose to an ad hoc response)*
* *What the future of the response to sniffing should look like;*

**QUESTIONS**

* *What has your role been in the development and delivery of the PSS?*
* *What do you see as the main impact of your role?*

**S-T Activities**

* *Can you describe for us the sniffing related activities you fund in your jurisdiction?*
* *What do you see as the major barriers/opportunities to reducing petrol sniffing in your region?*
* *What, if any, additional sniffing related activities do you think are needed in your region?*

**S-T Impacts**

* *What is your perception of impact of the State/Territories activities on petrol sniffing?*

**Leadership**

* *Has there been a clear vision and leadership of the strategy?*

**Implementation of the strategy**

We want to start with the nuts and bolts of the strategy itself.

**Scope**

* *Is it clear to you what the PSS aims to achieve?*
* *Is it clear to you how the strategy aims to achieve it?*
* *Has it been clear what activities/substances/geographic areas have been included in the scope of the PSS? (And what has been excluded) Have these boundaries had any impact on your response to sniffing?*

**Influence on S-T**

* *Has the PSS influenced your State/Territories response to sniffing issues in your jurisdiction? If so, How?*
* *State/Territories are responsible for areas such as treatment, respite and policing – how has the PSS affected what you have done in these areas? Has the level and focus of State/Territory effort remained the same since the PSS started?*

**S-T involvement**

* *Have you been involved in the planning of the strategy at a jurisdiction/local level? How? Was this sufficient?*
* *Has the fact that it is a whole of government strategy at Commonwealth level affected your agency?/program*

**Coordination**

* *Has there been regular and useful communication to your jurisdiction and among various stakeholders?*
* *Do you think having a PSS has improved coordination of activities between State/Territories and the Commonwealth on the issue?*
* *Do you think that the fact that it is a whole –of-govt. strategy has added any value to what has been done?*
* *Can you think of any way in which the leadership and coordination of the strategy could be improved?*

**PSSU Role**

* *Do you interact with the PSSU?*
* *What contribution do you think the PSSU is making to the implementation of the PSS? Did its contribution increase following its review in 2009?*
* *Should its role be changed in any way? What could it do better?*

**Use of evidence**

* *From your perspective has the PSS focused on the right issues and regions?*
* *Do you feel that the strategy has been driven by good evidence? Can you give me an example of where it has/hasn’t been evidence based?*
* *Have the priorities been based on evidence?*
* *Are there areas in which you have insufficient evidence/information/data to plan for the future? If so, what?*
* *Do you think that the recommendations of evaluations commissioned on the various components have been implemented? (Examples) If not, why not?*

**PSS Content**

The eight elements of the strategy are:

* Roll-out of low aromatic fuel
* Consistent legislation
* Appropriate levels of policing
* Alternative activities for young people
* Strengthening and supporting communities
* Treatment and respite
* Communication and education
* Evaluation
* *Given your knowledge of petrol sniffing now, what do you think the key elements of the response to sniffing should be? (Are these things reflected in the elements? What is additional? What has been taken out?)*
* *So to what extent do you think each of these elements remain relevant to the current response to petrol sniffing? How should they change?*

*(go point by point and get a ‘Yes’ ‘No’ answer for each)*

| Element | Still relevant? Needs changing? |
| --- | --- |
| Roll-out of low aromatic fuel |  |
| Consistent legislation |  |
| Appropriate levels of policing |  |
| Alternative activities for young people |  |
| Strengthening and supporting communities |  |
| Treatment and respite |  |
| Communication and education |  |
| Evaluation |  |

* *Please will you rank the elements in order of those which have had the most investment from your Department, to the least?*

| Element | Ranking |
| --- | --- |
| Roll-out of low aromatic fuel |  |
| Consistent legislation |  |
| Appropriate levels of policing |  |
| Alternative activities for young people |  |
| Strengthening and supporting communities |  |
| Treatment and respite |  |
| Communication and education |  |
| Evaluation |  |

**Balance**

* *Do you think that the balance of investment across the elements has been right? If not, how would you change it?*

**Overlaps**

* *Do you think there are overlaps with areas covered in the PSS and other programs? If so, is this a bad thing, or is it OK to have more than one program covering essentially the same activities?*

**Zones**

Show map again

* *What do you see as the function of having ‘PSS zones’;*
* *Do you think that having these zones has had an impact on the way that the PSS has been rolled out in your Dept? What? Has this impact been a positive, or a negative one?*
* *Going forward, do you think there should still be PSS zones?*
* *If so, how should they be determined and where should they be?*

**A ‘Strategy’ as oppose to an ad hoc response**

The final area that we want to ask about is whether or not it has been beneficial having a ‘Strategy’. This is the first time there has been such a thing in relation to petrol sniffing, and we want to think about whether the benefits of having a strategy are worth the cost of it.

**Benefits**

* *Do you think the existence of the PSS has improved understanding of the issue, and enabled better (or different) decision making and planning in response?*
* *Do you think that the existence of the strategy has improved the response to sniffing? How? (monitoring of trends; sharing of ideas on how to respond);*

**Futures**

* *Do you think that the PSS should continue as a whole of government ‘Strategy”? Why?/Why not?*
* *If it does continue, do you think that it should continue as a ‘Petrol Sniffing Strategy’, or do you think it should be broadened to include other volatiles (like paint and deodorant) as well?*
* *Are there any additional activities that should be included in the PSS?*

**Additional Comments**

**Interview Questionnaires for community and service delivery organisations**

**WHOLE OF STRATEGY EVALUATION FOR THE PETROL SNIFFING STRATEGY**

**Questions for service delivery and community organisations**

**Short introduction on the history of the PSS and this evaluation:**

* Came into being in 2005
* Is a whole of government strategy with DoHA, FaHCSIA, AGD and DEEWR
* Now being evaluated as a whole – but there have been previous evaluations on various different parts of it;
* We are talking with C’wealth and State and Territory public servants and service delivery and community representative organisations in WA, SA, NT and Qld
* There is a PSS zone – show map

The interview is in three sections:

* The implementation of the strategy as a whole
* Scope of the strategy
* Governance and leadership
* Content of the strategy
* What the future of the response to sniffing should look like;
* The impact of having a strategy (as opposed to an ad hoc response)

**QUESTIONS**

* What has your role been in responding to sniffing in the region/community? (Get details of membership of any Committee or working group as well as immediate role)

How long have you worked in that role (or have you had other roles in responding to sniffing here?

* What do you see as the main impact of your role?
* What do you see as the major barriers/opportunities to reducing sniffing in your region/community?

**Awareness of the petrol sniffing strategy**

* Are you aware of the existence of the PSS? (Yes/No)
* What does it mean to you?

**Response to sniffing in your region**

* Can you walk me through what happens if you have people sniffing here? (Get details of response, noting ease of accessing support)
* Do you think you’ve had the right services to address sniffing problems in your region
* What, if any additional services do you think are needed to address petrol sniffing in your region/community?
* What different agencies are involved in responding to sniffing in your region/community? (Get list of agencies and what their roles are)
* (How often is more than one agency involved in a response?) Do you think the agencies communicate well together over the work they do here? Do you think that the work they do is coordinated?
* Are you able to tell the government what services you think are needed for sniffing in your community?

Do you feel that the work you have done to respond to petrol sniffing has been supported by the existence of the petrol sniffing strategy, or do you feel that having a PSS has made your work more difficult?

* Over the last 7 years have there been more resources available to you to respond to sniffing related issues?
* If you do think it’s changed, do you think the existence of the PSS had anything to do with that change?

**Content of the strategy**

The eight elements of the strategy are:

* a consistent legal framework
* appropriate level of policing
* roll-out of OPAL fuel
* alternative activities for people in the region
* treatment and respite facilities
* communication and education strategies
* strengthening and supporting communities
* evaluation
* Given your knowledge of petrol sniffing now, what do you think the key elements of the government response to sniffing should be? (Are these things reflected in the elements? What is additional? What has been taken out?)
* So to what extent do you think each of these remain relevant to the current response to petrol sniffing? (go point by point and get a ‘Yes’ ‘No’ answer for each)
* Can you rank the elements in order of those which have had the most investment, to the least in your region/community?
* Do you think that the balance of investment across the elements has been right in your patch? If not, how would you change it so that it works better in your region?
* Do you get youth program funding, or any other program funding from the PSS areas, from more than one source? If so, how is it to deal with more than one funder for the program?
* Do you think there are overlaps with areas covered in the PSS and other programs? If so, is this a bad thing, or is it OK to have more than one program covering essentially the same activities?

**A ‘Strategy’ as opposed to an ad hoc response**

The final area that we want to ask about is whether or not it has been beneficial having a ‘Strategy’. This is the first time there has been such a thing in relation to petrol sniffing, and we want to think about whether the benefits of having a strategy are worth the cost of it.

* Has the existence of the PSS had an impact on the way your community/organisation has responded to petrol sniffing? What? (Increased/decreased the level of response; improved coordination……….);
* Do you think the existence of the PSS has improved understanding of the issue, and enabled better (or different) decision making and planning in response?
* Do you think that the existence of the strategy has improved the response to sniffing? How? (monitoring of trends; sharing of ideas on how to respond)
* Do you think that the PSS should continue as a whole of government ‘Strategy”? Why? /Why not?

If it does continue, do you think that it should continue as a ‘Petrol Sniffing Strategy’, or do you think it should be broadened to include other volatiles (like paint and deodorant) as well?

1. The evaluation will not re-examine each component in detail but examine how the combined effort of all components has worked holistically to achieve outcomes. Reports of a number of component evaluations will be made available for review to inform overall findings and recommendations. These reports, administrative data and documentation with consultation findings should allow for assessment of the effectiveness of each component. [↑](#footnote-ref-1)
2. RFT, p. 25 [↑](#footnote-ref-2)
3. Opal was the first low aromatic fuel to be developed for use as a supply reduction strategy for petrol sniffing. To date it is still the only one on the market. However this will change shortly and new competitors are expected to enter the market. At the time of writing Opal is the fuel that people associate with petrol sniffing. However ‘Opal’ is not referred to in this report, and the general term ‘low aromatic fuel’ (LAF) is used throughout. [↑](#footnote-ref-3)
4. SES Committee minutes 5/12/2008 [↑](#footnote-ref-4)
5. ‘Research into Legislation relating to petrol sniffing’, Shaw, 2010. It should be noted that this project was conducted by one of the authors of the current evaluation. [↑](#footnote-ref-5)
6. From the Australian Government’s submission to the 2012 Senate Inquiry into LAF. [↑](#footnote-ref-6)
7. The Petrol Sniffing Strategy Compendium: A Research Synthesis on the Eight Point Plan to Combat Petrol Sniffing. [↑](#footnote-ref-7)
8. In this context it is worth noting that d’Abbs and Maclean (2008) refer to a report to the Ministerial Council on Drug Strategy (MCDS), on National Directions on Inhalant Abuse. The report outlined a set of ‘Guiding principles for inhalant legislation’. [↑](#footnote-ref-8)
9. Based on DoHA internal data. [↑](#footnote-ref-9)
10. *Opal* Fuel Communication Strategy 2010, p.7 [↑](#footnote-ref-10)
11. Community stakeholder in the East Kimberley. [↑](#footnote-ref-11)
12. Petrol Sniffing Strategy Targeted Funding Scheme Operational Guide, 2010-2012 p.9 [↑](#footnote-ref-12)
13. Two of this evaluation’s authors are currently contracted by the Menzies School of Health Research to conduct this data collection for DoHA. [↑](#footnote-ref-13)
14. The Cross-Jurisdictional Forum has met on four occasions, mainly by teleconference: 30 August 2011, 30 November 2011, 21 March 20112, 21 June 2012. [↑](#footnote-ref-14)
15. designated Zones, discussion paper 13/9/2011 [↑](#footnote-ref-15)
16. As summarised in the Australian Government submission to the Senate Inquire [↑](#footnote-ref-16)
17. The current Menzies data collection only occurs once every two years in each community in the sample. This dot point refers to procedures needed to monitor sniffing on a more every day basis. [↑](#footnote-ref-17)