References

1. Opal is a low octane, low aromatic fuel developed by BP for the Department of Health and Ageing and introduced in 2005. Opal has very low levels of compounds such as benzene, toluene and xylene, which are associated with the narcotic effects of sniffing petrol. See www.bp.com/faq.do?categoryId=901237


3. Petrol sniffing has without doubt been one of the biggest challenges to Argungu and Yaragga in the NPY region, to NPYWC and to other Aboriginal people from central and more northern communities, such as Rainbow Valley, developed communities and resulted in many early and unnecessary deaths. NPYWC has been a significant participant in the struggle to overcome petrol sniffing. This has taken place on a number of levels: legal, bureaucratic, political, policy and research, and in the media.

4. Petrol sniffing without doubt has been seen as one of the biggest challenges to Argungu and Yaragga in the NPY region, to NPYWC and to other Aboriginal people from central and more northern communities, such as Rainbow Valley, developed communities and resulted in many early and unnecessary deaths. NPYWC has been a significant participant in the struggle to overcome petrol sniffing. This has taken place on a number of levels: legal, bureaucratic, political, policy and research, and in the media.

“The petrol sniffers are our own flesh and blood, yet we have lost them all to petrol... Of course we know that some petrol sniffers cannot be helped. They will live their lives in wheelchairs with acquired brain injuries. But for the new recruits... we hope that with Opal there will be no new recruits to petrol sniffing”. Janet Inyika, NPY Women’s Council, launching Opal fuel1 with then Health Minister Tony Abbott, February 2005.

The Issue

Petrol sniffing has without doubt been one of the biggest challenges to Argungu and Yaragga1 in the NPY region, to NPYWC and to other Aboriginal people from central and more northern communities, such as Rainbow Valley, developed communities and resulted in many early and unnecessary deaths. NPYWC has been a significant participant in the struggle to overcome petrol sniffing. This has taken place on a number of levels: legal, bureaucratic, political, policy and research, and in the media.

The use of petrol as an inhalant was ‘first observed in the NPY region in 1968 when people returned from ceremonies at Warburton Mission in Western Australia and a few young men had brought back the practice with them’ [in South Australia] 2.

From the 1970s increasing numbers of young people in NPY communities and in other central and northern remote parts of Australia used petrol, initially boys and young men and later girls and young women. Led petrol was sniffed prior to its replacement by unleaded fuel, which was phased in from the mid-1980s to early 2002 - with disastrous effects from both the lead and hydrocarbon content in unleaded petrol. Benzene, which are also present in regular unleaded petrol (ULP).

These volatile hydrocarbons are quickly absorbed, crossing the blood-brain barrier and affecting the brain cortex, cerebellum, and brain stem, depressing the central nervous system. Damage may be irreversible. Sniffing petrol caused the deaths of at least 32 people in the central region between 1998 and 2003, and probably hundreds from the 1970s to the mid-2000s.

In the shorter term, the effects can include: euphoria, hallucinations, aggression, disinhibition (including sexual, leading to high STI rates), blurred vision and confusion. In the longer term, chronic headache, cognitive deterioration, ataxia (gross lack of co-ordination of muscle movements), low energy; angina, mood swings and depression are common. Sniffing can and has lead to death through: heart failure, respiratory failure, burns, wandering off, suicide, homicidal and motor vehicle accidents.

Sniffers may be violent. They often become alienated or estranged from family and community, are disruptive, promiscuous, and do not attend school or work. Chronic users are likely to experience hangover effects and withdrawal symptoms when not sniffing. Many suffer irreversible neurological damage, leading to cognitive impairment, heart, lung and liver damage. The practice is psychologically rather than physically addictive and does not have the same withdrawal patterns as opiates or alcohol3. By 2002, snifing was the main cause of Acquired Brain Injury (ABI) on the APY Lands, making it the single most prevalent cause of disability4.

NPYWC assists those who have ABI and or physical disabilities as a result of sniffing. Some thirty or so continue to live with their families, and they and their carers obtain disability support and respite assistance through NPYWC services. Others, including two brothers who are wheelchair-bound, live in supported accommodation in Alice Springs while another three men are in a mental health hospital in Perth5.

Causes

Numerous reasons have been proffered as to why young people sniff petrol. These include: boredom; parental neglect; family dysfunction and breakdown; feelings of hopelessness; socio-economic disadvantage, the easy availability of petrol; thrill-seeking and a misguided assertion of autonomy; peer or ‘gang’ culture; traditional regional child-rearing practices that preclude strong discipline coupled with a general cultural reluctance to tell others how to behave, and low educational attainment.
Certainly many communities ringleaders have influenced others, often younger people, in their sniffing habit and it is often done in groups. Whatever the underlying causes, the cost to families, children and communities has been devastating.

Action

Almost from the organisation’s beginning, NPYWC’s members sought external help to combat this insidious and destructive habit, which seemed most of the time to be beyond the control of families. They became increasingly desperate to stop a practice that was killing or disabling their children and grandchildren. Government responses were sometimes piecemeal and short-term, seeking solutions from communities, some very remote, that were incapable of providing it. As two leading researchers in the field put it “How, one must ask, can communities be said to be wracked by disempowerment and social and economic disinvestment when the community has a responsibility to assist Agans to address the problem of petrol sniffing?”

Inquests

In 2001 NPYWC assisted the families of three deceased chronic petrol sniffers, aged 27, 25 and 29 years, to seek a coronial inquest into the deaths as a result of inhaling petrol fumes after taking a can of petrol to bed. NPYWC was separately represented at the inquest held at Umawu SA in mid-2002, and members and staff were among those most eloquent in highlighting the critical lack of government co-ordination on the issue, and what he regarded as excessive time spent gathering information rather than taking action.

His recommendations included: an increased police presence on the API Labs, an urgent improvement in disability services and secure facilities for detention, detoxification, treatment and rehabilitation. He commented that “Governments should not approach the task on the basis that the solutions must come from their damaged communities. Rather, every Australian community has a responsibility to assist Agans to address the problem of petrol sniffing.”

In late 2004 the Coroner returned to investigate four more deaths of people who had been petrol sniffers: three suicides by hanging and one of an intellectually disabled former sniffer who had wandered off from his home. Again NPYWC was separately represented, giving evidence, among other things, on the difficulty of dealing with sometimes obstructive government agencies, including in the areas of youth and disability services. Mr Chivel found that since his 2002 findings, the problem of petrol sniffing had become worse, and that with the exception of SApOL, the SA police service, agencies had not acted on his earlier recommendations.

He re-stated these, adding others about the need for improved youth and disability services, and the need for the use of Opal fuel (by then available to communities) to continue. Critical of the reluctance of some retailers to use it, or stop using it, he said, “There is no need for further information gathering, and there is a vast untapped pool of professional expertise that can be utilised. What is missing is prompt, forthright, properly planned, properly funded action.”

In 2005 the NT Coroner Greg Cavanagh inquired into the deaths of three males, one a child of fourteen from the Willowra community and two from Mutitjulu, all of whom died from inhaling petrol fumes. NPYWC gave evidence at the Coroner’s request. Mr Cavanagh re-iterated and added to the SA Coroner’s recommendations, endorsing Mr Chivel’s view “That such a task cannot be left to isolated and independent community agencies. The role of government is paramount here.”

He also recommended the further ‘roll out’ of Opal fuel.

Treatment and rehabilitation

In 2004, following the 2002 coronial findings, the SA Government announced that chronic community misuse treatment facility, with the Australian Government to fund operating costs. NPYWC has worked intensity for the establishment of essential infrastructure such as recreational facilities and staff housing. It currently runs successful youth programs in the region (see Fact Sheet 10).

Media

In 2001 and 2002 petrol sniffing and its horrific consequent damage were brought vividly to public attention through several articles written by The Australian’s Paul Tooke. NPYWC helped to arrange interviews with affected families for some of these, which are published for the series. NPYWC has continued to use the media strategically to highlight this and other substance abuse issues, including the practice of men exchanging petrol for sexual favours. NPYWC was critical of the eventual decision to locate the facility on the APY Lands due to anticipated recruitment problems, and because it would accept only SA residents. Arguments were also mounted by a court that the lack of a twenty-four hour supervised residential program has meant that magistrates are reluctant to refer offenders with substance abuse problems. By the time it opened, there were very few such orders led to it, and there is no shortage of cannabis users and problem drinkers.

Just eleven clients stayed there during the first two years - from July 2008 to the end of June 2010. Due to concerns about this low level of use, the Australian Government is to undertake a scrutiny study to explore options for optimising the facility’s usage. The NT Government has in recent years funded additional treatment places in Alice Springs for adults and juveniles affected by volatile and other substances, not restricted only to those who live in the NT.

Opal fuel – supply evaluation

By the time the Evaluation of the Comgas Scheme22 was released in late 2004, BF, contracted by DoHA, had formulated Opal, the low aromatic substitute for regular ULP that does not have an intoxicating effect. Opal was initially made available to Aboriginal communities that had been on the Comgas Scheme. More costly to refine than other ULP, Opal is subsidised by the Australian Government. NPYWC began lobbying for its implementation over a wider area and also to numerous non-community based retail outlets, in order to reduce the proximity to regular ULP. In 2005 NPYWC, CAYLUS and General Property Trust (GPT), owner of Voyages hotel apartments, including at Yulara near Uluru, formed the Opal Alliance.

In 2005 then Health Minister Tony Abbott and Indigenous Affairs Minister Amanda Vanstone announced an extension of the subsidy to provide Opal to the Yulara resort petrol station and to several roadhouses in the southern NT. Unlike Voyages, this was to be a non-community based retail outlet: a wider area and also to numerous non-community based retail outlets, in order to reduce the availability of alternatives such as glue and paint; there is however no evidence of a significant shift to these alternative inhalants.

While it is an offence to supply petrol for the purpose of sniffing, there is room for improvement in the NT, SA or WA that prevents the transport of regular unleaded petrol into remote areas. Some NT communities have made local ‘management plans’ to prohibit the entry of volatile substances under the Territory’s Volatile Substance Abuse Prevention Act. NPYWC has argued for the mandatory use of Opal, as the resistance of some retailers allows opportunities for sniffing that could be removed with relative ease. The Senate Community Affairs Committee has also recommended legislation there is a need for a non-oppositional community funding and support, and a report commissioned by DoHA in 2009 canvasses the legislative options.

In June 2007, at the National Drug and Alcohol Awards, the Opal Alliance won the Prime Minister’s Award for Excellence in prevention, for its success in achieving the widespread roll-out of Opal. NPYWC members are hopeful that this battle has been won, but they know that constant vigilance is essential and that Opal fuel and the supporting strategies must be put in place across the proposed Rollout Region to ensure maximum supply reduction.