

**Western Australian  
Volatile Substance  
Use Plan 2005-2009**

## ACRONYMS

ADIS	Alcohol and Drug Information Service
AOD	Alcohol and Other Drugs
ASSAD	Australian Secondary Students' Alcohol and Drug (Survey)
CDSTs	Community Drug Service Teams
COAG	Council of Australian Governments
CSIRO	Commonwealth Scientific and Industrial Research Organisation
DAO	Drug and Alcohol Office
DCD	Department for Community Development
DET	Department of Education and Training
DHA	Department of Health and Ageing
DHW	Department of Housing and Works
DIA	Department of Indigenous Affairs
DLGRD	Department of Local Government and Regional Development
DoH	Department of Health
DoJ	Department of Justice
DPC	Department of Premier and Cabinet
ILC	Indigenous Land Council
JJ	Juvenile Justice
NDLERF	National Drug Law Enforcement Research Fund
NGOs	Non-Government Organisations
OAH	Office of Aboriginal Health
OATSIH	Office for Aboriginal and Torres Strait Islander Health
OCP	Office of Crime Prevention
OCY	Office for Children and Youth
PDIS	Parent Drug Information Service
SAC	Southern Aboriginal Corporation
SDERA	School Drug Education Road Aware
SOG	Senior Officers' Group
VSAG	Volatile Substances Advisory Group
VSU	Volatile Substance Use
WA	Western Australia
WANADA	Western Australian Network of Alcohol and Drug Agencies
WAP	Western Australian Police

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# 1.0 Introduction

The Western Australian Volatile Substance Use Plan 2005 - 2009 (VSU Plan) has been developed as a guide for Western Australian government departments and funded agencies to identify ways to support local communities to address volatile substance use issues.

The term volatile substance use (VSU) refers to the deliberate inhalation of substances, which give off a vapour or gas at room temperature, for their intoxicating effects. Products containing volatile substances known to be used in Western Australia include semi solids such as glues; liquids such as petrol, chrome paints, paint thinners and cleaning fluids; and gases such as aerosols, nitrous oxide and amyl nitrite.

The products used for inhalation differ across social and cultural groups and in different environments. Actions to address VSU must take into account the substance being used as well as the context of the individual, social group and community in which the use is occurring.

## 2.0 Development of the Western Australian Volatile Substance Use Plan 2005-2009

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The VSU Plan has been developed by the Volatile Substances Advisory Group (VSAG), which is convened by the Drug and Alcohol Office (DAO). VSAG, which is responsible to the Senior Officers' Group<sup>1</sup> (SOG), was formed to develop a whole-of-government framework to respond to VSU in partnership with key stakeholders.

VSAG consists of representatives of government and non-government agencies that work with people with VSU problems. Aboriginal people are represented on the group through the membership of government health organisations and non-government and community-controlled organisations. See Appendix 1 for membership of VSAG.

In developing the VSU Plan, VSAG sought information on current issues from key stakeholders in the community, including from rural and remote areas. Feedback was also gathered from a forum of key stakeholders held in December 2004 where appropriate strategies were discussed and prioritised.

1. The Senior Officers' Group consists of senior officers from the major government human service and social policy agencies in Western Australia

The VSU Plan builds on past achievements and encourages existing and new partnerships involving government, and non-government and community organisations. It has been developed in the context of other key documents such as:

- The National Drug Strategy 2004-2009
- National Drug Strategy Aboriginal and Torres Strait Islander People's Complementary Action Plan 2003-2006
- Western Australian Drug and Alcohol Strategy 2005-2009
- Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drugs Plan 2005-2009
- Western Australian Alcohol Plan 2005-2009 (draft)

At the time of development of the VSU Plan there is also a process in place to develop a national approach to VSU. This is through the National Inhalant Abuse Taskforce, which will present a National Directions Paper to the Inter-Governmental Committee on Drugs and the Ministerial Council on Drug Strategy in the latter part of 2005. There may be recommendations from this process which will inform and guide future direction for VSU strategies in Western Australia.

### 3.0 Organisational Arrangements

The VSU Plan provides a framework for a coordinated, integrated response to reducing VSU-related harm in Western Australia. Responsibility for action in related areas of law enforcement, criminal justice, social welfare, health and education rests with government agencies at all levels. The community-based sector, business and industry, the media, research institutions, local communities and individuals affected by VSU also have a role in responsible action to address VSU as it relates to their areas of social and community life.

As the leading agency responsible for alcohol and other drug issues in Western Australia, DAO aims to ensure a state-wide coordinated and integrated approach to VSU across the state.

The VSU Plan aims to ensure that VSU issues are acknowledged as intersectoral. DAO will manage across-government coordination in partnership with the Office of Aboriginal Health (OAH) through SOG. The Senior Officers' Group will work together with the Gordon Implementation SOG to develop across-government activity as outlined in the VSU Plan where such activity involves or affects Aboriginal people.

Activity outlined in the VSU Plan will also be incorporated into the Agency Drug and Alcohol Action Plans that are to be developed under the Western Australian Drug and Alcohol Strategy 2005-2009. To support this inter-agency work, productive linkages will be formalised through inter-agency arrangements and coordination will be managed through SOG and led by DAO.

## 4.0 Guiding Principles

VSU is a complex problem that requires a coordinated multi-faceted response.

The primary aim for action relating to volatile substances is to prevent hazardous and harmful use and protect the health and welfare of volatile substance users and their families.

Discretion must underlie action relating to VSU in circumstances where prevalence is low and knowledge among young people is not widespread, in order that the problem is not sensationalised and exacerbated.

Where VSU exists, a range of complementary interventions should be provided with priority given to long-term prevention, in accordance with a harm minimisation<sup>2</sup> approach.

Use of volatile substances must be addressed as part of a comprehensive, holistic approach to health that includes physical, spiritual, cultural, emotional and social well-being, community development and capacity building.

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When addressing VSU in Aboriginal communities, responses must be as culturally secure<sup>3</sup> as possible in addressing the needs of the community involved in the planning, development and implementation of appropriate strategies.

Partnerships must be established at the local level between relevant stakeholders concerned about or affected by VSU. Services and activities should be initiated and controlled at the local community level as much as possible, and information and education should be available to assist this process.

While improvement and change occurs in the partnerships at the community and government levels, consistent vigilance must be maintained to protect the confidentiality and privacy rights of volatile substance users and their families.

Wherever possible, strategies to address VSU should reflect practices that are informed by evidence from rigorous research, critical evaluation, practitioner and community expertise and the needs and preferences of the individual client.

2. Harm minimisation is consistent with a comprehensive approach to drug-related harm, involving a balance between demand reduction, supply reduction and harm reduction strategies (National Drug Strategy 2004-2009).

3. With respect to Aboriginal people, the term culturally secure means that the deliberations, planning and application of policies, strategies and programs consider, acknowledge and incorporate their history, traditions, diversity and circumstances, to ensure meaningful benefits and outcomes.

Accurate data is required to inform policy development, identify trends, monitor changes, anticipate emerging issues and assess the outcomes of interventions.

The media should avoid sensational and explicit reporting about VSU which may result in arousing curiosity and experimentation in young people who may not have previously contemplated VSU.

## 5.0 Volatile Substance Use

### 5.1 Characteristics of Use

VSU is characterised by and differs from other kinds of substance use in the following ways:

- The young age of users (most users are aged 12-16 years).
- The experimental nature of much VSU.
- The episodic nature of use.
- The public nature of use (often in parks and railway stations).
- The low cost and easy accessibility of volatile substances.
- The products are legal and designed for common, everyday use.
- The fact that inhalation of volatile substances is not illegal.
- The social unacceptability of use: volatile substances are generally viewed as 'gutter drugs' and most users would prefer to use another drug if possible.<sup>4</sup>

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### 5.2 Levels of Use

The literature on VSU in Australia repeatedly refers to the lack of quality quantitative data on the problem. The following information provides limited indications of levels of use and harm to Western Australians.

The Australian Secondary Students' Alcohol and Drug (ASSAD) Survey collects information on VSU by Australian students. However, these data are unable to capture VSU by young people who do not participate in mainstream education, a major risk factor for VSU. In Western Australia 18% of students aged 12-17 years reported they had deliberately used volatile substances at least once in their lifetime.<sup>5</sup> This includes substances ranging from glue to more dangerous substances such as petrol.

Hospitalisations in Western Australia due to VSU are low with a mean of 32 admissions per year from 1994-2000. Each year a small number of young people die from causes related to VSU, the majority of these caused by accidents that occur while intoxicated. From 1997 to 2001 the State Coroner reported VSU to be responsible for the direct cause of death in three cases in Western Australia. An additional 11 cases mentioned VSU as contributing to the cause of death.<sup>6</sup>

4. Commissioners' Drugs Committee 2004. The Policing Implications of Volatile Substance Misuse. Marden: Australasian Centre for Policing Research, p2 and Parliament of Victoria Drugs and Crime Prevention Committee 2002. Inquiry into the Inhalation of Volatile Substances: Final Report. Melbourne: Government Printer for the State of Victoria, p38.

5. 2002 Australian Secondary Students' Alcohol and Drug (ASSAD) Survey. Population Health Division, Department of Health, Western Australia & Centre for Behavioural Research in Cancer, Cancer Council of Victoria

6. Volatile Substance Related Deaths in Western Australia 1997-2001, DAO, 2003 (unpublished)

### 5.3 Patterns of Use in the Western Australian Population

VSU occurs across pockets of metropolitan and rural and remote communities, and tends to be cyclical and highly localised in nature. Although one in five young Western Australians have experimented with volatile substances, dependent use is generally rare and is more likely to be underpinned by other family, social and psychological problems. Experimental use can occur as a 'fad' and evidence shows that the majority of young people having experimented once or twice do not continue to use. However, harm can occur with just one occasion of use.

### 5.4 Volatile Substance Use in Western Australian Aboriginal Communities

VSU is known to occur in some Aboriginal communities but the extent of the problem is difficult to ascertain. The only national survey of drug use by Aboriginal people was held in 1994 where it was found that Indigenous Australians were twice as likely to have inhaled solvents in their lifetime, compared with the general population. A recent report found that petrol sniffing was not occurring in 33 communities in the Northern Territory, South Australia and Western Australia where it had previously been occurring<sup>7</sup>. However there are reports of VSU, including petrol sniffing, occurring in Aboriginal communities and family groups in Perth, East Kimberley and the Goldfields and Ngaanyatjarra Pitjantjara Yanunytjartjara lands, both on a regular basis and spasmodically.

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It must be recognised that for those families and communities where VSU occurs either on a cyclical or long-term basis the impact is significant. For some Aboriginal families and communities VSU affects not only the physical health of individual users but also significantly impacts on the social and developmental well-being of the whole community.

### 5.5 Effects of Use

The effect of VSU has been described as similar to being very drunk. As with alcohol, VSU can contribute to accidents, antisocial behaviours and death. Harms associated with VSU can result from both short and long-term use.

- Short-term effects can include euphoria, slurred speech, double vision, excitability, uncoordinated movements and, on occasions, unconsciousness from overdose. It is important to note that significant harm can occur from a single occasion of use.
- Long-term effects can include possible brain damage, weight loss, fatigue, tremors, violent outbursts, depression and social and psychological developmental problems. Brain damage and physical effects of long-term use can pose significant health management problems, particularly in remote areas where access to support services are limited.
- Dependent use is rare, however in some Aboriginal communities, both rural and urban, chronic dependent VSU has led to significant health and social problems.
- The violent and erratic behaviour often associated with VSU poses a high risk to families, communities and the individual.

7. Shaw, G., Biven, A., Gray, D., Mosey, A., Stearne, A. & Perry, J. (2004) An evaluation of the Comgas Scheme. Report prepared for the Comgas Evaluation Working Group by the Aboriginal Drug and Alcohol Council (SA) Inc (ADAC). Canberra: Commonwealth of Australia.

## 5.6 Responses to Volatile Substance Use

The importance of implementing several interventions concurrently and having widespread community support for any interventions has been noted in the literature<sup>8</sup>. It has also been noted that strategies to address VSU issues should not be conducted in isolation from broader alcohol and other drug interventions.

Four action areas of the VSU Plan have been identified through an examination of the literature, including national and state documents, as well as consultation with key stakeholders. A range of actions from these areas would need to be implemented. The four areas are:

1. Prevention
2. Supply and Control
3. Service Responses
4. Coordination

The National Inhalant Abuse Taskforce has highlighted the need for further research into VSU issues. It is proposed that updating of this plan incorporates research findings resulting from the taskforce's recommendations where they are relevant to the Western Australian environment.

## 6.0 Monitoring and Review of the WA Volatile Substance Use Plan 2005–2009

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To ensure that actions in the VSU Plan are implemented as appropriate, regular monitoring and review will occur. This process will ensure accountability and allow for continuous improvement. It will also provide flexibility to be able to incorporate new information as it arises in the VSU area and to prioritise actions as necessary.

VSAG will continue to meet as necessary to provide advice to DAO and SOG on priority areas, where responses need to be directed, and to provide information on current trends and issues in Western Australia in relation to VSU.

Coordination of reporting on the VSU Plan will be undertaken by DAO and include other key stakeholders. Information regarding the implementation of the VSU Plan will be gathered by DAO and reports on the implementation of the VSU Plan will be provided to SOG on a six-monthly basis.

8. Shaw, G., Biven, A., Gray, D., Mosey, A., Stearne, A. & Perry, J. (2004) An evaluation of the Comgas Scheme. Report prepared for the Comgas Evaluation Working Group by the Aboriginal Drug and Alcohol Council (SA) Inc (ADAC). Canberra: Commonwealth of Australia.

# ACTION AREA ONE: PREVENTION

## Action 1.1 Working with Communities

### Rationale

Capacity building is the development of an individual's, family's or community's skills and capabilities in order to assist them to identify and address issues and gain the insights, knowledge and experience needed to solve problems or implement change. Building the capacity of communities will have a holistic benefit including an enhanced ability to respond to VSU issues.

It has been recognised within the Western Australian context that there is a need for community consultation, community-based initiatives and collaboration between agencies in order to address VSU issues.

### Objective

- Build the capacity of communities to respond to VSU.

### Target Groups

- Community

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### Actions

- Identify communities at risk and support the community to acquire resources and develop responses to meet local needs.
- Support community activity such as:
  - Family support, vocational support, recreation and youth programs.
- Support communities to take young people 'out bush' and/or remove them from the 'problematic' environment.
- Investigate the feasibility of utilising Aboriginal land/farms for respite for young people with VSU issues.
- Support communities to ensure young people's attendance at school, e.g via existing truancy programs.
- Support mentoring and peer initiatives and networks.
- Promote the use of currently available VSU community action resource kits.
- Support the distribution of appropriate existing resources to ensure consistency of information about VSU across the state.
- Add a VSU resources component to the DAO website.
- Encourage the exchange among communities of strategies to reduce harm associated with volatile substances:
  - Implement appropriate and achievable actions based on identified community priorities.
- Engage with and include local government in any community-based initiatives.

## Outcomes

- Communities have access to a range of information and support that enables them to more effectively respond to VSU issues.

## Action 1.2 Parent/Family Education and Support

### Rationale

Protective factors in families, schools and communities promote resilience among young people. Parents and other family members contribute to the prevention of VSU through protective processes such as:

- supportive parent-child relationships;
- positive discipline methods;
- monitoring and supervision;
- family advocacy for their children; and
- seeking support for the benefit of their children.

It is essential to educate parents and families about the potential harms associated with VSU as well as provide information on where to get information and support.

### Objective

- To provide information and support to parents and families so they can help prevent VSU or respond appropriately to VSU if it occurs.

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### Target Group

- Parents and families

### Actions

- Review and update parent/family resources and distribute through appropriate avenues.
- Upskill workers to provide support and information to parents and families and to work in family-appropriate ways.
- Support existing effective strategies and programs targeting early childhood intervention including but not limited to:
  - The Early Years Strategy – focuses on the well-being of children through local services and other supports for young children, their families and carers. It contributes to children's optimal early development and supports positive parenting. The strategy promotes community action and capacity building in the development and delivery of services for young children (0-8yrs).
  - Best Beginnings – Intensive Home Visiting Services – expectant parents and parents of children aged 0 to 2 years who are identified as high risk are provided with an intensive home visiting program by professional parent support workers.

- ParentSupport – an Office of Crime Prevention (OCP) initiative being piloted in the south east metropolitan corridor for parents of children up to 15 years of age who are identified as not attending school and engaging in antisocial behaviour or criminal activities.
- Treatment and support services – for example, Mission Australia’s Youth Respite and Withdrawal Service, and Yirra Program provide support to parents/families of young people at risk or those who are currently using volatile substances.

## Outcomes

- Parents and families have access to a range of information and support that allows them to respond more confidently to VSU issues.

## Action 1.3 School Drug Education

### Rationale

Education for young people about volatile substances is currently delivered via the School Drug Education Road Aware (SDERA) curriculum in the context of dealing with medicines, hazardous substances and poisons rather than in mainstream drug education. Evidence-based practice demonstrates that an association between volatile substances and poisons tends to de-glamourise and reduce experimentation with such substances.

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Specific education programs to address VSU may be appropriate for young people who are at risk of using volatile substances or already regular and chronic users of volatile substances. In the school context such education programs should be taught outside the general classroom and conducted by trained experts in the field. However, in some locations the prevalence of VSU may be high, so it may be appropriate to teach about VSU in the school curriculum. A decision about whether to include VSU in the curriculum should be targeted to suit the local situation.

### Objectives

- To reduce experimentation with VSU by providing education on volatile substances in the preventive context of occupational health and safety, rather than in the mainstream SDERA curriculum.
- To provide information to young people who are already regular and chronic users of volatile substances about the harms of using. This should take place outside of the classroom context, except where prevalence of use is high.
- To provide culturally-secure education programs for at-risk youth.
- To update SDERA project resources and content about VSU.

## Target Groups

- Young people not using volatile substances
- Young people using volatile substances
- Aboriginal young people at risk

## Actions

- Develop training and provide advice for schools and communities managing VSU. This approach will utilise the Aboriginal and non-Aboriginal resources developed for use in the community by the SDERA project.
- Continue to provide support for young people who use volatile substances and attend school.

## Outcomes

- School-based education on volatile substance issues is more effectively aligned with the evidence base for effective prevention activities in this area.

## Action 1.4 School Organisation and Behaviour Management

### Rationale

During school years, particularly primary school, interactions with others at school can play an important role in the development of a student's identity and social ability, which in turn has an impact on risk and protective factors relating to existing and future VSU.

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School organisation and behaviour management can encourage positive relationships at school, ensure effective discipline and maximise learning opportunities in order to reduce risk factors for VSU.

### Objective

- To encourage positive interactions and development at school in order to decrease the likelihood of having risk factors for VSU.

### Target Groups

- Young people not using volatile substances
- Young people using volatile substances
- Aboriginal young people
- Community

## Actions

- Support effective strategies that adopt school organisation and behaviour-management approaches such as:
  - Students at Educational Risk Strategy.
- Retention and Participation – initiatives to promote attendance, retention and participation of students alienated from school.
- Behaviour Management and Discipline – addresses the issues of class sizes and challenging behaviour from students in Years 8 and 9.
- Pathways to Health and Well-being in Schools – to improve the mental health and well-being of all members of the school community.
- Utilise school facilities for community purposes to develop school connectedness.

## Outcomes

- Students attend and feel more connected to school.

## Action 1.5 Harm Reduction

### Rationale

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Harm reduction strategies aim to reduce drug-related harm to individuals and communities and is an approach supported by the National Drug Strategy 2004 - 2009. This approach does not condone drug use, but acknowledges that it occurs and that governments 'have a responsibility to develop and implement public health and law enforcement measures designed to reduce harm that such behaviours cause'<sup>9</sup>.

Harm reduction strategies should be considered as part of a comprehensive, integrated approach to VSU issues. They are important short-term measures aimed at protecting users from immediate harm while other programs are designed to reduce or stop VSU.

### Objective

- Provide regular and chronic volatile substance users with information on harm reduction strategies.

### Target Group

- People already using volatile substances
- Families of volatile substance users

9. Ministerial Council on Drug Strategy 2004. The National Drug Strategy, Australia's Integrated Framework 2004-2009. Canberra: Commonwealth of Australia p20.

## Actions

- Provide volatile substance users and their families with harm reduction information such as:
  - Discourage people from using volatile substances.
  - Discourage people from using volatile substances alone.
  - Discourage people from using volatile substances in small, enclosed spaces, such as cupboards, where a lack of oxygen and a greater concentration of fumes can increase the risk of losing consciousness.
  - Don't surprise or chase volatile substance users as this may lead to sudden death.
  - Avoid using volatile substances from a rag or bag.
  - Take care not to ignite volatile substances.
  - Warn petrol sniffers of the dangers of lying down with a petrol can on their face.
- Ensure families, teachers, police, alcohol and other drug (AOD) workers and other relevant stakeholders are aware of strategies to reduce the harm of VSU.
- Assist in the reduction of self-harm and antisocial behaviour of volatile substance users through intervention from the Aboriginal Community Street Patrols.

## Outcomes

- Harms and risks are reduced for volatile substance users.

## Action 1.6 Media Response to Volatile Substance Use

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### Rationale

The way the media reports VSU has significant impact. Irresponsible reporting of VSU has the potential to promote 'copycat' behaviour, stigmatise and demonise the user and encourage the commencement and/or continuation of VSU and should be avoided at all times.

### Objective

- Encourage media to respond to VSU in a responsible way.

### Target Group

- Media

### Actions

- Support the National Inhalant Abuse Taskforce approach to the media in regard to the reporting of VSU.
- Consider the development of a voluntary protocol on the reporting of VSU in consultation with the media.
- Develop a media resource kit to assist those who are asked to comment on VSU issues.

### Outcomes

- Media organisations have access to the information and support necessary to enable them to report on VSU issues in a responsible way.

## ACTION AREA TWO: SUPPLY AND CONTROL

Reducing the supply of volatile substances to people who are at risk of using them for the purposes of intoxication can be achieved in a number of ways:

- Prohibiting the supply of all or some volatile substances to people under 18 years of age.
- Restricting the sale of inhalants where the retailer suspects the buyer will use the product for the purposes of intoxication.
- Encouraging responsible retailing.
- Modifying volatile substance products so they do not cause intoxication.
- Substituting volatile substances with products that do not cause intoxication.

Consideration must be given to unintended consequences from supply control strategies, such as users shifting to use other products rather than ceasing to use volatile substances.

Supply and control strategies are not effective in isolation; they need to be part of a whole range of responses and complementary interventions.

### Action 2.1 Working with Retailers and Industry

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#### Rationale

Strategies that involve retailers and industry working in partnership with community and agencies have been shown to be effective in managing VSU issues. These initiatives involve information provision and resources and training to raise awareness and develop strategies that will contribute to retailers voluntarily working to limit supply to at-risk people.

#### Objective

- Prevent harm related to VSU by limiting supply of volatile substances for abuse purposes through retail and industry outlets.

#### Target group

- Retail and industry outlets of volatile substances

#### Actions

- Work with retailers, police and other key stakeholders to review previous Retailers' Resource Kit and Code of Conduct, including looking at similar interstate resources, and develop strategies around its implementation.

- Work at both a state-wide and local level to engage with retailers and industry to limit supply of volatile substances for abuse purposes.
- Local service providers, for example police and Community Drug Service Teams, to engage with local retailers as soon as a problem is identified.
- Support communities by providing advice on how to develop partnerships and Accords with retailers and industry.

## Outcomes

- Retailers, industry, police and communities have access to information and support to assist them in reducing the sales of volatile substances for the purpose of intoxication.

## Action 2.2 Legislation

### Rationale

In Western Australia there is no law that prohibits the sale, supply or possession of volatile substances. However, the Criminal Code (Section 206) has recently been amended to include the offence of 'supplying intoxicants to people likely to abuse them'. Intoxicant is defined in this legislation as 'a drug, or a volatile or other substance, capable of intoxicating a person, but does not include liquor'<sup>10</sup>. This legislation means that a person cannot sell or supply an intoxicant to another in circumstances where the person knows or suspects that the intoxicant will be used for the purposes of intoxication.

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Under the Protective Custody Act (2000) police and 'authorised officers' have powers to intervene in people's use of volatile substances by allowing the intoxicants to be seized and destroyed within the circumstances and interpretations outlined in the Act. It also allows for the apprehension and detention of an intoxicated person in order to protect the health and safety of the intoxicated person or any other person and to prevent the intoxicated person from causing serious damage to property.

Some Aboriginal communities in Western Australia also have by-laws relating to the use of volatile substances.

### Objective

- Raise awareness of the legislation that is currently available to assist in dealing with VSU.

### Target Group

- Police
- Rail and security guards
- Health and human service providers
- Retailers
- Community groups

10. Criminal Law Amendment (Simple Offences) Bill 2004

## Actions

- Educate relevant workers about the current available legislation and how it can be utilised to deal with VSU issues, as well as their roles and responsibilities, including:
  - police;
  - retailers;
  - rail guards;
  - security guards; and
  - night patrols.
- Monitor how legislation available to deal with VSU issues is being applied.
- Investigate opportunities for the appointment of 'authorised officers' under the Protective Custody Act (2000).
- Support the National Drug Law Enforcement Research Fund (NDLERF) project: The Policing Implications of Petrol Sniffing and other Inhalant Misuse in Aboriginal and Torres Strait Islander People's Communities.
- Consider by-law applications from Aboriginal communities seeking to deal with VSU issues.

## Outcome

- Increase awareness of the legislation that is available to assist in dealing with VSU.

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## Action 2.3 Other controls

### Rationale

Other controls such as product modification and substitution have proven to be effective in some communities.

The Commonwealth Government's Comgas Scheme subsidises the cost of an alternative motor vehicle fuel for remote Aboriginal and Torres Strait Islander communities. For approximately the same price as unleaded petrol, communities can buy a fuel that does not give the same effect when sniffed that unleaded petrol gives. The Comgas Scheme, combined with other prevention activities, helps to reduce the level of petrol sniffing in communities.

Avgas (aviation gasoline) was the approved replacement fuel for the Comgas Scheme from 1998-2004. Avgas has low levels of aromatic hydrocarbons, so does not produce the high that unleaded petrol gives. From February 2005 a new fuel replaced Avgas as developments in the fuel industry made Avgas unsuitable for use in the scheme. Opal Unleaded is the new fuel which has been developed by British Petroleum and the Australian Institute of Petroleum. It has no lead and very low levels of aromatic hydrocarbons.

The Commonwealth Scientific and Industrial Research Organisation (CSIRO) has recently been funded to determine the feasibility of adding bittering agents to substances often used as inhalants, to discourage use.

### Objective

- Investigate other ways to control the supply of volatile substances to communities.

### Target Group

- Remote Aboriginal communities

### Actions

- Support the implementation of the Comgas Scheme.
- Monitor the outcome of the CSIRO feasibility study into bittering agents.

### Outcome

- Appropriate information and support is provided to communities that are considering implementing the restriction of the supply of volatile substances and substituting alternative products.

## ACTION AREA THREE: SERVICE RESPONSES

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### Action 3.1 Improving Service Responses

#### Rationale

There is a need for quick and efficient responses at a local level when VSU is identified at a community and individual level. Health and human service providers need to be clear about individual agencies' roles and responsibilities when responding to VSU issues.

#### Objectives

- Improve the ability of services to respond to VSU problems.
- Develop capacity of services to deal with VSU via workforce development.

#### Target groups

- Health and human service providers who come into contact with volatile substance users

## Actions

- Support current activity by AOD agencies and other services in the area of VSU.
- Provide training to organisations who provide services to people with VSU problems, including but not limited to:
  - AOD agencies;
  - Aboriginal service providers;
  - police;
  - wardens;
  - security and rail guards;
  - ambulance officers;
  - Alcohol and Drug Information Service (ADIS)/Parent Drug Information Service (PDIS) staff;
  - youth services;
  - sobering up centres;
  - mental health services; and
  - other health and human service providers.
- Investigate the inclusion of information on volatile substances in relevant courses in the tertiary sector.
- Support workforce development initiatives as outlined by Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drugs Plan 2005-2009, including the continuation of the Aboriginal Traineeship Program.
- Develop or provide guidelines for service providers trained in the management of VSU.
- Support the establishment of Local Volatile Substance Response Networks comprised of police, youth, welfare, health and AOD workers who are trained to deal with VSU, including the development of protocols and identification of roles and responsibilities.
- Promote alcohol and drug services that provide short or longer-term programs to people with VSU problems to the broader health and welfare sector.
- Work with ADIS to develop protocols, train staff and promote ADIS as the first point of contact for information and support regarding VSU issues.
- Continue to include VSU as an agenda item for SOG. Agencies of SOG will recognise volatile substances in their Agency Drug and Alcohol Action Plans.
- Bring together key government agencies to identify service needs and resources.

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## Outcome

- Service providers have access to appropriate information, training and support to enable them to improve their service response to VSU issues.

## Action 3.2 Treatment and Support

### Rationale

There has been limited research in Australia about the treatment of VSU problems and it is difficult to identify best practice in this area other than anecdotally.

VSU is a passing phase for most young users. Many young people experiment with volatile substances a few times and then stop, often due to unpleasant side effects. Only a small number of users go on to become chronic users who require longer-term treatment.

Treatment interventions need to be provided along the continuum for VSU, from screening and brief intervention to counselling to detoxification and rehabilitation. A range of other issues experienced by some volatile substance users, such as sexual abuse and trauma and mental health issues, also need to be addressed in the treatment setting.

## Objective

- Increase access to treatment and support for volatile substance users.

## Target group

- Volatile substance users
- Families of volatile substance users
- AOD workers
- Other human and social service providers

## Action

- Provision of appropriate integrated services to provide treatment and support to users and their families.
- Continue to support treatment approaches currently being used in Western Australia, such as individual and group counselling, detoxification services and residential treatment and rehabilitation services.
- Consider temporarily relocating at-risk, young people from their local area, e.g. to outstations.
- Encourage screening for VSU in services and agencies such as:
  - juvenile detention centres;
  - supported youth accommodation services; and
  - other health and welfare services.
- Promote targeted education program on VSU in juvenile detention centres.
- Encourage a case management approach between agencies dealing with clients with VSU issues.
- Investigate the feasibility of using an existing AOD facility for day programs including assessment, education and training and family support.
- Ensure AOD workers have knowledge of VSU issues.
- Support the Young Person's Opportunity Program, part of the Western Australia Diversion Program.

## Outcome

- Increased access to treatment and support for volatile substance users.

## ACTION AREA FOUR: COORDINATION

### Rationale

A coordinated approach across all levels of government, non-government, community and industry groups is necessary. This is both for strategies associated with the development of healthy environments and at the intervention level when VSU occurs within communities and with specific individuals. It is critical that all parties involved are clear about their role and in agreement about the plan of action and how it will be monitored.

### Objective

- Improved coordination across the government and non-government sector in the management of VSU issues.

### Target groups

- Government and non-government sector
- Community agencies
- Industry groups

### Action

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- Coordination of VSU responses at a whole-of-government level will be undertaken by SOG. The Gordon Implementation SOG will also be regularly consulted.
- Joint coordination of VSU responses across the state will be undertaken by DAO and the Office of Aboriginal Health (OAH).
- Local coordination and partnerships will be supported and encouraged.
- Coordination of information dissemination on VSU will be undertaken by DAO as appropriate.

### Outcome

- Government agencies, service providers and communities are provided with leadership, information and support in order to facilitate a more coordinated approach to the management of VSU issues.

# ACTION PLAN

## ACTION AREA 1: PREVENTION

### Action 1.1 Working with Communities

	KEY ACTIONS	LEAD AGENCIES
1	Identify communities at risk and support the community to acquire resources and develop responses to meet local needs	All SOG agencies, OATSIH, CDSTs, AOD agencies
2	Add a VSU resources component to the DAO website	DAO
3	Promote the use of currently available VSU community action resource kits	DAO, CDSTs, AOD agencies
4	Support the distribution of appropriate existing resources to ensure consistency of information about VSU across the state	DAO
5	Support community activity such as: <ul style="list-style-type: none"> <li>• Family support, vocational support, recreation etc</li> </ul>	DCD, DET, OATSIH, DHA, WAP, OCY, DLGRD CDSTs, AOD agencies
6	Support communities to ensure young people's attendance at school, e.g via existing truancy programs	DET, WAP, DCD
7	Support mentoring and peer initiatives and networks	DET, DCD
8	Engage with and include local government in any community-based initiatives	Local government, DAO, DCD, DLGRD, OCY
9	Encourage the exchange among communities of strategies to reduce harm associated with volatile substances <ul style="list-style-type: none"> <li>• Implement appropriate and achievable actions based on identified community priorities</li> </ul>	DAO, DoH, CDSTs, AOD agencies
10	Support communities to take young people 'out bush' and/or remove them from the environment	DET, DCD, DPC & local communities
11	Investigate the feasibility of utilising Aboriginal land/farms for respite for young people with VSU issues	DPC, VSAG, ILC, SAC

## Action 1.2 Parent/Family Education and Support

KEY ACTIONS		LEAD AGENCIES
1	Review and update parent/family resources and distribute through appropriate avenues	DAO
2	Upskill workers to provide support and information to parents and families and to work in family-appropriate ways	DAO
3	<p>Support existing effective strategies and programs targeting early childhood intervention such as:</p> <ul style="list-style-type: none"> <li>• The Early Years Strategy – focuses on the well-being of children through local services and other supports for young children, their families and carers. It contributes to children’s optimal early development and supports positive parenting. The strategy promotes community action and capacity building in the development and delivery of services for young children (0-8yrs)</li> <li>• Best Beginnings – Intensive Home Visiting Services – expectant parents and parents of children aged 0 to 2 years who are identified as high risk are provided with an intensive home visiting program by professional parent support workers</li> <li>• ParentSupport – an OCP initiative being piloted in the south east metropolitan corridor for parents of children up to 15 years of age who are identified as not attending school and engaging in antisocial behaviour or criminal activities</li> <li>• Treatment and support programs: for example, Mission Australia’s Youth Respite and Withdrawal Service and Yirra Program provide support to parents/families of young people at risk or that are currently using volatile substances</li> </ul>	DCD, DoH, OCP, OCY, DET, DAO

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## Action 1.3 School Drug Education

KEY ACTIONS		LEAD AGENCIES
1	Develop training and provide advice for schools and communities managing VSU. This approach will utilise the Aboriginal and non-Aboriginal resources developed for use in the community by the SDERA project	SDERA & DAO
2	Continue to provide support for young people using volatile substances outside of the school context	CDSTs, AOD NGOs

## Action 1.4 School Organisation and Behaviour Management

KEY ACTIONS		LEAD AGENCIES
1	<p>Support effective strategies that adopt school organisation and behaviour management approaches such as the Students at Educational Risk Strategy:</p> <ul style="list-style-type: none"> <li>• Retention and Participation – initiatives to promote attendance, retention and participation of students alienated from school</li> <li>• Behaviour Management and Discipline – addresses the issue of class sizes and challenging behaviour from students in Years 8 and 9</li> <li>• Pathways to Health and Well-being in Schools – to improve the mental health and well-being of all members of the school community</li> </ul>	DET
2	Utilise school facilities for community purposes to develop school connectedness	DET

## Action 1.5 Harm Reduction

KEY ACTIONS		LEAD AGENCIES
1	<p>Provide volatile substances users and their families with harm reduction information such as:</p> <ul style="list-style-type: none"> <li>• Discourage people from using volatile substances</li> <li>• Discourage people from using volatile substances alone</li> <li>• Discourage people from using volatile substances in small, enclosed spaces such as cupboards where a lack of oxygen and a greater concentration of fumes can increase the risk of losing consciousness</li> <li>• Don't surprise or chase volatile substance users as this may lead to sudden death</li> <li>• Avoid using volatile substances from a rag or bag</li> <li>• Take care not to ignite volatile substances</li> <li>• Warn petrol sniffers of the dangers of lying down with a petrol can on their face</li> </ul>	DAO, AOD agencies
2	Ensure families, teachers, police, AOD workers and other relevant stakeholders are aware of strategies to reduce the harm of VSU	DAO, AOD agencies
3	Assist in the reduction of self-harm and antisocial behaviour of volatile substance users through intervention from the Aboriginal Community Street Patrols	DIA

## Action 1.6 Media Response to Volatile Substance Use

KEY ACTIONS		LEAD AGENCIES
1	Support the National Inhalant Abuse Taskforce approach to the media in regard to the reporting of VSU	DAO
2	Consider the development of a voluntary protocol on the reporting of VSU in consultation with the media	DAO, VSAG
3	Develop a media resource kit to assist those who are asked to comment on VSU issues	DAO

## ACTION AREA 2: SUPPLY AND CONTROL

### Action 2.1 Working with Retailers and Industry

KEY ACTIONS		LEAD AGENCIES
1	Work with retailers, police and other key stakeholders to review previous Retailers Resource Kit and Code of Conduct, including looking at similar interstate resources, and develop strategies around its implementation	DAO, AOD NGOs, WAP, DoH
2	Work at both a state-wide and local level to engage with retailers and industry to limit supply of volatile substances for abuse purposes	AOD NGOs, WAP, DAO
3	Local service providers, for example police and Community Drug Service Teams, to engage with local retailers as soon as a problem is identified	AOD NGOs, WAP, DAO
4	Support communities by providing advice on how to develop partnerships and Accords with retailers and industry	DAO

## Action 2.2 Legislation

KEY ACTIONS		LEAD AGENCIES
1	Educate relevant workers about the current available legislation and how it can be utilised to deal with VSU issues, as well as their roles and responsibilities, including: <ul style="list-style-type: none"> <li>• Police</li> <li>• Rail guards</li> <li>• Security guards</li> <li>• Night patrols</li> </ul>	DAO, WAP, DET (TAFE)
2	Monitor how legislation available to deal with VSU issues is being applied	DAO, WAP
3	Investigate opportunities for the appointment of 'authorised officers' under the Protective Custody Act (2000)	WAP, DAO, VSAG, DCD
4	Support the NDLERF research project: The Policing Implications of Petrol Sniffing and other Inhalant Misuse in Aboriginal and Torres Strait Islander Peoples' Communities	DAO, WAP
5	Consider by-law applications from Aboriginal communities seeking to deal with VSU issues	WAP DIA

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## Action 2.3 Other controls

KEY ACTIONS		LEAD AGENCIES
1	Support the implementation of the Comgas Scheme	DHA, DAO
2.	Monitor the outcome of the CSIRO feasibility study into bittering agents	DHA, DAO

## ACTION AREA 3: SERVICE RESPONSES

### Action 3.1 Improving Service Responses

KEY ACTIONS		LEAD AGENCIES
1	Bring together key government agencies to identify service needs and resources	DAO
2	Continue to include VSU as an agenda item for SOG. Agencies of SOG will recognise volatile substances in agency plans	DAO
3	Support current activity by alcohol and other drug agencies and other services in the area of VSU	DAO
4	Support the establishment of Local Volatile Substance Response Networks comprised of police, youth, welfare, health and AOD workers who are trained to deal with VSU, including the development of protocols and identification of roles and responsibilities	DAO, WAP, OCY, DCD
5	Support workforce development initiatives as outlined by Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drugs Plan 2005-2009, including the continuation of the Aboriginal Traineeship Program	DAO
6	Work with ADIS to develop protocols, train staff and promote ADIS as the first point of contact for information and support regarding VSU issues	DAO
7	Promote alcohol and drug services that provide short or longer-term programs to people with VSU problems to the broader health and welfare sector	DAO, WANADA
8	Develop or provide guidelines for service providers trained in the management of VSU	DAO, VSAG
9	Provide training to organisations that provide services to people with VSU problems, including but not limited to: <ul style="list-style-type: none"> <li>• AOD agencies</li> <li>• Aboriginal service providers</li> <li>• Police</li> <li>• Wardens</li> <li>• Security and rail guards</li> <li>• Ambulance officers</li> <li>• ADIS/PDIS staff</li> <li>• Youth services</li> <li>• Sobering up centres</li> <li>• Mental health services</li> <li>• Other health and human service providers</li> </ul>	DAO, WAP
10	Investigate the inclusion of information on volatile substances in relevant courses in the tertiary sector	DAO

## Action 3.2 Treatment and Support

	KEY ACTIONS	LEAD AGENCIES
1	Continue to support treatment approaches currently being used in Western Australia such as individual and group counselling, detoxification services and residential treatment and rehabilitation services	DAO
2	Encourage a case management approach between agencies dealing with clients with VSU issues	DCD, DoH, AOD NGOs, DoJ, DET, WAP
3	Provision of appropriate integrated services to provide treatment and support to users and their families	DAO, AOD NGOs, DoH, DCD
4	Ensure AOD workers have knowledge of VSU issues	DAO
5	Encourage screening for VSU in services and agencies such as: <ul style="list-style-type: none"> <li>• Juvenile detention centres</li> <li>• Supported youth accommodation services</li> <li>• Other health and welfare services</li> </ul>	DAO, DoJ, DCD, DoH
6	Promote targeted education program about VSU in juvenile detention centres	DAO, DoJ
7	Support the Young Person's Opportunity Program, part of the Western Australia Diversion Program	DAO, COAG, DoJ
8	Investigate the feasibility of using an existing AOD facility for day programs including assessment, education and training and family support	DAO
9	Consider temporarily relocating at-risk, young people from their local area	DCD, DoJ (JJ)

## ACTION AREA 4: COORDINATION

KEY ACTIONS		LEAD AGENCIES
1	Coordination of VSU responses at a whole-of-government level will be undertaken by SOG. The Gordon Implementation SOG will also be regularly consulted	SOG
2	Joint coordination of VSU responses across the state will be undertaken by DAO and OAH	DAO & OAH
3	Local coordination and partnerships will be supported and encouraged	SOG agencies*
4	Coordination of information dissemination on VSU will be undertaken by DAO as appropriate	DAO

### \*SOG Agencies:

- Department of Health
- Department of Education & Training
- Department for Community Development
- Office of Children & Youth (DCD)
- Western Australian Police
- Department of Justice
- Department of Indigenous Affairs
- Department of Housing & Works
- Department of Local Government & Regional Development
- School Drug Education and Road Aware
- Office of Road Safety
- Department of Racing, Gaming & Liquor
- Department of Premier and Cabinet (Social Policy Unit & Gordon Secretariat)
- Drug and Alcohol Office (Convenor)

# APPENDIX 1

## MEMBERSHIP OF THE VOLATILE SUBSTANCE USE ADVISORY GROUP

### **Chair**

#### **Drug and Alcohol Office**

Kathryn Kerry

Manager, Planning and Coordination

### **Executive Officer**

#### **Drug and Alcohol Office**

Paige Sullivan

Senior Programs Officer

### **Western Australian Police**

Snr Con Teresa Delany

State Reference Officer for Volatile Strategies

### **Office of Aboriginal Health**

Cliff Collard (currently seconded to DAO)

Project Officer

### **North East Community Drug Service Team**

Jason Minter

Indigenous Alcohol and Drug Worker

### **City of Swan Youth Service**

Graham Cox

Youth Worker

### **Mercy Care Health Service**

Trevor Jewell

Manager

### **Drug Arm WA**

John Dunn

Program Manager

### **School Drug Education Road Aware**

Sophia Kouzinas

Project Officer

### **Youth Withdrawal and Respite Service**

(Mission Australia)

Katrina Britten-Jones

Program Coordinator

### **Department for Community Development**

Gayle Rewell

Community Development Coordinator

### **Department for Community Development**

Wendy Dawson

Executive Director

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### **South East Metropolitan Community Drug Service Team**

Jen Lowe

Counsellor/Youth Worker

### **Noongar Alcohol and Substance Abuse Services**

Tony Walley

Director

### **Western Australian Network of Alcohol and Drug Agencies**

Jill Rundle

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**Drug and Alcohol Office**  
Government of Western Australia

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