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SENATE

COMMUNITY AFFAIRS REFERENCES COMMITTEE

Reference: Petrol sniffing in remote Aboriginal communities

THURSDAY, 27 APRIL 2006

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SENATE
COMMUNITY AFFAIRS REFERENCES COMMITTEE

Thursday, 27 April 2006

Members: Senator Moore (*Chair*), Senator Humphries (*Deputy Chair*), Senators Adams, Allison, Carol Brown and Polley

Substitute members: Senator Crossin to replace Senator Carol Brown for the committee's inquiry into petrol sniffing in remote Aboriginal communities

Senator Bartlett to replace Senator Allison for the committee's inquiry into petrol sniffing in remote Aboriginal communities

Participating members: Senators Abetz, Barnett, Bartlett, Mark Bishop, Bob Brown, George Campbell, Carr, Chapman, Colbeck, Coonan, Crossin, Eggleston, Chris Evans, Faulkner, Ferguson, Ferris, Fielding, Forshaw, Hurley, Joyce, Lightfoot, Ludwig, Lundy, Mason, McGauran, Milne, Murray, Nettle, O'Brien, Parry, Payne, Siewert, Stephens, Stott Despoja, Watson, Webber and Wong

Senators in attendance: Senators Adams, Crossin, Humphries, Moore, Polley, Siewert and Webber

Terms of reference for the inquiry:

To inquire into and report on:

- a. the effectiveness of existing laws and policing with respect to petrol sniffing in affected Indigenous communities;
- b. the effectiveness of diversionary initiatives and community level activities; and
- c. lessons that can be learned from the success some communities have had in reducing petrol sniffing including the impact of non-sniffable Opal petrol.

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Committee met at 9.05 am**OSBORNE, Mr Brodrick, Psychologist, Team Leader Mental Health Program, Royal Flying Doctor Service**

CHAIR (Senator Moore) Welcome. The Community Affairs References Committee is continuing its inquiry into petrol sniffing in remote Indigenous communities. Information on parliamentary privilege and the protection of witnesses and evidence I know has been provided to you. We prefer to have our evidence taken in public, but it may be taken in camera if there is anything you wish to share with us in a private way. We are all sitting around a table staring at nothing. It is always odd when you are doing a teleconference. Have you done one of these before?

Mr Osborne—Formally no, not by phone.

CHAIR—I know in your job you have probably had lots of phone conferences. We will make it as friendly as we possibly can. Would you like to make an opening presentation before we get into questions and discussion?

Mr Osborne—I have not formally prepared an opening statement, so I will speaking off the top, as they say. I have thought about different issues, but this time has been quite problematic.

CHAIR—Is there anything you would like to emphasise before we go to questions?

Mr Osborne—Off the top, I think the issue of petrol sniffing, particularly here in the cape in Far North Queensland, is a sporadic problem. I have been travelling up there for just over four years in my capacity to at least five different Indigenous communities and small rural towns, which have large Indigenous populations. Certain communities have been more afflicted by the problem than others, and there are some unique circumstances that surround that in terms of the historical context of petrol sniffing in those communities. They have got similarities but also differences in where they are and how geographically isolated they are et cetera. However, I do not think it is necessarily a problem which sweeps all of those communities that I visit—I am happy to list what they are in a minute—but they are unique in their own way and that creates a huge difficulty for the Commonwealth or state governments to specifically address those issues.

Having said that, limiting access to leaded or unleaded petrol would go a long way towards dealing with that, which I am aware is part of the strategy. One of the communities that I visit, Kowanyama, has recently been given approval to use Opal fuel, so we are hopeful that that will make a significant dent in the problem that is seasonal up there. The whole community is looking forward to developing other strategies to continue to address those issues with young people in that community. The major emphases I would like to talk about will come through now.

CHAIR—You know that we were able to visit Cairns about a month or so ago. Have you seen the *Hansard* transcripts of that hearing?

Mr Osborne—No, unfortunately.

CHAIR—When you get a chance, have a look at the transcripts and you will be able to compare the kinds of things you are telling us about with what all the people that you would know were talking about with us on that day.

Mr Osborne—Yes. I understand that some people from Kowanyama came down on that day.

CHAIR—They did, yes.

Senator HUMPHRIES—Mr Osborne, you said that there were some communities that were more affected by petrol sniffing than others. Is there a factor or a particular common trait among those communities that are more heavily affected?

Mr Osborne—I could not pull out a unique factor as to why that occurs in some communities more than in others. For example, Aurukun historically had fairly heavy petrol sniffing bouts or episodes, and Kowanyama as well; less so in places like Pormpuraaw and Lockhart River. However, they are all unique in their own ways. Aurukun and Pormpuraaw both have fairly strongly held traditional values, beliefs and practices and they are only up the road from each other, in a way. However, I am not sure why one has more episodes than the other. Kowanyama and Aurukun are probably two of the larger communities compared to Pormpuraaw. Lockhart River, which is also a fairly large community—it is right on the coast—is a unique community compared to those other three.

The other community I was going to refer to was Coen, which I also visit. Again, it is certainly more isolated. It is away from coastal areas. The young people are pretty much stuck inland, with fewer opportunities to go fishing et cetera along the coastal strip. Surprisingly, it has had fairly few problems with sniffing. So I can't pinpoint exactly what the issues might be, other than to say that Kowanyama and Aurukun are two of the larger communities. That may point towards some issues around population size, and numbers of young people who are somewhat idle in terms of their social and educational development.

I think that boredom is one of the main contributing factors with those younger groups of people. Therefore, the more young people who are congregating, the more who will be exposed potentially to sniffing. They may be travelling to school and then coming back to the community where they have experienced that activity. They are more likely to be mixing with larger numbers of young people; hence the opportunity for those young people to share that experience with each other grows. At some level it is purely a numbers game. However, there are larger numbers of tribal groups or clan groups in Aurukun compared to Kowanyama. Aurukun maintains much more of a cultural focus in different ways. There is much more conflict within clan groups up there. I am not sure how that would necessarily impact on sniffing activity.

Again, I come back to the issue that there are larger numbers of young people in those communities that have less opportunity, in a way—not so much because of the higher numbers but because generally across the communities, where you have a larger number of young people, and where there are fewer activities and opportunities for training, education and employment, they are left idle. There are a lot of young people who drop out of school early and fail even to complete year 7. So their educational opportunities quickly diminish. English, as you probably know, is often a second or third language. They find that school is not attractive; it is not

motivating. They drop out. The parents find that they have limited ability to control those adolescents. It becomes a big social dilemma for each of those communities.

There are smaller numbers of groups of those young people who have somehow found out about sniffing and who experiment, like a lot of young people do across Australia in different drug use. Because drug access is difficult in remote communities, other than to alcohol or marijuana, petrol is the next most accessible drug to experiment with. That is a part of the cycle of young people experimenting, learning and growing. However, the problem with using petrol is that it becomes a bigger social problem for everyone because it creates the other dramas, as you are aware, of breaking and entering, stealing and other criminal-related activities, which compound problems even further both for the young people personally and for their families. That contributes even further to their desire or need to escape, so to speak, and therefore to use.

CHAIR—There was a lot in that answer, Mr Osborne.

Senator CROSSIN—What are the issues that confront the Royal Flying Doctor Service? Are you called in quite often to evacuate teenagers or children who are affected by this? Is there an active role there on a day-to-day basis?

Mr Osborne—The evacuation rates of young people who have been sniffing petrol are fairly low. I do not have the statistics on me, but I can think of maybe two cases where that has happened. In most of the episodes where young people are out of it with petrol sniffing, they are contained within their own communities. Most of them tend to congregate in the evening, when it occurs. They may even sleep in an isolated house that is not occupied, wake up in the morning with bad headaches and may restart it. So I suggest that if I were to pull out the statistics of the actual evacuation rates, they would be extremely low. There have been a couple of cases that I am aware of, one of which was taken to Weipa Hospital rather than evacuated to Cairns. There was another case where a young person, because of chronic use, was flown out by Child and Youth Mental Health Service to a rehabilitation centre in Brisbane because there were no other programs this side of Brisbane, to my recollection—that is, there were no residential rehab programs for young people using volatile substances.

The immediate evacuation rate is very low. However, there have been cases where older adolescents or young adults have been using multiple drugs, be it sniffing and alcohol or sniffing, alcohol and marijuana, who have then developed various psychotic-like episodes and symptoms and have created dramas for communities. From time to time, a few of those people have been evacuated out as mental health patients. The diagnosis in those cases is somewhat problematic. But when they are behaving fairly badly in those communities and the community members are not able to deal with it, from time to time the RFDS is involved in evacuating them, based on a mental health diagnosis. But I think it is more complex than that.

Senator CROSSIN—Have you noticed that the level of petrol sniffing increases when you have other incidences in the community? Are there times when you might need to go into a community because the level of domestic violence has increased? Does that seem to coincide with an increase in petrol sniffing, or are they unrelated incidences?

Mr Osborne—With respect, I think that is a fairly simplistic understanding. My experience of witnessing it around the cape in the last four years is that it is often related to the seasonal

changes. As the wet season starts to kick in, there is certainly less opportunity for people to be getting out from the community and into their homeland areas, just getting away and going camping and fishing and hanging out with family.

Senator CROSSIN—I guess the question I want to ask you is: do you notice an increase in your call-out with the Flying Doctor Service? Does that seem to coincide with increased levels of activities in the community as well as petrol sniffing, or do you think there is no relationship?

Mr Osborne—I do not think there is a relationship, but I am only talking from an anecdotal point of view. I am theoretically not involved with evacuations at all. I provide a primary health care service, similarly with the RFDS here in Cairns: when our doctors and our flight nurses are not involved with emergency evacuation work we are actually all involved in delivery of primary health care services. That means we visit the communities, the doctors provide a GP service, the nurses provide child health and I am part of the allied health program. So I basically provide regular clinics rather than emergency services. But, from what I know and from talking with those staff that do provide the emergency work, I do not think there is necessarily any huge increase. You will probably see the slow trend, if I can call it that, of an increase in problems around the wet season because of people being stuck in those communities and not being able to get out and have a break from each other, from family and community.

Again I am talking anecdotally, but I think there is probably an increase in a whole range of issues during that wet season period, and it would be an interesting study to look at that specifically. That is my sense of it. It is hard to say whether one thing is causal of anything else; there are a whole lot of environmental and social factors contributing to that increase. Probably an environment one would be one of the significant impacting factors, otherwise you would see it changing throughout the rest of the year.

Senator ADAMS—I would like to ask you about the Opal fuel, which you have mentioned. Is any Opal fuel being rolled out up there in the cape? You talked about a community where it is about to start. Are there others there that have Opal fuel now?

Mr Osborne—I am not sure but I do not think so. I understood that Aurukun was looking at having Opal fuel imported to there. I have not attended Aurukun since the start of this year; we have had a restructure in our program so I only now visit Kowanyama and Napranum. But I have not been formally told or even heard via hearsay whether it has actually been rolled out in Aurukun yet, so I cannot say, I am sorry.

Senator ADAMS—We heard that the trend in the Northern Territory and especially in Western Australia was that in the dry communities and the communities that now have Opal fuel, the chronic sniffers are moving on to another community and starting to create quite a problem. As the numbers build up as they migrate somewhere else then that community is having to deal with the issue.

Mr Osborne—I think that is fairly unlikely in the far north here, the reason being it is not that easy to get from one community to another except in the dry season. Even then, the people who are sniffing are fairly young, so for their means of transport from one community to another they need to rely to on adult. They are not likely to stay in those communities; if they do it would only be a quick visit and they would go back, and it is only a visit because the adult person is

going over there and back. In my experience, the number of people sniffing who are over 18 is very small. Aurukun has probably got a high general population of people sniffing who are older, but in Kowanyama they are all young teenagers, anywhere from 10 to 16 or 17 years of age. There is one adult, a 20-odd year old, that I am aware of.

Senator ADAMS—Are the schools addressing the problem and do they have a program where they work with you as far as advising you of any problems coming through that you can work through with the teachers?

Mr Osborne—It is a tricky one. My role is primarily with adult populations. We have the child and youth mental health services that we work fairly closely with. We have a clinical psych by the name of Radhika Santhanam who is a team leader for that program. That is through Queensland Health. She primarily works with the school around the school based issues. I am certainly aware that she does a lot of consultative work with the school and the young people around those concerns. The dilemma is that most of the kids who sniff are not at school. The school is not targeting the actual sniffing group of kids per se. They are a group of kids who are very hard to reach and hard to engage because they are not going to school and they are not in employment or training. It makes it a very challenging and difficult group to target and address. That group particularly has been of concern to a number of us for a number of years up there and we are slowly working towards a whole community strategy to try and deal with that at the moment particularly in Kowanyama. I think the school and the community from time to time have involved ATODS staff, Alcohol, Tobacco and Other Drug Services, which is again a Queensland Health funded service, to run general education and awareness programs around a whole range of issues not just petrol sniffing. They do run smaller groups and educational sessions within the school and at times external to the school. Certainly, I think they are trying to do their bit, however, my concern is that the school is not specifically addressing the group of kids that I think are the problematic group of sniffers in the communities, who are fairly heavily involved and creating a whole range of other dramas for the communities. That is the challenge for any community to think about how we deal with those young people but not ostracise or pathologise them at the same time.

Senator SIEWERT—I am the third one from Western Australia! We have heard from a lot of witnesses and from a lot of reading that there is no one answer to this; there are a range of strategies. In your area if you had the decision-making power, where would you invest? What are the key things that we should focus on?

Mr Osborne—One of the things I see in the community in the cape is that there is very limited capacity for local people to be employed or working as youth workers or youth project officers, for example, specifically in those communities. There are sport and rec officers who have been slowly employed across different communities and I think that is a great help because it helps to create activity for young people. However, I would argue that those youth activities and the sport and rec people are often targeting the younger school based kids already. They are the ones that are already engaged and fairly young in age. A lot of the time, they are still missing that target group of young people. One of the things we are trying to develop in Kowanyama at the moment is what we are loosely calling a youth action committee, which is a group of both community people and senior leaders in the communities, to formally focus on the issues of young people in the community and how we, as a whole community, start to address them. We have identified a whole range of areas that need addressing. Specifically things like how we

enforce or support the Queensland policy at the moment where between the age of 15 up until, I think, 17 you have to be earning or learning, which is the catchphrase.

That is a huge challenge in the cape communities. How do you engage these young people who are post grade 8 and up to grade 12 aged—so we are talking, on average, people 13 to 17 years of age—in a serious way around either training or employment related opportunities and get them to think about them in a very broad way? We cannot expect those young people to enter into traineeships or trades where, one, they do not exist and, two, they are flat out reading or writing. It is a huge challenge for us to think about how we do that specifically.

On-the-job competency based learning and training is hugely important. But how do you do that in small communities, where you might be talking about 15 or 20 young people? I guess that is not that small and a specific program could be developed. To do that well and to make it effective, it would need a fairly specific and youth focused worker involved. You cannot just put in there an ex-tradesperson who has got a job now as a workplace trainer and assessor. You cannot just put them into a training centre and have them run that program. They do not have the broad based youth work skills, the understanding and the knowledge to do that. What I am arguing is that, to be realistic, you have to look at the numbers of kids that are there and at the population base and seriously think about how you support a youth project officer with a couple of staff to help out—that is, to run activities and develop programs in those communities. We are talking about maybe two or three people specifically focused on older adolescents in those communities. It is almost like a case management model, but I do not want to use that term because it becomes very individually focused and I want to move away from that.

We are talking about young people in those communities who have usually had very significantly troubled backgrounds, family lives and community lives and who need a lot of intensive support, encouragement and serious focusing on what their goals and aspirations are. How do we support them to get there? What sorts of models can we develop for them? We need to have that specific focus. Otherwise, they just slip through the net again. Sport and rec will not catch them. The youth workers that are attached to juvenile justice services have a very narrow focus around working with young people who have already been charged with offences. Half of those kids probably are sniffers. However, there is also another handful of kids who do not come under that umbrella, and we do not want to label them as offenders. That is the other problematic issue.

The notion of having broader based youth project officers to really focus on what the issues and concerns around young people in these communities are and how we go about trying to help them and the community rally to support and develop projects, activities, training et cetera is a good one. We are slowly moving in that direction at the moment in Kowanyama, for example. It has basically taken four years to get there. For two years in a row the justice group in the community applied to the Department of Communities for funding to support youth community development project officer positions to work on this sort of process. Both years it was rejected because they were arguing it did not meet their specific criteria for crime prevention or some other rubbish. I tell you what: it was very frustrating.

Senator POLLEY—I realise time is running out. The evidence you have given has just reiterated what we have heard around the country. One other concern that has been raised with

us is the lack of communication and sharing of information between service providers. Do you have any comments in that area?

Mr Osborne—I think that to some degree that is an issue. It becomes a bit of an issue if services are trying to deal with an individual and deal with petrol sniffing as an individual psychological or pathological problem. However, I have always taken the approach that that is not the issue. The issue is largely that young people need more support in developing future directions for themselves, in both training and education, but in a different way. We need to not expect that these young kids are going to go through mainstream processes very easily without a lot of support and backup, and we need to support them within their own family context. As you all know, communities have their own unique social dilemmas that we need to deal with—that is, family violence, overcrowding, abuse, et cetera.

Coming back to the question of coordination and information, one of the big bonuses I see in Kowanyama at the moment is that we do have just about every major organisation in that community on the roundtable, talking about how we develop a broader strategy to deal with it. It is not necessarily talking about individual children or young people involved, though from time to time it can be. That group has identified up to about 25 young people who were sniffing over the Christmas period. That is a fairly significant number of young people in a fairly small—albeit largish in the Cape—community. It is helpful to have a sense of who we are talking about and who we are dealing with.

We found there were a few particular leaders in that area, some of whom had been removed from the community because of youth justice offences and who are in a youth detention centre at the moment. When that happened, the rate of sniffing instantly dropped almost to negligible almost overnight once they were removed from the community, and sometimes that is the response the community is asking for. For those sorts of responses to occur and be understood and supported by families or community people, there needs to be some open communication about those issues at time. There are sensitivities around that in terms of not creating other dramas or potential conflicts between families or clan groups because so-and-so said something or other about someone else. That has been and can be an issue, particularly where communities have a history of clan conflict, like Aurukun or even, for that matter, Lockhart River in recent times. I think we need to be careful about that and about what sorts of information is shared, on what levels and for what reasons. I think it is a tricky one but manageable.

I think it depends on the level of and what sort of information people are asking about and how that is considered, but certainly opportunities for people to come together as a whole community to talk, based on a senior leader's point of view and then further down the line to a community level, so to speak, is hugely important. I think that is the essence of anything that will be successful. I am fairly hopeful that things are working in that direction at the moment, particularly in Kowanyama, where I have more emphasis.

Senator WEBBER—You said earlier that the profile of the people who sniff in the communities you were dealing with were young people and you have one adult at the moment—

Mr Osborne—There is one that I know of explicitly. I am sure there are a few more, but there are not huge numbers in my experience in Kowanyama. I think there are a few more in Aurukun, but not as much as I understand in other parts of the country.

Senator WEBBER—I was just wondering, therefore, what you anticipate will happen with those young people. Do you anticipate that, as they get older, they will stop sniffing? Will they find a replacement substance, or is this going to be a lifetime challenge unless we come up with the interventions that we need?

Mr Osborne—I think the research has pointed out that a significant proportion of these young people will just stop sniffing when they become adults. Some will continue on to use other substances as an addictive type behaviour, be it marijuana, grog or something harder, unfortunately. I think at the moment in the Cape, fortunately, it is fairly limited, but that is always the potential. However, I think research shows that, generally speaking, young people slowly do give up sniffing because they get to an adult age, have kids or partners or just mature out of it and realise that it is not going to get them anywhere. That is the majority of them, but there are still those that are left. A significant proportion of those that are left—and not only those who are sniffing but those who might go onto more grog or marijuana use—will probably have stints for offences in the adult jurisdiction and end up in jail for periods of time, depending on how bad those crimes are, as you are aware.

Senator WEBBER—Yes.

Mr Osborne—The incarceration rates are still significantly problematic in Queensland, let alone Western Australia.

Senator WEBBER—Indeed.

Mr Osborne—I think there is a trajectory there which is somewhat problematic. That is a bigger issue that needs to be considered. Whether you want to consider that in parallel or as a trajectory from sniffing is a hard question to answer. They are somewhat related. The person who is sniffing is not necessarily going to be the one ending up in jail. However, without looking at any longitudinal research, it would be hard to argue one way or the other at this point. I am not sure there is a lot of value in that other than saying that we need to consider the bigger picture of Indigenous young people's life trajectories in all communities across Australia and why it is that we still have such high incarceration rates. We are talking about bigger social, economic, regional and cultural based issues. That is the big-ticket item that we are talking about. Sniffing is a young person's symptom of those bigger issues in communities.

Senator WEBBER—Thank you.

CHAIR—Mr Osborne, that is the end of our questioning. Is there anything you would like to add at this stage? You can always give more information to the committee, because we are not due to report until the end of June at this stage. Sometimes people think of exactly what they want to share after that time. So if you have any information you wish to send in, please do. Is there anything you would like to add today on record?

Mr Osborne—Only that I am a whitefella.

CHAIR—We have your photograph, Mr Osborne—we picked that.

Mr Osborne—Have you? I am speaking from a white, middle-class, educated background.

Senator WEBBER—You fit in with the committee quite well, then.

Mr Osborne—I want to say that seriously. I am certainly biased in that view. All I am trying to do is share my cumulative experience and knowledge from my work in the field. However, by talking with and asking Indigenous people more in those communities, you would be much more thoroughly informed about their concerns. I am only skimming the surface of collective comments as much as I can. You need to hear those real histories and experiences, which I am sure you have done in various parts of the country, to understand how quite problematic that is. What I am seeing at times in communities is that the parents of these young people often feel totally hopeless and helpless to do anything. They become quite frustrated, depressed and even suicidal as a result of seeing the young kids at times being totally intoxicated day after day. The numbers who are doing that on a regular daily basis are fairly slim in this part of the world, thankfully. However, I do not think that is necessarily the same in other parts of the country. It is emotionally devastating for parents and family members to see their young ones ruining their lives—let alone their health—in the long run.

I was painting with a broad brush there about the issues. There is certainly a need for us to think seriously about how else we can tackle the issue. On the one hand I do not want to pathologise individual kids or families, because I do not see that as helpful, but I do think we need to be thinking about how we can seriously support and intervene with these young people. One of the things that has come up in my mind while we have been talking is that sniffing petrol is not seen as an offence per se. At one level I can understand that and that is fine. However, unfortunately, to intervene in individual cases at times we need a mechanism for intervention and sometimes having some legal entity to validate an intervention is the only way that can happen forcefully.

Potentially, there is value in creating sanctions against petrol sniffing per se. That does not mean that I want to lock up people and have them incarcerated. As a sentencing option, I do not think that is at all useful. However, I think we should consider how we hold a young person in a context where they are given an opportunity to dry out, so to speak, and to start to consider their future life and their future options, whether that is within their own community or outside that community. But as with any substance abuse issue, unless people are given the opportunity to straighten up and think about it for themselves, it is not going to happen—or it is very rarely going to happen—on their own. Especially given the frustration that family members have in not being able to do anything themselves, it is really problematic. I think that sometimes we need to consider that interventionist model to deal with some of these more difficult cases.

CHAIR—Mr Osborne, are you aware of the Northern Territory legislation that has come in?

Mr Osborne—Yes, I have heard that legislation has been introduced to make it illegal. Is that correct?

CHAIR—It is more complex than levels of legality. I was just wondering if that is the kind of information that people discuss.

Mr Osborne—I have not heard that discussed at all in this part of the world yet, but it is certainly something that sparked my attention when I heard it. I thought it could be helpful to, in a sense, force these young people to engage more often with the various services and authorities.

I have often heard police in these communities say, 'We can't do anything because it is not illegal.' That is true. However, they could knock on the door of the house where they know the young people are sniffing and confiscate the petrol or tip it out. They could tell them to go home or engage some of the community police or see who is there and round up the parents to go and collect them. It is just too easy to say, 'It's not our problem,' and wipe your hands of it. If some of these issues were made justice issues or various offence issues then that would require more interventions. I am not saying that that is the only intervention; I am just saying that at times it is one extra step in the right direction to deal with the issue for adults and/or adolescents. I think it could also force whole communities to generate conversation about how to deal with the issue in their own communities.

Thankfully, that has been happening in Kowanyama. It has taken a long time, but we are slowly getting there. I think it is because everyone is frustrated with it and everyone had enough. I think the whole community group, both services and families, have reached that critical mass point where, out of necessity, it is time to talk. However, I think there are quicker ways you can do that by making it everyone's business sooner rather than later. Some of those ways may involve legislative changes and requirements, and I would support that model as well.

CHAIR—Thank you for your evidence, Mr Osborne. If you do want to add anything, please contact us.

Mr Osborne—Thank you for the opportunity to have some input. I hope it is helpful.

[9.49 am]

BRADY, Dr Maggie, Research Fellow, Centre for Aboriginal Economic Policy Research, Australian National University

D'ABBS, Associate Professor Peter Harald Nilsen, School of Public Health, Tropical Medicine and Rehabilitation Science, James Cook University

CHAIR—Welcome. As experienced witnesses you know about parliamentary privilege and the processes of giving evidence in public, but if you choose to ask for privacy we can go in camera if you want. We have your submission, Dr Brady, and I now invite each of you to make an opening statement and then we will move to questions.

Dr Brady—I wrote a few things down because my submission to you was very brief; it was really just a covering letter with a copy of my book, *Heavy metal: the social meaning of petrol sniffing in Australia*. I will start by saying that over the last few years I have been focusing on other substance misuse issues, so my applied knowledge of the petrol sniffing situation is not recent. But I did do a lot of work on it in the eighties and up until the early nineties, so my knowledge is not on the ground over the last few years at all. It is more looking back over what has happened and trying to understand it. I thought I would suggest a few ideas about how I understand how the present situation has developed—just looking back.

I first started work on petrol sniffing in 1978 when I was involved in a project at Flinders University in the department of psychiatry, and we did some work at a community in South Australia called Yalata. Looking back since 1978 I looked a lot at the history of sniffing and how it all started. I discovered that there was a lot of experimentation with petrol in the forties and fifties, particularly among Aboriginal workers who were working at a sawmill on the Coburg Peninsula in the Territory. That was in 1950. When all those workers returned to their communities across the Top End, they took with them the knowledge that if you sniffed the substance that went into the saw and the generators you could have a pleasurable feeling of intoxication, so the knowledge of the practice was disseminated across quite a wide area.

The first academic article was published in 1970 and noted that sniffing had been at Galiwinku since 1960. So, from about 1960, it started to slowly spread. Sniffing intensified and spread in the seventies, with communities in South Australia, Western Australia and the Territory reporting outbreaks. There was a little publicity in the late seventies and there were some half-hearted moves to take action at the time, but they were tempered by the increasing currency of the argument that it was up to the community to deal with the problem. A welfare officer called Geoff Sargent, who was working in the Top End in the seventies, wrote in 1977, which is quite early, that:

I do not agree with the common attitude that because these are problems of the Aboriginal people that they [the Aboriginals] have to find the answers. I see this as an excuse by the authorities responsible to abdicate that responsibility and involvement; and they do it under the very admirable guise of 'self-determination'.

In the 1980s, sniffing continued to spread and it gained a very strong foothold in some areas. The various governments were by now starting to show concern, but by 1985 sniffing was going on in 56 communities. Of course, there was a Senate select committee in 1985. Its findings reinforced the hands-off approach which located the problem roundly within the Aboriginal communities concerned, claiming that the communities knew best and that they must own the problem. The belief that the community should own the problem was the underlying reason for a famously insensitive response in December 1984 by the then Minister for Aboriginal Affairs to a suggestion that about \$5 million was needed for the prevention of petrol sniffing. He retorted that it does not cost anything to take a can of petrol out of the hand of a kid when you see him sniffing in front of you.

The HALT program arrived on the scene in the mid eighties. It was welcomed with relief by the federal government because it was seen to reinforce the idea that the communities themselves could do something about sniffing, while avoiding dependence on the government. At this time there was a lot of pressure on the government from Aboriginal activist organisations like NAIHO, the Aboriginal health umbrella organisation. Ministers and departments were terrified of accusations that they were being too paternalistic and this all reinforced the idea that the government should sit back, stay back and leave this issue for the communities to deal with. For all those reasons the government persisted in standing back.

By the end of the eighties there were increasing pleas for help from the grassroots, together with the spread of sniffing to new areas, but there were still no dedicated staffers in any departments with knowledge of and responsibility for sniffing. There was no national cohesion, no national data collection or evidence base. There was no resource collection to distribute to communities on request. In fact, at times I felt like a one-person resource agency. People were ringing me because they knew I had done work on the issue. Funding was ad hoc and piecemeal. The number of disabled sniffers increased.

Finally, in the nineties there were some responses in the Centre, with the development of Petrol Link Up, some funding and some sympathetic Commonwealth staffers who supported local initiatives. Avgas was installed and Mount Theo developed, whilst other programs fell apart. Then there were the highly visible coronial inquests by Warren Donald and Wayne Chivell, and the media started to be used and seen as being a help by some of the local on-the-ground workers. So they marshalled the use of the national press and directed them to look at certain aspects of the issue and that started, finally, to provoke some attention, of which this committee, I guess, is a part.

At that point we then had the development of the ADAC resources, the roll out of Opal, the review of Comgas before that and then the funding for Blair McFarland's project and so on. That in a nutshell is roughly how I see what has happened. Looking back, there are three major factors implicated in the developing intensity of sniffing. One of them is the notion that I have already mentioned: it was the communities' responsibility, not the government's, to take some action and come up with ideas to deal with it. It also has to be said that this was a position reinforced by many Aboriginal organisations and Aboriginal people at the time. That was the conclusion of the first territory workshop that I attended, which was in 1982: the Aboriginal communities would sort out this problem themselves. So governments were in a double bind, in a sense, in that they were also responding to what were seen to be Aboriginal views.

The second major influence on how sniffing developed was the persistent notion that sniffing was a symptom of a broader malaise. That meant that, unless we understood and did something about this deeper problem, we would never be able to make any headway. So any short-term strategies were seen as being bandaid solutions. In retrospect, I think that was a really big mistake because long-term solutions depend on having functional communities and people in a position and with the skills to take action. There is absolutely nothing wrong with bandaid solutions. Band-aids are good, and we could have done with a few short-term solutions back then without waiting for this deep and meaningful understanding that was supposedly going to lead to some major solution.

The third influence was the view, which I shared at the time, that if agencies devoted too much attention to petrol sniffing, it would attract children to it, it would attract the media to it and, if the media got hold of it, it would spread the knowledge of the practice across a much wider area. At the time there was also the view, which is still valid, that the best advice on health education was that scare tactics did not work and that one had to be very careful how an issue like sniffing was dealt with and approached. For these reasons also, there was a softly, softly approach taken. There was this fear that if governments and agencies focused on sniffing, it would draw too much attention to it. I think that explains partly why earlier in the piece there was so little attention paid to focusing on educational resources or the developing of videos and things like that. I know that there were several suggestions that things should be produced to educate people. I was involved in a project that wrote a manual in 1981 that was the first attempt to list the evidence base for the medical and the psychological effects of sniffing.

The other thing I will draw attention to as an anthropologist is the terrible dilemma which is at the heart of petrol sniffing prevention at a local level. It is an activity that individuals do to themselves. As with any drug use, there is a limit to what other people can do to restrain people who are doing something to themselves. That is the case for any parent or relative of any drug user—a heroin user, for example. The possibility of restraining, intervening or demonstrating concern is made much more complex and conflicted for Aboriginal parents and relatives.

As I wrote about in *Heavy metal*, this is because Aboriginal methods of socialisation are very non-authoritarian and permissive. The way of interacting with close relatives is to show generosity and compassion and to acquiesce to the demands and requests of people to whom you are related, including your children. There is huge respect for the autonomy of the individual, even if that person is doing damage to themselves. The primacy of kinship and relatedness is huge. These things act as impediments for Aboriginal people to take action. Exhortations like Clyde Holding's that you can simply take the can away are just not happening, have not happened and, in many cases, will not happen.

I think it is very much up to outsiders to provide the structures and support that can back up Aboriginal people in their attempts to feel that they can have legitimate interventions with younger people and that enable them to intervene in ways they want to do but feel restrained from doing. We have to provide legitimation and backup to help them to find their way around the restrictions imposed by kinship and the obligations that that involves. I will leave it there because you may have some questions.

CHAIR—I am sure we will. Professor d'Abbs, do you want to make an opening statement or some comments?

Prof. d'Abbs—I will make a few comments. Firstly, I thank the committee for asking me to appear today, although I should add that I feel uneasy that there is a small number of us—including Maggie, of course—who are looked to because we are perceived as having expertise in this area. My own feeling is that my claim is a very limited one. I feel that I need to defer to the people who are at the coalface, because they are the ones who are really experiencing the issues. Yes, people like me have a contribution to make. We can stand back and look at some of the policy implications and perhaps be more analytical, but I think it is really important to recognise that it is a very partial picture that we can bring.

Having said that, I would like to make a few points. Firstly, it is important to acknowledge that there has been, I think, considerable progress in recent years in the way governments in particular are responding to the issue of petrol-sniffing. For many years the standard response from all levels of government and all political persuasions was that it is was a community problem—and, as Maggie has pointed out, that was often dressed up as self-determination. So it is a welcome development that we have seen a number of governments acknowledge that they do have a vital part to play. There are welcome signs of cooperation between governments and between levels of government. Through the eighties and into the nineties there were well-established patterns of buck-passing between Commonwealth and state and territory governments. Although I am not in government, it seems to me that that is not happening in the way that it was. Of course, we have seen Comgas and, more recently, the Opal scheme, which represent a reasonably significant commitment by government and indeed by the corporate sector.

These are all welcome developments, and I think they need to be acknowledged because it is very easy to focus on the more despair-inducing aspects. However, I think we also need to be a little wary. My concern is that this level of governmental interest should be sustained. I do have a slight fear. As I am sure you would be more aware of than I am, policy issues on the public policy agenda come and go—and it would probably be very easy for petrol-sniffing to slip off the agenda again. It is important that people in the public policy sector do not develop unrealistic expectations. If we are going to see progress in this area it is going to be slow and it is going to be accompanied by a lot of failures and disappointments. It is really important that politicians and people in government administration recognise that.

The second main point that I want to make is about the constant search for an intervention or a package of interventions that are going to work. I think even Senator Siewert sought that when she asked Mr Osborne what his recommendation for the best value or best buy was. I would like to suggest reframing this question. Rather than looking at what sorts of interventions are going to work, we should be looking at what preconditions need to be established in order for any intervention to have much chance of success.

When I pose that question, a number of factors occur to me. One is that we need people in communities, whether they are they insiders or outsiders—and, in many instances, this will probably mean outsiders; and Maggie has alluded to some of the reasons for that—who have an understanding of the problems of which petrol sniffing is part and, if they are outsiders, who stay there long enough to develop the kinds of relationships without which not much is going to work, at least not on any sustainable basis. Also, those people need to be supported, normally at a regional level. That means that the various departments of governments have to not only put people into those positions but leave them there for a while.

When you look at the relevant government departments—particularly those of the Commonwealth, but I think it is true of the states and territories as well—and at regional centres like Alice Springs and Cairns and you ask, ‘Who have they got there and how long do they stay there?’ one of the big problems at the moment is that, even if they are good, all too often they are not there long enough to establish the kinds of relationships which are an absolute necessity, an essential precondition, for things to happen.

That is in part because government agencies are very prone to looking at the issue of community capacity—and for good reason there are a lot of question marks over the capacities of communities to absorb interventions and so forth—when they need to be looking far more at their own capacity and at the extent to which governmental practices are helping to foster or undermine the kinds of relationships, the kinds of preconditions, that I am talking about.

If you look back at some of the more successful interventions in the 1990s, particularly around Alice Springs, and ask, ‘Why did they happen?’ one of the reasons is that there were a few key people in Alice Springs and Canberra who knew their way around the system, who talked to each other and who had the connections into those communities. It was as simple as that. These people could actually make things happen. But a lot of the time those sorts of people are not there. It is partly the individuals but it is more importantly the systemic properties that foster the conditions where those people will be there.

I want to emphasise that because, if those preconditions were met, various communities and regions would identify solutions that would work and those solutions would then have more prospect of working. But without those preconditions, the best ideas and the best people in the world are going to be pushing up hill.

The other element of that precondition is sustained funding. It does not have to be unconditional, unaccountable funding, but it has to be something more than stopgap pilot funding, which Maggie has criticised on previous occasions and which I have criticised on numerous occasions. That is the second point about preconditions.

The third and final point is on the identification of what seemed to me a number of key challenges that we still face. One is connected to what I have just been saying about this whole question of developing models of service delivery that are going to work and under which governments and, in some cases, the corporate sector—which I think we need to be looking at a little bit more—can work with communities, community groups and Indigenous organisations. There has to be an ongoing search for models of service delivery.

I have just had published an editorial in the *Drug and Alcohol Review*, which I will submit if it is not too late to do so. It concerns the role of the drug and alcohol sector, which has been conspicuous by its absence on this whole issue. Of course it is not just a drug and alcohol problem, but the drug and alcohol sector should be doing more. They should not be allowed to sit back and define it as a policing problem or a youth problem. They have a vital part to play and should be doing more to develop expertise in this area and contributing more by way of assessment procedures. I noticed that Mr Osborne was talking about whether or not petrol sniffing should be made an offence. I do not want enter into that, except to say that I think the Northern Territory’s attempt to find a way through is an interesting one and the powers in Queensland are a little bit more police powers than he was intimating.

CHAIR—I agree with that.

Prof. d’Abbs—Thank you.

Senator Crossin interjecting—

Prof. d’Abbs—Yes, they can. If they say that we cannot do anything, sometimes that is special pleading. Often the system falls down where there are no clear-cut assessment and referral mechanisms; that is where we see people and particularly if they have mental health problems as well. Doing more in that area is not going to solve the problem, but it may well contribute to reducing the harm and provide effective interventions to people who would otherwise go on and do considerable harm to themselves and/or other people.

I want to flag the issue of treatment rehabilitation. Belatedly it is receiving attention, so all I want to say is that it is really important that that question not be allowed to slide off into oblivion again. The issue of dealing with people with long-term disabilities is, again, a critical one; it needs attention. I do not have any expertise to contribute there, but it is an issue that we need to keep on the agenda.

If you look back, there are a number of models on which we can build. Maggie mentioned HALT. At the time, HALT probably contributed to its own, in some ways, poor reception by, I would argue, overselling itself. Because some people oversold HALT, we tended to lose sight of the fact that it did do some quite significant things. It was an interesting model from which we could learn. The Petrol Link Up model in 1990s has to some extent gone on into the present CAYLUS model. So, if we go back to the preconditions that I was talking about, there are models which we can take heart from and make progress with. Thank you. I will leave it at that.

Senator HUMPHRIES—Dr Brady, your submission is only a short one but, for me, it contained one of the more insightful moments in this inquiry when I read your explanation for what seems a sense of powerlessness among Aboriginal communities to deal with this issue. Your explanation of the notion of individual autonomy and permissiveness around child rearing gave me, for the first time, a context for the apparent lack of direction occurring in some Aboriginal communities.

It is a very attractive thesis, but perhaps I should direct this question to Professor d’Abbs. Among academics who work in this field, is there a consensus on what Dr Brady has said here about the social or cultural phenomenon occurring in Aboriginal communities, or is there controversy about this issue and are others arguing that there is much more capacity by elders, for example, in Aboriginal communities to set up structures that can intervene effectively in these situations if they are given the right circumstances?

Prof. d’Abbs—I do not know why you directed that to me rather than to Dr Brady—I am not an anthropologist! I do not know whether it is seen as a universal phenomenon in Aboriginal communities—Maggie would be better equipped than I am to answer that. But what I hear you doing is, in a sense, broadening it out to ask more broadly about the apparent lack of capacity to respond. What Maggie was alluding to was very largely around family practices. You asked about elders; you did not mention community councils, which would be the other obvious agency. However, once you do that a number of additional factors come into play. There are

some communities where elders would have far more authority and respect than in others. If you look at the capacity of councils, for example, to have legitimacy and authority as well as power and effectiveness, there are a number of factors that come into play there. It would be very difficult to summarise—beyond saying that, yes, there is an enormous range of capacity.

Whether you agree or not with his critique, one of the points that Noel Pearson has made about Cape York is that there are real limitations on capacity in a number of those communities. I will not go into the reasons, and that probably sounds like a bit of a cop-out. I think it goes beyond questions of cultural values around autonomy. They are extremely important, but there are a lot of things as well.

Senator HUMPHRIES—Dr Brady, was your work that led to *Heavy metal* based around particular communities and particular parts of Australia or would you say that the lessons learnt apply to most rural and remote communities?

Dr Brady—The fieldwork was done in Western Australia in the Central Desert area and the communities around Warburton and Warakurna, in South Australia at Yalata and also a Western Desert, Pitjantjatjara-speaking community, and in east Arnhem Land, so Groote, Numbulwar, Elcho. I also did some work in Laverton and the Goldfields area. So it took in what at the time were the three major regions of sniffing—in the eighties those were the three main locations: the north of South Australia across to WA, the Goldfields and Arnhem Land. So, yes, it was based on long-term fieldwork on the ground, living in the camps with people.

I would like to just made remark about the role of elders. We talked about the role of HALT being overblown. I think there is also great danger in having high and unrealistic expectation of the elders. The word ‘elder’ is a very movable feast. I think it is important to remember that in many of these communities, especially in the Centre, the so-called elders are the people who were sniffing in the seventies and early eighties and who now have children of their own and grandchildren. That is a problematic issue, because it means that they can see that they are okay—they feel okay; they are not dead. They may not be aware of whether they have any long-term damage as a result of either their experimentation or their longer term use, but they feel that they have come out of it and so maybe these young fellows will come out of it is well.

So added to the restrictions on telling other people’s children or teenagers how to behave, which I think really are widespread among communities, you have this additional personal experience. It is like people who used to smoked cannabis when they were young who take a more liberal attitude and maybe are not so concerned about it nowadays and who need to have it explained to them that cannabis use now is very different. So I think that is worth bearing in mind: not to be overly romantic about the role of the ‘elder’. There are also, of course, remarkable older people, probably mostly women, who are the ones who are taking up these issues, lobbying for change, running the programs and doing the work.

Senator HUMPHRIES—I think you are right—we met one of those at Mount Theo.

Dr Brady—Yes, that is right.

Senator HUMPHRIES—You talked about the need for more backup from authority figures to legitimise the desire to intervene. Do you mean Aboriginal authority figures or non-Aboriginal ones?

Dr Brady—No, I mean outside authority figures like the police, the school and the clinic. I mean the role of outside service providers or people within communities who can encourage structures to emerge. Mount Theo is a good example of that. When Mount Theo started, Andrew, the non-Aboriginal youth worker who was instrumental in getting it off the ground, was attached to the school. His principal saw that he was doing work that was a bit beyond his normal brief, but he supported him to do that work with young people. Because Andrew was part of the school, that initially gave him the outside structure to work from and he was able to negotiate with the people at the outstation and help to get Mount Theo started. I think that supporting non-Aboriginal workers—youth workers, for example—and Aboriginal workers, if they are attached to another structure, helps to negotiate those difficult pressures, intrigues and kinship difficulties that can often sabotage the best programs.

Senator CROSSIN—Thank you Dr Brady and Professor d'Abbs. It is good to see you again. I want to ask a question about what makes the intervention successful in relation to Mount Theo. Have you had a look at why that program had to get itself established and functioning and get a few runs on the board before any government decided to recognise the successful nature of it? It took a federal minister to go to the outstation and decide to build them a new accommodation block which was seriously needed six or seven years ago. In your research, do you have any answers as to why it is that, where communities have come up with a solution, they have to prove the success of the solution before they get support from government?

Dr Brady—I do not know. It is a hard question to answer. It has just been in the nature of these things. The move towards economic rationalism and demonstrating performance that came in in the late 'eighties and gradually filtered through into Aboriginal affairs has been partly responsible for that. Governments have been concerned to show that their money is being spent in the right sort of way.

CHAIR—Outcomes focused.

Dr Brady—Yes, that is the term I was looking for. Instead of these problems being seen as welfare and life-saving problems and issues that needed action, they have fallen under the rubric of outcomes, programs and much more structured things. The human element has been lost.

Senator CROSSIN—So we need an Access Economics report on the Opal cost-benefit analysis before somebody says, 'I'll put it wherever you ask it to be'?

Dr Brady—Yes, that is right. In a way, evidence based intervention has gone mad. It is not allowing for commonsense to have its say, if you like, and allowing communities to speak. Peter mentioned the role of particular public servants and particular people on the ground being in conjunction at the right time. Petrol Link Up was an example of an intervention that worked because there was a small cadre of Commonwealth public servants who took a personal interest in it and who became known to the people on the ground. They felt they could ring up people in Canberra and the same person would answer the phone. And those people in Canberra visited the program and got to know a bit about the area.

One public servant that was part of a project that Peter and I did, a policy related research project. I interviewed several people. One of the things this particular person said was, 'You have to walk things through if you have a project that you think needs funding or that you discover through your personal links.' You have to walk it through. You have to literally write it up, you have to take it to your superior, you have to explain it to them, you have to persuade them that this is what needs funding, you have to wait while they sign-off on it and you then take it to the next person. And she referred to that as 'walking it through.' That is how she said she got things done. She said it is policy on the run but she said, 'I have had my allocation of funds and I was able to spend it and I got to know who needed it.' And that is how she made it happen. Now, it may have been that in the early days Mount Theo just did not have that particular conjunction of people involved in it.

Prof. d'Abbs—Petrol sniffing is on the agenda now and no doubt things like the Access Economics report will help to keep it there. But the point is that at that time it was not on the agenda. Whatever happens happens because of the particular efforts of individuals who might have the knowledge and the little coalitions that can make things happen, whereas if you compare it to other drug issues there is a sort of background or basis of ongoing concern on which people can build.

Senator CROSSIN—I am not entirely sure it is on the agenda permanently, though. I think it gets on the agenda when we have a sensational picture on the front page of the *Australian*. I want to take you to some comments in an article that you sent us that you both co-authored, 'Other people, other drugs: the policy response to petrol sniffing among Indigenous Australians'. You outline four modest, practical steps that could usefully be taken to improve the policy foundation. One of those is to have a particular centre to be funded and directed to conduct or commission research into prevalence patterns, effectiveness of interventions and so on. Is that happening in some way? Is that the AER? Or is there still a need to specifically provide a designated research centre with the funding and the national responsibility to continue this work?

Prof. d'Abbs—I will be speaking this afternoon on behalf of the AER but, nonetheless, I can say categorically, no, it is not. Firstly, it was not what we had in mind. Secondly, it actually could not be done by the AER Foundation. The AER Foundation is essentially a body set up to disburse funds. It certainly does not have research capacity in its own right. So, no, that would not be a mechanism.

I am really glad you have raised the question because it is a question that I have wondered about myself lately: whether the recommendation that either the National Drug Research Institute in Perth, at Curtin University, or the National Drug and Alcohol Research Centre at the University of New South Wales should be (a) given some resources and (b) told—directed—to do some work in this area to develop, if you like, a knowledge base. I think NDARC actually is doing a little bit more now but, as far as I know, nothing has been done about the recommendation.

Senator CROSSIN—With all due respect, Dr Brady, if people want to know about Indigenous economic development, for example, one of the first places that comes to mind is actually CAPER at ANU. You mention Indigenous economic and people think CAPER. But if

you mention petrol sniffing what would people think? Where would they go for eminent national research advice? It is not happening and it is not being promoted, I assume.

Prof. d'Abbs—We are not talking about big sums of money. I just think they should be told: 'Here's some extra money for one or two positions. Get on with it.'

CHAIR—If it was happening you would know, to the best of your knowledge. You have actually put that preamble. But it would seem in the current environment in Australia that if that were happening you two would know about it.

Dr Brady—Yes. No, it is not happening.

Prof. d'Abbs—There may be preliminary discussions about it.

CHAIR—I think it is important that that is clear.

Dr Brady—The other reason that it would be a useful development would be that that in itself might help to trigger the attention of the drug and alcohol profession generally within Australia and help to be a stream of knowledge, resources and research to support state based drug and alcohol units which have largely ignored petrol sniffing as well. I think it would have a stream-on effect in that respect.

Senator CROSSIN—Professor d'Abbs, you talked about clear assessment and referral procedures, I think in the context of people who are identified as being a mental health problem as a result of petrol sniffing. I am not entirely convinced that that in fact happens effectively, and I am also not convinced, based on the evidence that we heard in Alice Springs, that there are enough rehabilitation centres or places that would actually cope with rehabilitating these people. The MPY Women's Council has called for a rehabilitation centre to be built on their homeland so they can look after these people. What is your evaluation of the adequacy or otherwise of the rehabilitation that is happening with petrol sniffers?

Prof. d'Abbs—I flagged it, and I think Maggie and I flagged it in that paper you are referring to as well. It is clear that not enough has been done in that area in the past. Governments are understandably reluctant to get into putting money into this area because, if you are looking at alcohol rehabilitation, it is perhaps not the most cost-effective way of spending money, and it involves quite a lot of money. So it is not surprising that governments have on the whole been reluctant to commit money to this area. However, I think the calls from people who are at the coalface from both urban and rural and remote areas are so consistent that it is clear that we do need increased capacity in this area. Maybe they should be in Alice Springs or the Pitjantjatjara Lands—I do have a view on that—but I think the main issue is that we need to be putting more resources into that area, in the realisation that it is a difficult one. The Northern Territory government is of course making moves in that direction, and you would probably have a more detailed picture of how much it has committed by way of resources. Of course, having gone down the path of providing for mandatory treatment, you have to take some steps to ensure that there is some.

Going back to that point that I was trying to make, in a sense they are clearly related issues, but they are also separate issues. For example, if you look at the residential treatment

rehabilitation centres for Indigenous alcohol problems, they suffer from two things—one is that you do not generally have a very good assessment system for them, so the people who get in there may or may not have been properly assessed, and the other is that they are structurally isolated from the rest of the drug and alcohol sector. So I was trying to say: yes, we do need more by way of residential treatment facilities, but we also need to put in place those assessment and referral mechanisms, which I think are the key to it, so that you get the best value out of the resources you have or might put up—and part of that is linking in so that other agencies, including mental health agencies where appropriate, can be playing their part as well.

Senator ADAMS—Professor d’Abbs, you made a comment about needing people in communities to develop relationships. I am doing another project on salinity, and the same issue is coming up all the time: with short-term contracts, you cannot get that continuity with government people or people working in an agency to actually remain in the area, or their project is a three-year project and that is the end, then you get the next person building up the relationship, they are just getting somewhere and they are off again. Do you have any research there, where we have had longer term contracts to allow people to stay in the communities to do that work?

Prof. d’Abbs—I am not aware of research that has been done specifically on that question. I think petrol sniffing is a very difficult issue, because the communities which would perhaps benefit most from somebody like that are probably not exactly the most attractive ones to work in. However, there are a number of other factors. If we accept the fact that it will probably always be difficult to get good people to stay long enough in these places, particularly the hardship postings, at the same time, there are a number of other factors that we could consider. One of them is the way in which people work when they come into a community. Sometimes, you see people go in, particularly non-Indigenous people, and they have all sorts of answers that they will dream up and people generally stand back and let them do it, because anything else would probably be futile. They attempt to bring in lots of change and then they are off. Other people get in there, work quietly and develop linkages.

In a lot of these communities there are groups of people who try to do things. They go in there, sit down with them, listen to them and say, ‘How can we actually help? Perhaps if we can help get this resource in, we can help you to be more effective.’ Even if that outsider is not there for a long time, they have to be there long enough so that they do establish some kind of relationship. We are talking planned, orthodox, whole community development, if you like. Those kinds of skills are not, perhaps, as widespread as one might like and it is disappointing how often you see the reverse, with a few non-Indigenous people—including long-term people—who do work in a fairly colonial way, if you like.

I am aware of one community in the Cape, where there are a number of non-Indigenous people who work very hard for that community. Now, there is actually a local group trying to form and develop, and it is interesting how those people have pulled back, because they are so used to controlling and deciding what people in that community really need. There are other instances. There was an instance—which has been written up or is in the process of being published—of a community in eastern Arnhem Land, where they had an upsurge of petrol sniffing. It happened at the end of the year. A local community formed and they started to develop ideas for dealing with it and, at the time they were doing it, all the white fellows, if you like, were off on their Christmas holidays and they had left the community. When they came

back in late January and this group had developed various ideas, they said, 'You can't do that.' Little by little, they all reasserted control. The result was that the local community group collapsed, the sniffers looked at the local community group and said, 'That just proves you people are ineffective. You oldies can't get anything done here.' It actually had a harmful effect. I think these are the kinds of lessons that we need to be drawing from. As I said, it is not just how long people stay; it is how they work when they are there.

Senator ADAMS—You mentioned about having a regional overview. The actual region, to me, seems to be the very important thing so that you are not breaking the whole cycle and having to go back to base—for example, Canberra—and then starting again. The region really should be working much harder—just from what I have seen, anyway—to keep those groups going and, once again, sharing information, as we have mentioned. There is nothing worse than, 'This is mine, don't touch. You are not to do that.' There must be information sharing going on. It will not work the same everywhere, but at least there might be something that they can pull in to act with.

Prof. d'Abbs—That is where you do need the continuity, and it should not be that hard to get a degree of continuity in the regional centres—thinking regionally, working regionally but, at a government level, also developing that regional capacity.

Senator SIEWERT—Dr Brady, you were talking earlier about the three reasons for lack of action, and you talked about putting things off, because it was a symptom of a broader malaise and we needed to deal with the broader symptom. I do not take it that you are suggesting that, therefore, we do not do anything about the broader symptom. Is it the right interpretation that we should be doing both?

Dr Brady—Absolutely.

Senator SIEWERT—For example, roll out Opal. But is that the only way to deal with this problem? Every submission we have received has virtually said—and a lot of the papers I have just read also say the same thing—that this issue is a symptom of broader causes and that we need to be dealing with those as well. Should we be tackling both of them or are you saying that now we should just be focusing on a broad bandaid?

Dr Brady—No, certainly not. We certainly have to do both. I was just trying to point out that I thought that the focus on understanding the deep causes was actually acting as an impediment in earlier years to doing anything. As with alcohol use, I think there are proximate causes and there are proximate solutions and small-scale things that can go on. In the longer term and at a broader-scale level, I think communities need to have good infrastructure and there needs to be a lot more attention paid to good governance, and things like that, and supporting the activities of all young children.

A while ago I wrote a paper where I was looking at what was going to happen in, say, 20, 25 or 30 years time with alcohol use and looking at the projected population figures, for example. The youth population is growing rapidly in the Aboriginal population. It is a pyramid shape, as I am sure you know. The Aboriginal population is shaped like this and that bottom layer is very wide. That will be a cohort that will move up so, in 10 or 20 years time, those people will be teenagers and young adults. The bulge in that population will need work, education opportunities

and meaningful engagement to keep them going, to keep them alive to act as normal supports that all people need as they grow. In terms of long-term work, those are the things that need to be focused on. I think it is worth bearing in mind that the population of young people will continue to grow and continue to be a major proportion of the overall Aboriginal population, so they will have fewer older people to rely on. So in terms of the role of elders and so on, the group of elders is getting smaller and the group of young people is getting bigger, so proportionately those younger people will have fewer older generational supports.

I think that suggests that we need to make up for lost time. Many of the communities have really been allowed to deteriorate. Governments have not really taken seriously the fact that many of the so-called communities are small towns. One of my colleagues did some work at Wadeye in the Northern Territory. In 15 years time that Aboriginal community is going to be the fourth largest town in the Northern Territory. Those towns need all the facilities, structures and youth programs that any other towns need. Just because it happens to be an Aboriginal one, it should not make any difference.

Senator SIEWERT—Say the policy decision is made that we invest in Opal as a bandaid solution and not the other longer term issues. How effective is that going to be?

Dr Brady—I do not think that is going to be effective at all, because you also have to bear in mind that there are a lot of kids who do not sniff. I think that all the publicity around at the moment runs the risk of implying that all Aboriginal communities are totally disintegrated and that all young people are sniffing and out of control. In fact there are large numbers of kids who are doing their own thing, and they need to be supported too. Maybe it will be helpful to think about sniffers as being children in trouble or something like that. Obviously you need facilities and services that target sniffers themselves, but within the communities it might be more beneficial to think of putting in resources for all young people and to think of sniffers as being one segment of that population who are in trouble. Many sniffers are just looking for a way out of it without losing face with their peers. So it is being able to offer something to those young people to distract them and give them something more meaningful to do.

Senator POLLEY—Thank you both for your evidence this morning. I do not think it has made our job any easier. We can all identify what the problems are, but it is much more difficult to find the solution. Dr Brady, you spoke this morning about understanding the Aboriginal culture. It has been a real experience for me. In dealing with and talking to some elders, we have heard their view that there is a lot of conflict between still having the same respect within the Aboriginal communities and having to deal with what has been happening and how people have changed. Young people do not necessarily have the same respect for their elders. When we visited Mount Theo that, to me, seemed to be a role model—that has worked in that local community. One of the problems wherever we have gone is that people have indicated they are not aware of the programs. So I was looking for your advice and evidence as to how we can actually get that practical knowledge of the success stories, which incorporates Aboriginal communities finding their own solutions as well.

Dr Brady—Do you mean how to disseminate knowledge of workable solutions and workable programs?

Senator POLLEY—Yes, that are working. What works for one community might not work in every community. How do we ensure that what is working and what is worth having a go at is communicated? You have talked about how your views on bandaid methods have changed. Other evidence has been given to us that pilot programs with a lack of ongoing funding are very detrimental to these communities, because we encourage people and get them excited about programs, and we send people in who actually have the skills but do not stay. There are so many issues.

Dr Brady—I think a lot of learning has already been instigated by Aboriginal people themselves. For example, the information about avgas—what is now known as Comgas—was basically spread between communities who heard on the existing grapevines about what other communities were doing. Councils organised visits, I think it was, to Numbulwar that first had avgas and people from Maningrida came and saw what was going on there. Mount Theo has a newsletter and a web site and things like that, so I guess there is some dissemination from that particular program.

I could say, ‘What they need is a grog book’ like the grog book that I did about alcohol, which was case studies written in a readable, easy to understand way with interesting pictures, snippets of information, songs, poems and stories from different communities. Maybe they need a book like that about petrol sniffing, but it seems a rather mechanical solution at this stage to be thinking about that.

Probably human resources are the most important way of spreading information. If there was more of a research base that could be outreached from those centres by some of the local drug and alcohol officers, they could talk to people about options that are working in other places and give people some choices. Those sorts of things, I think, are spread by knowledgeable people on a person to person basis, on a person to community basis. That is what Petrol Link-Up did at one stage in its life and what Anne Mosey did when she was employed in the centre. It was that kind of personal contact and giving people options to work on. Probably, human communication is best.

Prof. d’Abbs—I think there is more of a flow of ideas going on than there was a few years ago. It was noticeable in 2003 when the Australian Institute of Criminology, which is based here, held a national conference on inhalant use in Townsville. Quite a lot of people who were working in various community level programs came to it. The common remark was: ‘My goodness! This is the first chance we’ve ever had to sit down and learn from what is happening here, there.’ People got a lot out of that. Whether you say it is a bad thing because the first conference did not happen till 2003 or a good thing because it happened then, I think it is possibly time to be doing something like that again. It does not take much.

I think one has to be a bit careful. In my experience often, if you are at a particular Aboriginal community and it seems that some idea that is even a few hundred kilometres away would be so applicable, you have to in a sense—people everywhere are parochial and say, ‘No, they’re different to us’ and so they are not interested’—allow time. That is where I think the sort of human contact that Maggie has spoken about is so important.

I sense that there are far more instances now where people from one particular community will say, ‘Let’s all go off to Mount Theo or somewhere and see what they’re doing’ or invite

them to come over. Perhaps we could be doing more to foster that. We probably could either lean on the Institute of Criminology or suggest somebody else might do the same thing. Also, if you do a web search for articles about petrol sniffing, which I have done very recently, almost all the recent stuff that comes up was generated globally out of the Townsville conference. I think we could be doing more of that kind of thing.

Senator POLLEY—There has been evidence given to us—not from all communities that we have visited but some—that there has been an increase in abuse in communities, and some of that abuse has been attributed to petrol sniffing. Obviously, there are other drugs and alcohol involved in that. If we do not start to have a real impact in tackling these serious problems, we are going to have serious health problems and other problems escalating.

From each of you I would appreciate your comments on how we can prioritise—apart from funding, which obviously we all know there needs to be more funding, but you have to be able to direct that in the most useful way. Would both of you like to make a comment?

Prof. d’Abbs—Are you talking specifically about sexual abuse?

Senator POLLEY—Yes. There has been an increase in sexual abuse and there are some health issues relating to the abuse.

CHAIR—Senator Webber has a question on the same issue. If she asks that now we can get the responses together.

Senator WEBBER—The main evidence we got of that was at our hearings in Perth from some people at Curtin University. Those of us who are from Western Australia know that we are having a real crisis of child sexual abuse within our Indigenous communities. Children as young as three have sexually transmitted diseases. There now seems to be some anecdotal evidence—and they are working on some academic linkage relating to this—between that crisis and petrol sniffing. I was going to ask about that, as well. It may be one of those broader malaises that we are all finding very difficult to even discuss, never mind coming up with the solutions.

Dr Brady—I do not know how to answer that.

Prof. d’Abbs—I do not know that I can. One can make a couple of points. One is that I understand that it is linked to various forms of substance misuse. Clearly, it would not just be petrol. I do not know a great deal about what has been happening in WA, but the fact is that you have had a number of Indigenous people saying, ‘We’re not prepared to put up with this.’ Government needs to be willing to go in there, even if it is difficult and involves perhaps challenging people who might have enjoyed relatively privileged positions—clearly that has to be done.

There seems to be a reluctance to really deal with the perpetrators of this. Again, I heard Pearson point out on television that eight-year-old girls are appearing in health centres with STDs and ask why nobody has been charged. It is not a simple issue, clearly. But there is that sort of culture of paralysis that has perhaps set in in certain areas. Without deluding ourselves that stronger enforcement would address what is clearly a very deep, pervasive and complex issue, at the same time, using the legislation and the agencies that we already have would send a

really clear signal that this is not acceptable. These are some first steps that we could be taking. I certainly would not claim to have expertise in that area.

Dr Brady—These are instances where there has to be a very clear message of what is socially and legally unacceptable behaviour and that there is no room for claims of traditional law, customary law or any of those things. I think the women will guide you there. You will often find that the strongest voices that are supporting customary law issues are male rather than female voices. It is a case where there has to be the full force of services and legal comeback. As to your priorities, I am not sure that I feel capable of guiding you on that. Perhaps service providers on the ground might be better placed to make considered suggestions there. But I think you have to show social disapproval strongly and back up Aboriginal people who also want to show social disapproval.

Prof. d'Abbs—And that may not necessarily involve spending a lot of money. If you issue a directive to enforce laws that are already there with people who are already there, it is not taking money away from some other program.

CHAIR—Thank you very much.

Senator WEBBER—I have just one more question. I will try to keep it brief. I just noticed, Dr Brady, that in your submission you talked about the importance of youth workers.

Dr Brady—Yes.

Senator WEBBER—That is, again, another crisis we are having. There is a community in Western Australia called Halls Creek that is in absolute crisis—and Meekatharra, another one, is not far off it; it will end up in the same situation by the end of the year. I understand from the people in Halls Creek that one of the reasons they have got to that point is the lack of a youth worker. I wonder if you could expand on that briefly.

Dr Brady—It has all been said before. Anne Mosey has said this often herself, so forgive me for repeating anything you might be saying, Anne. First of all, it is important to bear in mind the difference between sport and rec workers and youth workers. Sport and rec workers are often recruited by councils to make sure their team always wins the football and so on, and they do not actually do lots of work with the kids who probably need some work. Then there are youth workers, in the full meaning of the term. The man who started Mount Theo was a trained and experienced youth worker; I am sure you have spoken to him. Youth workers work with all young people, and they provide them with things that are enjoyable and interesting to do.

A colleague of mine at work, who is working on a literacy program at Warburton that uses videos and all sorts of interesting ways of getting young people to be engaged, had some comments from teenage males who were talking about how they have what they call 'dopey days'. These are boring days, which are the days when they go and sniff. While youth workers are not the solution—none of these things are—they are incredibly important, and they can help to provide structured activities and interesting and engaging activities that will avoid those 'dopey days'.

One of the first articles that was ever published about petrol sniffing was about a YMCA program at Papunya. It was written by David Dalton Morgan. He wrote about what he called 'prime crime time activities'. It seems extraordinary to me that, all these years later, that sort of thing is not entrenched and institutionalised in all communities of over 500 people or something like that. The YMCA used to deliver those programs under a sort of agreement with the federal government through DAA, and then it all went private and got devolved and so on. So, yes, they are very important.

CHAIR—Thank you very much. If you have anything you want to add, please be in contact with the committee. Mr d'Abbs, we will hear from you wearing your other hat later and we will go from there.

Proceedings suspended from 11.08 am to 11.18 am

McCOY, Dr Brian F, NHMRC Postdoctoral Fellow, Aboriginal and Torres Strait Islander Health, Australian Research Centre in Sex, Health and Society, La Trobe University

Evidence was taken via teleconference—

CHAIR—Welcome. Dr McCoy, have you appeared at a Senate committee hearing before?

Dr McCoy—Not that I am aware of.

CHAIR—Therefore I will run through the information on parliamentary privilege and the protection of witnesses and evidence that has been provided to you. We prefer to have our evidence given in public but if there is anything that you want to put in camera please let us know and we will consider that. We have your submission. I invite you to make an opening statement and then a few senators will ask questions of you.

Dr McCoy—I thank all the senators for addressing this very serious issue. I will give a bit of my background in case you are wondering who I am and where I am coming from. I first went into the region around Balgo, which I have described in the beginning of my submission, in 1973. In fact, I was a seminarian and it was at Balgo Mission. My job then, and it is pertinent to this discussion, was to work in the boys' dormitory; it was the last months of that boys' dormitory at Balgo Mission.

I went back to the community and spent only a year there. I then went back as part of the royal commission into Aboriginal deaths in custody and did some interviews with the men there. In the nineties, I ended up being the parish priest for that region. In 2001, I went back again to do a doctorate on men's health.

My journey over more than 30 years with some of the desert people has been around watching men grow up. Related to what you are talking about is not just petrol sniffers but their parents and grandparents whom I have watched and been friends with for some time.

I will briefly go through the points I have made. The first point is that petrol sniffing does have this variety and complexity across regions and communities. It has always intrigued me how, in this desert context, petrol sniffing has been associated with the Balgo community, but not with the other communities. We can see this variety of pattern in other places.

The second point I make is probably the trickiest one—that is, what does petrol sniffing achieve for young people? I know that Maggie Brady, in her submission to you, deals with the issue of autonomy. But it seems to me that it is not just about autonomy but about the person growing up and seeking ways to explore their whole self as part of being a social person and a physical person and some of the dangers and risks around that.

My third point goes back to the first point that not all young people sniff, even in the same community. At the end of that section, I stress the point that what seems to influence the decisions that young people make are what significant others have done in the past. People are following the patterns of older brothers and sisters or uncles and so forth who have sniffed.

What is available to them? In other words, what else can they do as young people to explore themselves and take risk behaviour, and what are they seeking as they become an adult? I argue that young people, especially the ones I know, who are entering into adult life, as Maggie said, are seeking greater autonomy and moving away from the relatedness by which they were often grown up but sometimes not well.

The fourth point is that it is possible to draw people away from petrol sniffing. That has probably intrigued me the most in my research. I tell the story of some young men who drew a painting about the moment they were invited by older people to move out of sniffing and live with them. What this disclosed sometimes in the positive aspects of people leaving petrol is the company and sociality that is invited when they leave petrol.

Finally, there is the notion of Kanyirninpa. Some of you may be familiar with the term; it comes out of Fred Myers' work in the seventies around the holding relationship across older and younger people. I noticed in Pauline Fietz's submission the reference to generational relationships. It is really important that the relationship is not just focusing on young people. It is the relationship between the generations that is part of the issue that we are dealing with and part of the solution. I can come back to any of those points.

CHAIR—Thank you. We will go into some questions.

Senator HUMPHRIES—Dr McCoy, you make the point in part (b) of your submission about petrol sniffing enabling young desert men to prepare for and explore an important physical and social shift. I do not think I fully understand what you are saying in that section. What exactly is the positive element of that phenomenon from the point of view of transition or initiation? And how is it different in Aboriginal communities, if it is, from young white people misusing substances?

Dr McCoy—In fact, it may not be different from what some young non-Indigenous kids do. What I am suggesting is that, at a much earlier age than non-Indigenous young people, especially young men or young boys see a pathway to initiation. They have the right already established in desert communities that they will be initiated into an adult society. Part of that initiation, as Maggie Brady picks up, is the right to be autonomous. What Myers wrestled with in his research was this tension between relatedness and autonomy: when one grows up, one is part of a very complex and important relationship network of kinship. But, as one grows up, one becomes aware that one has a right to one's autonomy—to make decisions about one's life, one's body, one's self and so forth.

This tension, which starts to become apparent as people become teenagers, encourages them to seek a pathway—I call it a pathway rather than a right—or a passage to explore what that autonomy might mean. I think petrol offers a pathway, as does sport and many other social activities. It is a pathway that is available; it is a pathway that some choose. It enables them to explore themselves as their body grows and as their risk behaviour is taken out. If they separate themselves from their parents, it might be a night-time activity and so forth. It enables them to explore a whole lot of things as they grow.

In this community, there is a painting by young men called 'Crossways'. They have drawn these young people coming to a crossways, like a roundabout, and going off to the left on a very

risky road as they search and explore a whole lot of things, not just petrol. It is also about relationships, sexuality, sport and other drugs like alcohol and so forth. They see petrol as just one pathway that others have taken and that offers them some opportunity to explore things.

Senator HUMPHRIES—So you are saying that, if it is not petrol sniffing, they would be doing something else which is risk-taking or convention-defying in order to demonstrate their autonomy?

Dr McCoy—They will search other things. It is interesting to note how many petrol sniffers do play sport or who do not play it. Sport, especially football, for some young men becomes a pathway to explore their bodies, their abilities and their skills with other young men. So they take risks playing sport. Some might even take risks in study, but they would be a very small group. If petrol is not their pathway then I think young people will seek other pathways, as young and much older non-Indigenous people do, of what they can be and become.

Senator ADAMS—Thank you very much for appearing on the teleconference. Professor Ernest Hunter recommended that the panel contact you because of your background. That is how we tracked you down.

Dr McCoy—So that is how you tracked me down!

Senator ADAMS—Yes. I am from Western Australia and, quite a lot earlier, I worked up in the north. Firstly, as the panel will be going to Balgo, could you give us a background on that community and how it has changed? Secondly, as you mentioned that it was the place for young men to go who wanted to sniff, could you combine that in your answer?

Dr McCoy—Balgo grew up in the 1930s by Pallotine missionaries who were from Beagle Bay on the coast. They had gone to Halls Creek to set up a leprosarium, but the government refused permission. So later in the thirties they moved down from there to establish what eventually became Balgo Mission. In 1965 they moved to the present site.

People came from a whole host of areas to Balgo Mission. What is relevant to some of this discussion is that some of the communities are very artificial ones, and Balgo is a good example. People have come from the Canning stock routes to live at Balgo. People have come from the Sturt Creek region, people have come from the south out of the desert and people have come from the Granites, the Walpiri region, to live there. These artificial communities, which Balgo became, was established in the forties and then was re-established at its new site in 1965. What it also did, apart from bringing people together and causing them to not move around so that they became disconnected from country and from other family, was to establish dormitories.

This is an area we need to understand much better in Australia. These dormitories were for families living on the mission and settlements, and Balgo and many others had them. So from five years of age until they left to work, boys and girls—and the girls often longer—grew up in these dormitories on site, with their parents living a couple of hundred metres away. There was contact between parents and children, but largely the children were grown up by non-Indigenous people. Then in 1973, when I went back there, that changed and the children were handed back to their parents.

What we have now is the generation that grew up in those dormitories. The adults that I know well who are in their 40s and 50s in fact grew up in dormitories and were separated from their parents and grandparents. So what we have now—and Balgo is a good example—is a number of generations of people who were disconnected from earlier generations and are therefore unable to have some of the holding skills that Myers talks about regarding looking after their children.

Mulan, Billiluna and Kururrungku, which is the other word for Billiluna, were cattle stations where people sometimes lived. People got control of those in 1979 and moved back there in much smaller groups, but by then Balgo had established a pattern of institutional life. It moved to more self-governance in the eighties, and that was pretty fragile and has continued to be quite fragile over the years. The community office was separated. It was in Halls Creek and Kununurra for years. So the community itself has struggled to find a level of governance and authority which could keep the various families and groups together.

Billiluna and Mulan have found it much easier, with smaller groups and much closer connections to country and language, to establish some sense of their own identity in those small places. But young people grew up with the sense that older people had sniffed, and sniffed safely—people would remember older brothers and uncles who had sniffed and survived. This has been a pattern at Balgo over the years, but Billiluna and Mulan never encouraged it. They jumped on it very quickly if it appeared, so if young people wanted to sniff they would drift over to Balgo. Does that cover a bit of that picture?

Senator ADAMS—Yes, that is good. I do not know if you have been in contact with what is happening in Halls Creek, but we are having huge problems with Halls Creek, and they are now looking at that dormitory-hostel type situation for the younger people to really be protected from, unfortunately, some of the behaviours of older family members. Could you comment on that?

Dr McCoy—I think with the sole issue of young people we are dealing with a couple of things. One is: how do we help young people grow and become adult? They need the generation above them to help them, and this comes into the big discussion that I am sure you are part of about youth workers. The youth workers of the next generation are people who need to take responsibility for people slightly younger than themselves, but they do not have authority. The real authority comes from the very old people through ceremonies. Once you stop ceremonies—once you stop that spiritual and religious authority of older people over younger people—or you take older people away from their older people, as with the dormitories, then the older people do not know how to grow up these younger people. So the problem of dormitories and boarding schools is that they will continue a separation issue and keep drawing people away from the people they need to be with. Prison does this extremely well and has done it extremely well in Western Australia for decades. We need not only to work with the next generation to look after this young generation—and they do have a responsibility to do that, and they need to be called and encouraged to do that—but also to find links to draw in the older people who know the language and culture and have affection and attention for these young people. Simply separating them runs the risk of going back to what has not worked and caused a lot of hurt and pain in the present adult generation.

Senator ADAMS—There is of course another problem, in that we have a generation that is missing, mainly because of diabetes, alcohol and all the problems associated with that. You have

the grandparents but mum and dad are nowhere around. This seems to be the predominant problem in Halls Creek at the present time.

Dr McCoy—Yes, and I think others have pointed out that we actually have this pyramid. We have a very large number of young people coming on, and we are wondering who is going to take responsibility and, in my words, to hold to kanyirninpa to look after this next generation. We need to not just put resources into young people but put many more resources into the older generation, who we are starting to lose and have lost some of, to draw them back, give them a greater capacity and encourage their responsibility towards younger people.

Senator POLLEY—Thank you for your evidence this morning. I have a couple of questions that relate to the evidence that has been given to us. Some of that was at our hearings in Perth, Western Australia. Serious concerns have been raised about the significant increase in sexual abuse within the communities where people are sniffing. What are your views on that? What is even more alarming is the increase in STDs. That was picked up on in other areas that we visited. In looking at the cultural differences—and we have had other evidence this morning that we have to balance that with our own way of life—could you give me some comments in relation to your experience with men within the Aboriginal communities?

Dr McCoy—Are you asking whether sexual abuse is what leads to petrol sniffing or if it occurs when people are engaged in petrol sniffing?

Senator POLLEY—When people are engaged in petrol sniffing. That is evidence that has been given to us. Maybe you can speak from your experience.

Dr McCoy—From my experience in listening to petrol sniffers, a lot of the boundaries around a number of behaviours are broken. They are not just sexual behaviours but fighting and damage; the risk behaviours are quite enormous. How much is sexual behaviour? What seems to have also happened in the last couple of years is that more young women are sniffing. So there is a bit more sexual activity between males and females than I think there was in the past when largely young men did it. If this is occurring—and I have some evidence of it but also of petrol sniffers being aware of what happens outside their world; they are aware of the sexual activities of other people and they can be very honest about what others are doing in the community—then who is setting the patterns of this?

I think that in some places that could it be so and it would be a leadership issue of older people. I think the critical connection in a lot of this activity is the leaders. It is the next generation, who are a bit older, who set the pattern for what one does, whether one is petrol sniffing, engaged in sexual activity or, later on, drinking and so forth. What is also evident is that some who end up petrol sniffing are vulnerable. They are vulnerable for a number of reasons and sexual abuse is probably one of them. I am aware of that in some cases. It means that these young people are vulnerable because they have not been held properly by parents, grandparents and older relations. Where you have that holding relationship, where you have the family working together, travelling together and hunting together, you rarely have petrol sniffing because the young people are always engaged with, following and living with the older people. It is a number of things and part of it is that we have some high risk young people who will drift or follow petrol sniffing for the support and company it offers and, of course, associated with

that is the leadership that some young people will give regarding some forms of high risk activity. But it is certainly a great concern.

Senator POLLEY—We have had evidence that because of the cultural differences in Aboriginal communities that some family members are more accepting of the behaviour of petrol sniffing. I do not know if it goes as far as sexual abuse. In terms of the health implications from these sorts of issues, like petrol sniffing, alcohol and drugs, that is a significant problem and one which causes a great deal of distress, I would think. Do you have any solutions on how we can tackle these issues, bearing in mind the cultural differences?

Dr McCoy—One of the things that is really important, especially for young men who are sniffing, is to increase the strength and capacity of older men. When a boy moves out of the company of his mother and the women to go into ceremonies, the women have to let him go. The ceremonies are about crying and grieving for the boy, who then enters into the company of men. Now, what is happening is that the men are not taking enough responsibility for those young boys. The women suffer watching the young blokes doing all sorts of things. They can feed them, they can give them smokes, they can do things for them, but they cannot growl at them or criticise them, because they say, ‘He is now a young man; it’s up to the men now to hold him and grow him up.’ I think the cultural difference is really significant here. There is gender issue of young boys needing to be held but being raised by older men. Part of my work is to find ways to support those older men who can take an interest, leadership and a responsibility to look after these young fellows, because that is not happening enough.

Senator POLLEY—In terms of resources, evidence has been given to the committee that there is a lack of information sharing, in particular in areas where there has been success within communities. Do you have any comments on that?

Dr McCoy—I think that could be true. I am aware of the Mt Theo project. I am aware of people like those at Docker River—I have just read that submission about what they are trying there. I think people are looking for answers, but I think they are also looking at how the people in their community can take another step forward. It is true that people say: ‘These are young men. We can’t do this and that, because they are now this and that.’ So people are looking for ideas. But I think the solution often does not lie in other areas; the solution does lie in local communities and in developing the capacity of people who feel inadequate, uncertain or unable, because of history and their own experience, to deal with it. So I do not know if it is just about having enough information. I do not think it hurts, and it is important to have good news messages, but it is actually about tackling the older people and their responsibilities, and what they can be in communities as well, I think.

Senator POLLEY—I would be most interested in your views on the number of young Aboriginal women that are having children at extraordinarily young ages—pregnancies that may or may not be a result of abuse. How do we tackle that issue?

Dr McCoy—I am aware of parents that will send their young girls away to school precisely to avoid that possibility. If this is a gender question—and I think it is really important to ask women about this, because it is not quite my area—it seems to me that young people are seeking pathways to adulthood. What was a traditional pathway to adulthood for young women was having a baby. What was a traditional pathway for young men to become adult men was to go

through law and ceremony. Women do not have the public ceremonies in the desert that the men do. So this is a pathway that young women have been choosing for a long time. If their pathway is to change, women will need to talk more about that and find other pathways to postpone those early pregnancies, I think.

Senator POLLEY—Thank you.

Senator WEBBER—As someone who is also from Western Australia I have been to a lot of the communities that you referred to. We talk about communities like Mulan that do not have quite the challenges that, say, Balgo had in the past and Halls Creek has now, but other people talk to us about a threshold size for a sustainable community.

Dr McCoy—Yes.

Senator WEBBER—Do you have any comments on that?

Dr McCoy—Again, that is complex. A lot of the Mulan people did in fact grow up at Balgo and do not speak Walmajarri, which is their language; they speak Kukatja. So, even that small community has a woundedness because of its history. The possibility at Mulan is that people can keep an eye on one another, closer to one another. They can keep an eye on their children because it is not such a big community geographically. It can also create great tension, because the planning of these communities involves putting people literally on top of one another at times rather than spreading them out. We are talking about people that historically had a lot of space between them. Therefore, when geographically they are put in very narrow places and houses are put between houses to save money, often these social tensions can emerge. Certainly, smaller communities have many advantages for them, but larger communities have other resources. They can offer more resources for youth leadership, for sport and so forth.

I do not think there is a simple answer. Because Balgo has its oval and has its sporting complex, it can create a game football much more easily than Mulan can. There are advantages in larger communities over small, but also in small over larger. What seems to make a difference is who is governing—who is expressing some leadership in this community so that the community feels nurtured and looked after as it faces some very difficult problems.

CHAIR—Thank you, Dr McCoy, and thank you for your patience. The committee is meeting through until June. If there is anything you would like to submit in that time, please do so.

Dr McCoy—I thank you for your work and I thank you for your interest.

Proceedings suspended from 11.45 am to 11.59 am

MOKAK, Mr Romlie, Chief Executive Officer, Australian Indigenous Doctors Association

WATSON, Dr Marshall, Board Member-Treasurer, Australian Indigenous Doctors Association

Evidence was taken via teleconference—

CHAIR—Welcome. Gentlemen, I apologise. I realise that you have been waiting on the phone for a long time. We have just now been able to make contact. Are you both able to stay with us for about half an hour?

Dr Watson—That should be fine.

Mr Mokak—Yes.

CHAIR—That fits both your schedules. If, for any reason, you have to go or there is evidence we need to continue with we can reconvene at another time, because we have now held you up for a full half hour.

Dr Watson—Thank you.

CHAIR—Have either of you been involved in a Senate committee before?

Dr Watson—No.

Mr Mokak—No.

CHAIR—Okay. We welcome via teleconference the representatives of the Australian Indigenous Doctors Association.

Dr Watson—I am also a trainee psychiatrist in South Australia.

CHAIR—Information on parliamentary privilege and the protection of witnesses and evidence has been provided. Have you both got that?

Dr Watson—Yes.

Mr Mokak—Yes.

CHAIR—All committees prefer to have evidence heard in public. If there is any evidence you may like to be taken in camera please consider discussing that with us and we will see what we can do. We have before us the association's submission. If either or both of you would like to make some opening comments then we will go to questions. We do realise how disjointed this is but we are keen to get your evidence on record.

Dr Watson—I am happy to start. The Australian Indigenous Doctors Association is a not-for-profit organisation and the sole national body for Aboriginal and Torres Strait Islander doctors and medical students. Our organisation strives for excellence in Aboriginal and Torres Strait Islander health, wellbeing and life outcomes through leadership, partnership and scholarship in the spirit of cultural integrity. Obviously we are deeply concerned with the health and wellbeing of our people, especially the issue of petrol sniffing which must be addressed from a holistic perspective. Just as the physical, psychological, economic and societal impacts of petrol sniffing reverberate through families, communities and regions, the causes of petrol sniffing extend, and we emphasise this, well beyond the circumstances of the individual. While petrol sniffing can be devastating for those affected, at a population level the impact of petrol sniffing must be considered also relative to the significant burden of disease attributed to factors such as alcohol and smoking. Current evidence also suggests that measures aimed at only combating petrol sniffing are not sufficient of themselves and there is a need to address the root causes of petrol sniffing if any lasting impact is to be achieved. You cannot just deal with the issue of the petrol itself but also the person and the community.

AIDA recommends that specific comprehensive and sustainable action is required to address petrol sniffing in our Indigenous Australian community. However, action also requires direct and tangible commitment and effort by governments as well as the individuals, families and communities themselves. I would highlight the fact that no one party can achieve the results on their own. It really does need to be a combined effort. Policies, partnerships and services are necessary along the entire ageing care spectrum in a way that builds individual, family and community strength and also provides choice and prospects for a better future. Strategies to combat petrol sniffing should be located within wider whole-of-government initiatives to improve the health, education and socioeconomic status of Aboriginal and Torres Strait Islander people and communities. The Australian Indigenous Doctors Association supports the eight-point regional strategy for Central Australia and believes it is a comprehensive strategy that works towards longer term holistic solutions while also addressing the immediate petrol sniffing situation. That is where we stand as an organisation.

CHAIR—Where are you calling from?

Dr Watson—South Australia.

CHAIR—Is that where you are actually studying?

Dr Watson—Yes.

CHAIR—Mr Mokak, was there anything you wished to add?

Mr Mokak—No, that is fine.

Senator ADAMS—Dr Watson, you were saying that the organisation supports the eight-point regional strategy for central Australia. We have not been to South Australia yet. Could you see this eight-point plan that you have being implemented in South Australia?

Dr Watson—The Commonwealth strategy certainly covers quite a lot of areas. Our aim as an organisation is to have quite a holistic perspective. I can certainly see how it could be

implemented in South Australia. I think you could use the points from that in an Australia-wide perspective. It seems to cover a lot of the issues that come up.

Senator ADAMS—Could you give us a brief overview of petrol sniffing in South Australia, especially up in the lands?

Dr Watson—I cannot specifically talk about the lands. I am actually a psychiatry trainee. I think Romlie might have a bit more of an idea about the situation in the lands than I do.

Mr Mokak—We are aware that there has been some activity across the border region for some time and that the South Australian government has been working with the Commonwealth through the COAG arrangements to try to deal with a whole range of issues. I think the thing that would interest us—and I guess they are not specifically for the lands—is that the contribution made by the Commonwealth to the state government to look at a rehabilitation facility or model.

The lands have the benefit of having had, for some time now, Nganampa health service conduct surveys of all communities in the lands. So you are then able to get a bit of a picture of trends and how things look over time, which is a bit different to other jurisdictions because one of the things that we would be very keen to emphasise is that a lot of these issues cut across borders. People are pretty mobile throughout the Central Australian region and responses need to be cross-jurisdictional.

Prior to becoming Chief Executive Officer of AIDA eight or nine months ago, I worked for the Office for Aboriginal and Torres Strait Islander Health and managed the substance misuse area. Petrol sniffing was a part of my brief. So I guess that one of the things I got from that experience is that there was a need for comprehensive data monitoring and surveillance systems and uniformity of collection across jurisdictions. They are the sorts of things that I think would be very useful for the committee to consider.

Senator CROSSIN—I am from Darwin, in the Northern Territory. Mr Mokak, I notice that you were born and raised and spent a lot of your time up there.

Mr Mokak—Yes, that is right. I am actually Djugun, so my people are from Broome, but I was born in Darwin and grew up at Adelaide River.

Senator CROSSIN—We can call you a fellow Territorian then, can we?

Mr Mokak—You can indeed.

Senator CROSSIN—I wanted to ask you a question that is probably quite common, from your perspective—that is, do you believe that there is a need to put money into the end stage of rehabilitation of petrol sniffing or is the money better targeted at preventive and education measures?

Mr Mokak—Certainly our strong view is that we need intervention across the continuum of care and right across the spectrum—but not just across the care spectrum—from prevention right

through to treatment and rehab. In some cases, sadly, there will be a need for disability services for people who have long-term acquired brain injuries.

We would have the view that things need to happen right across the spectrum and also across the age spectrum. There are certain interventions that would be very important at the prevention end particularly for young people—and the earlier the better from our point of view. On balance I guess it is a difficult one to debate. Certainly our organisation is very clear about the need to build the next generation. A lot of our work is around workforce policy and programs, and medical education policy and initiatives. This is really about building the capacity, the achievement, the scholarship and ultimately getting people into professions, whether they are doctors or in other health sciences. We would certainly like to see a lot more happen at the prevention end, but, notwithstanding, things need to happen right across the board.

Senator CROSSIN—How many members have you got in your association?

Mr Mokak—Within AIDA there are about 200 members in total. The membership consists of both Indigenous and non-Indigenous people who have an interest in Indigenous health. Of those there are about 120 Indigenous members. There are about 80 Indigenous doctors across the country who are graduates of medical schools and about 100 coming through. We have actually developed and published a report and a framework called *The healthy futures framework*, which calls for an additional 350 enrollees into medicine over the next five years. We have the belief that we need a lot more in the system and graduating through the system.

Senator CROSSIN—What evidence would you give to us that having an Indigenous doctor in a community makes a difference? Are there tangible signs about the way people react or respond—or comfort levels about consulting doctor? Are there benefits to this?

Dr Watson—I think there certainly are benefits having an Indigenous doctor in rural and remote areas. However, that is not always going to be able to be the case because of our shortage of Indigenous doctors per head of Indigenous population. When dealing with Indigenous mental health issues, of which obviously petrol sniffing is one, you really need to identify the fact that this is a problem that affects Indigenous people—it can affect anyone, but in this case it is Indigenous people—and you have to look at it from an Indigenous perspective. Treating the actual problem itself, whether it be petrol or solvents, you really have to have a holistic approach. You need to look at why the problem is there and also the person. Things like why they sniff petrol, how they sniff, when and so forth. You also need to look at the community from which they are from. Two communities 50 kilometres from each other can be really quite different depending on the historical context. Say one community was ‘governed’ in a way by non-Indigenous people and a lot of the culture and so forth has been lost compared to another community that has maintained its cultural identity. I think the way those communities are going to function is very different.

Getting back to the point about Indigenous doctors, Indigenous doctors certainly do have a different perspective of Indigenous patients, because their families are the statistics. That is where the other poignant part comes in. On the flip side, that is not to say that non-Indigenous doctors cannot go and work in those areas and deliver the same sort of health care. Obviously, we would like to see Indigenous doctors in their because they are our people. That is not always going to be able to be possible. We currently have doctors in a wide range of specialties—some

in surgery, one is in psychiatry and a lot in primary health care. It is a matter of building not only the numbers of Indigenous doctors but the numbers of Indigenous specialists in the future as well.

Senator CROSSIN—Are any of those people actually particularly interested in petrol-sniffing or drug rehabilitation issues?

Dr Watson—I could not tell you off the top of my head who they exactly are but a lot of our doctors are involved in research at various levels as well as in working in rural and remote areas. A lot of our doctors who are GPs have an interest in and work in mental health as well.

Mr Mokak—Dr Noel Hayman, who is one of our board members, is a GP working in a clinic in Brisbane. Noel is actually on the National Indigenous Drug and Alcohol Committee, which is a subcommittee of the Australian National Council on Drugs, so we have certainly got people working at the policy level. But, given the pervasive and far-reaching extent of substance misuse in our community, you could also almost say that every one of our doctors is dealing in some form, whether at a family or clinical level, with this issue. As for the issue that Marshall raises about small numbers, that places an enormous burden on the capacity of a few people to do a lot of work. In terms of addiction medicine if that is part of the question, I am not sure that we have got any specific trainees in the college of physicians that are looking at addiction medicine but I certainly think that getting our people into the specialties, including those in the addictions area, would be of benefit.

Senator SIEWERT—Looking at your submission, I see—and you commented on this earlier—you talk about supporting the eight-point regional strategy. What do you view as being the regional roll-out of Opal? What is your vision in respect of the terminology of regional roll-out?

Mr Mokak—Under that harm minimisation approach there are three elements, and the supply-side issues are really critical but we would not want to overfocus on that particular end of the spectrum. It is obviously critical that communities are able to access Opal as an alternative fuel and that there are law enforcement and policing arrangements in legislation to support law enforcers and community enforcers as well. All of that policy and legislative infrastructure, as well as the fuel itself, are important but we would also say that a whole lot of other stuff needs to happen as well.

In terms of the footprint of Opal, there are technical issues that will need to be dealt with, I suspect, in having the fuel available in a widespread way in major centres like Tennant Creek and Alice Springs. We are keen to emphasise that if communities are keen to come on board then governments need to support that. At some level it makes sense that a regional strategy, not just around supply reduction but also around demand reduction and harm reduction, is important. Indeed, rehabilitation is an expensive service. Those sorts of services will not be able to be located specifically in each community, so regional responses to rehabilitation and treatment are critical as well.

Senator SIEWERT—When you are talking about the footprint of the roll-out of Opal—assuming that we can solve the technical issues, so put those aside—do you think it should be comprehensively across the region? That is what has been proposed by some communities,

whereas at the moment the proposal is to put it into communities that meet the criteria and ask for it.

Mr Mokak—As an Aboriginal and Torres Strait Islander organisation, we would take advice from communities and we read with interest the reports from organisations such as the NPY Women's Council. It is a convincing argument to reduce the supply of sniffable fuels. The Comgas evaluation report also looked at proximity as an issue, which mitigated against the success of petrol sniffing interventions. It makes sense that a regional response is the response. If communities and their collective bodies, the regional peak bodies, are calling for it, as an Indigenous organisation we would be supportive of that.

Senator POLLEY—I would appreciate comments from either of you on this. We have had evidence given to us in relation to petrol sniffing in some communities that there has been an increase in abuse—in fact, an increase in STDS amongst young girls. Have you come across it? What are your comments in relation to that and how we would go about addressing these issues?

Dr Watson—I have not had any first-hand experience but what I am about to say might echo what has been said previously. This, again, is to do with those that sniff petrol are in an elevated, euphoric state and they become disinhibited with increased libido and have behavioural problems. If you modify the petrol such as with Opal or with what has happened with avgas, the chances of that euphoria and disinhibition is going to be reduced. That, again, is a reason for implementing non-sniffable petrol as well as the other effects of it. That is another issue in itself with infection control and so forth.

Mr Mokak—Some of that question was broken up, so I did not get the entire question. Was it around first-hand evidence of broad abuse?

Senator POLLEY—Broad abuse. We have had evidence that there has been increases in some communities of STDs amongst young children.

Mr Mokak—I do not have first-hand evidence but I have heard anecdotal reports. A lot of this stuff is also about supporting the leaders that legitimately want to tackle these issues in their communities. Beyond that, I would not have a specific comment.

Senator POLLEY—I asked this of a witness earlier today: there have been reports and evidence given in relation to the increase in young women having children at quite young ages. Do you have any views on that and, once again, do you have any evidence that there has been an increase?

Mr Mokak—Not specifically. If you look at the population pyramid for Australia our kids are having kids, so we have a very young population. There are a whole range of issues around kids feeling as though they have a future and what sort of options they see for themselves. We also know that in areas around drug and alcohol the sort of protections that people might have ordinarily may not be as prominent, so it is not surprising that users may have children early.

Senator WEBBER—I am from Western Australia where some of the issues that Senator Polley was referring to are actually occurring. I want to focus on point 4 of the eight-point plan that talks about facilitating alternative activities for people in the region. The community of

Halls Creek in Western Australia is undergoing a fairly severe crisis at the moment and we have some others that are heading down that track as well. One of the reasons that we have been given for that crisis is the lack of a youth worker within that community to focus young people on some alternative activities. Could you give me any comments from your experience of how important it is to provide that kind of infrastructure in our communities?

Dr Watson—What is happening up there is obviously quite traumatic, but you need to look at the reasons why and what is really going on. That brings me back to the question of why the kids actually do this in the first place. The feedback that I have heard anecdotally from various people is that there is an ongoing trauma, a transgenerational trauma, going on in these communities and there are issues around identity, self and what people's roles are. There is a sense of great loss. Because of the trauma, the petrol sniffing helps people escape from that. Are they escaping from that? Also, are they doing it because of peer pressure? There is certainly a culture within petrol sniffing. It is not just the culture of it; there is also an anti-culture in which the young kids are defying the elders in latent and harsh ways. So it is quite a complex issue.

There is also the issue of boredom. It all comes about from a lack of direction, I guess. Certainly a youth worker would provide activities such as sport and so forth. They are active people by nature and getting them to do that would certainly be helpful. But there are also issues that you need to look at for each individual on an individual basis and also for the community. Where does the community stand within its self-determination and cultural sovereignty and so forth? I certainly feel that having a youth worker would be quite helpful, but I do not think it is the only issue. In addition to the concept of having a youth worker, you also have to have the people available to go up there and do it. If you cannot do that then you look at people within the community and train them to be youth workers—employ them. That also provides a further sense of identity and slowly builds up the community identity within itself. I do not know if Rom has something to add to that.

Mr Mokak—My previous role was as a person who worked for a funding body that funded youth workers in a range of areas. Some of the issues were really about how to support them. There is the question of whether those workers are the ideal to begin with, and I suspect not. How do you support those people to survive in fairly harsh and alienating environments when they really have to be on call for almost 24 hours? Clearly, resources going into communities that will assist kids in whatever way are important, but it is also about how to keep those workers particularly safe and making a contribution and not burn them out.

Senator WEBBER—I have one more question. Also in Western Australia, we are having a debate that has been led by politicians, which is probably fairly unfortunate, about the sustainability of some of the communities we have. We have heard evidence about some of the smaller communities having fewer of the problems that we are talking about, but politicians of both persuasions see them as being unsustainable in terms of their size and the services we need to deliver. Do you have any comments about that?

Mr Mokak—It is easy for the general public to be lured into a debate around size and scale, and I am not sure that the evidence is there completely. If it is an issue about what are the services that one could rely on in small communities then I think that is a different question. Then the question is: what are the models that are required? People working in remote communities would not necessarily expect to have a tertiary or an acute hospital setting out in

the middle of the bush. I think there is some logic around some of this stuff anyway, and that some of it is a bit overstated and overblown. Models such as the South Australian rehab model will be interesting, and we obviously need to evaluate these models. I think economies of scale are really critical, and diseconomies of scale: how do you actually make things work in various locations and what sort of models are they?

The other thing is that it is not just an economic cost-benefit analysis; there is a cultural cost-benefit analysis as well. Those are critical things: the spirit and the culture and the connection of our people to country, and how that is then constructed—whether it is a permanent settlement or an out-station that is semipermanent. So I think it is easy to get taken into a fairly narrow debate around these issues, when they are obviously complex and need to be discussed in full.

CHAIR—Mr Mokak and Dr Watson, thank you so much for your evidence and your patience and also for agreeing to the extraordinary experience of a telephone interview—it is not the easiest way to share information but we were very keen to get your evidence on record. This committee is meeting until at least early June before we give our report so if you have any more information or anecdotal evidence you would like to share with us, please send it through.

[12.32 pm]

D'ABBS, Associate Professor Peter Harald Nilsen, School of Public Health, Tropical Medicine and Rehabilitation Science, James Cook University; and Director, Alcohol Education and Rehabilitation Foundation

MOSEY, Ms Elizabeth (Anne), Executive Director, Alcohol Education and Rehabilitation Foundation

CHAIR—We have been advised that the Alcohol and Other Drugs Council of Australia are unable to attend but I welcome witnesses from the Alcohol Education and Rehabilitation Foundation. Do you have any comment to make on the capacity in which you appear?

Prof. d'Abbs—I am appearing as a director of the Alcohol Education and Rehabilitation Foundation.

CHAIR—You have had experience appearing before committees so you know about parliamentary privilege and the protection of witnesses and also the process for in camera evidence. We have before us the foundation's submission, which is numbered 39. I invite either or both of you to make some opening comments and then we will go to questions.

Prof. d'Abbs—I will talk briefly about the AER Foundation itself and then Anne will give a statement. She has also had a lot of experience around this area independently of her role here, so she might say a bit about that. Then we thought we would just answer questions, particularly given that you have a list of projects in front of you and you might have questions about them that we might be able to answer.

The AER Foundation, as the letter from the CEO indicates, was established in 2001 as an independent not-for-profit company—as an independent public company. It was established essentially in order to disburse funds generated through the birth of the GST. I have never fully understood the actual financial processes involved, so I am not going to try to explain them. Do you understand them, Anne?

Ms Mosey—Yes, I understand them. We could get that stuff from the website.

Prof. d'Abbs—Yes, that is right—it is all on the public record. I guess the essential point is that the foundation was created to disburse initially \$115 million over four years. The enabling legislation prescribed the ways in which we could and could not use that money. One of the conditions was that at least 20 per cent had to go to Indigenous programs or programs involving primarily or entirely Indigenous people. Our mandate is to deal with alcohol and other licit drugs—but not, as it turns out, tobacco or things like prescription drugs, which is rather idiosyncratic; but there was specific mention made of inhalants. That was certainly part of our mandate. So there was at least 20 per cent for Indigenous programs.

We also had certain guidelines around percentages to go into prevention, treatment and a maximum of no more than 10 per cent for research, and also, I think, a maximum of 10 per cent

for administration. So there were a few constraints. We were also obliged to make sure that we spent at least 80 per cent of that \$115 million dollars within the four years. So we have attempted to do that primarily through a series of invitations for submissions. We opted for a submissions based grant system; although, in more recent times we have had some discussion about whether we should shift towards a more directive pattern, whereby we would go out and sponsor research. However, by and large we have followed a submissions based approach.

On at least one occasion we have specifically highlighted inhalants as a funding category, but at other times we have attempted to make it clear that we see inhalants as an important part of our responsibility for funding. I think it is fair to say that we have obviously had some submissions, but I think in a way what our experience shows is that there is a sort of a hit and miss element to what comes in for inhalants. I do not think there is much more to add at this stage. I will hand over to Anne.

Ms Mosey—Would you like me to speak about some of the individual projects?

CHAIR—Yes, that would be useful.

Ms Mosey—Presumably, you want examples that are specifically around petrol sniffing rather than the broader chroming or inhalants in urban areas.

CHAIR—Yes, although we do understand that there is lots of cross-referencing in that research.

Prof. d'Abbs—And sometimes it is the same people too—the one in Mount Isa, for example; although, in Mount Isa, chroming is the issue. These are people who have largely come in from gulf communities, so when they are back there they are more likely to be sniffing petrol. So we cannot separate them too sharply.

Ms Mosey—One fairly typical example is funding which went to Tangentyere Council to provide a youth link-up caseworker. This has been a very useful project. The caseworker position was very much needed at the Central Australian Youth Link Up Service—and I understand you have already had evidence from that service. The caseworker position arose out of initial issues that came up when the youth link-up staff were visiting communities and individual young people and their families. The position meant that, instead of necessarily going across to other organisations, there was a caseworker employed who had extensive casework training in both government and NGOs. He has been able to do a lot of individual casework with the young people and their families and also provide ongoing referral services for them. It has been a very good support program for that organisation and it has supported young people who are sniffing and their families in a large number of communities in the Central Australian region. So it is a particular block of funding that has had a very wide area of dissemination, if you like. That caseworker has also been able to work with some of the outstations who have been working with sniffers, like the Mt Theo, Ilpurlle and Ipolera outstations. So he has been working with young people who have been referred to those outstations by their families or by organisations. So that is a project that we were very pleased to be able to fund. That is ongoing, but it has been a very successful project.

We have also funded both large and small grants. Some of them have been for around \$250,000 or \$300,000. Others have been smaller projects. We had a grants category called small grants, which was for amounts under \$20,000, and a lot of organisations, particularly those working with young people, and youth workers put in for small grants to run camps, to run music festivals or to take young people on trips interstate, and they have been very successful. So quite a few organisations where there were young people who are either currently sniffing petrol or at risk of sniffing were able to access that small grants round. For instance, I can think of two communities in the Top End of the NT—I think one was Maningrida and one was Milingimbi—in which we funded a young people's music festival which was dealing with petrol sniffing and other substance abuse.

Another project that would be good to speak about is a project we funded in Central Australia, at Ilpurle outstation. That is an outstation that has been run by a family, Barry and Leo Abbott and their families—have you had evidence from them?

CHAIR—We had evidence from Mr Abbott in Alice Springs.

Ms Mosey—The AER Foundation funded a position there—again, a caseworker position—for \$275,000. That position has been successful in providing ongoing support in linking young people into the service and basically providing a lot of background administration support for that particular program. The program was having trouble accessing funding and it was struggling, and I think that extra amount of funding, because it is over three years, has allowed them to move that project forward quite a long way. We also provided funding for that project to be evaluated. As that project is still operating, the evaluation is ongoing.

CHAIR—Ms Mosey, what we might do now is go to questions., I know that you submitted the list of projects, but it is not in our folders so we cannot ask you specifically about the projects. Maybe the senators will have particular issues they want to raise with you and keep the discussion going.

Senator HUMPHRIES—I want to ask about the research. I see that 10 per cent of the total budget is dedicated to research. Does that include evaluation of the programs that you have funded under the package?

Prof. d'Abbs—No.

Ms Mosey—We specifically request that each project, particularly the larger projects, have an evaluation component in it. We strongly support an evaluation component. In fact, in quite a few projects, we have sent the application back to the applicant and requested that they put in an evaluation component because we feel very strongly that that is a very important part of getting an evidence based process. Peter, you were on the research committee. Would you like to answer that a bit more?

Prof. d'Abbs—Do you want to know more about the research or are you asking a specific question?

Senator HUMPHRIES—Is any of the 10 per cent for research going into research on petrol sniffing?

Prof. d'Abbs—I do not know. I cannot, off the top of my head, think of any.

Senator HUMPHRIES—Could you take that on notice and get back to us?

Prof. d'Abbs—We would be happy to do that.

Senator HUMPHRIES—We hear that there are lots of programs around the country that are doing interesting and successful things, but evaluation and research to be able to assess what might apply outside particular communities and be translatable is obviously what we are most interested in.

Prof. d'Abbs—Yes. One thing that does come to mind is that we are funding some evaluation work around Ilpurla and Ipolera. I cannot remember whether that is seen as part of the actual grant. I think it is a separate evaluation.

Ms Mosey—No, it is part of the grant.

Prof. d'Abbs—We are also very concerned with trying to make sure that the lessons are learnt. One of the things we are doing this year is a series of workshops around the country where we are showcasing programs that have been carried through to completion and that, we think, have a story to tell and should be of interest beyond the programs themselves. We are doing that around the country and we are doing a national conference in, I think, September this year. That is one way in which we are trying to get findings and lessons out into the wider community. We helped to fund a PhD student who is doing work on chroming. We provided a scholarship to her and she is finishing her PhD this year. Anyway, I will take the question on notice and get back to you.

Senator HUMPHRIES—Are you aware of any other body in Australia which is undertaking peak work in evaluating, assessing and researching petrol-sniffing issues?

Prof. d'Abbs—Off the top of my head, the National Health and Medical Research Council is funding a project by Sheree Cairney. I do not know whether she has presented to you. She is a biomedical scientist—exactly which category, I cannot remember. She is part of a group of people who have been doing some quite interesting work around the long-term sequelae of petrol sniffing. She got some publicity a few months ago when that group published a paper that some of the neurological consequences of petrol sniffing may not be irreversible. I do not know whether that rings bells.

CHAIR—Yes. We had some questions about that.

Prof. d'Abbs—Sheree has published a number of papers which would be accessible and which I think would be a good resource. I know she has been funded by NHMRC to do ongoing work on that. That is a mix of both doing more work on the consequences but also working with groups to develop those into educational messages. So she is doing both the science and some education. Then there are small-scale evaluations going on around a few programs at Ilpurla and Ipolera. We are funding that but as part of our grants to those programs. The Northern Territory government, I understand, is committed in principle to evaluating its new petrol-sniffing program. How far it has gone with that I am not sure. My colleague Jill Shaw and I are

evaluating phase 1 of the Opal roll-out under a grant from the Department of Family and Community Services and the Department of Health and Ageing. We are halfway through that, so we are not able to talk about it. They are the ones that come to mind immediately. Anne, do you know of any others?

Ms Mosey—The feasibility study. I have recently been part of a team, based at the Centre for Remote Health, undertaking a project looking at best practice service development for the tristate region of Central Australia. But I have withdrawn from that project for personal reasons, so I am not able to comment on that project.

Prof. d'Abbs—Can I add one more. I have just realised that a couple of years ago a group of three—myself and two colleagues—were asked by Health and Ageing to evaluate three petrol-sniffing programs in the Northern Territory. They have never published our evaluation.

CHAIR—We have asked for that at Senate estimates. It is not a public document.

Prof. d'Abbs—So they have not provided it?

CHAIR—No.

Senator HUMPHRIES—Thank you. If you could give us some more information on notice that would be fantastic.

Senator CROSSIN—Why would they not have published it, Associate Professor D'Abbs?

CHAIR—I think, Senator, that would be a question that cannot be answered.

Senator CROSSIN—I am sure, but he might like to give it a go.

Prof. d'Abbs—I will say that we recommended all three programs receive ongoing funding. We had some concerns, not about the management of the programs themselves but about the imposition of extremely long lists of performance indicators and so forth. I would hope it can be published. It is not a particularly contentious document, in my view. I am happy to go on record as saying I think it should be made available.

Senator CROSSIN—You have given us a list of the inhalants funding round. There is only one here that gives us the year. When would most of this money have been given out?

Ms Mosey—It has been given out across the four years. Some of them are three-year projects. Some are one-year projects.

Senator CROSSIN—Some of these might go right back to 2001-02?

Ms Mosey—Yes, exactly.

Senator CROSSIN—You got \$150 million to establish the foundation. Has any other money been provided to the foundation since then?

Prof. d'Abbs—No.

Senator CROSSIN—Has your money run out yet?

Ms Mosey—No.

Senator CROSSIN—What is left in the kitty, then?

Prof. d'Abbs—As at June 2005 we had spent or allocated 84 per cent. Of what is left, some is committed to programs that run through, in some cases, to 2009. We have some money that is not committed. For example, we just had another funding round. We called for applications about a month ago. So we have a certain amount of money to continue on and we have made representation to the Commonwealth government for ongoing allocation through the budget. I am not aware at this stage whether we have received any further ongoing funding.

Senator CROSSIN—So you made representation for an allocation from this year's budget?

Prof. d'Abbs—Yes.

Senator CROSSIN—Did that representation occur prior to last year's budget? When was that representation made?

Prof. d'Abbs—We would have to take that on notice.

Ms Mosey—We made a representation last year.

Senator CROSSIN—Technically, your four years would have finished in 2005. Is that correct?

Prof. d'Abbs—Yes.

Senator CROSSIN—When was the youth link-up caseworker at Tangentyere funded?

Ms Mosey—That position may be almost due for completion. It would have been funded at least two years ago.

Senator CROSSIN—This is no criticism of the work that you are doing, because you can only manage with the money you have, but isn't this part of the problem that we have heard about throughout our hearings in relation to this matter—that is, the youth link caseworker is being funded very generously for two years by you, but there is no guarantee that that will continue? Part of the problem we are hearing is that there are stop-go, stop-go funding mechanisms in this whole area of trying to tackle the problem. Is there some point in the foundation's evaluation of these programs where you take that to the department and say, 'This is very successful. We have only got a limited bucket of money and you need to pick this up now as a whole of government or a departmental program'?

Ms Mosey—We have tried to do that.

Senator CROSSIN—You have tried to do that?

Ms Mosey—We have tried to do that very strongly.

Senator CROSSIN—What happens?

Ms Mosey—Firstly, as a group of directors, when we first met one of our prime considerations was that we not do pilot project funding because we were aware of its disadvantages. So we wanted to focus on two and three-year project funding if possible. I think some of the projects even go to four years. Given the amount of funding that we had, we felt that we could not commit any longer than four years because that was all the funding that we were guaranteed, if you like.

Secondly, we have very strongly requested that organisations that seek funding from us work out with their state government or the federal government for an exit strategy, if you like. So they need to provide evidence that they have approached government and, in many cases, that they have received ongoing funding. So we have put that in as a primary requirement when sending out our funding applications.

Prof. d'Abbs—We have also specifically encouraged applicants to seek some sort of commitment from government that if at the end of one, two or however many years they are funding them for there is evidence that the program is working then they will provide ongoing funding.

Senator CROSSIN—How many successful grants do you get that get that commitment?

Ms Mosey—Quite a large number. I would say a majority have had that commitment. It has meant that the state governments, particularly when there was not a very high proportion of state funding going to alcohol and inhalants projects, have raised the level of funding. So it has, in a sense, forced state governments to increase the level of funding that they were giving to projects over and above what they had already committed.

Senator CROSSIN—Is that more in the alcohol area rather than in the inhalants funding round?

Ms Mosey—It is a bit hard to identify that, as separated out. Would you be able to comment on that, Peter?

Prof. d'Abbs—No, I do not know. It is probably hard. We have had some successes. We have also had cases where we have got into quite difficult negotiations, particularly where commitments have been less than ironclad. We have funded more in the alcohol area for all sorts of reasons. One thing we probably should be clear on is that we have not solved the problem of pilot short-term funding. There is no doubt about that.

Senator CROSSIN—When I look at this list here, I see \$20,000 for a youth worker at, say, Yuendumu, and I wonder why mainstream government are not providing that money rather than the specific money you have been given. It is a question, I suppose, we should ask of the department this afternoon.

Prof. d'Abbs—Very early on we were acutely aware of the danger of cost shifting, so we were determined not to facilitate it. One of the ways we tried to do that was to set up what we call 'policy partnerships', which were in a sense a pre-emptive move where we would go to governments and say, 'If you're willing to put up money, we'll come in and match it in one way or another.' Perhaps that has helped head off what might have otherwise occurred by way of cost shifting. We as directors have had a lot of discussions around the table. If a particular project—like the kind of one you have just mentioned—comes up, the discussion is, 'Should we not be funding this because you could argue that it's a state government responsibility.' In the end, it is a matter of judgment. It might be a state government responsibility, but you believe they probably will not fund it. If we do not fund it, it does not get funded, and if we do we are letting them off the hook. It is a difficult issue that we face almost on a case by case basis.

Senator SIEWERT—I would like to follow on from some of the discussions you have just been having. When you ask for the evaluation component of the projects, do you recommend the percentage of the project that is to be spent on evaluation?

Prof. d'Abbs—No, we do not recommend the percentage. We scrutinise, first of all, whether there appears to be an evaluation design of some sort and, secondly, whether it has been adequately budgeted for. A lot of the small organisations that put into us, as far as we can see, that would probably provide a good service have little or no evaluation expertise. Often what we will do in that case is that, instead of trying to browbeat them into conducting an evaluation that they probably could not, we try to link them up with an individual, a university, a consultant or somebody who perhaps does have that expertise and try to increase capacity. If we do that, we are prepared to put extra money in to make that happened.

Senator SIEWERT—When the evaluations of the projects come back, is there a learning process that you use to get that information out to communities or other researchers so that we are building and passing on—and we have already had a discussion about us not having a body that has the responsibility for collecting all this—the information that you gain from these projects?

Prof. d'Abbs—There is, but in a sense we are in the middle of it. We have funded over 600 projects, so we have a bit of a strapped secretariat in Deakin. Some of these projects are very well documented and some of them are not very well documented. That is one of the prime questions: first of all, are we spending money wisely, and how can we get the positive—and, for that matter, the negative—lessons out there.

Senator SIEWERT—That is just as important.

Prof. d'Abbs—We have put in quite a lot of effort on that. I suppose the concrete way that we are doing that this year is through these—I am calling them workshops, but they are more sort of fora, to try to get the stuff out there. What we need to be doing more is looking at (a) getting work out into the professional and academic literature and (b) getting it into things like the *Aboriginal and Islander Health Worker Journal* and things that are read by nonspecialists. We probably still have quite a lot to do there, but we are very cognisant that we need to be doing that.

Senator WEBBER—We West Australians like to see every list on which we are not included as a conspiracy! Congratulations on taking the initiative to fund projects that address this issue, because it has been overlooked for a long time. I notice there are none in my home state of Western Australia. Why is that and what can we do to fix it?

Prof. d'Abbs—We did notice that. I said to Anne, 'There are two senators there from Western Australia.'

Senator SIEWERT—Three!

Ms Mosey—We had a submission from Balgo early in the life of the AER, and that was unsuccessful. We have actually had very few submissions from organisations specifically relating to inhalants or petrol sniffing from Western Australia. Some of the projects and residential services that we have funded in Perth, I think, provide services for chromers and inhalants users, but that is a kind of secondary way of funding. We have not actually had any applications at all, say, from the Yankunytjatjara-Ngaanyatjarra area in Western Australia. We have only had the one from the Kimberley region.

Senator WEBBER—Do you have a feel for why that is? Is it that we are just not getting the information out there? I know that, for a lot of those communities, it is a capacity thing as well. People feel as though they are constantly applying for money rather than being able to address the service needs.

Prof. d'Abbs—If you look at our funding—you pile it all in the alcohol and everything—you will see that WA has its fair proportion, if you like. Part of an answer I will come up with is that Central Australia has such a history of being very thoroughly engaged around petrol sniffing and a history of both lobbying and being very active, probably more than anywhere else in Australia. Most of the petrol sniffing in Queensland is urban. At the time the AERF came into being, it was also the time that chroming coincidentally started to emerge as an issue. Probably the question is: because of that Central Australian emphasis, almost anywhere else in Australia around the inhalants issue has been reticent in coming forward, and people who are lobbying for—

Senator WEBBER—A Central Australian emphasis on actually being vocal about the problem rather than it existing? When you look at the work that Dr Brady has done, you will see it has been a significant issue in the desert communities and whatever in WA for a very long time.

Prof. d'Abbs—Sure, but there is that history that the organisational capacity is very strong in Central Australia.

Senator WEBBER—It is the capacities of communities to—

Prof. d'Abbs—And regional organisations like NPY. These are strong organisations.

Senator WEBBER—know about the programs and apply.

Ms Mosey—For a large part of the time that I have been a director of the AER Foundation, I have also been a private consultant. I had several projects that I was working on in the

Kimberley area, and I would continually mention and advocate for organisations to apply to the AER Foundation for funding, particularly because a very strong focus of my work has been on inhalants and petrol sniffing.

At the time that I was doing a lot of that early work, most of the organisations were interested in applying for funding around alcohol issues and night patrols—those kinds of areas. There was some petrol sniffing in the Kimberley region, predominantly in the east Kimberley around Balgo. But, as I said, otherwise organisations did not apply for inhalant specific funding. I had not visited Perth, but the organisations that applied in Perth applied as part of dealing with alcohol issues as well.

CHAIR—I have a question in terms of the projects that are listed here. On the evaluation process, I was particularly interested, because of the geography there and the variation of issues, in the Mount Isa one that you mentioned. That was a significant grant over a 24-month period. Has the detailed evaluation of that been made public on the website? Is that the kind of thing that is made available?

Ms Mosey—I think we are planning to do that.

Prof. d'Abbs—We are in the middle of the whole process of getting evaluations in, but that is one way we have talked about of disseminating findings. At this stage, I do not think you would find any evaluations on the website. With the Mount Isa one you certainly would not, because that is very much an ongoing project.

CHAIR—In terms of the discussion you have given us about how the foundation links in with the future processes and the policy partnerships, it would be useful to have a couple of the ones that have got this desperate need for the future to see exactly how that worked. Someone talked earlier about walking through, and I think it would be interesting to walk through one of these projects to see how it developed, how it worked at this stage and what happened next. We are almost at the stage with your foundation of seeing that, because of the five-year window. On notice, could you have a look at that and see whether there is anything, particularly in the ones you have given us under the inhalants funding round, that could be used.

Prof. d'Abbs—It sounds like what you are asking for is more than just a program evaluation—it sounds like it is more like a case study.

CHAIR—Your foundation was created with a particular purpose. It was one of the few areas that did identify in particular the area of inhalants. The way you have described it on record has been extremely interesting, because we had not had this depth of discussion before around the process of the one-off funding that was very clear in your program—there was no hint of recurrent funding; it was one-off—

Ms Mosey—It was small grants funding.

CHAIR—and then the expectation that, should they be successful, there would be the assistance to try to look at the future. That model would be very interesting. Could you take that on notice? It may be too early in your process to give us much information but, in terms of our

committee deliberations about what happens next, it seems that that could be one model that we could be considering.

Prof. d'Abbs—In terms of your time lines, the Mount Isa one, as far as I know—

CHAIR—I just looked at that one, but there could be others—

Prof. d'Abbs—We would have to look at ones that are more clearly in the past so that there is a sequel to talk about.

CHAIR—I am sure you have had a look at the *Hansard* from Alice Springs. In the very valuable discussion we had with the Tangentyere people, the communities and CAYLUS, they talked about the role of some of these caseworkers—and Mr Abbott was talking about the role of these caseworkers. I would like to know, when your support ends for whatever you gave them, what happens next. I think the group from the Aboriginal communities there were particularly concerned about their next round of funding. They had a whole lot of things happening but they were just at the start of their next round of submissions to keep some of those things going. It would be good to see where your foundation fits in to the things that have been found to be valuable. That would be of interest to the committee.

Ms Mosey—That is very much part of the process that we are looking at this year, which is the series of community and urban based workshops that we are running.

CHAIR—Do you have a program for those workshops yet, Ms Mosey?

Ms Mosey—We do have a program. We are running them nationally.

CHAIR—Is that on your website?

Ms Mosey—I am not sure whether it is.

CHAIR—Could you send us what you have?

Prof. d'Abbs—We could certainly get it to you.

CHAIR—That would be very useful. That could be something that those of us who are interested in an ongoing way could perhaps link into.

Ms Mosey—Yes, very much so. For instance there are two in the Sydney next week.

CHAIR—You see, that is right up our alley, as they say.

Ms Mosey—Grantees who have received funding have been invited along. There are three quite major presentations from grantees in the first session in the morning. The afternoon sessions are looking at successes, failures and problems—the successes and failures of the projects themselves and problems that happened in the process of applying for funding and in our AER processes. The later session is looking at internal processes to do with the AER and where to next with AER. We have already held one in Sydney, one in Perth and one yesterday in

Adelaide. These have been very useful in getting feedback from grantees. Between 20 and 30 grantees from around the area have been invited to each of these workshops. I might also add that media have been invited and, I understand, some politicians. Nobody as yet has turned up.

CHAIR—By invitation only?

Ms Mosey—They are there by invitation.

CHAIR—What we may do—but not on record now, because it is taking up time—is have a talk with you about future workshops.

Ms Mosey—We would be very interested in having the support and representation from any of you in coming along to those forums.

Senator ADAMS—Just to comment on that, there are three Western Australian senators here and none of us have received an invitation to the one in Perth, which seems strange.

Prof. d'Abbs—We will take that on board.

Ms Mosey—There is going to be another one in Perth later in the year.

Senator WEBBER—You can count on at least one of us turning up, as long as you do not have it when parliament sits.

Senator ADAMS—We cannot go if we do not know they are on.

Prof. d'Abbs—It would be useful for us to have an idea of your time line in terms of getting material to you.

CHAIR—We are due to report in the sitting session in June. During the month of May we are having more hearings in South Australia and in regional Western Australia. The secretariat is still operational through that whole time.

Prof. d'Abbs—So as long as we get something to you in May?

CHAIR—Yes, May would be useful.

Senator ADAMS—Regarding the submission you have just given us with the funding round, could you give us the dates that those grants were allocated and when they have to come back with evaluation? To me this whole list means absolutely nothing, because I do not know when you granted it, whether it is going on, what the progress is or anything else.

Prof. d'Abbs—What we can do, and we are happy to undertake to do, is go back to the secretariat and ask them to come up with a list which gives an indication of where these projects are at—which ones are new, which ones have been completed and where they all are.

CHAIR—That would be great.

Senator ADAMS—And when the money was granted to them. If there is no time line there, it is of no use.

Ms Mosey—In some cases the projects were granted the funding but for various reasons—they may have had difficulty in recruiting or they have had administrative difficulties or whatever—the projects did not get started for up to a year after the project was funded. So then there has been a variation to extend that funding.

CHAIR—Thank you very much. I think that has been a particularly useful segment. We learnt a lot from that that was not immediately obvious. Thank you so much. We look forward to having the supplementary information and we will continue to be in contact.

Proceedings suspended from 1.19 pm to 2.01 p.m.

SPARGO, Dr Randolph Milton, Medical Officer, Puntukurnu Aboriginal Medical Service, Jigalong Medical Clinic

Evidence was taken via teleconference—

CHAIR—I welcome Dr Spargo, who is giving evidence from Western Australia. Do you have any comments on the capacity in which you appear?

Dr Spargo—The Puntukurnu Aboriginal Medical Service is based at Jigalong. This AMS provides primary health care to four discrete communities in the Western Desert.

CHAIR—Have you appeared at a Senate committee hearing before?

Dr Spargo—Yes, I have.

CHAIR—So you understand about parliamentary privilege, the protection of witnesses and so on?

Dr Spargo—Yes.

CHAIR—If you want to give any evidence in camera for privacy reasons just ask to do that. I invite you to make an opening presentation, to be followed by questions from the committee.

Dr Spargo—Committee members may have heard about the *West Australian* newspaper's 'exposure', they said, of horrendous conditions for Aboriginals in Halls Creek in the Kimberley. In an editorial on Thursday, 20 April, the state government is commended for its quick response in, to use their words, throwing some money at the problem—\$15 million to improve housing. The editorial board was pleased with the newspaper's effort in causing government, firstly, to acknowledge the existence of the problem in Halls Creek and, secondly, to define its dimensions—all, I might add, in a period of three to four weeks. Sadly, the *West Australian* and the state government will learn that this is not how to deal with a multifaceted societal problem in Aboriginal Australia. Here we have the classical top-down investment response by government designed, if only they would know it, to make matters worse.

Petrol sniffing in a remote Aboriginal community becomes a persistent symptom and results from complex societal pressures operating over a long time frame—pressures exactly similar to those operating in Halls Creek—and precursor analysis will reveal the same set of inimical forces in play in both ecological behavioural settings. Strategies to dampen down petrol sniffing have been elusive, though I am told there have been a few initiatives which have raised hopes locally. But rehabilitation and its sustainability must remain problematic. Those involved in sniffing were developmentally and emotionally challenged long before taking to the addiction, and powerful and inimical forces have been left in play at the community levels.

Access to sniffable petrol is obviously a direct precursor of petrol sniffing. The removal of access is clearly a functional strategy which is on the precursor side of the problem. Take where petrol has been banned, such as at Warburton: I had believed that sniffing was only sporadic but

recent informants tell me otherwise, which speaks to the difficulty of banning petrol. The roll-out of non-sniffable Opal fuel is a more interesting decision. Clearly, it is a major investment in symptomatic control, and I am sure committee members understand that this is the narrow outcome expected. Its mandatory use would have utility across remote communities where sniffing is endemic, if only to obtain symptomatic respite and allow attention to be directed to the many precursors of sniffing. There are chains of precursors which interlink and are responsible for symptoms of distress in Aboriginal society. With any strategy like Opal for symptomatic respite, implementation is not without considerable recurrent cost for enforcement and the ongoing search which is necessary for unintended, unexpected spillover consequences of simply removing access to suitable petrol. Clearly, the precursors of the problem have been allowed to remain in play and trafficking in sniffable petrol might be markedly rewarding for some.

Experimentation with other substances or the addition of other substances to Opal as a base is a risk. Worse could be the opportunity for unscrupulous individuals to fill the niche by trafficking in other substances such as, heaven forbid, even methamphetamine. In the Western Desert the banning of sniffable petrol has not been a consideration. The use of Opal fuel at the community level might serve as a useful buffer for remote communities to the east where petrol sniffing is endemic. Its use locally as an access strategy would have unacceptable cost-benefit implications because of the low prevalence of petrol sniffing. The cost to the west would be a huge source of sniffable fuel which would not be controllable.

In the Western Desert petrol sniffing has been sporadic. Occasionally we see groups of males from across the border who cause significant, transient community disruption which results in community action, usually with those concerned in the sniffing being sent back to their own communities across the border. Locally, there is episodic use by a few and chronic use by a very small number of individuals. The reason for such a low prevalence in these desert communities is not clear as the same set of inimical forces are in play although perhaps to a lesser degree. Also, in my opinion, public sniffing which would involve a group of youths would not be tolerated and there would be collective and punitive reaction by the community. Strangely, chronic solitary sniffing at the individual level is tolerated until that behaviour has a spillover consequence on other household members—for instance, overwhelming petrol fumes in the house or violent or harmful behaviour by an irritated petrol sniffer. Unfortunately, in WA there are, for practical purposes, no avenues for respite or behavioural change.

It has been interesting to me why a large police presence at Halls Creek allowed many of the symptoms of societal dysfunction exposed by the *West Australian* newspaper to evolve without intervention and without reporting. This may be because operationally what we were seeing in Halls Creek was a conventional police service delivery model, which may be very wrong when applied to any large Aboriginal population in remote Australia. In 2002 a report on a remote area policing study recommended that no citizen group in remote Western Australia should be more than X kilometres from a police presence. Coincidentally, that report came out at the same time as the Western Australian government was considering its response to the Gordon inquiry.

Funding advanced to meet the Gordon recommendations allowed the police to piggyback on the government's response and to plan and budget for eight MFPFs, multifunctional police facilities—called multifunctional in that a provision of the funding was that a child protection worker was to be located in each MFPF. These facilities were also to be community based. So

far we have at least seen the presence of police at Kalumbaru, Balgo, Bidyandanga, Warakurna and Warburton. Further MFPPs are planned for Bulman, Lombadina and Jigalong.

Clearly, the needs at each of these police locations can be very different, requiring a markedly different service emphasis. For instance, at Kalumbaru, it would be on heavy drug use and racketeering by certain family groups. The nefarious influence of towns on certain communities—for example, Broome and Bidyandanga, Halls Creek and Balgo, and Newman and Jigalong—introduces a different set of pressures for the community police. Border issues at Warakurna would also demand a different police practice. Clearly, there needs to be customised police practice for the needs of remote communities. I believe the Western Australian government acknowledges the need to be doing these things differently.

I have not yet observed, at least in the western desert, any review of community by-laws coming out of the Community Services Act to allow police practice to be more responsive to individual community needs and to help deal, for instance, with the import of alcohol into dry communities. The Western Australian justice department's Aboriginal justice agreement seeks to have safe communities, reduction in victims of violence and a reduction in Aboriginal offenders. Funding for the AJA is anticipated, and we expect that the AJA may allow for an Aboriginal focus on policing, among other issues.

CHAIR—Thank you, Dr Spargo. You can draw breath now. We have three Western Australians in the room.

Senator ADAMS—Thanks, Dr Spargo. Ernest Hunter came and gave evidence up in Cairns. I asked him where you were and what you were doing. He felt we should contact you and that is why—

Dr Spargo—That is how it happened.

Senator ADAMS—That is how it happened; I am the cause. You probably do not remember me but I was working at the Derby hospital in about 1970 and I met you then.

Dr Spargo—We are both still going.

Senator ADAMS—Yes, we are both still going. That is right. As far as petrol sniffing in those communities in Western Australia goes, even though it is not as prolific as it is in the Northern Territory, how can we deal with it? Also, are the petrol sniffers, when they are denied petrol, getting into amphetamine use?

Dr Spargo—When you deny someone anything that is addictive, there is a wide search that goes on; you have to admire how interested those individuals are in obtaining another substance. I made the comment about methamphetamine not because I know that that is going to happen but because I know that it is cheap enough and gives such a long response that it is something that the Aboriginal population might take up. I am particularly intrigued as to how marijuana has become so widely used in Aboriginal society, despite the cost. Your other question has slipped my mind.

Senator ADAMS—It was just about the petrol sniffing—

Dr Spargo—As to what to do?

Senator ADAMS—As a medical practitioner, how do you see that we can deal with the issue?

Dr Spargo—As a medical practitioner I turned to every avenue and drew a blank in dealing at the person-system level with very distressed individuals. I even went to the extent of forming three of them, really looking for an underlying psychotic condition that might have explained their behaviour. They are held for 72 hours and that is it. It is a sad situation at the individual level in some of these remote communities in Western Australia.

Senator ADAMS—With Balgo being a dry community, do you feel that that has caused some of Halls Creek's problems?

Dr Spargo—I was absolutely intrigued to see a picture of the minister in the *West Australian*, I think it was last week—they had gone up there to deliver their money—posed with a man who comes from many, many miles south who has no connection with Halls Creek. And I believe that is part of the problem, this influx of people of individuals from Balgo and communities to the south. I passed through Pumajina on my way driving down to Perth this time, and I could not believe the number of individuals who were camped around Pumajina, which is adjacent to Newman, and the number of individuals who were staying there that I quickly recognised from communities in the Puntukurnu service area. What we have created at Pumajina is a big camping area, and it is the same for Halls Creek.

Senator ADAMS—Thanks.

Senator SIEWERT—We have heard quite a bit of evidence about the need for diversionary programs when rolling out the Opal program, and we have also heard evidence about the short-term nature of funding and the detrimental impact that can have. Has that been reflected in your experience? What are the funding programs that you have had experience with and the length of time that they run for?

Dr Spargo—I have had no experience whatsoever with funding for the problem of petrol sniffing in WA, neither in the Kimberley when I was there nor in the last eight years down in the Pilbara. So I do not think funding is coming across the border, and quite properly funding should be directed to where the greatest problem is and where, if respite is obtained, you might get a chance to get at the precursors of the problem—the symptoms of petrol sniffing.

Senator SIEWERT—Am I correctly interpreting what you are saying—that there are no funded programs in Western Australia?

Dr Spargo—I have not run into any funded programs around petrol sniffing in WA. They may well be there, but I do not see their tracks in the Western Desert.

Senator SIEWERT—What about other funding programs that are not specifically targeted at petrol sniffing—sport and rec, youth officers and things like that?

Dr Spargo—Apart from the swimming pool at Jigalong, there has been very little from government. There has been good neighbour funding from mining companies for sporting

carnivals but no real coordinated approach to encourage individuals in these remote communities into sporting programs. There are three-day football carnivals and that is it.

CHAIR—I am trying to sort through the evidence you have given and put it into context with some of the other evidence we have heard. I do not like to paraphrase people, because it is difficult, but is it the guts of your evidence that the issue is not petrol sniffing itself but the conditions which lead people to take it up?

Dr Spargo—I think that is correct.

CHAIR—You said that things should not be done in a sporadic way and that there should be long-term thought processes and so on. What do you recommend should be done to put in place some of the advantages that you said are needed in the community where you work?

Dr Spargo—I think there are four large groups of forces that impact upon health and wellbeing. These forces should act favourably, but in Aboriginal society in remote Australia they are very often inimical. The provision of health and medical services, beyond some minima, does not improve health. It is spectacularly successful for acute care in, say, appendicitis. Immunisation is very important. I do not see any evidence, except in secondary disease prevention—the area I am working in at the moment—that health and medical services are in any way slowing down the left to right shunt of the health-disease spectrum. So individuals are continually moving from optimum health to preclinical and clinical disease. Incidentally, secondary disease prevention is the notion that, by providing access, improving utilisation and establishing relationships which might improve compliance and adherence to medical regimes, individuals with preclinical risk factors and established diseases may have their conditions slowed down or even reversed and not go on to, for instance, end-stage renal failure.

Genotype is another large area we do not know too much about, and clearly, because of that, we do not know how to utilise it to improve health. Cultural hereditary might be included there. This could include cultural traits passed down through the female line, which probably should be visited and challenged as to their relevance. The big group of forces in which government tends to invest is commonly called the ‘total environment’. It includes, schools, houses, infrastructure, churches and even swimming pools. I do not believe that, beyond some minima, you can improve health and wellbeing very much. We have a big problem in that the Aboriginal population manages to negate that investment very quickly.

The big group of forces that, in my opinion, has the most influence on health and wellbeing is behaviour. Unfortunately, there is an enormous hurdle to get over. That is, in my opinion, that I do not see any dissonance in Aboriginal society. Because there is no dissonance, there is no impetus to change. This is an enormous hurdle that I think we have to find the answer to.

It was interesting to me to read in the *West Australian* about a family in Halls Creek where the daughter of a woman who invited a journalist through their house chastised the mother for allowing that and for causing the daughter to be shamed by the journalist seeing the way they lived. Now, they were feeling shame but they were not taking steps to change their way of life.

At Jigalong, I see people without food constantly. You would think that a primal drive—or at least the wellspring of a primal drive—such as hunger would never dry up, but it does. People

are hungry on a regular basis, two or three days every week, but they do not change their behaviour to rectify that.

Senator SIEWERT—So you do not think there is any dissonance?

Dr Spargo—There is no dissonance. That is the problem: there is no gap between their expectations and their reality. Because there is no gap, there is no discomfort felt with their lot. The man who came from Balgo who was posing with the minister at the Halls Creek dinner camp was not discomfited by living out on that flat. He was experiencing no dissonance. It was just unfortunate that they got him to pose with the minister and I spotted it.

Senator SIEWERT—Thanks.

CHAIR—I think you have stumped us, Doctor; we do not know what to ask you next! Although I know it is not a core function of this inquiry, the role of the media in the whole process of communication with the wider community as well as in highlighting these issues has been almost a secondary aspect of a lot of the discussions we have had, and I know that you started your evidence by talking about the role of the media in Western Australia. We have a couple of minutes; is there anything you would like to add about that aspect?

Dr Spargo—I believe that government, and state government in particular now, have to have a role in doing their own investigative, let's say, journalism. They should not be embarrassed, like they have been these last four weeks. There should be continual reporting going on. And their planning for the Aboriginal population has to be reiterative: it should never stop, it should be going around and around in circles and we should be responding to the little things that pop up that give us guidance as to what we should be doing next.

CHAIR—Yes, it is an ongoing theme in a lot of the committee work we have been doing on how that linkage is made. Thank you, Doctor.

Dr Spargo—Thank you, Madam Chair.

[2.35 pm]

BALMANNO, Ms Rachel Ann, Assistant Secretary, Health Strategies Branch, Office for Aboriginal and Torres Strait Islander Health, Department of Health and Ageing

PODESTA, Ms Lesley, First Assistant Secretary, Office for Aboriginal and Torres Strait Islander Health, Department of Health and Ageing

ANDREWS, Mr Gregory Williamson, Assistant Secretary, Communities Engagement, Office of Indigenous Policy Coordination

BRYANT, Ms Jennifer Mary, Group Manager, Performance Group, Office of Indigenous Policy Coordination

GIBBONS, Mr Wayne, Associate Secretary, Office of Indigenous Policy Coordination

GUMLEY, Ms Kate, Assistant Secretary, Regional and Priority Interventions, Office of Indigenous Policy Coordination

KEY, Ms Wendi, Acting Manager, Central Australian Petrol Sniffing Unit, Alice Springs, Office of Indigenous Policy Coordination

CHAIR—I welcome officers from the Department of Health and Ageing's Office for Aboriginal and Torres Strait Islander Health and from the Office of Indigenous Policy Coordination. You all have the information on parliamentary privilege and the protection of witnesses who give evidence. The committee prefers evidence to be heard in public but, if there is any issue you feel would benefit from an in-camera session, please let us know. I remind all of you as departmental officers that the Senate has resolved that you shall not be asked to give opinions on matters of policy. This resolution prohibits only questions asking for opinions on matters of policy and does not preclude questions asking for explanations of policy or factual questions about when and how policies were adopted. The committee has before it your joint submission, No. 25. Would one of you like to make some opening comments, and then we will go into discussions.

Mr Gibbons—Thank you, Chair. I do not want to take up much time in making some opening comments, as we have jointly made a written submission. I would just like to say that the issue that we have been focusing on—that is, the problem of petrol sniffing in Central Australia—is one that transcends governments and borders. We have been working collaboratively with three state jurisdictions: the Northern Territory, Western Australia and South Australia. We have a plan that we are putting into effect. We are not pretending that all of the issues are covered; it is very much a work in progress. As we learn more about the challenge, we are adding to the approach we are taking. It certainly should not be inferred that we are focusing on petrol sniffing only in the central regions of Australia. We are of course tackling issues of substance misuse wherever they occur. Thank you.

CHAIR—We will go straight into questions. Most of you know the senators here, but I will run through who we are and which states we represent. I will also put in an apology for Senator Humphries, the deputy chair of this committee, who is unwell. We have Senator Judith Adams from Western Australia, Senator Ruth Webber from Western Australia and Senator Rachel Siewert from Western Australia; that is the Western Australian contingent. Then we have Senator Trish Crossin from the Northern Territory and Senator Helen Polley from Tasmania, and I am from Queensland. We will go to questions. Because there are so many of you, please just jump in; it is too hard when everyone is looking around to see who is going to answer what—the same with the senators. Senator Adams?

Senator ADAMS—With respect to the issue of rehabilitation of petrol sniffers and solvent users of many different types, I know that you are looking at that. Do we have any evidence of areas that are really working in rehabilitation and just how we can go about it? We have been given examples of carers in the home, in the communities. But once the condition of chronic sniffers and solvent users gets to the stage where they are unable to be helped in their own homes, where do they go? How are the various governments going to deal with this?

Ms Podesta—It is a very big question, Senator. As you are aware, rehabilitation and treatment are big issues for people involved in volatile substance misuse, and petrol sniffing is one of a range of risk behaviours which include substance misuse, suicide and self-harm. There is a broad age range of users, and there is increasing evidence of links between volatile substance misuse, suicide and other forms of self-harm. It is critical, in looking at rehabilitation treatment options, to recognise that there is often a pattern of a range of behaviours. Certainly, the Australian government works very closely with state and territory governments, who have primary carriage around rehabilitation and treatment, to look at the interlinkages between the activities, the causes and some of the treatments and services that might be available to them.

Without going through our submission again, you are aware that we directly fund a number of treatment services, primarily the rehab services on the outstations, because there has been a recognition within communities that taking people who are beginning to sniff or who have had a petrol sniffing problem for some time out of the environment, out of the peer group, and working with them around responsibility, cultural relevance and personal responsibility with people they respect, can have a significant influence on them. I am aware, Senators, that many of you visited Mount Theo, which is one of the outstanding examples of how you can intervene.

In regard to people with long-term and chronic brain damage as a result of petrol sniffing, we are aware of some of the research that is being undertaken through Menzies in regard to potential medical interventions in regard to the impact on people's mental and physical capacities in the long term. We are very keen to follow up with the Menzies School of Research the type of clinical application that might be available. It was a very small study, though. We have seen the result of people who have been long-term, chronic sniffers. They have significantly challenging behaviours, in many cases, and they are treated in a variety of ways through medication and behaviour controls.

Senator ADAMS—There is more evidence coming out in Western Australia now in nursing homes, with younger people, around the age of 50, starting to take up places. It is the only place they can go to and they cannot go into our mental health institutions, so they are starting to take the places of elderly people who cannot get admission to a nursing home, or a frail aged unit,

because these people are starting to move in. This is really what I am looking at—that age group where they have got to the stage where they cannot be cared for, with all our services, in the home, and they have to go into a residential care area. Where are we going with that? That is the part that I can see causing problems in the next few years.

Ms Podesta—It is certainly an issue that has been raised in some detail through the Council of Australian Governments' mental health agenda, as you are aware, I am sure. It is a difficult one for the Office for Aboriginal and Torres Strait Islander Health to give you a detailed policy response on, because, as you rightly point out, the long-term treatment of people with chronic brain damage is primarily a state government responsibility.

I would not want to comment in detail on some of the policy and treatment options around that. I am very happy to take it on notice and to ask the mental health part of the Department of Health and Ageing to provide us with an update on the work that is going on between the states and the Australian government around treatment options in regard to that area. I know that it is certainly an area of ongoing concern. Having previously looked after residential aged care, I will point out that the younger people who are in there have a right under the act to be part of those services. However people may or may not regard that as appropriate, they certainly are legally able to access those services.

Senator ADAMS—I am fully aware of it, but this is just the tip of the iceberg and it is starting to happen. I was interested to know where the department was going, especially with Aboriginal people who find it very difficult to live in those areas. Can you give the committee some information about the rehabilitation area that is supposedly going ahead in South Australia? We have not actually visited Adelaide yet, but we will be doing so.

Ms Podesta—Certainly. As you are aware, the Australian government has been working closely with the South Australian Department of Health and with the Premier's department there. The Australian government provided \$2.3 million to the South Australian government to build the residential treatment and rehabilitation centre in the Anangu lands. They have been working to find an appropriate site within the lands. I am sure you are very aware of the detailed consultation that is required to be able to locate an appropriate site for a residential service—Aged Care has this issue all the time as well. They have advised us this month that they are going to undertake one more round of consultations within the APY lands to finalise the location for the treatment and rehabilitation centre.

Meanwhile, the South Australian government has informed the Australian government that they have commenced a mobile service on the lands. We checked with the Nganampa Health Service that that mobile service is in fact up and running. They have a nurse and I believe an Aboriginal health worker, but I will probably need to check that. They definitely have a nurse who is undertaking a mobile service through communities identifying petrol sniffers and looking at some diagnostic work and some supportive treatment work in conjunction with the staff from the Nganampa Health Service. There is certainly an outreach service operating while they finalise the consultation process regarding the actual location. As for every residential service in Australia, unfortunately, it is a matter of some local controversy around the siting of a residential service. It is the reality of the modern age that no residential service, no matter for what purpose or for what reason or how pressing, is easily built. There needs to be a lot of consultation, and that is what South Australia has found.

CHAIR—What is the timing of the department's review in 2006 of the assessment of rehabilitation options?

Ms Balmanno—We are first of all awaiting the results of the feasibility study that was commissioned by the cross-border reference group on volatile substance misuse. I think that study is due within the next couple of months. We will then look at what next piece of work is required beyond that.

CHAIR—Is it still expected in this calendar year?

Ms Balmanno—Yes, the feasibility study certainly is. The exact timing for any pieces of work beyond that, whether it is some further working up of particular models or some trialling of models or whatever might happen next, will depend on what that project is and how long it will take.

CHAIR—It is just that the year is given in the submission but nothing beyond that. I just wanted to know what was happening.

Senator CROSSIN—Is there a representative of the Department of Health and Ageing in the ICC in Alice Springs?

Mr Gibbons—There is, I believe, yes.

Senator CROSSIN—Just one person? How do they then link in with what you do, Ms Key?

Ms Key—The officer concerned works very closely with me. I am based in the Alice Springs ICC and the officer concerned spends most of his day in the ICC with me working on a range of initiatives in relation to the eight-point plan.

Senator CROSSIN—Is that person a he?

Ms Key—Yes, it is a he.

Senator CROSSIN—Would he also have responsibility for liaising with other health services in the Central Australia region?

Ms Key—As part of his normal duties with the Office for Aboriginal and Torres Strait Islander Health, that is the case, yes. He, in fact, has some expertise in dealing with a range of providers and communities in his zone, and he brings that to bear in the work we are doing at the moment.

Mr Gibbons—Senator, I think there are two; Ms Podesta can probably give you more accurate details on that.

Ms Podesta—We have an office in Alice Springs.

Senator CROSSIN—Yes, I know you have an office in Alice Springs.

Ms Podesta—And we have an officer who is a solution broker.

Senator CROSSIN—Yes, I know about that.

Ms Podesta—And we have an officer who has been seconded to work with the task force, which Ms Key runs. Alice Springs is such a small place. At the moment, the two IT systems are not compatible. The two officers work in different parts—in different physical locations—at different times of the week. So the two officers are part of the communications systems of the two different departments, but they certainly work very closely. All of the people in the Alice Springs office—I just spent a couple of days with them recently—have a significant contact with the ICC staff on a regular basis.

Senator CROSSIN—Are there plans to fix up that computer problem, in this modern day of technology?

Ms Podesta—I do not believe so, Senator. I would have to take that on notice. We have two different operating systems in the two departments. It is a very small place—they can physically walk between the two offices.

Senator CROSSIN—I know that.

Ms Podesta—They have found that it is working relatively easily.

CHAIR—Health and Ageing have one computer system and OIPC have another—that is the issue.

Ms Podesta—We have different operating systems at the moment.

CHAIR—And it does not matter whether it is Alice Springs, Darwin or Brisbane—they would still be operating in different systems.

Ms Podesta—I understand that to be the case.

CHAIR—Okay. I am trying to visualise people working closely together—

Ms Podesta—But telephones still work.

CHAIR—but not being able to email each other.

Ms Podesta—Emails can work. You just cannot log on—

CHAIR—Oh, it is partially working.

Ms Podesta—Yes, email works. You just cannot log on, if you are sitting in someone else's department, to the Department of Health's internal server.

CHAIR—And you cannot access files?

Ms Balmanno—You cannot access your files that you are saving on the department's server.

CHAIR—So it is a communication issue?

Ms Balmanno—Yes.

Senator CROSSIN—Who was consulted prior to the eight-point regional strategy being finalised?

Mr Gibbons—I might have to take that on notice, Senator; it is some time ago now. It was put together after consultation with the three jurisdictions, following a number of community consultations and engagement with a number of people who have expertise.

Senator CROSSIN—You would be aware of the criticism of the strategy from the Alice Springs hearing. No doubt someone at the table today has had a chance to read that transcript. There was criticism about the lack of consultation on that strategy prior to it being put in place. Do you have a comment on or response to that criticism?

Mr Gibbons—I have read criticism from the Alice Springs Council about the decision on Opal.

Senator CROSSIN—There was a broader criticism at the Alice Springs hearing, from memory. Did anyone at the table have a chance to look at that transcript? Has anyone read it?

Ms Key—I have read large parts of it from 22 or 23 February or whenever you were there. My understanding of the process is, as Mr Gibbons said, that there was broad consultation. There was an expert advisory group as well that provided input. A whole range of stakeholders had an opportunity to comment on various elements of the plan. Basically, it had a gestation from expert opinion and the views of the jurisdictions as well as reviews of the literature.

Mr Gibbons—Perhaps, Senator, if you could direct us to a particular concern we could address that. General comments are not very helpful.

Senator CROSSIN—There was quite a number of individual witnesses throughout the day that made comments about the strategy. I was just giving you a chance to respond on the public record to those criticisms. But if you do not want to take that chance I will move to another question.

Senator SIEWERT—Everywhere we have gone, I think without exception, there has been criticism of the strategy and criticism of the roll-out strategy. It is in all the written submissions and it has been in all the oral submissions. So it is widespread. I am particularly keen to know—

Mr Gibbons—Are you talking about the Opal roll-out element?

Senator SIEWERT—Yes.

Mr Gibbons—There are lots of parts to the strategy. You are talking specifically about Opal roll-out.

CHAIR—Mr Gibbons, the reason we have the departments here today at this point in the process is that we thought it would be beneficial to review the evidence we have received and to have the departments, having seen that evidence, respond to it. That was our whole expectation. I am a bit disappointed that that is not going to be clear. We are happy to go through point by point. If individual senators want to focus on the Opal aspect, that is fine. Other senators may have different views. Today's hearing was not specifically to talk to your submission. We have had your submission for many months. We have had the opportunity to follow up. We were hoping that through this whole process of consultation you had all seen what community groups and departments at state levels have told us. We were hoping that this would be an interchange where we could pick up on that. We will go back and go through point by point. Senator Crossin, you have started, so you can continue.

Senator CROSSIN—I just want to move on a bit for a moment and talk about the response that Ms Balmanno has given to the committee about the roll-out of Opal fuel. The minister is certainly now on record as saying that any community which asks for Opal will get it. So how do communities ask for Opal? Do they just write to you?

Ms Balmanno—There are a number of ways. Some communities write to us. Some communities raise it through their ICC. Sometimes we become aware that there is a petrol-sniffing problem—for example, through the police—and we approach the community directly to see whether they are interested in Opal. It comes up in a number of ways. We have a one-page application form. The bottom half of the page is for office use, so there are three questions on the top half. Basically we want to know what sources of fuel they have within the community and what other sources of fuel are in close proximity to the community. We are also interested in any existing prevention and diversionary strategies that the community have in place and any additional strategies that they are looking at introducing in parallel with the introduction of Opal. As well as that, we try to get some feel from the community about the extent of the petrol-sniffing problem within that community—whether they have intermittent sniffing or chronic sniffers, the sorts of numbers and what they are looking at. So that is the information we gather. We consider that information.

While at this stage no community who has asked for Opal has been refused it, there is the possibility that a judgment will be made that Opal as a substitution strategy is not the most effective thing to address the problem in the community. For example, if they were very close to lots of sources of fuel and it was an intermittent problem during school holidays, you might be looking at a diversionary school holiday program rather than Opal being the answer. So there is the possibility that the appropriate response will be different. But at this stage all the communities that have approached the Australian government and all the communities that we have directly approached, particularly in Central Australia—we are taking a slightly more proactive targeting of communities in that region—we have managed to reach agreement with about a mix of community based interventions that we think, in parallel with Opal, will have an impact on the number of sniffers.

Senator CROSSIN—So the communities have to actually answer the questions correctly in order to get Opal.

Ms Podesta—It is a fairly iterative process, though. We do not say, 'Put in this application, and you are in or out.' A proposal will come in and we will talk with the community. It is based

on ensuring the best use of Australian government funding so the investment is based on reason and on evidence that there is a significant problem and fuel substitution is a strategy that will have an impact. So far, for the requests that have come in or for the places that have been identified, we have assessed that it is a reasonable use of Australian government funding to do that.

Senator CROSSIN—You may get an instance, as you have just described, Ms Balmanno, where you assess or the department assesses that that is not the best strategy. So technically any community that asks for it will not necessarily get Opal. Is that correct?

Ms Podesta—That is certainly true.

Senator CROSSIN—So was the minister incorrect when he made that public statement?

Ms Podesta—I saw the minister's statement; it was made in the context of a discussion about remote Aboriginal communities—

Ms Balmanno—With a petrol sniffing problem.

Senator CROSSIN—Did he need to clarify his statement when he made it?

Ms Podesta—I do not think we can comment on that.

Senator CROSSIN—Technically, you are telling me it is not correct: any community that asks for Opal may not necessarily get it.

Ms Podesta—I can imagine that a community might ask for Opal and an assessment is made with that community that it is not the most appropriate strategy to pursue. Up until this stage, that has not occurred.

Senator WEBBER—How do you make that assessment? You get them to fill in half a page in which they have to justify and provide all this information. What expertise and knowledge do you have, and how do you make that assessment from here?

Ms Podesta—I am happy to provide that information. It is not just from Canberra, as well; we make sure that we work very closely with the ICC, but also we undertake consultation with, for example, local police, medical staff and people in the community. I want to be really clear: this is about recognition, and in most cases when a community approaches the department they have made a decision that they have a petrol sniffing problem and this is something that they want to do. So in most cases, when a community approaches the Department of Health and Ageing about that, that information is available.

Senator WEBBER—I guess that is why I am questioning the need for assessment. They have recognised the problem, they have gone to the trouble of working out what all the different strategies are and they decide as a community that this is the solution for them, but then you have to assess it before you decide to provide it—

Ms Podesta—I just want to make this really clear. It is not done in a way which is about saying, ‘We want to find a reason not to fund you.’ It is done on the basis that, as responsible officers of the Australian government, we make sure that any Australian government investment is based on evidence and information that is real and correct. So the assessment is made to ensure that there is a prevalence of petrol sniffing and that there are things in place to be able to support the program. I can absolutely assure you, Senator, that it is not done in a punitive way or in a paternalistic way. It is a recognition that in most cases, when a community comes to us, they have put the groundwork in to recognise that this is a problem and an issue. I think that is reflected in the fact that, at this stage, no communities have been denied. In fact, we work on fuel substitution in partnership with a community.

Senator POLLEY—Does the department then only wait for a community to actually make a request? There are some communities that may not be aware of the processes that they have to go through. Wouldn’t it be more beneficial if the department was proactive in rolling it out to all communities?

Ms Balmanno—The exact nature of that is changing. As you would be aware, up until 1 July this year there was only a very small program, providing subsidy for avgas and then Opal. The nature of the process is changing at the moment. As I mentioned briefly, in Central Australia, in the designated zone for the eight-point plan, we are proactively contacting those communities that are not already in receipt of Opal—even communities that do not have a petrol bowser but who are part of the region and have fuel in drums or in jerry cans—to say: ‘This is what is happening in the region; the communities around you have chosen not to have regular unleaded petrol within their communities and to only use diesel or Opal. Do you want to come on board with this as well?’ So we are deliberately targeting those communities. Our ability at this stage to do that in other parts of Australia is reasonably limited. But certainly the ICC’s and our own state office staff are aware of the opportunity. We have had direct contact from ICC staff or from police about particular communities, and then we have reached out to that community to say: ‘Are you aware that Opal exists? Are you aware that there is a subsidy, and would you be interested in it?’ So we are shifting towards a far more proactive approach as the government interest and investment in petrol sniffing and subsidisation of Opal have increased.

Ms Podesta—We are doing that in a fairly considered way. Up until now the program has relied on a community making an active decision that they wish to undertake this strategy. The regional strategy is about the Australian government identifying a preponderance of petrol sniffers in a particular area and testing to see whether a strategy of initiating contact and initiating a regional coverage will work better or not. This approach is being trialled in Central Australia.

Senator WEBBER—I will stop interrupting my good friend Trish Crossin in a minute. But, going back to what we were alluding to before, the committee has received lots of evidence and it seems to be a universal view that a regional roll-out is actually the way to go. Obviously, government agencies have not quite got to that view, but state and territory agencies have and community—

Ms Podesta—It is a unique approach in the world.

Senator WEBBER—This is a unique problem. We have unique communities.

Ms Podesta—No, it is not a unique problem.

CHAIR—What is unique? Just off the record, what is—

Ms Podesta—It is unique approach to identify a region, identify providers of petrol within the region and actively recruit them to switch petrol varieties and provide only a non-sniffable fuel. This approach has not been trialled elsewhere in the world. This is a first that Australia is undertaking.

CHAIR—Whose approach is unique?

Ms Podesta—This approach in the desert regions—

CHAIR—You are saying that the Australian government approach is unique? That is what I am trying to get on record.

Ms Podesta—Having a regional roll-out is unique.

CHAIR—So the Australian government approach as you have described it is a unique process?

Ms Podesta—Yes.

CHAIR—I think we were talking at cross purposes.

Senator WEBBER—Isn't it an approach that just finally recognises the tribal and nomadic nature of Indigenous people? Isn't it a policy approach that has suddenly realised the cross-cultural nature of what we are dealing with here?

Ms Podesta—I cannot comment on that.

Mr Andrews—Can I add something on the question about the roll-out? Last year Greg Cavanagh, the coroner of the Northern Territory, held hearings into the deaths of two young men in Mutitjulu community, where I was working. He spent a lot of time looking at a lot of evidence, verbal and written, and he also sent his counsel out to Mutitjulu and a number of other communities to get an understanding of the issue. His findings were emphatic that Opal is a necessary but not a sufficient measure. He did not call for a universal regional roll-out of Opal. He emphasised the importance of supply reduction along with a lot of other factors such as improving good governance in communities so that they can make informed choices.

Senator WEBBER—I understand that. We will get to that. I guess I was alluding to the overwhelming evidence that this committee has received. Just before I stop interrupting on this point, I want to ask two questions. I would be happy for you to take the first one on notice. Can you actually provide the committee with a list of the communities that you have approached rather than—

Ms Balmanno—Rather than the ones who have approached us?

Senator WEBBER—Yes. As I said, I am happy for you to take it on notice and provide it later.

Ms Balmanno—We probably can for the ones that have been approached in the most recent times. But some of the communities have been involved in the program for eight years and we are not sure of the origins or how that started with some of them.

Senator WEBBER—That is fine. Earlier you talked about the focus on Central Australia and the limited capacity you have to expand your activities elsewhere. What are the limitations? Why is this limited? As I said, most of us here are from Western Australia. Petrol sniffing has been a long-term problem in the Goldfields area of Western Australia and what have you, not just in Central Australia. I do not want to diminish Central Australia, because some of it is in my state. But what is the limitation to your capacity to respond if, say, Laverton or Leinster approached you?

Ms Balmanno—If a particular community approaches us then, under the measure that was announced in the 2005-06 budget, where the government provided both administered funding for the subsidy of Opal and departmental resources to administer that program, we can do that. But the government has only provided funding for the regional approach, including departmental resourcing to manage that program, for Central Australia. So the limitation is—

Senator WEBBER—So the limitation is purely budgetary?

Ms Balmanno—Yes.

Senator CROSSIN—Has Port Keats or Wadeye applied for Opal fuel?

Ms Balmanno—They have, and they are receiving it, I understand.

Ms Podesta—They are part of the petrol-sniffing program and they receive Opal.

Senator CROSSIN—Do you know when that occurred?

Ms Balmanno—They applied in December 1998 and switched to Opal in May 2005. But they would have been receiving avgas for some of that time in between—although the utilisation of avgas was up and down with different communities because of the impact it was having on their vehicles.

Senator CROSSIN—You talked about identifying communities, roadhouses and other sources of fuel in and around the designated region. I know you are talking about the Central Australian region but I want to talk about Ngukurr and the Roper store, which is only about 25 kilometres from Ngukurr. What is the strategy of the department or the federal government to ensure that somewhere like that store can get Opal? Currently they cannot, but Ngukurr does. So there is a drift of the kids from Ngukurr to the Roper store. Is there some barrier for roadhouses or commercial operations not being able to access Opal? Is there some means by which the policy can be flexible enough to include those roadhouses when they are so close to a community?

Ms Balmanno—At this stage the government has not provided funding for roadhouses outside of the central desert. The estimate was that we could get up to 65 communities outside of the Central Australian region on Opal, depending on the communities and how much fuel they use. At this stage the demand has been from reasonably isolated communities.

Senator CROSSIN—Ngukurr is pretty isolated.

Ms Balmanno—Yes.

Senator CROSSIN—Especially when it floods.

Ms Balmanno—We would certainly be willing to look at an application from the roadhouse owner and the community in partnership, if they were eliminating Opal from that community. Dealing with the roadhouse and the community at the same time was considered as an initiative.

Senator CROSSIN—If you want to go back to your office and have a look at a map of the Territory, the Roper store is actually between Bulman and Ngukurr. You would only actually stop at the Roper store on your way to Ngukurr or Numbulwar or back out through Bulman up to the Stuart highway, so there is a particular traffic that that store attracts. It is way off the beaten track, if you know what I mean. I wondered if someone in the department who makes assessments of roadhouses or stores in those sorts of situations could say: ‘All right. Here it is in the middle of three communities. It is the only place that does not have Opal. It is obviously going to be an attraction for those kids who might sniff. We will relax the policy to allow them to get it.’

Ms Podesta—I think that is an absolutely reasonable, pragmatic and sensible approach. Up until now we have responded to individual Aboriginal communities seeking to replace a source of fuel. If a small number of communities who have done so have one roadhouse in their midst, it would certainly be a very sensible consideration for the communities to approach us to look at that. And we would certainly look at that sympathetically. We do not want to pretend that we have authority to undertake regional roll-outs everywhere, but we certainly try, in conjunction with affected communities, to look at sources of fuel. It is part of the assessment process that we undertake with them when an application is received. Certainly, that would be our way of considering that. I have to say, we have not been beaten down in the rush, by and large, by roadhouses wishing to replace their fuel with Opal.

Senator CROSSIN—I am not entirely sure that they know that they can approach you. I think they are of the view that they are automatically excluded and so what is the point. But you are telling me now that if I contact them they could write to you. Expect a letter, I say.

Ms Podesta—I would like to make it clear that we would hope that was something that was done with the communities. That is really important. It is something that communities identify as an appropriate strategy and something that is necessary.

Senator CROSSIN—The issue has been raised with me by not only the store but the communities around that area who, knowing we were doing this inquiry, specifically wanted the question asked. I will take that back to them.

Ms Podesta—Thank you.

Senator CROSSIN—I have a question about the eight point regional strategy. Are particular programs in each of the communities being funded and implemented only through SRAs?

Ms Bryant—I think the short answer to that is no. There are a number of activities being funded in communities through SRAs, but there are around 153 SRAs currently in about 122 communities nationally, not just in Central Australia. The bulk of Indigenous-specific government funding still goes into communities through non-SRA grant mechanisms. So all the funding, for example, for the CDEP program, the Community Housing and Infrastructure Program, youth programs, art programs et cetera, goes through a raft of other grant mechanisms. So, no, they are not all currently covered by SRAs, but we actively seek an opportunity to bring them under the coverage of SRAs where new funding is being considered for activities.

Senator CROSSIN—Can you clarify for me what you mean at paragraph 17 on page 5 of your submission? You say:

Specific responsibilities will be spelt out in Shared Responsibility Agreements with each affected Indigenous community ...

Does that mean responsibilities under the eight point regional strategy?

Ms Bryant—In that context, we were speaking specifically about the eight point strategy in the central desert region only. There remains other funding going into communities, but where the community is seeking to take the initiative to address petrol sniffing issues in the community, as opposed to a range of other activities, and where it is seeking to develop a coordinated and holistic approach, then basically we are seeking with each of those communities to bring those things together under shared responsibility agreements or regional partnership agreements where we spell out what the Australian government will provide, what the Territory government will provide or what any third parties will provide and also what the community itself will do. An example at the moment is that in the last couple of days we have signed an agreement with the Nganampa community that will provide them with a community store, but it is also part of a broader endeavour within the community to address their petrol sniffing problems. So as we deal with each community and their new initiatives, we bring them together under that mechanism. But it remains the case that other money—pre-existing money and so on—that might be funding youth workers or a range of other things continues to be in place in those communities.

Senator CROSSIN—I understand all of that. What I am trying to get at is: will the eight point regional strategy still be rolled out if communities do not sign up to an SRA? In other words, will communities be excluded if they do not sign up to an SRA?

Mr Gibbons—The short answer is no. Each community is different. It depends on the circumstances in the community. In some communities where governance has broken down and where there are very serious problems it is just impossible to talk about a shared responsibility. We have to intervene with assistance to restore social norms before we can do anything in a development context. It really depends upon where we are operating.

Senator CROSSIN—So what SRAs have been signed in the Central Australia area that particularly relate to the eight point strategy?

Ms Key—Currently we have two signed SRAs—the Nganampa one that we have just discussed and one to provide vehicles to the Mount Theo substance misuse program.

Senator CROSSIN—Is that the new accommodation block they are expecting?

Ms Key—No, this one is specifically around providing vehicles to move people from Yuendumu and other communities to Mount Theo and to facilitate that in a more streamlined way.

Senator CROSSIN—When was that signed?

Ms Key—Very late February, I think.

Senator CROSSIN—When is the work expected to start on the new accommodation block at Mount Theo?

Ms Podesta—They currently have two projects. There is the construction of an ablutions block, an upgrade to water reticulation, which was \$200,000 at Mount Theo. They also received \$1.45 million for Yuendumu and Mount Theo, which is a two-bedroom duplex for professional staff, an upgrade of the existing office, an amount for construction of separate male and female purpose-built dormitory style accommodation and an upgrade to existing staff housing. We have approved that funding, and they are in the process of getting the plans finalised.

Senator CROSSIN—‘The plans’—

Ms Balmanno—Their plans.

Senator CROSSIN—The building plans.

Ms Balmanno—I understood they were expecting to go to tender and to contract someone either in April or May.

Senator CROSSIN—I have a couple of other questions. Back to Mount Theo, I thought I noticed, in one of your little boxes, it says what is actually needed at Mount Theo. I am trying to find it, and I do not seem to have it marked. Certainly I think somewhere here in relation to Mount Theo as an example you say that decent telecommunications would certainly assist where programs are run. You would be aware, of course, while we were out at Mount Theo their poor old telephone did not work. We have made representations to Telstra about that.

Ms Podesta—What is the specific question for us, Senator?

Senator CROSSIN—I am just pointing out to you that I would hope you would be on the case as well to ensure that Mount Theo outstation had decent telecommunications systems. I notice that you rate good telecommunications as being integral to having a good program in place. Poor old Mount Theo was struggling with a phone in the middle of nowhere, and they are

certainly pushing to try to get ADSL connected at Yuendumu. Perhaps we should also suggest they write to you for support in improving those services.

Ms Bryant—DCITA has the process of consulting with OIPC and the ICCs on the location of additional telecommunication facilities in remote areas and so on. As part of that, we seek the input of our ICCs as to priorities for provision of additional telecommunications and we input that advice to their planning processes. So we have a mechanism—

Senator CROSSIN—Can you tell us what planning processes?

Ms Bryant—They obviously take on board the information we provide and build it into their roll-out of additional services, but we have a mechanism to draw to their attention Mount Theo and other particular circumstances.

Senator CROSSIN—How do you ascertain that?

Ms Bryant—For us to ascertain the sort of advice we should provide to DCITA as part of that process, we ask for input from each of our ICC managers, noting that they have an active program of engagement and consultation on the ground with communities in their region. We then compile that information and provide it to DCITA.

Senator CROSSIN—I have two other questions before I move on to other colleagues. You would be aware that the issue of availability of Opal in Alice Springs has been the subject of some controversy. On page 15 of your submission at paragraph 72, it says that ‘it is far less practical within large townships such as Alice Springs’. On what basis is that statement made?

Ms Podesta—You would be aware that Opal is not able to be a substitute for premium fuel. At the moment there are a significant number of vehicles, both in and driving through Alice Springs, that require premium fuel. We are in constant discussions with the industry about what other advances might be made to be able to provide a fuel substitute for premium fuel, but a critical issue at the moment is being able to provide an effective substitute when there is such significant demand for a product for which there is no substitute. At this stage, one of the most significant issues, from our point of view, is being able to address those questions about demand from larger areas.

Also, at this stage we have seen the success within isolated communities of being able to provide fuel substitution and back that up with a range of other measures. We are beginning to see the impact of a regional approach. At this stage, we need to do some further consideration as to whether those measures will be equally effective in a very broad, cosmopolitan area where there is significant traffic—not only people who live there all year but many millions of people who pass through. So, for a range of reasons, we still need to consider the issue of large townships such as Alice Springs, the appropriateness of fuel substitution and whether it will work.

Senator CROSSIN—In the meantime, what is the department’s strategy to deal with the influx of kids moving to Alice Springs— and staying there—to access sniffable fuel?

Mr Gibbons—Your comment suggests that we are witnessing an influx of kids into places like Alice Springs. Only two weeks ago, some research, which I have seen, was presented at a Commonwealth-state forum. That research had been commissioned by the Northern Territory government and conducted by the Australian National University. It analysed movements into Alice Springs and it did not point to an increase in migration to Alice Springs. It certainly did report the mobility of the people from the outer communities into Alice Springs. However, it was not suggesting that there was any underlying increase in migration into Alice Springs.

I would like to add to what my colleague has said. People who are advocating a mass roll-out of Opal into townships like Alice Springs are making an assumption that petrol is the problem. Petrol sniffing is caused by many factors and, unless those factors are addressed, the replacement of petrol at retail outlets is not the solution to the problem. I can evidence situations of communities in Western Australia, for example, where petrol sniffing was a major problem, along with other issues—violence, sexual abuse, suicide et cetera. Those communities are within driving distance of major towns where non-sniffable fuel was not available, but the problem was solved without the roll-out of non-sniffable fuel. It was solved by tackling the root causes of the problem—community dysfunction, the breakdown of social norms et cetera. So there are many aspects to this problem that have to be taken into account. To suggest that a simple roll-out of petrol into a city like Alice Springs is going to solve the problem is wrong, unless they are all dealt with and given equal weight.

CHAIR—No-one on this committee has made that suggestion, so in terms of the process—

Mr Gibbons—No, but I was commenting on some of the calls that have been made in submissions to the committee.

CHAIR—I am pleased that people have read the submissions. That is what this process is about. In the committee, we are seeking to balance the expectations that people have put in terms of what they are hoping to achieve with getting the appropriate information and detail from government about what their plans are.

As you all know, one of the key aspects of this committee's task was to look at the whole issue of Opal. It probably was the main part of our role after the preamble. So we are focusing exclusively, in this part of the questioning, on this process. But at no stage has this committee believed that Opal is a simplistic response; nor have any of the submissions we have received. They have always focused the issue of Opal into the context you have just described. The paragraph that we are referring to here is in the joint government submission about the difficulties around non-sniffable fuel in Alice. Senator Crossin is trying to find out—given that that has been raised—what the department's response is. I think we are in agreement, but I want it to be clear that the committee has never said that Opal in itself is the solution. That is what our terms of reference point out.

Senator CROSSIN—Is Mr Gibbons able to table the evidence that was provided in the meeting you talked about, about the influx of people into Alice Springs? The kids might not come to Alice and stay there permanently, but certainly most people who gave evidence to us in Alice Springs suggested that kids were drifting into Alice to get access to the petrol. They may well drift back out again. Mr Andrews would be well aware, having just left the Central Australian region, that there is huge discussion at the moment in Alice Springs about the influx

of people into the town camps there. So are you able to provide this committee with that evidence?

Mr Gibbons—I cannot, because it was provided to us in confidence, but it may be released soon, and if so we will make it available.

Senator ADAMS—My question was on the same line. When we were visiting Alice Springs, I went to the health service and had an in-depth discussion with them, and they gave me the figures to show that their emergency department had a 25 per cent increase this year in petrol-sniffing clients going in there. Their biggest problem was the migration of people to their emergency department from the areas where the Opal had been rolled out. So there is certainly evidence there. Unfortunately I have not got it with me today, but it was very strong. The other problem was the low birth weight babies of petrol-sniffing mums. There was a 22 per cent increase just this year. I wonder when they gathered this evidence, because over this last year they have had big problems in Alice Springs. I suggest that the department speak to the Northern Territory health service. They have certainly got it. They are collecting data on petrol-sniffing admissions.

Senator SIEWERT—I want to go back to the definition of the region you are using and the boundaries of Central Australia. When we were in Alice it became obvious that we were talking about two different things. My understanding is that what the department was talking about was very different to what the community was talking about. When you use the term ‘Central Australia’ that is step 1 in—from what I could understand—a pretty big misunderstanding. Could you provide us with a map of what you are referring to as ‘Central Australia’?

Ms Bryant—We have not got a map with the boundaries on it, unless my Health colleagues have it, but we can certainly provide it to you. We have that.

Mr Gibbons—We are talking about an agreed boundary—agreed between three jurisdictions and the Commonwealth—for the operation of this Central Australian strategy. We are not defining Central Australia. We are drawing a boundary around communities where we will trial this approach.

Senator SIEWERT—I understand that. When I talk about Central Australia, I talk about something different, as were the communities when we were in Central Australia. So I want it to be very clear on the record what you are talking about and what everybody else is talking about.

Ms Bryant—We can certainly provide the committee with a map that clearly sets out the boundaries.

Senator SIEWERT—I would also like to go back and just confirm that you will provide the committee with a list of groups and organisations or whatever that were consulted during this process. We have heard from a number of organisations that they were not consulted, so we would like to know who was consulted and who was not over the development of the program.

Mr Gibbons—I did not suggest that we had consulted with all communities, Senator.

Senator SIEWERT—No, I did not say that you did.

Mr Gibbons—I said in my opening remarks that it was an eight-point plan that involved further development. A lot of the consultation occurs as we put elements of the plan into action. The first elements that the government moved on were, firstly, the increase in funding to enable Opal, a newly developed non-sniffable fuel, to replace avgas and to be extended and, secondly, to control the illegal supply of petrol and other substances through the establishment of a tri-state police intelligence unit—and that has been very successful.

Another element is about the provision of diversionary youth services. We have had discussions with the three jurisdictions about how we are going to implement more sustainable youth services in these remote locations and we are looking at the provision of accommodation for staff et cetera. We have been engaging in the plans for the implementation of that with a number of key stakeholders and potential providers.

So it was not a situation where the government said, ‘We need a plan in five weeks; go and consult with the world and draw up the final solution.’ The government took a strategic decision that it was going to focus more resources on trying to improve the circumstances in this part of Australia as evidence that changed practices could produce results, drew up a plan and got the agreement of the three governments involved —because, without the other jurisdictions, we could not work this alone—and we are now progressively working through and fleshing out the detail of each of those arrangements and putting them into practice.

Senator SIEWERT—Was there any community consultation when you were developing the strategy?

Mr Gibbons—No broad community consultation. The message coming to government from the community and from inquiries like the coronial inquiry that my colleague mentioned is that there is a crisis, particularly in Central Australia, that needs the attention of governments. So the Australian government took the lead in drawing together three jurisdictions, putting additional resources on the table and suggesting a way forward. We got agreement with those jurisdictions and we are now proceeding with the implementation arrangements. Depending on what aspect we are working on, that involves consultation with agencies or with communities.

Senator SIEWERT—Once the strategy has already been developed?

Mr Gibbons—No, in some cases we are developing the strategy through further consultation. Let us take the diversionary measures, which are one part of the eight-point plan. The government decided that the response required more than just Opal fuel and that we had to deal with supply issues, which meant non-sniffable fuel that stopped the trafficking of sniffable fuels and other harmful substances. So there is a strategy around that. The government knew that, once the availability of these substances was denied these communities, there would have to be some action to help them recover—some diversionary programs. So it committed resources to provide services in partnership with the state and territory governments. We did not consult before the government decided to do that. The government decided it was going to do that and we are now consulting about how we do it. That is the difference.

Senator SIEWERT—I do understand the difference—and so does the community. My understanding from what you have just said is that you are now going out and talking to the community about elements of the strategy. One of the things that we have been hearing about is

Alice Springs, which we have just had a discussion about. We heard some pretty practical solutions to the points that were raised earlier in terms of how you deal with the non-substitutable premium fuel. Are you considering those? From the submissions and comments that you have made, you have obviously looked at the *Hansard* and the submissions—some of them, anyway. Are you considering those suggestions that the community has made?

Mr Gibbons—I will leave any comment on Opal to my colleagues. On the other broader issues that go to Alice Springs, it is already on the record that the Chief Minister and the minister for Indigenous affairs at the federal level have agreed to make Alice Springs a priority community. At the moment, we are engaged with the government of the Northern Territory about what we are going to do to give effect to that commitment. I cannot say any more at this stage, but I do not think it will be long before both governments announce measures for activities in Alice Springs that will be relevant here.

Ms Bryant—It is the case that, where people are raising issues with us and suggesting solutions, we are actively listening to them. One illustration—and it is just one—I could give of that is issues about the youth workforce: the stability of that, the burnout, the isolation of people working there, yet their pivotal importance in terms of the diversionary activities. We have heard that issue and are actively seeking to explore possible approaches with the other governments—the Northern Territory, Western Australian and South Australian governments. We collectively plan further processes of consultation with relevant organisations and with youth workers themselves and so on about solutions to that. As issues come up and we seek to develop proposed solutions, we are consulting in detail around those issues, but it tends to be issue and subject based. If it is about supply issues, we might be consulting with different people than we are necessarily consulting with on some of the demand side issues.

Senator SIEWERT—I want to follow up on two strands of this issue. Could you—and you may not know this off the top of your head—give us the detail of how much funding is provided to both youth workers and sport and recreation workers?

Ms Bryant—I am happy to take that on notice, but I anticipate we may have some difficulty in giving you the information. It is part of the information we are seeking to compile with the state governments. We can certainly make an effort in compiling details of Commonwealth funding from multiple agencies, but a lot of the funding that goes into youth workers and sport and recreation workers is state and territory government funding, and it is one of the issues that we are collectively seeking to explore.

Senator SIEWERT—I appreciate that. If you could provide us with the Commonwealth funding that would be a significant help to us. I want to follow up on the specific supply of Opal in Alice Springs and the comments that have been made by the local community. CAYLUS were very strong on the fact that they have dealt with the issue of spray cans in Alice Springs and were making suggestions about how Opal could be dealt with in the same way. Is that being looked at by the department? Is it picking up on the issues that the community is raising?

Ms Podesta—CAYLUS is an organisation funded by the Department of Health and Ageing, and we work very closely with CAYLUS. They are a very respected organisation and we regularly seek their views and counsel on approaches and strategies. They are a well-respected and well-regarded agency for the work that they are doing.

Senator SIEWERT—I appreciate that, but you did not answer my question. Specifically, are you currently looking at ways that you can deal with the issue of roll-out and the non-replacement of premium in Alice Springs?

Ms Podesta—The issue of Alice Springs and Opal fuel is one that is under active consideration at this point.

Senator SIEWERT—Do I presume from that that it is part of the plan that Mr Gibbons was talking about earlier that may or may not be released in the near future?

Mr Gibbons—I do not think we can say any more at this stage. It is a matter for governments, in the case of the Northern Territory, to take decisions.

CHAIR—Mr Gibbons, I think Senator Siewert's question was specifically whether the issue of the Opal fuel in Alice Springs is part of the issue you raised earlier about the special consideration of Alice Springs as a community by state and federal governments.

Mr Gibbons—No, Opal fuel is an initiative and a responsibility of the Australian government, and that is not part of the negotiations that are occurring.

Senator SIEWERT—But you are unable to answer my question. Is that the point that I am to take away?

Ms Podesta—It is a policy decision.

Senator SIEWERT—Okay.

Ms Podesta—It is being actively looked at at this point.

Senator SIEWERT—Can I go back to the question of the SRA that Senator Crossin was asking about earlier? You said that there are two up at the moment.

Ms Bryant—Two in the region.

Senator SIEWERT—Can you tell me how long it takes to negotiate an SRA? If I understood the previous answer correctly, there are a number of programs involved in it. When developing the SRAs for this approach, you would take the opportunity to roll in a number of programs or strategies. Is that correct?

Mr Gibbons—We might. It depends on the circumstances of the community. It depends on our assessment of the community's capacity to make use of the particular resource, the state of governance in the community, the agreement on needs in the community and what it is. One of the ones that were mentioned was a store, and it involved a major capital component. I think, in that case, discussions commenced about August last year. There had to be surveys done and quite a lot of work about understanding things. It involved the replacement of an existing store, as I understand it. That took about six months.

Senator SIEWERT—If a community applies for funding under this program, how long would that process take that you have just outlined that looks at the governance and all those issues? How long would it take before they would get approval for their application?

Mr Gibbons—It depends on what it is. Are you talking about Opal?

Senator SIEWERT—No, the other parts.

Mr Gibbons—It depends on what it is. Something like the construction of a new store is going to take longer than a decision to provide some assistance with a youth program, for example—unless, of course, there is no accommodation in the community for the youth worker. We can agree in principle, but then we have to go and solve the issue of accommodation and the recruitment of a youth worker and professional support for the youth worker. We have taken the view with things like that that rather than do it on an ad hoc community-by-community basis, we go back to jurisdictions and say: ‘Across this region, in common with other remote parts of Australia, there is a problem with youth workers. We need to tackle the systemic issues.’ Maybe we need to look at recruiting a cadre of youth workers in one organisation who can be deployed across a region, so that they have professional support and can be rotated and we can guard against the problems of burnout et cetera. Before we do that, we should review the availability of acceptable accommodation for them to live in in these places and arrangements for their R&R et cetera. We are tackling some of the big, challenging and systemic issues first because we want to make a difference this time. In the past, where we have simply made a grant and moved on, we thought we were making a difference but, in effect, we were creating a different sort of a problem for ourselves.

Senator SIEWERT—I want to go back to the application process for the Opal fuel and those three principal questions that you ask. Bearing in mind all the discussions we have had and knowing that Opal is not the answer anyway, when it looks like Opal is not going to be the answer and you still roll out the fuel—fair enough—what do you do with the other information such as when you identify the fact that perhaps they do not have adequate diversionary programs in place?

Ms Balmanno—It has not actually happened yet. As I said, each of the communities which has applied—I think it is partly because of the steep growth in the program at the moment—are well aware of their problems and are very committed to implementing solutions. We have not reached that situation yet.

Senator SIEWERT—So nobody has come forward who does not have an adequate diversionary program in place?

Ms Balmanno—No, but we would obviously be working with them and with the ICC to address those problems. If the inadequacy of what is in place is not simply a lack of community will to do things but a lack of resourcing or whatever, that would be something we would pick up through the ICC and look at other ways to address that problem with the community.

Mr Gibbons—And the response then would not just be to provide Opal. It would be dealing with the governance problem or whatever it is in the community.

Ms Balmanno—It depends on the nature of the problem.

Ms Bryant—It is also the role of the implementation unit. It exists in Alice Springs to act as a coordination point for information and so on and for sharing that information across jurisdictions and for feeding it back to both individual Commonwealth agencies and state and territory agencies about where the pressure points and issues are. It is part of that intelligence gathering, coordination, information sharing role that the implementation unit itself has.

Senator SIEWERT—I have one final technical question. The proactive approach you were talking about rolling out. I will use a different term you are ‘moving on’ to being more proactive in identifying communities. Is that just within the region or can you be proactive in certain communities outside the region?

Ms Balmanno—At this stage our initial focus is on the region and there is one community left in the region that is not already registered on the program. There are obviously a range of roadhouses and pastoral properties and other sources of fuel in the region that are still using regular unleaded petrol. So we started with the communities and we are now targeting the roadhouses. We have about half the roadhouses now selling Opal and we are visiting the others on a very regular basis to address the commercial issues and the concerns they have, sometimes just the fear of change and things like that, and working through those issues. With respect to other parts of Australia and our ability to do that at the moment, the Australian government has chosen to focus in Central Australia. If an issue is raised with us by the police, the ICC, or our own state officers, we will follow that up but we are not targeting other regions in the same way.

CHAIR—Has Mornington Island applied?

Ms Balmanno—Mornington Island has been approved. We are just working out the logistics of getting Opal to Mornington. It is a long way from Adelaide.

CHAIR—Using the same question as earlier, when did they apply and when were they approved? There was some confusion in the community when we were there.

Ms Balmanno—Mornington was approved under the program in December. They have not yet got fuel but that is something we are negotiating with distributors in Queensland at the moment. There were some delays because of the wet season in the region. We think we are going to be able to work those through and similarly with Doomadgee.

Senator POLLEY—Following on from the chair’s question how long does it take on average from the application for the roll out of Opal fuel until it actually lands in the community?

Ms Balmanno—It is highly variable. In terms of them applying to us and us approving it I think the most recent one took two days within the department. That is very quick. The sticking point is when we are trying to get Opal to a region that does not have any other communities using Opal at the moment, we need to establish a supply path. We need to find out who the local fuel distributors are and try to strike a deal in terms of distribution costs to that region. That really varies and also there are delays in terms of communities using up existing supplies of fuel. Obviously, at certain times of the year some of them use almost no petrol because they do not

drive their cars. Because of the wet season and things, they are not able to get out. They have a full tank of unleaded petrol and they do not need a supply.

Senator POLLEY—Are we talking about three months or six months?

Ms Balmanno—It is in that vicinity. It depends on the communities. For example, for a community that is amongst a lot of other communities that are already receiving Opal it is simply a matter of adding them to the list with the current distributor and them using up their existing supplies of petrol. That can be quite quick. Most of the roadhouses in Central Australia have been able to switch over within a few weeks of them agreeing to take Opal. It has been only a couple of weeks until they have been able to receive it. For other roadhouses we are still negotiating with distributors. It really is quite variable.

Senator POLLEY—Senator Crossin can ask her questions.

Senator CROSSIN—No, you go ahead.

Ms Balmanno—We know a lot about petrol for a health department.

Senator POLLEY—You certainly do. Obviously Opal fuel, as Mr Gibbons has pointed out to us, is not the only answer.

Ms Balmanno—No.

Senator POLLEY—I am glad it is not just us on this side of the table that realises that. I am fortunate in that in Tasmania it is not an issue for us, so going around these hearings has been a whole new experience for me. One of the things that I have picked up that is of concern to me is the lack of communication—or at least the reporting of it back to us—between the different agencies. We have heard this afternoon how the three tiers of government are working together. On the ground that is not what we are hearing back. In relation to the other projects, there are concerns about their ongoing funding. There are also reports of increased sexual abuse. What programs are in place and how is the Australian government addressing those issues? It is not just about sniffing petrol; it is about the ongoing issues relating to health and things like sexual abuse.

Mr Gibbons—There are several questions there. I will try to answer them in order.

Senator POLLEY—I have to get in as many as I can.

Mr Gibbons—Coordination across government and across governments is a challenging matter. Everyone talks about it, everyone likes it but no-one likes being coordinated. When the Australian government committed to new arrangements it recognised that it was a challenging process to change 100 years of practice. That is why they put in place a fairly strong governance mechanism to drive the reform—we are working to change a culture and the further you get down the chain of command the more ingrained the silo culture can be. We are working and we are making progress but I will not pretend that it is all resolved.

When we come to some of the state jurisdictions, we confront the same problem of a commitment at the top that has not yet changed practice in the field. If you are looking from the outside in towards government, particularly if the area you are working involves two governments, it can look as if the left hand and the right hand are not talking. That is one of the challenges we are trying to tackle and it is why we spend so much time now talking at very senior levels with jurisdictions and why we bring cross-jurisdictional groups together to look at the evidence of service delivery failure, or lack of coordination. I think we are making progress but it is not an overnight fix, believe me.

In terms of what we do to tackle problems like sexual abuse and violence against women, again it depends on the circumstances of the community. They all share a common problem but the circumstances causing it are varied. I will talk about one example where we are working with the Western Australian government. We have been very successful. My colleague Mr Andrews, who worked in Mutitjulu for a year, can talk to you about how the problem was dealt with there.

In Western Australia there is a community that for decades had been synonymous with problems. It was Balgo. Two-and-a-half years ago it was totally dysfunctional, corrupt and violent. There were suicides and it was a major crime centre. There was appalling violence against women, sexual abuse, petrol sniffing and other substance abuse. You can go to Balgo today and see that it is a totally transformed community. I believe that is because both governments recognised that to do something with a community that had such ingrained dysfunction and violence into its third generation required a very disciplined joint approach. It started with restoring social norms and it involved the Western Australian government committing for the first time to put a permanent police presence in the town to bring the prospect of law and order to the table.

The Office of the Registrar of Aboriginal Corporations reviewed the corporation and found them insolvent so they appointed an administrator. The Commonwealth funded the recruitment of a very competent town management team to restore normal services—the water was undrinkable, sewerage ponds were overflowing et cetera—and get all of the essential infrastructure working again, and a community development coordinator to start to rehabilitate social engagement activities in the community.

Today there are very active sporting and music programs, the store has a wide range of products and a healthy diet is available through it, the school has been expanded et cetera. On my last visit there there had not been a break-in in the town for three months. There is no petrol sniffing and there are no reports of violence against women. That is one example of how you deal with it. It is not the obvious solution. It involved a study of what was happening in that town and developing a response around it.

Mutitjulu had a different set of circumstances. There the methodology was much the same—an agreement between the Northern Territory government and us to put somebody into the community to understand what was going on and then develop a response based on the intelligence that we got. Mr Andrews was the officer recruited to work with that community for a year. He might like to add a few comments in answer to your question.

Mr Andrews—I was at Mutitjulu for about 18 months and I lived in the community for about half of that time. It was desperate for intervention to address the really serious dysfunction that

was occurring there. People were being raped, being bashed, killing other people and killing themselves. I was chased by psychotic petrol sniffers and threatened by people with violence for challenging some of the people who were engaged in sexual violence against women and children and in drug dealing. Young people were hanging themselves off the church steeple on Sunday and their mothers were having to cut them down. They were asphyxiating on tins of petrol. Not all but many of the elders had been driven into the sand dunes because they could not stand the stench of petrol, the violence or the dog faeces and urine in their homes.

In the words of the school principal, and this is certainly what I saw, the children who were attending school were arriving starving, filthy and chronically ill. The principal at the school was spending most of her time bathing the children, washing their clothes and feeding them. That was the only care they were getting. The health centre had diagnosed children as young as four with sexually transmitted diseases. Merely replacing regular unleaded petrol with Opal was not going to solve anything. We needed something much deeper and based on the evidence. The people at Mutitjulu described what was going on as being like one of those whirlwinds in the desert that are like a mini tornado. They suck everything up and you cannot see what is happening.

I was funded by the Australian and Northern Territory governments to work there to facilitate informed decision making in the community and be a link between different government departments for a more whole-of-government approach. What is important to say, though, is that the project was not just driven by governments; it included the community council representing the Aboriginal people of Uluru and the Central Land Council representing the traditional owners of that country. One of the first things we did was to invite the NPY Women's Council, who I am sure you met in Alice Springs, and Ayers Rock Resort, which is the biggest employer there. It is a resort with 1,200 jobs. When I arrived in the community, no-one was working at that resort. I understand that about four or five people from the community work there now, but when I arrived there were no Indigenous people from Mutitjulu working there.

The methodology that we used at Mutitjulu was based on evidence that the OECD member states have collected: what has and what has not worked in fragile states. OECD countries agreed and acknowledged that you cannot abandon fragile states, otherwise you could have another Afghanistan. They have looked at it for the last 10 to 15 years and came up with a range of factors that are evidence based of what works in those situations, and that is what we applied at Mutitjulu. I could give you an example of how that worked. I should also say that the coroner in his findings found that the Mutitjulu project was a critical means of addressing the problem, because petrol sniffing is just one manifestation of much deeper dysfunction. So-called Indigenous disadvantage, while a necessary condition, is not a sufficient condition to explain what is happening in these communities.

The addiction has reached what I and Aboriginal men like Noel Pearson call an 'addiction epidemic'. What I mean by that is that, sadly, to drink alcohol, smoke marijuana, sniff petrol, beat your wife and abuse your family and yourself is to be an Aboriginal person in that community, and if you do not participate you are socially excluded, which is one of the reasons why I was threatened with violence on a number of occasions when I tried to support the very few people who were brave enough to do something about it.

It is really important to acknowledge that because when it is transgenerationally inherited it becomes autocatalytic. It is like that whirly wind that I was talking about. I am sure you have heard about many examples. I saw a young person pushing a pram with a baby in it and she had a petrol tin tied around her face. That really made me think about the transgenerational nature of the problem, as did seeing a woman about my age, heavily pregnant, sniffing petrol and sitting next to her mother beside a phone booth in a very public place. Her mother was sitting there as if her daughter was eating an ice-cream. She was either exhausted or too worn out to try and challenge her. As I said, many of the elders have been forced into the sand dunes for their safety. It was too difficult to address the problem individually.

The other thing to say is that the addiction epidemic is being financed by unconditional welfare payments. The first thing that people told me when I arrived in Mutitjulu was, 'The sit-down money is killing our children.' Anangu people sharing responsibility and mutual obligation is not a foreign term to Anangu people. In Anangu-Pitjantjatjara language 'Ngapartji, Ngapartji' means mutual reciprocity. They said they wanted that mutual reciprocity in their relationship on the issue of welfare. So we focused on a range of factors that are proven to work, such as having good analysis, investing in law and order and good governance, having realistic expectations, and promoting local participation and local solutions as much as possible. Gender is really important. We did a lot of work empowering women because in this addiction epidemic environment they have been forced to step beyond the bounds of their cultural authority but are often disempowered and cannot do that.

I will give you an example. I remember very clearly one council meeting when three women came to the council, which at that time was dominated by men, and begged for a Toyota LandCruiser, some diesel and some food to take their petrol-sniffing sons out of the community. While I was there, one of those young men tried to kill himself eight times, and his mother had to cut him down from the steeple of the church on Sunday in front of everyone. Those women begged for those resources, which were there, but the men who were controlling the council at the time would not let them have those resources. They had other plans.

We focused on women and those things. As a result, late last year the community reformed its constitution to give women half the seats on the council and to incorporate under ORAC, the Office of the Registrar of Aboriginal Corporations. One of the first things they did of their own accord was to approach the Department of Employment and Workplace Relations—this was after I had left the community—and ask for the removal of their status as a remote area community and the remote area exemption for the activity test for Work for the Dole.

CHAIR—I will interrupt you there. I am interested to note that, while you have such very valuable experience, it has not been given to the committee in a submission. As you have such detailed experience, perhaps you could give it to us in writing.

Mr Andrews—Okay.

CHAIR—Senator Crossin has a time constraint, but I think that your report was looking at a whole range of Aboriginal policy for the government rather than what we are looking at specifically, which is intervention for petrol sniffing. We now have the *Hansard* record for the last several minutes of evidence, but you could give us your recommendations out of that. Has your department done an evaluation of your experience at Mutitjulu?

Mr Andrews—The project is being evaluated at the moment. The evaluation has commenced. It is not just the department that is evaluating; it is the ‘working together’ group as a whole.

CHAIR—As it is such a valuable part and the department is keen to tell us about it, I wonder whether we could have some more information. We cannot spend more time on that one issue. Senator Crossin will ask some questions before she goes.

Senator CROSSIN—Have you read Dr Brady’s submission to this inquiry?

Mr Andrews—No, I have not.

Senator CROSSIN—I point you to her submission and particularly her covering letter, where she talks about the embedded notions of individual autonomy. She gave evidence to us this morning that, in her anthropological research over the last 30 years, it is not that the mother sitting in the telephone box would not want to do anything about her daughter next to her; it is just that culturally it would be totally inappropriate for her to do something. Dr Brady has quite a different perspective about the different approaches—or the wrong approach, perhaps—that we have tried to take over recent years. It is interesting reading.

I want to go to the notion of the Central Desert region. When you talk about the region, is that still only three communities—Imampa, Mutitjulu and Docker River?

Mr Gibbons—It was never just three communities.

Senator CROSSIN—So it is right across the borders from east to west, is it?

Mr Gibbons—Within the borders of the region, there are many more than three communities. We can provide—

Senator CROSSIN—I am certainly aware of that, but we are talking about a much broader land mass than just those three communities. Is that correct?

Mr Gibbons—Yes.

Senator CROSSIN—I just wanted to clarify the matter, because the evidence we had in Alice Springs was that people were certainly of the view that the strategy that applied to the Central Desert region applied predominantly to those three communities. But you are telling me that that is not a correct assumption.

Ms Balmanno—They are the Northern Territory communities.

Senator CROSSIN—Yes, that is right. They are in the Northern Territory.

Ms Balmanno—But there are other communities in South Australia and Western Australia that are part of the region as well. In a recent meeting with state and territory governments, it was agreed that it would be appropriate to include Finke as a fourth community in the Northern Territory.

Senator CROSSIN—Okay. So they are correct, then? When we talk about the Central Desert region, there were only three Northern Territory communities and now there are four.

Ms Balmanno—The defined region for this strategy—we are not pretending that that is the whole Central Desert—includes four communities in the Northern Territory.

Senator CROSSIN—So people are right, then, when their understanding of the Central Desert region according to your strategy is that there are only three—and now four—communities in Central Australia, not the 30 or 35 that we would be familiar with on a geographical map. Is that correct?

Ms Podesta—Yes. As we said, there is a designated region for this regional roll-out. In the designated region there are four recognised communities from the Northern Territory as part of that.

Senator CROSSIN—Even though geographically the Central Desert region is commonly known to have many more than just those four regions?

Ms Podesta—Yes.

Senator CROSSIN—We just need to clarify that, I think, for the record. I think that when people hear the Central Desert referred to, they have a view that it is from Titjikala right through to Docker River even. But Docker River is not one of the four. It is true, isn't it, that the three million—

Mr Gibbons—Docker River is part of it.

Senator CROSSIN—Sorry, it is Docker, Mutitjulu and Nganampa, but it is not Kintore?

Ms Podesta—No.

Senator CROSSIN—That is what I am saying. I think people have a view that it is Kintore to Titjikala and everything in between. But it is not—it is just four communities.

Ms Podesta—No, that is right. That is why we tend to use 'the designated region' in our—

Senator CROSSIN—It is important to make that very clear distinction. I think people think that the roll-out strategy is much more generous than it really is. I understand that \$3 million of ABA money is actually being used in those communities. Is that correct?

Mr Gibbons—It has been set aside for use in the communities for diversionary services, yes.

Senator CROSSIN—Has any of that \$3 million gone into building the new police station at Mutitjulu?

Mr Gibbons—No.

Senator CROSSIN—So none of the \$3 million has yet been allocated or used?

Mr Gibbons—I think some of it has been used for youth services over the vacation period.

Ms Key—There is currently a proposal that two projects be considered for ABA funding. One is in relation to the provision of school holiday programs and the other is to develop a land management youth ranger approach across that area in the Territory.

Senator CROSSIN—So what new Commonwealth money has been allocated for the designated regions strategy apart from the Opal subsidy?

Mr Gibbons—We contributed half a million to the police strategy. There was \$2½ million for the Mutitjulu project for capital works. There was funding for the joint officer in Mutitjulu in addition to the \$3 million we have put aside from the ABA.

Ms Podesta—Also, \$2.3 million has been provided to the South Australian government for their residential care treatment centre.

Senator CROSSIN—On page 4 of your submission in paragraph 12, you mention \$500,000 to assist states and territories to crack down on trafficking petrol into dry communities. Is that new money?

Mr Gibbons—Yes, that is new money.

Senator CROSSIN—But the \$3 million to support diversionary programs is actually ABA money, isn't it—Indigenous people's own money? Is that correct?

Mr Gibbons—It is from the ABA, which is for the minister to administer. It was agreed by the ABA advisory board.

Senator CROSSIN—Why doesn't your submission in that paragraph actually specify that the \$3 million is from the ABA account?

Mr Gibbons—I do not know. In the announcement the government made it clear that it is from the ABA.

Senator CROSSIN—I have one final question about the youth support worker. In evidence we had in Alice Springs, CAYLUS told us that their youth support worker is on either a one- or two-year funding cycle. We have had lots of evidence given to us about the frustration that that short-term funding results in. The funding for that youth worker finishes on 30 June, I understand. Is there consideration being given to refunding that position but for a longer period of one or two years so that that person can actually have some sort of permanency and longevity in planning programs?

Ms Balmanno—We are certainly looking at extending that position for a further 12 months, which is when the main contract and main project with CAYLUS—the current contract, which is a three-year contract—comes to an end. The contract is with Tangentyere Council, auspiced by CAYLUS. What is put in place after that period will be a matter for further negotiation between

us, Tangentyere and the other partners. I think we will be informed by further consultations on what the best model is for both employing and supporting youth workers in the region. We certainly have no intention of withdrawing funding from CAYLUS and to undermine the work that they are doing.

Senator CROSSIN—The point is that a four and five-year funding position enables people to actually get their teeth stuck into making some real changes rather than people, every nine months or subsequently 20 months, spending their time reapplying for the money.

Ms Balmanno—Certainly the core funding for CAYLUS was provided for a longer period. That particular project officer was a one-off addition to that, but we are looking to extend it.

CHAIR—What is the funding in your submission under ‘CAYLUS’ on page 12? There is a little box there that refers to how good CAYLUS and that it has been successful in ‘gaining a second round of funding of \$1 million to 30 June 2007’.

Ms Balmanno—That is over three years.

CHAIR—What does that \$1 million cover?

Ms Balmanno—That pays for Blair and Tristan.

CHAIR—It is the project office job?

Ms Balmanno—CAYLUS is a collection of project officers, if you like, employed by Tangentyere Council. It is a different position from the one that is expiring at the end of June, which was a subsequent position. We are certainly looking to at least maintain the status quo with CAYLUS and, before we get to the end of the current contract with them—which is just over 12 months away—we would look to have certainty of funding in place for them for a number of years. Exactly how long will depend on the program from which they are funded and the period for which that program has been appropriated, because we are obviously bound by those rules.

CHAIR—Would that be certainty of funds?

Mr Gibbons—Senator, if you recall my earlier comments that we are concerned that the short-term nature of funding contracts, particularly in remote Australia, makes it almost impossible to effectively manage a cadre of support workers and that is something we are looking to change. That involves consultation with the state and territory jurisdictions, because they also contribute funding to these organisations and we need to reach agreement on a model. Our objective is to move to at least a three-year model for funding and, as I said earlier, to move away from a lot of little organisations to a bigger organisation that can employ more people and provide professional support and other support that is needed.

CHAIR—So there would be a standard bucket of money rather than dribs coming at different time frames for each position? That is the expectation?

Ms Balmanno—I would like to make the point that the case worker position—the one that runs out on 30 June—was not funded by the Australian government. The Alcohol Education and Rehabilitation Foundation provided that funding. But we are looking to pick that up so that the worker himself is not lost.

CHAIR—The Alcohol Education and Rehabilitation Foundation talked about funding this morning. I have a particular question, which I asked them to follow up for me: with respect to the range of programs, we only received sketchy information on the ones that came under their solvent programs, including petrol sniffing. A number of the core things that they were funding seemed to us to be the kinds of models and programs that we have been talking about in the rehabilitation models. I have one question about whether you will be examining them in your review of models: the rehabilitation 2006 review. Are those kinds of programs that had been funded out of that bucket going to be reviewed? You are nodding. I took that as a yes. I was too quick.

Ms Balmanno—To the extent that we can get that information from the Alcohol Education and Rehabilitation Foundation, we will. But there is no obligation on them to provide that information to us. They have an independent board and independently make decisions about how their funding is allocated and how their projects are managed and monitored. We would certainly be looking at drawing in as much evidence as exists, but we do not have control—

Ms Podesta—We do not have a mandate process.

CHAIR—When you read the evidence that they gave to us today, where they talked about their expectation of what would happen, they were very keen to put on record that they wanted to have partnerships. One of the things they talked about with the organisations they funded was an exit strategy and a review strategy to see whether programs were operationally effective and how that could translate to future funding via the levels of government. The expectation we had was that those discussions involved you and they said, ‘Yes, it did.’

Ms Balmanno—Not the Office for Aboriginal and Torres Strait Islander Health. The Drug Strategy Branch in the Population Health Division manages the arrangements with—

CHAIR—Specifically, how does the funding in CAYLUS that they told us about operate?

Ms Balmanno—That funding comes from the drug strategy, not from—

CHAIR—From the ongoing funding that you have just described, which you would be looking at keeping up?

Ms Balmanno—I was speaking on behalf of the department, including Drug Strategy, in that part of the answer.

CHAIR—I just wanted to work out what the process was.

Ms Podesta—We have certainly set up a process of discussion between the Office for Aboriginal and Torres Strait Islander Health and the drugs branch in the Population Health Division to ensure that the review of the treatment models is informed by their work and their

investment. So that absolutely will be covered. What we cannot guarantee is that the alcohol and drug education foundation will provide all of the information that we ask for. We will certainly read the submission and we will certainly work as cooperatively with them as possible.

Ms Balmanno—But there is no obligation on them under their arrangements.

Ms Podesta—We cannot say that it will happen but we will say we will make every effort to make sure that it does.

CHAIR—There is a couple of significant grants here that look particularly at community and youth strategies in communities. We have asked them to go away and come back to us with more time frames because we have no idea what stage they are at.

Ms Balmanno—We would be very interested in that information because they have not been prepared to provide that to us to date.

Senator ADAMS—My question is on the governance issue with the same organisation and the fact that it had been originally funded with a one-off grant from the Australian government. I wonder about the process of following things up with the evaluation of the projects. We queried why the list they gave us did not include any submissions or projects for Western Australia. We were told that Balgo put one in but it was not good enough. Well, at that stage Balgo was in an absolute state of disrepair. So I am a little worried about where we are going with the projects which are running in line with some of the strategy projects. I do not like seeing that sort of money going out when even though it is a profit organisation we are not getting any evaluation or information back.

Ms Podesta—We hear what you are saying, Senator. But we make the point again that that organisation is a completely independent body. We are not in a position to direct them as to how they will make their funding decisions.

CHAIR—What about consultation with them in the overall roll-out of the eight-point plan? Is the consultative process still being evolved? There is a process embedded—we have heard that. Now, this organisation is giving out significant amounts of money, and it is all publicised, to the groups that are getting it. Many of the groups and the regions mentioned in their sister projects are located in an appropriate area. Where do they fit as possible consultees in the process that you are rolling out? Are they in the link?

Ms Balmanno—As I said, we have requested information from the foundation as to the projects that they are funding in the region and they have not provided that to us. We would certainly be very happy to work with them to make sure that we are not duplicating activity and that we are working together.

CHAIR—We will ask them about that as well.

Ms Balmanno—Government cannot direct them as to how they allocate their money but we would certainly be happy to consult with them.

CHAIR—That is our point: we would never dream of having one frame being directed by another. But what we are hearing about this evolving consultative model is interesting. We did not know, because they do not appear in your submission. In fact, their role in the whole process is not mentioned in anything from government. That is interesting when you look at how much money is going into this particular program from their grant. We did not even know to ask them this morning the question about how much consultation they had with you, because it did not come up. We have them giving us more information as a result of the evidence this morning; we will ask them specific questions based on the evidence today in which we were advised that they refused to give information to government. We will find out when those answers come. The whole idea of the process is that we keep sharing.

Senator ADAMS—The other thing is the time frame of the projects, about which there is no information at all. It is quite frustrating. I would like to make a comment in reply to you, Mr Gibbons, on Balgo. I guess you are aware of what is happening at Halls Creek. I can assure you that a lot of the problems from Balgo, unfortunately, have drifted west to Halls Creek. And the same thing is happening from Warburton and Jigalong. We have heard evidence today about that going to the outside of Mount Newman. So the problems are still there but they have just shifted. This is what I was trying to come at with the Opal fuel roll-out. It is the same with Alice Springs. They are starting to become the decanting ground for the problems, and it is the same for where you were. We have heard evidence on that. A lot of those problems, unfortunately, have walked off to the outskirts of Alice Springs.

Mr Gibbons—I have been to Halls Creek and Balgo many times before and after. The problems that you see today—and I was in Halls Creek a couple of weeks ago—were there three years ago.

Senator ADAMS—They are just getting worse?

Mr Gibbons—I do not know.

Senator ADAMS—I think so.

Ms Podesta—I would like to make a comment about Alice Springs. We are working with the services to take account of any particular change in service demand or service requirements. We have a very significant health service in Alice Springs, as you know. The Central Australian Aboriginal Congress is one of the most extensive and has longevity. We are working closely with the Northern Territory government with regard to the services there. There has been some additional capital funding provided to the Northern Territory with regard to their residential service. Alice Springs has a good infrastructure. There are upwards of 50 youth workers employed in Alice Springs. Alice Springs as a regional hub has significant capacity to work with people. It is not unrealistic to expect that Alice Springs will be able to respond effectively to community issues.

As our colleague Mr Gibbons indicated, the extent of any change is always going to be an issue, but the capacity of Alice Springs in having well-developed community services and a range of investment in community services and infrastructure is recognised by all levels of government. Therefore, people who have substance abuse issues are attracted to Alice Springs for a range of reasons—and people go to towns in communities. Alice Springs has a long record

of investment by both governments in recognition of some of the roles that they play there. I think it is important to recognise that Alice Springs is not an area without resources. Alice Springs has a range of infrastructure, which is well supported by the Australian government and by the Northern Territory government.

Senator ADAMS—I think that is very positive. It is the same with the Halls Creek issue. If they keep moving on to Derby, at least they are going to end up in a place where the services can cope.

Ms Podesta—There is a hospital.

Senator ADAMS—This is where our biggest problem is.

Ms Podesta—That is right.

Senator ADAMS—These small communities that end up with the problems do not have the infrastructure or the backup of personnel. I have worked in the northern area of Western Australia. I know exactly what is happening. We were trying to give the evidence that has been coming to us. These are the problems and they are migrating to an area where they can be dealt with. My evidence for Alice Springs specifically on the petrol-sniffing issue, how they were dealing with it and if their admissions had increased came from the regional health service. That was exactly what we got.

Ms Podesta—It is important to recognise the Australian government's relationship with the primary health care services that are funded. We have as a partnership between congress, the department and the Northern Territory government. We have an expansion and enhancement capacity within each state and territory. They identify particular changes, activities or enhancements that may or may not be required. There is a consultative process. Resources are made available to services in recognition of changes so that, if the primary health care service in a community indicated that there was a need, the department would be able to consider that based on evidence and consider whether there was a need for additional investment or service provision in that area. It is not a closed door approach in any way. We work very actively with the primary health care services that are based in those communities, in recognition that from time to time there is a need for a changed investment regime or sometimes a reduction.

Senator POLLEY—We all seem to know—and I thank Mr Andrews for his evidence earlier—about the issues and the problems facing these communities. A lot of those concerns have started through petrol sniffing. But, in terms of sexual abuse and STDs, does the department have any statistics to either argue against or support the evidence we have had that in some remote communities where petrol sniffing is a significant problem there has been an increase in STDs in children?

Senator WEBBER—I will clarify that. We got significant evidence from the Curtin University of Technology and others—it is Western Australian based evidence—that, as you would be aware if you have been to the north-west, there is a significant issue with child sexual abuse. There is anecdotal evidence that where that is rampant in a community the young people resort to petrol sniffing as a way of dealing with that predatory behaviour—escaping the pain and doing whatever. Unless we address the underlying cause—

Senator POLLEY—There are other areas as well as Western Australia.

Ms Podesta—There are a number of us who could comment on this.

Mr Gibbons—I do not have the statistics at hand, but in the communities that I have been to—

Senator POLLEY—Can we get those statistics?

Ms Balmanno—I am not sure that we are going to be able to because of the small numbers.

Ms Podesta—There are two sources.

Ms Balmanno—We can probably get statistics for the whole region. We fund a project that is based in Alice Springs, across the three states; it is a similar sort of region. I am not sure that we would be able to go community by community because of the small numbers concerned when you start to actually identify rates within particular communities.

Ms Podesta—A number of sexually transmitted diseases are reportable diseases under state and territory public health acts. Public health units of states and territories are required to provide that data, and they do, through their public health units. It is often not collected at the small community level. It is unaggregated data, so it is not always possible to be able to identify rates within a particular geographic area. However, as Ms Balmanno has indicated, we are doing some work cooperatively on prevalence rates. Also, a number of the Aboriginal medical services funded by the department keep data on sexually transmitted infections, and they keep that information by age. A number of the services have service level data, which we have. How public is that data? A protocol would need to be negotiated. Because of the small numbers within communities it would need to be an issue that is negotiated service by service about publicly available—

Senator POLLEY—Have any strategies been implemented to address this?

Ms Balmanno—Yes.

Senator POLLEY—Evidence has been given that even with those who are acknowledged, because they have sought health assistance, no charges have been laid; there is no follow-up. Unless there is some action in addressing these issues, they will only going get worse.

Mr Gibbons—In small communities like those of Western Australia, it is only recently that the law has been present in these communities, and that is a significant step forward. I know from experience that trying to follow up prosecutions is almost impossible, because very few people are prepared to talk. You cannot prosecute somebody on anecdote; you have to follow the rules of evidence in a court process, and very few people are prepared to go through with that in these remote communities. That does not mean that we turn a blind eye to the problem. The point I make is that the problem of child abuse which leads to sexually transmitted disease and petrol abuse is a symptom of a breakdown in social norms and in governance. You have to start with that, and you have a consequential effect right up the chain of problems.

Ms Balmanno—Most of the data we have for Central Australia, in addition to the data collected by the health services in Nganampa in South Australia and Congress in Alice Springs, is collected through what is called the tristate project, which is a project that crosses the three jurisdictions. They have a unit based in Alice Springs which includes a doctor, a nurse—and I think the third person might be a statistician, but I am not sure. They do routine screenings in all communities within the region they cover.

That project is jointly funded between the Australian government and the three relevant jurisdictions. The age range they target is, I think, 15 to 40 for both men and women, but they certainly do not exclude anyone from screening. They also provide treatment for STIs for people who come through as positive. They do that through the existing primary care services but they provide quite proactive follow-up from the unit within Alice Springs. They get duplicate copies of the pathology results and contact the service to make sure that a person who has come through positive for chlamydia, for example, is followed up with respect to treatment.

Senator POLLEY—What about those who are younger? What about children as young as three?

Ms Balmanno—Most of the chlamydia that you see that comes through in the data in children as young as three is not actually an STI; it is actually a chlamydial infection of the eye, which is completely separate. It is to do with poor hygiene and transmission of eye infections.

Ms Podesta—A number of Aboriginal medical services, in conjunction with Aboriginal health workers, do undertake opportunistic screening for children. We provide training in STI identification and screening for Aboriginal health workers. You will appreciate, Senator, that it is an extraordinarily difficult thing for a community to do. When they do that, they are acknowledging a significant community issue that they need to deal with. There have been very brave Aboriginal health workers who have taken the lead on that in some of their communities.

As a health department we take a very strong responsibility around treatment. We have done a lot of work in terms of training Aboriginal health workers, and obviously doctors and nurses based in services, around opportunistic screening et cetera. They have a responsibility to let child protection services know if they believe there is an issue. Part of the problem at the moment is that there is not mandatory reporting in each state, so the legal requirements vary. As our colleague Mr Gibbons indicated, it is not an easy thing within a small community to alert police to suspicions of sexual abuse. But, increasingly, it is an issue that is being taken up publicly within communities. Certainly Aboriginal health workers have taken a significantly brave step in undertaking that role. It is not easy for them at all.

We are very aware of the need for health services to work closely with child protection services around this issue. Like you, Senator, I have seen some of the data from the small services which has been reported in some of the public health units. It is horrifying to see the number of repeat cases of gonorrhoea et cetera in children under 12. I am not in a position to comment as to the causes of that and as to whether it is child abuse or sexual experimentation. I am just not in a position to do that. We have certainly made Aboriginal health workers aware of the need to work closely with child protection services around that issue and we have made it a priority for screening services to be available, for training for health workers and absolutely for treatment to be made available.

Senator WEBBER—Firstly, I want to pick up on the issue that Senator Crossin was going to about the definition of your designated region—because I am now horribly confused. Which parts of my state of Western Australia are in your designated region? I have a feeling that you are not actually touching on any of the ones that are in absolute crisis.

Ms Podesta—It is part of the Ngaanyatjarra lands. I am reading from a map with very small data, which I will give you a copy of. Warburton and Cosmo Newberry are included.

Ms Balmanno—It sort of goes across and then down in a dogleg to Cosmo Newberry.

Ms Podesta—Wingellina is also included.

Senator WEBBER—But Balgo is not?

Ms Podesta—No. But Balgo does have Opal.

Senator WEBBER—Yes, but I was interested in some of the other strategies. If you could provide that map, that would be good as, when I was looking through your submission, I could not find the definition of the region. Quite a while ago we were talking about the important role of youth workers. Certainly in terms of the crisis that is facing the community of Halls Creek, one of the issues confronting that community is a lack of youth workers and a lack of diversionary strategies. Someone—I forget who—said that they are largely funded through state and territory governments. What support does the Commonwealth government give with respect to youth workers—or do we just recognise that they are important?

Mr Gibbons—It is a state responsibility.

Senator WEBBER—I got kind of lost.

Mr Gibbons—The Commonwealth provides supplemental funding in areas where it judges its assistance would be of value. Over the years we have been involved in a range of communities. You may be aware that when the premiers and the Prime Minister met as COAG in, I think, April 2004 they agreed to try and remove some of the overlap and duplication. So in bilateral discussions with the states now we are trying to get the states to do the things that they are responsible for, to get the Commonwealth to do the things that it is responsible for and to remove the duplication. But that is not going to happen overnight. You will find some communities where we are predominantly funding youth services and others where the state is.

Senator WEBBER—The committee has heard a lot of evidence about the importance of that network and the role that youth workers play. If we accept that they are primarily a state responsibility—and I do not have a problem with that—what, then, is point 4 of your strategy that talks about facilitating alternative activities for people in the region? Youth workers seem to be the focus of a lot of those alternative activities. So what are you doing for point 4?

Mr Gibbons—We are talking here about a tristate agreement on a strategy. Not everything in the submission is the Commonwealth's responsibility.

Senator WEBBER—I am happy for you to say that point 4 is a state responsibility. I am just wanting to get this clear.

Mr Gibbons—We recognise that you do not change practices and arrangements like this overnight. If we did, people would miss out. We are continuing to contribute resources. We are negotiating with the states and territories about how best to deploy the resources in an area where it is primarily the states' responsibility. We may contribute the money to the state but we, as the Commonwealth, will not go out and engage youth workers, run a program or hand the money to the state and agree with the state on how it is going to be progressed. In the context of this area we made a commitment to support the states, with \$3 million available for diversionary services. A significant part of that, I suggest, will require youth workers in the field. They will need to be supported with accommodation. We have signalled we are prepared to help with that.

Senator WEBBER—I cannot remember who it was. We talked about something to support youth work.

Ms Bryant—Youth work is one dimension of the alternative activities that need to exist on the ground in communities. If I understood your question, it was, 'What aspects of alternative activities might the Commonwealth be involved in?'

Senator WEBBER—Yes.

Ms Bryant—That could, for example, include employment initiatives, obviously; removal of remote area exemptions; seeking to create meaningful employment and occupational opportunities; attempts to improve school attendance, through our shared responsibility agreement strategies, the no pool, no school type initiatives and so on; sport and recreation activities; arts and crafts type activities; and caring for country type initiatives. So there are a number of dimensions of providing for alternate forms of occupation or whatever for individuals within communities that the Commonwealth may well be directly involved in.

Senator WEBBER—How long has this eight-point plan been in existence?

Ms Balmanno—It was announced in September last year.

Senator WEBBER—I am just trying to get in my head the time frame of how long we have been consulting and what have you. Mr Gibbons, I know a lot about what happened in Balgo. I think you left out a very important element. That is, the women of that community and them making the decision that they had had enough, too.

Mr Gibbons—It was an elder woman of that community who encouraged me to start the whole process in Balgo back in 2002.

Senator WEBBER—Yes, and my involvement has been through the women's refuge there.

CHAIR—I have one final question, and again it is for clarification. I came in this afternoon thinking I had a fair hold on how the eight point plan applied and where it applied, and I find I am totally confused at the end of the evidence. I will read the transcript, and if I have any further questions I will ask. But a significant amount of effort has gone into this inquiry so far, and my

understanding from the evidence of the three or four public hearings—and we have several more to come—was that the eight point plan was actually a model that was being trialled. I found out today that consultation has not really kicked off, but it is there and we have a map. What people were saying to us when we visited areas that are not part of that particular area—and we have taken evidence in Darwin, North Queensland and Perth—was that there is an expectation there that, if things work in this highly publicised eight point plan arrangement in the centre of Australia, they will benefit from the knowledge and the experiences that will grow out of it. I do not know when they were told that, but it is coming out consistently that they believe it is going to happen. Can you clarify for us whether that is the government's intent?

Mr Gibbons—Yes, that is a reasonable expectation. The Minister for Families, Community Services and Indigenous Affairs has made that clear when he has engaged with people.

CHAIR—Can you point us to any statement that he has made on that point?

Mr Gibbons—I have been with him when he has been meeting with communities, and he has made that point.

CHAIR—But we have not.

Mr Gibbons—I am telling you now, on the record, that the approach is focusing on a designated region, because the jurisdictions and the Commonwealth responded to the problem that was thrown up by the coronial inquiry into deaths in Mutitjulu. In some aspects, the approach is limited to a defined geographic area; in other aspects, it is not limited. For example, the negotiations with the three jurisdictions involved involve uniform laws, cross-jurisdictional policing and a whole range of matters that cover all the jurisdictions.

CHAIR—In the designated area?

Mr Gibbons—No. If you look at the program to prevent the supply of petrol and other substances by traffickers, a zero tolerance approach is being adopted by the states across the board, not just in this area. That involves uniform legislation, rules that permit police from one jurisdiction to operate across the border into another, rules that affect the role of the courts across jurisdictions et cetera. They are benefits that apply now across those jurisdictions, and it is fair to say that the learning that comes out of this exercise will be applied elsewhere. We are talking to the Western Australian government about a priority area, and some of the learning out of this will be applied if we agree on that. We have agreed on two priority areas in the Northern Territory outside this—in East Arnhem Land and in Alice Springs. We are now talking about what we will do and how we will do it, and in that discussion we are applying the learning from this. So it is a reasonable expectation that the relevant results of this trial will flow elsewhere in due course.

Ms Podesta—In fact, our submission makes it very clear that one of the goals of the strategy is to evaluate the effectiveness of a regional and comprehensive response to petrol sniffing to determine whether and how it might be usefully expanded to other regions with similar issues. Part of the eight point plan is about the implementation of an evaluation strategy.

CHAIR—An aim of the eight point plan is evaluation?

Ms Podesta—In the joint submission we made it very clear that we are going to be undertaking a comprehensive evaluation of this to see whether it might usefully be expanded. As we have indicated, until now it was a demand driven strategy, largely around Opal. The identification of a designated region was to see whether in cooperation with jurisdictions we can undertake a comprehensive multi-government approach within a geographic area to evaluate that and see what learning comes out of the evaluation.

CHAIR—Can you point me to the area of your submission where you talk about the preparedness of this to be rolled out elsewhere?

Ms Podesta—On page 5—it is the second dot point under point 14.

CHAIR—So that dot point shows where people will be able to benefit? I read that and I see that it will be evaluated in the same way as all government programs, with no timeframe.

Ms Podesta—We need to undertake the evaluation.

CHAIR—I think it is very important when looking at the 2005 eight-point plan, which has received a great deal of quite justified publicity and celebration. What I do not find anywhere are some greater milestones or the kinds of things that are used in project plans. Are they in place?

Ms Bryant—An evaluation and monitoring strategy is currently being developed in consultation with the other jurisdictions. It involves, firstly, the collection of baseline information. We are seeking to identify performance indicators for the different components of the eight-point plan. We will seek a way of measuring and examining each of the elements of the eight-point plan, and we are seeking to develop the baseline measures for those. We are also doing some work to establish community profiles, which would give us a baseline on the current status of communities in the region—both quantitative and qualitative measures. We plan after about 18 months to look at an implementation review which would assist the process of rolling out the strategy overall.

CHAIR—Is that 18 months from 2005 or 18 months from now?

Ms Bryant—Eighteen months from the point where we have agreed on the core components of initiatives with the states and territories. Some of those, as we have said, are currently under development, so I think it will be 18 months from now rather than 18 months from September 2005. Again, by year 2 or 3, because change does not occur overnight, we will conduct a more detailed examination of individual elements of the plan. We have longer-term plans to do some more longitudinal work as well. That strategy is now being developed and mapped out in quite some detail. OIPC will take primary responsibility for coordinating the evaluation and monitoring work on a number of the elements of the strategy, and our colleagues in Health will take responsibility for elements relevant to their expertise, like treatment and rehabilitation, or where it relates to Opal and so forth.

CHAIR—When can we expect to see what you have just said is being mapped out—the evaluation strategy with the key stakeholders that are going to be part of that? I totally understand the large number of people involved in this process; however, it has been on the board for a long time and the eight-point plan is the core element of what we have been looking

at since we started the inquiry. I was not part of the development of the terms of reference, but I believe the public announcement of the eight-point plan in late 2005 stimulated the decision in December 2005 to set up this inquiry. I think it is a bit optimistic to say it will happen 18 months from now, because from the information you have given I still do not see that you have reached the start point of putting that plan in place. I understood you to say that the implementation review will occur 18 months from the time you have reached agreement on benchmarks and so on with the people involved.

Ms Bryant—From the point where there is something measurable, obviously. The point I was seeking to make was that it would be more realistic to be measuring that from now—and by now, I mean within the next few months as more components of the strategy begin to roll out. I was trying to draw that distinction as opposed to September 2005.

CHAIR—I think we have passed well beyond September 2005. I think we agreed that we are not going to have a project plan.

Ms Bryant—I was agreeing with you on that, yes.

CHAIR—I know there are a whole lot of things to be negotiated with the states and those involved, but is there any hope that by the time this committee reports, which is in June, we will have any more clarity about what the evaluation process is going to be? If you don't know, and the answer is 'no', that is fine. Our role is to respond to the terms of reference, which you all have in front of you. That was stimulated by the eight-point plan and the increased profile of petrol sniffing that has been agreed by the federal government and the state governments. So far, we have had evidence from a number of state governments who all agree that it is a priority; it is the way of the future; it represents hope. But they did not know the evaluation strategies, either—or, at least, the Northern Territory, Western Australian and Queensland governments did not know.

Ms Bryant—I cannot give you a guarantee that it will be fully developed by June, because that is contingent on our discussions with the state governments.

CHAIR—Yes, absolutely.

Ms Bryant—However, I can say to you that the discussions with the state governments will have commenced before June, and I would hope we could give you an indicative outline before the inquiry concluded—

CHAIR—And that OIPC is the coordinating body for the evaluation strategy?

Ms Bryant—Yes.

Mr Gibbons—Senator, you said this has been around for a long time. In the context of Commonwealth-state relations, six months to get a program of this scale up and running is not a long time.

CHAIR—I don't agree, Mr Gibbons. This is a personal opinion. I think that this had been talked about for a long time in terms of a need to have this particular coordinated process.

Mr Gibbons—The need was, but—

CHAIR—With respect to the role of petrol sniffing in the central parts of Australia—we won't get into the definition of where the map begins and ends, because we could go on about it for the rest of the night, and we certainly won't—I am genuinely concerned that there is such expectation amongst so many people who have chosen to give up their time to come and give evidence to this committee, and there is hope. One of the things that most of them say when they appear before us is that there has been a long history of broken dreams, defeated promises and all those things. This whole project provides a point of hope. I would hope as well that, in terms of how we communicate—and we have all experienced this—

Mr Gibbons—I think I misunderstood you. If you are saying that the issue has been around for a long time, I agree. I certainly agree that there have been shattered expectations in the past. I thought you were referring to the agreement with the states and Territory to roll out this plan as having been around for a long time.

CHAIR—No. Also, my understanding is that discussions of this nature, in terms of moving forward in a COAG arrangement, have been on the agenda for at least four years, with different bodies involved, because of structural changes that have occurred. Nonetheless, we have come to this point. I am worried about this, because we talk many times at Senate estimates about developing a program, and the evaluation strategy going hand in hand with that. If there is any change in terms of a program of evaluation, and particularly some idea of how it will be evaluated and at what stage, it would be very useful. Most of us have been following the COAG trials pretty carefully, and there are some similarities with the way they have been set up, as well as cooperation, and we are waiting for evaluations of that. It would not be the best way to get this one started to have that disappointment.

A number of questions have been taken on notice. It is difficult; I know there are many questions, and I know that Senate estimates are coming up soon, and you will have a whole lot more questions on notice to deal with. But this committee is hoping to have our draft report finalised very soon after we come back from Adelaide. We are going to Adelaide, Balgo and Halls Creek in the week of 16 May. If there is any information that you think we should have before we make those trips, please let us know. As always, any member of the department is welcome to join us on any of the trips and investigations that we do. It was most useful to have one of your officers with us when we went to the north. We could ask questions and have responses immediately, and that was missing at a couple of other public meetings. Thank you very much for your time. Mr Andrews, we await with interest a more detailed statement from you about your experiences and expectations from your process. That would be very useful.

Committee adjourned at 5.05 pm