

Commission for Children and Young People

Volatile Substance Misuse *in Queensland*



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FOREWORD

Volatile substance misuse by young people has been reported as a growing problem in Queensland communities. Media coverage of the issue has tended to focus on the lack of police powers to charge young people who are found misusing such substances.

Of particular concern to the Commission for Children and Young People, is the lack of dedicated resources available to assist young people who, for various reasons, turn to volatile substances. Youth workers who want to assist these young people continuously report on the lack of counselling and support services, the lack of diversionary facilities and the lack of accommodation options for them. Anecdotal evidence from youth workers also suggests that many young people who are chronic misusers of volatile substances have been marginalised and disadvantaged through contact with the youth justice system, exclusions from school and family dysfunction bringing them under the state's child protection system.

Strategies seeking to further marginalise young people who have already suffered significant disadvantage are strongly opposed by the Commission, as are “quick fix” reactive measures which solely seek to move young people on to places where they are less visible to the public eye.

The reasons young people turn to volatile substance misuse are as varied as the circumstances of the young people themselves, and the circumstances and issues faced by their communities. They range from having fun and alleviating boredom to escaping from problems and difficult personal circumstances. Therefore, blanket approaches which are irrelevant to specific communities experiencing volatile substance misuse and the issues of the young people engaging in it are likely to fail.

The Commission has chosen not to make recommendations for legislative change in this report. Instead, it has developed a community engagement strategy based on the premise that localised community-based strategies are generally viewed as the most effective way of dealing with the problem. They have the advantage of being relevant to community circumstances and the local resources available. In addition, local communities are also closer to the problems of their young people and can more effectively identify the resources required to reintegrate them into community life. Local strategies also have the potential to enhance community partnerships and empower communities to deal with problems.

The community engagement strategy requires communities to take ownership of their issues and collaborate with community stakeholders. The strategy moves the focus from young people involved in volatile substance misuse to the community circumstances and environmental impacts that lead to young people engaging

in misuse. Accordingly, the proposed strategy requires interventions which deal with the *what, how, why, who, when, and where* of volatile substance misuse. Under this model, an effective strategy will change or remove the environmental circumstances that have led to substance misuse and seek to reintegrate young people back into community life.

A community engagement strategy also enhances the ability of communities to more effectively identify what is not working, or what requires additional resources. This should help organisations develop funding applications supported by an evidence-based framework and outcomes.

The Commission's strategy is based upon the following principles:

- all young people have a right to participate in decision making processes that affect them
- all young people have a right to be part of a community
- volatile substance misuse strategies should accord with the interests and wellbeing of the young people involved.

I hope this report will provide a useful resource for communities experiencing volatile substance abuse. I also hope governments at all levels support community attempts to deal with the negative impacts of volatile substance misuse on young people in a way which promotes and protects the rights, interests and wellbeing of young people.



Dr Robin Sullivan
Commissioner for Children and Young People

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INTRODUCTION

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PURPOSE

This report aims to contribute to, and inform the current debate on the issue of volatile substance misuse (VSM) in Queensland.

The report will briefly outline the 'what', 'how', 'why', 'who', 'when' and 'where' of VSM. Principally however, this report will review the approaches developed to date to deal with the issue of VSM and analyse their effectiveness. It aims to provide communities with practical community engagement strategies to reduce the incidence of VSM and decrease the marginalisation of young people involved in VSM.

BACKGROUND

The Commission for Children and Young People was established in February 2001. The Commission promotes and protects the rights, interests and wellbeing of all children and young people under 18 in Queensland. The Commission recognises that VSM is a problem impacting on various Queensland communities, and on the young people involved.

VSM is not a new phenomenon. In the early 1950s, petrol sniffing was introduced in Australia by American servicemen¹ and has since become a significant problem for many Indigenous communities in particular. The practice of VSM in contemporary society has now extended beyond 'petrol sniffing' to incorporate a

wide range of substances used by diverse groups of people. VSM appears to follow a cyclical trend, with its 'popularity' rising and declining periodically. In Queensland, the misuse of volatile substances by young people appears to be increasing and has recently generated community concern and controversy, particularly as some misuse is occurring in highly visible public places.

VSM is also currently an issue of national significance. Alcohol and Drug Policy Coordinators in State and Territory police departments are developing a proposal to the National Drug Law Enforcement Research fund to research and develop protocols for police to deal with people intoxicated by volatile substances.

Furthermore, the Victorian Drugs and Crime Prevention Committee is currently conducting the "Inquiry into the Inhalation of Volatile Substances". The Committee will examine factors contributing to VSM; review existing strategies; consider the best practice strategies to address the issue; consider options to reduce the incidence of VSM; and identify factors for preventing first time VSM. The Committee is due to make its final report to the Victorian Parliament in 2002.

PROCESS

Qualitative and quantitative approaches were taken in preparing this report. Data sources included:

- informal discussions with students

¹ M. Brady, 'Aboriginal Health: Petrol Sniffing Down the Track', *The Medical Journal of Australia*, vol. 160, 1994, p.176

- (aged 12 - 18 years) from the Southside Education Centre, (Brisbane) and individuals who either currently misuse volatile substances, or have done so previously
- consultation with police officers from various police stations across Queensland
 - consultation with youth workers from various government and non-government agencies across Queensland
 - consultation with selected retailers across Queensland
 - the 1998 National Drug Strategy Household (NDSH) Survey managed by the Australian Institute of Health and Welfare
 - the 1999 Australian School Students Alcohol and Drugs (ASSAD) national survey (Queensland component) conducted by Education Queensland, and
 - existing literature on the subject of VSM.

It should be noted that most information on VSM in Queensland is anecdotal in nature and so should not be relied on as an accurate portrayal of its prevalence in this State.



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WHAT?

Definitions

'Volatile substances', also known as 'inhalants', is the term used to refer to a broad range of common products containing volatile substances (such as toluene and hydrocarbons) that produce chemical vapours at room temperature. Products include petrol, glues, air fresheners, lighter fuel refill canisters, hair spray, deodorant, nail polish remover and paint products. There are around 250 products available which contain volatile substances,² and many of them are basic household products. The common characteristic of all these products is that they are inhaled to achieve intoxication.

In this report, the term 'volatile substance misuse' (VSM) is defined as:

*the deliberate inhalation of a gas or of fumes released from a substance at room temperature, for the purpose of intoxication.*³

In other literature on this topic, terms frequently used instead of VSM include 'volatile substance abuse', 'solvent sniffing', 'sniffing', 'huffing', 'inhalant abuse' and 'substance abuse'. 'Chroming' is a term used to mean sniffing chrome

based paint, and is a specific form of VSM.

For the purpose of this paper, **young people** are defined as individuals under 18 years of age.

Effects of volatile substance misuse

As previously noted, many common household products contain volatile substances that produce chemical vapours at room temperature. When these chemicals are inhaled, they enter the bloodstream more quickly via the lungs than via the stomach.⁴ The blood carries the chemicals to the brain and depresses the central nervous system. This produces an immediate euphoric effect. Messages going to and from the brain are slowed down, reducing the physical, mental and emotional responses of the body.⁵ The blood also carries the chemicals to other parts of the body including the liver, kidneys and nerves.

The effects of VSM vary from individual to individual, depending on various factors, including:

- the amount inhaled at one time
- the manner in which volatile substances are inhaled (duration, frequency, use of other drugs)
- individual characteristics (age, sex, health, body weight, mood, tolerance, past experience and activities of the user)

² Comment made by participant at the Queensland Drug Coordinating Committee workshop, 26 April 2002

³ Drugs and Crime Prevention Committee, *Inquiry into the Inhalation of Volatile Substances: Discussion Paper*, Parliament of Victoria, Victoria, 2002, p. 7

⁴ Centre for Education and Information on Drugs and Alcohol, 'Solvents and Aerosols', *Connexions*, No.30, 1991, pp.19-20

⁵ Australian Drug Foundation, *Inhalants: How Drugs Affect You*, Department of Human Services, Victoria, 1999, p. 1

- the circumstances in which the substance is taken (the environment, the presence of other people).⁶

Listed below are some of the short and long-term health effects of VSM, which are confirmed by comments from students in Brisbane who have misused volatile substances.

Short-term effects

A euphoric effect is produced immediately after inhaling volatile substances.

paint ... it's a cheap high ... you feel it in your lungs, it's like an immediate hit and you get it within 30 seconds. (Student, Brisbane)

The euphoric effect generally lasts from a few minutes to around half an hour to an hour. However, effects can last several hours if multiple inhalation of chemicals is carried out in a short time.

Other well recognised and common short-term effects include a loss of inhibition, drowsiness, disorientation, inappropriate laughter, weeping, feelings of numbness, anxiety and tension.

It made my head not think straight and I didn't know what the hell I was doing. (Student, Brisbane)

When we first did it I thought we were going to die, my brother passed out and I was like "call the ambo". (Student, Brisbane)

Nausea, vomiting, sneezing, coughing, hallucinations, increased salivation, and sensitivity to light may also occur.

Afterwards I was feeling all sick. (Student, Brisbane)

It made me hallucinate, like you think about seeing something and then you see it. (Student, Brisbane)

I was getting sharp pains in my head. (Student, Brisbane)

I got pneumonia from it. (Student, Brisbane)

According to research reports, short-term misuse of volatile substances rarely causes permanent damage to the body.⁷ However, the potential dangers associated with VSM should not be underestimated. Although rare, death can result after first time use. Misuse of volatile substances can lead to 'Sudden Sniffing Death Syndrome' (SSDS)⁸ which results from heart failure. This is particularly associated with aerosols, butane gas and cleaning fluid. SSDS may occur if a person does strenuous exercise or has a sudden fright immediately after sniffing. Death can also occur as a result of suffocation, asphyxiation, choking and injury.⁹

⁶ Department of Community Services and Health, *Inhalants*, AGPS, Canberra, 1991, p. 2

⁷ Centre for Education and Information on Drugs and Alcohol, *Volatile Substances*, [Online], Available at: URL: http://www.ceida.net.au/tools_for_workers/drugs/volatile_substances.html, 2001

⁸ *ibid*

⁹ National Institute on Drug Abuse, *Research Report Series: Inhalant Abuse*, Maryland, USA [Online], Available at URL: <http://www.nida.nih.gov/ResearchReports/Inhalants/Inhalants4.html>, 2001, p.4

In addition, VSM can lead to risk-taking behaviours (for example, around railway stations) which may be potentially life threatening.

During consultation with community agencies in the Mt Isa region, the Commission for Children and Young People was told that many misusers do not receive adequate support or treatment by health authorities in the region. The visual effects of VSM are short term and fast acting, so by the time a young person is seen by a doctor, visible signs of usage have often abated. Misusers are then discharged with no follow-up action.¹⁰

You can't rely on the way someone looks because you can't tell whether they take drugs or inhalants just by looking at them. (Student, Brisbane)

Long-term effects

Reported long-term effects of regular VSM include frequent tiredness, irritation, memory loss and depression.

People can tell you what you've done, but you mightn't have done it, but you can't remember because I remember some things but then there's a big blank patch. (Student, Brisbane)

...this atmosphere's gone, it takes you to another world. The disadvantage of that too is that your

problems are still going to be there when you come down from your hit. (Student, Brisbane)

Regular VSM may lead to symptoms including sneezing, coughing, a runny nose, nosebleeds, bloodshot eyes, anaemia, weight loss and sores around the mouth and nose.¹¹

Regular, chronic misuse of volatile substances increases the risk of irreversible effects including:

- hearing loss (resulting from inhalation of toluene, found in paint sprays, glues, dewaxers and trichloroethylene, found in cleaning fluids and correction fluids)
- damage to the central nervous system and brain (resulting from inhalation of toluene) and
- bone marrow damage (resulting from inhalation of benzene, found in gasoline).

Other significant effects include: damage to the liver and kidneys, resulting from inhalation of toluene and chlorinated hydrocarbons found in correction fluids and dry-cleaning fluids; and blood oxygen depletion, resulting from organic nitrites - "poppers", "bold" and "rush" and methylene chloride found in paint thinners.¹²

I passed out on butane, I thought I was going to die. (Student, Brisbane)

¹⁰ Commission for Children and Young People (Queensland), *Community Visitor Reports, 2001-2002*

¹¹ Australian Institute of Criminology, *Alcohol and Illicit Drugs: Inhalants*, [Online], Available at URL: <http://www.aic.gov.au/research/drugs/types/inhalants.html>, 2001, p. 1

¹² National Institute on Drug Abuse, *op. cit.*, p. 2

How?

Methods of VSM

Methods of VSM are almost as diverse as the products themselves. Chemical vapours produced by the products are inhaled through the nose or mouth. Products containing volatile substances are often sprayed into a plastic bag, poured into a bottle or soaked onto a cloth or sleeve before being inhaled. Some misusers may inhale directly from the container or spray the product directly into the mouth or nose. This latter method is very dangerous because it can paralyse wind passages and cause suffocation.¹³

Accessibility of volatile substances

Spray paint is the lowest of jokes, like with me, if I had the money I'd buy pot. That's why I honestly believe that pot should be made legal. It's (spray paint) a cheap high, it's like the cheapest of cheap. (Student, Brisbane)

Whenever I used to go to buy paint I used to say "what colour should I paint my room" ... and if you're smart you go for the purple or orange because you get a better high. (Student, Brisbane)

One of the main reasons for the extent of community concern relating to VSM, is the accessibility and inexpensiveness of products used for inhalation.

According to the 1998 National Drug Strategy Household Survey¹⁴, the main source of supply of volatile substances to young people was a friend or acquaintance. Of those who have misused volatile substances some time in their lives, 73% reported having obtained their first supply from friends and acquaintances. Similarly, of recent misusers of volatile substances (that is, those who had misused volatile substances in the preceding twelve months), 59% reported the most likely source of supply was a friend or acquaintance.

Consultation with young people who misused volatile substances in the Brisbane area indicated that they obtained the products either from friends; had purchased or shoplifted the product themselves; or got the product from home.

...like you can just go into your mother's cupboard and get her nail polish and get high on that. (Student, Brisbane)

The wide range of retail stores that sell products containing volatile substances and the vast array of products containing them further enhances accessibility. In some stores, paint products are placed at the front of the store to increase sales. This practice further increases accessibility through either purchase or theft. Consultation with retailers found that, in both rural and suburban locations, discount

¹³ Australian Drug Foundation, *op.cit.*, p. 1

¹⁴ P. Adhikari & A. Summerill, *1998 National Drug Strategy Household Survey: Detailed Findings*, Australian Institute of Health and Welfare, Canberra, 2000, pp. 74-75.

suppliers were the 'preferred' retail outlet for individuals intending to misuse volatile substances.

WHY?

Reasons for use

Reasons given by young people for misusing volatile substances are varied. They include¹⁵:

- to have fun
- for excitement
- for intoxication
- to be part of the group
- to shock adults
- to deal with problems
- to copy the behaviour of adults using alcohol
- as an alternative to alcohol
- easy access
- cheap to purchase
- it's not illegal.

The use of volatile substances to alleviate boredom has been identified in a survey by the Sunshine Chroming Awareness Program in Victoria.¹⁶ A report by the Program noted that boredom may arise from factors including unemployment, low self esteem, lack of alternative activities, relationship difficulties, homelessness, loneliness and a sense of disconnection or alienation.

Community Visitors engaged by the Commission for Children and Young

People¹⁷ also report that young people involved in VSM in the Mt Isa region claim their misuse is due to boredom and a lack of free recreation activities. Community welfare agencies in Mt Isa consider misuse to be associated with the low socio-economic circumstances of many residents in the area. Some community workers have also told the Commission of cases where young mothers who misuse volatile substances have also provided these substances to their babies "to keep them quiet".¹⁸

Community Visitors report that many young people involved in VSM, whose age makes school attendance compulsory, are either regular truants or have been excluded from the education system. Many of these young people do not have family or broader social supports and those under 16 years are not eligible for Commonwealth allowances.¹⁹ This anecdotal evidence is supported by a report from a workshop in Logan which identified that, in general, there is a correlation between youth involved in VSM and those who have difficulties at school and are regularly truant.²⁰

In a submission by the Youth Affairs Council of Victoria to the Victorian Drugs and Crime Prevention Committee, the Council noted that:

¹⁵ Australian Drug Foundation, *op. cit.*, p. 2

¹⁶ Salvation Army Crossroads, *Sunshine Chroming Awareness Program Work in Progress Report*, Melbourne, 2001

¹⁷ 'Community Visitors' are employed by the Commission for Children and Young People (Qld) to visit children and young people in residential care and in youth detention centres and mental health facilities throughout Queensland.

¹⁸ Commission for Children and Young People (Qld), *Community Visitor Consultation, Mt Isa, April 2002*

¹⁹ *ibid*

²⁰ Logan City Council and Logan Youth Justice Service, *Young People and Chroming - Where to from here: Workshop Report*, Logan, 2002, p. 7

*some young people can become chronic users, particularly more disadvantaged young people who are trying to mask pain and escape the reality of their lives.*²¹

A large amount of literature suggests that factors contributing to young people misusing volatile substances include low socio-economic status, high rates of family dysfunction, high rates of personal dysfunction and delinquent behaviour.²² However, it is important to recognise that VSM is not confined to any one socio-economic group or cultural background.

WHO?

Types of users

The majority of young people who misuse volatile substances are **experimental users**, who inhale out of curiosity and generally only do so once or twice.²³

Some young people are **social users**, whose patterns of misuse among friends vary depending on other things happening in their lives. Generally social users 'grow out' of VSM before becoming dependent.²⁴

Few young people who have inhaled volatile substances for the purposes of intoxication become **chronic users**.²⁵

Chronic users or 'dependent users' tend to misuse substances with or without the presence of peers, on a regular basis for a long period of time.²⁶ They may be experiencing relationship problems in different social settings including home, work, school and the wider community.

At a workshop hosted by Logan City Council and Logan Youth Justice Service in March 2002 ("Young People and Chroming - Where to from Here") it was noted that on a scale from one to ten (1 - 10), the addictive qualities of VSM rates '4', compared to '7-8' for heroin.²⁷

While there is concern that VSM may represent an initiation into the drug scene, leading to other drug misuse later in life, there is a lack of evidence-based research to substantiate this connection. Several North Queensland-based police officers noted that, in their experience, most young people, particularly males, who misuse volatile substances tend to stop the habit once they reach the legal age for drinking alcohol.²⁸

Extent of use

In 1998 the Australian Institute of Health and Welfare conducted the National Drug Strategy Household

²¹ Youth Affairs Council of Victoria Inc., *Inquiry into the Inhalation of Volatile Substance: A Submission to the Drugs and Crime Prevention Committee*, [Online], Available at URL: <http://www.yacvic.org.au>, 2002, p. 3

²² J. Rose, *Volatile Substance Abuse Background Paper - Western Australia Solvent Working Party*, Perth, Department of Health, 2001, p. 1

²³ Australian Drug Foundation, *op. cit.*, p. 2

²⁴ *ibid*

²⁵ *ibid*

²⁶ Western Australia Drug Abuse Strategy Office, *Solvent Sniffing: An Information Guide for Parents about Glue and Other Solvent Use*, [Online], Available at URL: <http://www.wa.gov.au/drugwestaus/>, 1997, p. 3

²⁷ Logan City Council and Logan Youth Justice Service, *op. cit.*, p. 7

²⁸ Commission for Children and Young People Consultation, December 2001

(NDSH) survey on drug use in Australia. It was reported that, of Australians aged 14 years and over who were surveyed, 3.9% had misused volatile substances at some stage in their life and 0.9% had misused volatile substances in the last twelve months.²⁹

The survey reported that of all Australian states and territories, the Northern Territory had the highest proportion (5.8%) of people aged 14 years and older who had misused volatile substances at some stage in their life. Meanwhile, Western Australia recorded the highest proportion (1.3%) of people aged 14 years and older who had misused volatile substances in the preceding twelve months.³⁰

By comparison, of Queenslanders aged 14 years and older surveyed, 4.2% had misused volatile substances at some stage in their life and 0.8% had misused volatile substances in the preceding twelve months.³¹

Age/gender

In 1999, Education Queensland conducted an Australian School Students Alcohol and Drugs (ASSAD) survey on the issue of alcohol consumption, tobacco smoking and illicit substance use among secondary school students.

The Queensland component of the survey revealed that³²:

- the prevalence of VSM was higher among the lower year levels than the higher year levels (about 10% of Year 7 and 8 students had misused volatile substances in the last week, compared to less than 1% of Year 11 and 12 students)
- the prevalence of those who had never misused volatile substances ranged from 63% of Year 9 males to 89% of Year 11 males
- generally, male students were more likely to misuse volatile substances than female students.

WHEN?

Although VSM can occur at any time, it has been noted that young people misusing volatile substances are most visible on Thursday, Friday and Saturday nights. This is probably related to the fact that it is predominantly a peer group activity, and this is when young people 'hang out' together. However, VSM by young people, usually those who are truant from school, has also been observed in inner Brisbane during the day.

WHERE?

Volatile substances are widely available and portable. As such, VSM

²⁹ M. Miller & G. Draper, *Statistics on Drug Use in Australia 2000*, Australian Institute of Health and Welfare, Canberra, 2001, p. 18

³⁰ *ibid.*, pp. 19-20

³¹ *ibid.*, pp. 19-20

³² Stanton, Carmont, Ballard and Lowe, *Alcohol, Cigarette & Illicit Drugs Use among Year 7 to 12 students in Queensland*, 1999: ASSAD Survey Report, June 2000.

can occur almost anywhere. Young people may misuse volatile substances while walking around, in school, or around their homes.³³ However, VSM is predominantly a peer group activity which occurs in public places such as railway stations and parks.³⁴

VSM extends across all geographical boundaries.³⁵ From a national perspective, the 1998 National Drug Strategy Household (NDSH) survey noted that VSM was more likely to occur in metropolitan than regional locations. For example, of recent users (those who had misused volatile substances in the past twelve months), 1.4% were from metropolitan areas and 0.8% were from regional locations. Of people aged 14 years and older who had misused volatile substances at some time in their lives, 5.7% were from metropolitan areas and 3.8% were from regional locations. These findings were consistent in four NDSH surveys conducted between 1991-1998.³⁶

The nature of VSM means it is not always a problem visible to the wider community. In Queensland, VSM has become more evident to community and youth workers in recent years in both rural and urban localities. However, recent occurrences of VSM by young people in visible public places in inner Brisbane has aroused highly emotional responses and reactions from members of the

community. Nonetheless, the episodic nature of VSM greatly contributes to the complexity of attempting to accurately assess high usage areas in Queensland.

³³ Department of Health (UK), *Solvents – A parent's guide. The signs, the dangers, what to do.* United Kingdom, 1994, p. 6

³⁴ Department of Health, *Abuse of Volatile Substances: Solvents and Aerosols*, AGPS, Canberra, 1984, p. 18

³⁵ American Academy of Paediatrics, *Inhalant Abuse: Policy Statement*, [Online], Available at URL: <http://www.aap.org/policy/re9609.html>, 1996, p. 2

³⁶ P. Williams, 'Illicit Drug Use in Regional Australia, 1988-1998', *Australian Institute of Criminology*, vol. 192, 2001, pp. 1-6



WHAT'S HAPPENING NOW?

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Despite the negative effects experienced by individuals involved with VSM, communities are more likely to see VSM as a problem when it is actually causing direct problems in the community such as disruptive and violent behaviour.³⁷

A range of responses to the issue of VSM have been developed over the years, both legislative and community-based. To date, there has been limited formal evaluation of strategies to address VSM.

The following section will provide a general outline of approaches and a basic analysis-based on feedback from community consultations and relevant literature. A tabulated summary of approaches is provided in Appendix A. For ease of reference, Queensland initiatives are also collated in Appendix B.

LEGISLATIVE APPROACHES TO VOLATILE SUBSTANCE MISUSE

There are inherent difficulties in legislating a solution to a problem which involves the misuse of 'legal' and readily available products.

In Australia, there is no existing state or territory legislation that specifically makes VSM illegal, although several communities in Western Australia and South Australia have passed local by-laws declaring petrol sniffing an offence.³⁸ Likewise in Queensland,

VSM is not illegal, although local by-laws which declare petrol sniffing an offence are being considered in some Indigenous communities.

However, a range of legislative provisions exist which may be invoked, or used as a potential model for similar legislation, in an attempt to minimise the incidence of VSM. Relevant legislative provisions described below are provided in full in Appendix C.

User-based legislation

Existing user-based legislation in various jurisdictions in Australia provides reactive and immediate power to relevant authorities to remove a child at risk to a safe place when it is not deemed necessary to take the child into the custody of the relevant child protection authorities.³⁹

Examples of provisions aimed at removing a child from harm include:

- Section 11 of the Northern Territory's *Community Welfare Act 1987* provides a statutory mechanism to protect users (or any child and young person) under the age of 18 who are 'in the need of care'⁴⁰
- Section 21 (1) and (2) of Queensland's *Child Protection Act 1999*.

While such powers provide authorities with the ability to administer an immediate and reactive response to VSM involving a child, their impact is

³⁷ Department of Health and Community Services (NT), *Overview of Major Drugs: Petrol*, [Online], Available at URL: http://www.nt.gov.au/health/healthdev/health_promotion/bushbook/volume2/chap1/petrol.htm, 2001

³⁸ See Appendix C

³⁹ See Appendix C

⁴⁰ Department of Health and Community Services (NT), *op. cit.*

limited. For example, in Queensland, the ability to remove a child to a safe place is only available where the child is under 12 years of age (see Appendix B).

Furthermore, the effectiveness of these types of provisions depends on the availability of a “safe” haven. There is a noted lack of diversionary or accommodation facilities for young people with substance misuse problems in both urban and rural areas, and the appropriateness of existing diversionary facilities for children under 12 years is questionable.

Product-based legislation

Product-based legislation confers powers on the relevant authorities to confiscate volatile substances misused or reasonably suspected of being misused for the purposes of inhalation.

Examples of provisions aimed at confiscating volatile substances include:

- Section 5 of Western Australia’s *Protective Custody Act 2000*
- Section 42 (d) (3) of South Australia’s *Pitjantjatjara Land Rights Act 1981*
- Section 371A of Queensland’s *Police Powers and Responsibilities Act 2000*.

Provisions aimed at confiscating products only offer a short-term solution, as the young person may only stop VSM until they are able to source another product. They may also place young people at greater risk by encouraging them to misuse in more isolated and unlit places where

they are unlikely to be detected by authorities.

In general, user-based provisions only offer short-term solutions and fail to address the reasons for VSM.

Supplier-based legislation

Supplier-based legislation is designed to make retailers take more responsibility for the products they sell by prohibiting or authorising the supply of products subject to certain conditions or restrictions. These types of provisions are relatively ‘popular’ strategies for minimising the incidence of VSM, as seen by their prevalence in both Australia and overseas.

Legislation in Victoria, South Australia and the Northern Territory (see Appendix C) places responsibility on retailers for the sale of prescribed volatile substances. This legislation makes it an offence to sell or supply volatile substances to people the retailer reasonably suspects will use them for inhalation or for sale to other people for the purpose of inhalation.

In the United Kingdom, it is also an offence to sell or supply substances to people when the retailer has reasonable belief that the substances are being purchased for the purposes of inhalation (see Appendix C). The *Intoxicating Substances Act 1985* is aimed specifically at young people under 18 and those believed to be acting on behalf of a person under age in purchasing such substances. While mainly directed at retailers, the provision may apply to anyone who sells or supplies a young person with

a volatile substance.⁴¹ Although no list of volatile substances is included in the legislation, it has had some effect in controlling the sale of glues, mainly because most retailers are aware of the intoxicating nature of glue.

Similar legislation also exists in Japan, Belgium, France and the United States. In Japan, the sale or supply of specified substances to juveniles is an offence. In Belgium, some products have been withdrawn from the market, and the size and types of available substances have been limited. In France, the sale of trichloroethylene (found in cleaning and correction fluids) to minors has been forbidden since 1984. In the United States, 43 states have passed statutes specifically directed at inhalants, 41 states have criminal statutes, 31 states have business regulations on product formulation or access and 10 states have prevention or treatment-related statutes.⁴²

In Texas, commercial establishments wishing to sell certain products containing volatile substances are charged a \$25 licence fee. The money raised is used by the Texas Commission on Alcohol and Drug Abuse to fund the publication of materials about volatile substances and local prevention programs.⁴³

In the Philippines, criminal sanctions have been imposed since 1979 on those who use, possess or engage in the unauthorised sale of volatile substances to minors. Similarly, under

Thailand's *Prevention of Inhalant Abuse Act 1990*, the sale of volatile substances to children under 17 years old is prohibited. In the Republic of Korea, the sale of certain chemical substances (including toluene, ethyl acetate and methyl alcohol) for intoxication purposes is an offence under the *Harmful Chemical Control Act*.⁴⁴

In Queensland, there are currently no supplier-based legislative provisions aimed at reducing the incidence of VSM. However, various pieces of legislation could be extended or used as a model for similar legislation relating to VSM. These include:

- Section 85 (1) of the *Fair Trading Act (Qld) 1989*: This provision enables the Minister for Fair Trading to make orders prohibiting or restricting the supply of dangerous or undesirable goods or services, where the Minister considers that the goods or services could adversely affect the health of an individual (see Appendix B). This provision could be enacted to impose restrictions on the supply of products containing volatile substances.
- Section 284 (1) of the *Health (Drugs and Poisons) Regulation (Qld) 1996*. This provision prohibits the storage of dangerous drugs, restricted drugs or poisons within the reach of children (see Appendix B). The schedule of recognised poisons does not currently include volatile substances in household products.

⁴¹ Department of Health (UK), *op. cit.* p. 10

⁴² EducaRI, *Laws Controlling the Sale of Sniffable Products*, [Online], Available at URL: <http://www.vsa.educari.com/whatIs/laws.htm>, 2001, p. 2

⁴³ *ibid.*, p. 2

⁴⁴ *ibid.*, p. 3

While extending the schedule of recognised poisons to include certain volatile substances may be an option, it is likely to be considered impractical and expensive by the retail sector.

- Sections 10 and 11 of the *Tobacco Products (Prevention of Supply to Children) Act (Qld) 1998*. This provision states that a supplier must not supply tobacco products to children and places an additional responsibility on the supplier to ensure that their employees do not supply tobacco products to children. Both of these provisions have prescribed penalty provisions.

Legislation similar to the *Health (Drugs and Poisons) Regulation (Qld) 1996* and the *Tobacco Products (Prevention of Supply to Children) Act (Qld) 1998* could be introduced to reduce accessibility to products containing volatile substances.

Placing restrictions on the storage of, for example, paint products, may be effective in limiting young people's use of it for inhalant purposes. However, young people may move on to substitute products that are more readily accessible and potentially more dangerous. At the 3rd International Conference on Drugs and Young People held in Sydney in May 2002, it was noted that introduction of the *Intoxicating Substances Supply Act 1985* in the United Kingdom, which controlled glue sales, coincided with an increase in the misuse of other more dangerous volatile substances. Alternatively, young people may simply source the products elsewhere, for example, from home, or, if

age restrictions apply, have products purchased on their behalf.

These approaches may raise community awareness about the problem and restrict access to volatile substances. However, such provisions place significant responsibilities on retailers and may not be particularly effective unless adequate monitoring mechanisms are put in place to ensure that retailers are complying. While retailers in smaller communities may be more capable of identifying regular users of volatile substances, it would be more difficult in larger regional and urban areas where customers may be more transient.

OTHER APPROACHES

A wide range of initiatives have been devised and tested in individual communities in the absence of effective legislation, or to supplement legislative approaches.

Product-based approaches

Product-based approaches have been introduced in various communities to deter individuals from using certain products for the purpose of intoxication.

In the Northern Territory, the introduction of aviation gasoline (Avgas) as a substitute for petrol has been used in some communities to deter young people from petrol sniffing. Avgas produces a less euphoric effect than petrol and causes severe head and stomach aches. It is therefore considered less likely to be used for the purposes of intoxication.

However, the introduction of Avgas is reported to have had some negative consequences, including⁴⁵:

- violent reactions by some people when denied access to petrol
- users siphoning mixtures of petrol and Avgas from cars
- users stealing petrol from local roadhouses or from cars belonging to tourists
- an increase in people bringing petrol into the communities and selling it to the users
- additional economic burdens on communities in lower socio-economic areas, as Avgas is a more expensive substitute for petrol.

The introduction of Avgas was more successful in communities which featured strong community support and resolve and where other approaches such as recreational programs were also implemented.⁴⁶

In some Northern Territory communities, the addition of ethyl mercaptan to petrol has also been used to deter petrol sniffing, as it produces a bad odour and if inhaled, induces nausea, vomiting and diarrhoea.

While the use of additives to petrol brought about a temporary reduction in the misuse of petrol, this approach did not have community support because of the unpleasant smell caused by the substances. Furthermore, parents of young people who misused were often distressed at

the sight of their children vomiting as a result of the additives to the petrol. Medical officers also stated that the additives did not ameliorate the harmful effects of petrol sniffing. In addition, users eventually discovered ways to rid the petrol of the bad odour and additives through weathering.⁴⁷

Overseas, there have been similar attempts to modify volatile substances by adding unpleasant smelling chemicals.⁴⁸ However, users generally tend to switch to other products that odorous chemicals cannot be added to, such as hairsprays, deodorants and air fresheners.

Product-based approaches are generally unsuccessful in addressing the long-term problem of VSM, as they fail to focus on the underlying reasons for misuse.

Retail-based approaches

Retail-based approaches, like supplier-based legislation, aim to reduce easy access to volatile substances. In Queensland, where there is no supplier-based legislation, a number of initiatives have been undertaken to engage the retail sector in addressing the issue of VSM.

As products containing volatile substances are commonly shoplifted, retailers have aimed to reduce shoplifting by:

⁴⁵ P. d'Abbs and S. MacLean., *Petrol Sniffing in Aboriginal Communities: A Review of Interventions*, Cooperative Research Centre for Aboriginal and Tropical Health, Northern Territory, 2000, pp. 52-54.

⁴⁶ *ibid*

⁴⁷ *ibid*, p. 55

⁴⁸ *Preventing Volatile Substance Abuse*, [Online], Available at URL: <http://www.vsa.educari.com/prevention/#labellingckling>, 2001, p. 2

- relocating products to the front of the store (Inala and Biloela)
- placing the products under close camera surveillance (Ipswich)
- storing products behind the counter under lock and key (Palm Island)
- networking closely with local police (Ipswich and Logan)
- monitoring individuals who are suspected of shoplifting.

Retailers have also aimed to restrict sales of products containing volatile substances to 'legitimate' customers by locating products, such as aerosol paints, behind the counter, or voluntarily restricting the sale of certain products containing volatile substances to people over 18 years of age. At the request of police and community groups, Crazy Clark's retail outlet in Brisbane's Queen Street Mall has currently opted not to sell aerosol paints at all.

At a VSM workshop held in Logan in March 2002, it was noted that while restricting accessibility to products such as aerosol paints could simply encourage users to switch to other products, "it is still important to put the spray cans out of reach - they tend to be the cheaper options".⁴⁹

Retailers have reported some success with these strategies in deterring young people from accessing volatile substances in stores. However, these retail practices are not mandatory and are adopted at the discretion of individual retailers, limiting the overall effectiveness of a retail-based approach.

For example, in 2001, students from the Southside Education Centre in Brisbane approached local retailers about the problem of VSM among young people in the area. The students suggested strategies for the responsible sale of products containing volatile substances, such as limiting the display of spray paints in their stores. To date, however, little action has been taken by the retailers approached. In the absence of legislation and strong community pressure, many retailers report not feeling obliged to take action to limit the supply of spray paints to young people.

Where retailers in a particular locality do not adopt a uniform code of practice, a young person can buy or steal the product from a retailer where it is accessible. Full compliance with a code of practice would be particularly difficult to achieve in a metropolitan area where movement between retail centres is relatively easy.

While these approaches may limit access to store supplies of volatile substances, young people may seek alternative supplies in homes, or have the products purchased on their behalf by people over 18 years of age.

We would just get someone we know over 18 to buy it for us.
(Student, Brisbane)

⁴⁹ Logan City Council and Logan Youth Justice Service, *op. cit.*, p. 7

Awareness-based approaches

Don't give currency to 'self fulfilling' prophecies regarding addiction. Keep cues to a minimum. Don't glamorise by demonising. Don't involve the media [which has an advertising effect].⁵⁰

Awareness-raising strategies are frequently used to alert young people to the dangers of various types of substance abuse. Strategies may include education programs, media articles and product-warning labels.

Education programs have been developed to inform young people about the dangers of VSM and associated risks in various Australian jurisdictions. Guides have also been developed to help parents identify signs of VSM by their children and provide intervention strategies.⁵¹ Information kits for retailers have also been produced.⁵²

However, in contrast to education programs for other types of drug misuse, education programs about VSM are often considered to be counter-productive. For non-users or occasional users, they may actually draw attention to a range of relatively inexpensive and commonly available products which may be used for the purposes of intoxication. In particular, education programs may encourage VSM among young people who are

depressed, bored, suicidal or self-harming.

Education programs are also generally ineffective for chronic users, who are typically aware of the dangers of VSM, but for whom the misuse is fulfilling a need not met elsewhere.

The use of warning labels on products containing volatile substances has been suggested as a way of increasing awareness among the community and potential users about the dangers of VSM. Schedules setting out standards for dangerous chemical labelling are in place throughout Australia. Labelling of commonly used volatile substances, however, is generally not required under the standards. It is arguable that drawing young people's attention to the risks associated with inhalation of common household products could have the unintentional effect of increasing VSM by people who would otherwise be ignorant of the intoxication potential of some substances.

As one student noted:

Anything that says don't inhale, you inhale.

Similarly, media articles highlighting the dangers of VSM may in fact do more damage by highlighting the intoxicating properties of commonly available products and drawing attention to methods of VSM.

⁵⁰ Youth Substance Abuse Service, *Chroming Wheel*, Department of Human Services, Victoria, 2001

⁵¹ For example: Western Australia Drug Abuse Strategy Office, *Solvent Sniffing: An information guide for parents about glue and other solvent use*, [Online], Available at: URL: <http://www.wa.gov.au/drugwestaus/>, 1997; and United Kingdom Department of Health, *Solvents. A parent's guide: The signs. The dangers. What to do*, 1994

⁵² Western Australia Drug Abuse Strategy Office, *Public Education Campaigns: Solvents and other Volatile Substances*, [Online], Available at: URL: <http://www.wa.gov.au/drugwestaus/html/contents/publications/campaigns/solvents/solvents.html>, 2001

Education programs likely to be effective are those that focus on the needs of the young person already involved in VSM.

For example:

In the Townsville/Thuringowa region, an initiative titled, 'Peer Education for Primary Prevention for At Risk Youth' (PEPPARY) has been implemented by the Open Youth Project, Townsville. This initiative aims to assist young people with VSM and other drug-related issues. The purpose of the PEPPARY project is to draw on the significant influence of the peer group to inform, educate, support, influence and validate.⁵³ This project provides an educative and training opportunity for young people associated with substance misuse, to develop the necessary resources to become peer educators for other young people using drugs (including solvents).

Activity-based approaches

Some of the key reasons given for using volatile substances are 'to have fun' and 'to alleviate boredom'. Activity-based responses to the problem of VSM therefore aim to provide alternative activities for young people. They are typically organised by local communities.

Outstations and camps are often used as an early intervention strategy for young people involved in, or at risk of, VSM. Since 1994, the Yuendumu community in the Northern Territory has operated a 'Petrol Sniffer Program' managed by Aboriginal elders. An outstation provides the venue for a diverse range of activities including traditional activities, gardening, training courses and the Community Development Employment Program. At the outstation, access to volatile substances is restricted.

This approach has been successful in Yuendumu, with the number of users falling from 44 in 1994 to zero in 1998, and crime and unemployment rates also declining.⁵⁴ The success of the program has been attributed to the reinforcement of cultural connections with family and the land.

However, critics of outstation programs argue that:

- it merely transfers the problem of misuse from one community to another
- many young people participating in the program resume VSM on return to their communities
- going to an outstation is viewed as a punishment and is therefore not well received by young people.⁵⁵

The 'Youth Development and Recreational Program' established in the Mimili community, South Australia in 1993 also aimed at addressing the issue of boredom

⁵³ S. Cleary, *Inhalant Abuse by Young People*, Australian Institute of Criminology Conference, Townsville, 2-3 August 2001, p. 12

⁵⁴ d'Abbs and MacLean, *op. cit.*, p. 78

⁵⁵ d'Abbs and MacLean, *op. cit.*, pp. 74-77

among young people in the community. It does this by empowering children and young people through the use of unstructured activities negotiated with young people to engage their interest. The program is designed to encourage decision-making, problem solving and conflict resolution in a non-threatening group environment.⁵⁶

However, recreation programs are usually of short duration and require significant resources, particularly if they are to be operated on a low-cost or no-cost basis, so they are accessible to young people regardless of their economic circumstances.

Unless recreation programs go beyond offering 'fun' activities, to addressing some of the underlying emotional or social reasons why a person is involved in VSM, their impact will be limited to the duration of the program.

A more holistic approach is demonstrated in the following example:

In the Logan region, a steering committee has formed to develop and progress strategies for young people involved with VSM. The committee is currently organising a camp for Indigenous students (Years 4 - 10) which is designed to encourage and engage young people in a range of activities.

The committee intends to engage a mental health officer or psychologist at the camp to help young people with their issues and concerns and to better understand their needs.

Community-based approaches

In several Queensland communities, Aboriginal Justice Groups play a significant role in deterring young Indigenous people from VSM by providing positive role models and assisting in the reinforcement of significant cultural factors. The Justice Groups are made up of elders from the local community and are close-working community bodies. The principle of public shaming is used to discourage volatile substance misuse.

While these programs have had some success in discouraging occasional users from future use, they have not been as effective with chronic misusers, who typically have complex problems which need to be addressed. Instead, strategies involving shaming or banishment may actually accentuate the problems experienced by the young person which lead to chronic misuse.⁵⁷

Harm minimisation-based approaches

Harm minimisation strategies are based on the premise that it is not feasible to prevent VSM in some cases,

⁵⁶ X. Almeida, *A demonstration project which shows how one community dealt with petrol sniffing: Report on the Youth Development and Recreational Program at Mimili*, AGPS, Canberra, 1994

⁵⁷ d'Abbs and MacLean, *op. cit.*, p. 70

so it is better to implement strategies which will minimise the harm to young people involved. Strategies include providing information about how to do it safely, and even providing a safe environment in which to do it. They are usually aimed at young people who are regularly involved in VSM. These strategies tend to attract considerable community concern.

The Victorian Youth Substance Abuse Service uses a harm minimisation tool known as the Chroming Wheel. Information about the dangers of VSM is accompanied by information about how to minimise the dangers, for example by:

- using less toxic substances
- not spraying directly into the mouth
- using smaller plastic bags or plastic bottles
- avoiding dangerous places when intoxicated.

Until recently, a Victorian community agency called Berry Street Victoria ran a program aimed at minimising the harmful effects of sniffing by providing a safe place for young people to use volatile substances under supervision. It also offered support, counselling and individual programs to children and young people.

Harm minimisation strategies like these often attract strong criticism from the community and the media for condoning VSM. As with most other strategies, their merit should be considered as part of an integrated approach.

Multi-level approaches

Strategies aimed at reducing VSM are likely to be more successful when they incorporate a range of approaches.

For example:

In Western Australia, the Midland district has developed a four-part intervention strategy. The first phase was introduced in June 1998, and consisted of a resource kit targeted at and developed by retailers. The second phase established a mobile phone connection between police and retailers. Retailers phone police when groups of young people are acting suspiciously around or entering the store. The third phase consisted of a VSM workshop including breakfast and lunch sessions to engage young people who misuse volatile substances in a full day of activities and discussion. Additionally, monthly discos for young substance misusers were organised to provide them with alternative activities. The fourth phase involved community education and awareness. This included conducting regular awareness forums for retailers and the community on the problems of VSM and intervention. All four components operate simultaneously to address the issues of VSM in the district.⁵⁸

⁵⁸ Western Australia Drug Abuse Strategy Office, *op. cit.*

However, multi-level approaches are most effective in addressing VSM when they focus on 'why' a young person is misusing volatile substances, and identifying the function or need that VSM performs or fulfils for the individual.

A number of initiatives are currently in place which provide multi-level support services for young people.

For example:

The 'Management of Public Intoxication Program' was established in Ipswich with funding from the Department of Families and Ipswich City Council in September 2000 as a result of community concern. The program is targeted at young people aged 12 - 25 years at risk of, or suffering from, intoxication in the Ipswich Central Business District, from alcohol, drugs or VSM. The project is coordinated by Ipswich City Council and conducted by Drug Arm. Drug Arm oversees the 'street' component of the program, which includes crisis intervention, free transport, emergency accommodation and an office drop-in centre. Youth workers organise a safe place for young intoxicated people and provide them with a counselling service. This is the only Queensland youth support service that operates after business hours.

For example:

The Queensland Police Service operates a 'Problem Oriented Policing Partnership Initiative' (POP) in Biloela, Tully, Doomadgee, Mackay and Mt Isa. The initiative aims to identify youth at risk, assist in referring young people to appropriate community groups to establish working partnerships and to educate young people about the dangers of misusing volatile substances. Communities involved in this initiative have demonstrated a strong commitment to it. In Mt Isa for instance, a public forum was held by concerned community members from which an inter-agency, collaborative approach was taken to assist young people misusing volatile substances. A multi-disciplinary team of 34 local professionals committed funding and resources for a wide range of activities, services, camps and workshops. A major aim was to ensure that activities and services were accessible and free to young people on school holidays, weekdays and weekends. These included free picture shows, free admission to the local swimming pool once or twice a week, overnight camps and four free placements at the local TAFE.

As youth workers have identified, the success of multi-level support services in addressing VSM is limited primarily by the availability of resources. At a meeting of the Queensland Drug

Coordinating Committee on 26 April 2002, a youth worker commented that there is a correlation between the increase in the incidence of VSM in recent years and funding cuts to a broad range of support services.

For example, many accommodation services for at-risk young people only provide accommodation overnight, leaving young people at risk of returning to substance misuse when required to vacate residential facilities each morning. In addition, many out-of-home residential facilities in Queensland do not cater specifically for young people with substance misuse problems and there is widespread anecdotal evidence that many facilities refuse to provide accommodation to young people who are intoxicated on volatile substances.⁵⁹



WHAT WORKS?

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Information about the extent and nature of VSM is limited. In addition, there is a lack of comprehensive data as to the effectiveness of the various strategies adopted by communities to combat substance misuse. It is clear that there are no single, quick or easy solutions to addressing VSM. Anecdotal reports suggest, however, that there may be merit in the adoption of a range of legislative, retail and other community-based strategies, as VSM is a complex issue with multiple causes which relate to each other in complex ways.⁶⁰

From a review of current programs in place in Australia, those that record some success:

- occur at the local community level
- receive high levels of community support
- provide young people with alternative activities
- do not marginalise young people involved in VSM
- limit accessibility to volatile substances
- provide counselling and support services that focus on the needs of the young people involved in VSM
- utilise a range of strategies that operate at multiple levels

Increasingly though, it is being realised that, in order to be effective, strategies to address VSM must consider why young people become intoxicated. Legislative, supplier and retail-based strategies may achieve varying degrees of success in addressing how volatile substances are accessed by young people and limiting access to substances which

are commonly misused. However, if the issue of why young people misuse volatile substances is not addressed, VSM may still occur although the nature of the volatile substances and the way they are procured may change.

The reasons young people become involved in VSM will vary from community to community and among individual young people. They range from having fun and alleviating boredom to escaping from problems and difficult personal circumstances. Therefore, blanket approaches which are not relevant to the circumstances of communities experiencing VSM and the issues of the young people engaging in VSM are likely to fail.

Localised community-based strategies are generally viewed as the most effective method for dealing with VSM. Local strategies have the advantage of being relevant to community circumstances and the local resources available to deal with VSM. Local communities are also closer to the problems of their young people and can more effectively identify the resources required to reintegrate them into the community. Local strategies also have the potential to enhance community partnerships and empower communities to deal with problems.

Concerned community members need to encourage others to be involved in order to work collectively in identifying and addressing the underlying factors contributing to young people misusing volatile

⁶⁰ J. Mundy, "Snuffing out sniffing", *Connexions*, February/March, Vol. 21, No 1, pp. 6-10

substances in their communities. The essential ingredient is the energy generated from the community itself.⁶¹ A holistic and coordinated response could involve the council, police, retailers and industry groups, parents, young people, medical practitioners, health authorities, family services officers, schools and other community organisations including sporting, recreation, church, environmental and justice groups.

The African saying that ‘it takes a whole village to raise a child’, although simplistic, epitomises this approach. Communities that display high levels of social connectedness and cohesion tend to:

- be good places to raise children and young people
- be more healthy
- have cleaner public spaces, friendlier people and safer streets
- have a positive effect on children and young people’s development.⁶²

In addition, strategies that seek to reintegrate marginalised young people into the community are more likely to address the reasons ‘why’ young people turn to volatile substances.

Much research has shown that social connections inhibit depression...Countless studies document the link between society and psyche: people who have close friends and confidants,

*friendly neighbours, and supportive co-workers are less likely to experience sadness, loneliness, low self esteem, and problems with eating and sleeping.*⁶³

Young people experiencing VSM are therefore more likely to benefit from strategies that are socially inclusive rather than those which seek to exclude them from community life.

Resources available to deal with VSM will vary from community to community. Many successful programs, particularly in Indigenous communities, however, have adopted an ‘asset-promotion approach’ rather than focussing on asset-deficits or factors which impede the ability of the community to deal with problems.

The ‘asset-promotion approach’ requires a community to take responsibility for determining how many assets it possesses as an indicator of where strengths to deal with problems lie. The community then proceeds to accumulate the assets, ‘or building blocks’ it does not yet hold and to close gaps. This has a cyclic effect as an asset-accumulating community nurtures and strengthens young people who then provide the critical mass to further enhance the community’s wellbeing. The concept of asset building presupposes a capacity for optimism and hope, a sense of connectedness, and the

⁶¹ G. Shaw, W. Armstrong, & C. San Roque, *Petrol Link-Up: Interim Report - Stage 1*, Canberra, Commonwealth Department of Health Services and Health, 1994

⁶² R. Putnam, *Bowling Alone*, Simon and Schuster, Sydney, 2001, pp.307 & 327

⁶³ *ibid.*, p.332

availability of accessible community resources”.⁶⁴

Asset building requires young people to be ‘gifted’ with positive experiences from elders and communities to be responsible for encouraging all young people to experience and gather more ‘building blocks’ as well as producing inter-generational bridges.⁶⁵

Asset building acknowledges and promotes “people skills, people resources, trusting relationships, and the strength of collaborative networks and partnerships, both formal and informal, existing within the community”.⁶⁶ It celebrates connectedness and is built on the promotion of a community’s wellbeing and accumulation of developmental

skills. It moves from a ‘victim’ to an ‘agent of change’ approach.

This type of approach enhances social capital and empowers communities to deal with problems collaboratively, in a way that enhances networks and relationships among members of the community.



⁶⁴ B. Mudaly, “Building Capacity in Culturally Diverse Communities to Enhance Resilience in Young People and their Families”, *Youth Studies Australia*, 18(4), 1999, p.43

⁶⁵ B. Checkoway and K. Richards-Schuster, *Young People As Agents Of Community Change: New Lessons From The Field*, [Online], Available at URL: <http://www.wested.org/ppfy/j001yp.htm>, 2001

⁶⁶ Mudaly, *op. cit.*, p.42

COMMUNITY ENGAGEMENT STRATEGY

The Commission has become increasingly concerned at the marginalisation of young people in Queensland society. Negative images of young people are perpetuated by the media – particularly, in relation to issues of graffiti, noisy motor vehicles, the congregation of young people in public places and VSM. In responding to VSM, the Commission does not support strategies which further marginalise or isolate young people who may be experiencing problems in their lives.

The Commission supports the adoption of a community engagement strategy to prevent or reduce the incidence of VSM. The community engagement strategy aims to provide a practical approach for government, retailers and communities to address the incidence of VSM at the local community level. This approach is based on the following assumptions:

- communities are best placed to identify and profile the extent of VSM use in their community
- the reasons for VSM are as varied as the young people involved
- to prevent or reduce the incidence of VSM by young people, strategies must address ‘why’ young people become involved
- strategies which further marginalise young people involved in VSM are likely to fail
- the effectiveness of strategies will be contingent on:
 - the level of support of all community stakeholders including young people and locally-based government

representatives

- ownership of the problem as a community problem rather than a problem for young people in the community.

The Commission has applied the following principles in developing the strategy:

- young people involved in VSM have a right to participate in decision making processes that affect them
- young people involved in VSM have a right to be part of a community
- VSM strategies should accord with the interests and wellbeing of young people involved in VSM.

Community Engagement Strategy



Stage One – Identifying a VSM problem

Once a VSM problem has been identified in the community, it is important that the nature and extent of the problem is properly gauged. Some VSM problems may be highly visible and attract significant media attention, but may only involve a few young people.

Sources

What are the sources that identify a VSM problem in the community?

Are they reliable?

What other sources are available in the community that may know about the problem (for example, police, retailers, ambulance officers, hospital staff, teachers, members of the public)?

Impact on young people

What is the impact of VSM on young people in the community (for example, physical, behavioural, marginalisation)?

Impact of VSM on the community

What are the public consequences of substance misuse (for example, risk taking behaviour, endangered safety of users, violence against property or people, public perceptions)?

Stage Two – Forming an action committee

Once information sharing about VSM has begun, interested community groups and young people should be invited to form a VSM action committee. When forming a committee, the following issues might be considered:

How are incidences of VSM currently being dealt with by authorities and community groups (for example, police, family service officers, health clinic and hospital staff, welfare agencies and retailers)?

Are there any drug strategies - including VSM strategies - already in place in the area?

Which groups are willing to be part of a problem solving strategy?

Have young people been approached to be part of the committee?

How are young people involved in VSM going to be part of the committee's decision-making processes?

Which other organisations or groups would be useful partners?

What role can each group play?

What benefits might flow to each stakeholder through their participation in the action committee?

Stage Three – Developing a VSM profile



VSM Profile

Information sharing among community action committee members should help develop a VSM profile for the community. The profile should provide a comprehensive overview of VSM based on information provided by key stakeholders in the community such as police, schools, ambulance officers, family service officers, health clinics, hospitals, welfare agencies and retailers.

The profile should include information such as:

What?

What volatile substances are being misused? _____

Who?

Is there an identifiable group of young people misusing volatile substances?

How many people are involved? _____

How old are the young people involved in VSM? _____

Do they attend school? If not, why not?

Are they experimental, social or chronic misusers of volatile substances?

How?

How are volatile substances being obtained? (for example, hardware store, general store, supermarket, homes) _____

Is it known whether substances are being purchased or stolen? _____

What factors might contribute to accessibility? _____

Where?

Where is the VSM mainly taking place? _____

What factors might contribute to this/these location/s as the preferred location for VSM?

When?

What time of the day and on what days is usage mainly occurring?

What is the frequency of use? _____

Is use regular or episodic? _____

What factors might contribute to the time and frequency of use? _____

Why?

Why are young people misusing volatile substances?

Have any organisations or community groups discussed reasons for use with young people involved in VSM? _____

Are there any young people who have been involved in VSM but are no longer misusing? _____

Have they been consulted about reasons for misuse and possible strategies for addressing it? _____

Stage Four – Identifying assets

Developing a VSM profile for the community enhances the community's ability to identify the resources available to address each profile component. Resource or asset identification should focus on the community's strengths and the range of options available to address each part of the VSM profile.

For example, in the 'why' component of a VSM profile, youth workers may identify that some young people get involved in VSM to alleviate boredom and escape from problems at home.

Community assets which may address these issues include:

- sporting, recreation and other community groups in the area
- retailers and other businesses who may be willing to offer young people jobs, work experience or help sponsor the young person attending a course or program
- support and counselling services
- TAFE colleges
- youth groups
- local police officers who are willing to work with young people and help them access available resources
- local councils
- ex-misusers who are no longer misusing and are prepared to support misusers
- other people in the community who would like to help.

Similarly, in addressing the "who" of the community's VSM profile, youth workers and police may identify a core group of five regular misusers and 20 occasional misusers who are enrolled

in schools but are truant from time to time. Of the five regular misusers, three are regularly truant from school and two have been excluded. Four of the regular misusers do not live at home and appear to be homeless. Of the 20 occasional users, seven appear to be homeless. The ages of young people involved in VSM range from 13 - 16 years.

Community assets which may address this problem include:

- schools – what is inhibiting the attendance of young people whose attendance is compulsory because of their age? What can the schools in the community do to encourage school attendance? What education or training programs are available for young people who have been excluded?
- counselling and support services
- accommodation services – is there suitable accommodation available for young people who are homeless?
- school guidance officers, school-based nurses or other counselling and support services
- general practitioners committed to supporting the needs of young people.

Stage Five – Developing strategies

Once a VSM profile has been developed, it is easier to develop strategies targeting each component of the VSM profile. Strategies should operate simultaneously and collaboratively to address the problem and should be relevant to the community profile.

Strategies should be developed to address:

What substances are being misused?

Issues to consider in developing strategies may include:

- prohibiting/limiting the supply or sale of products
- the use of substitute products with less intoxicating qualities
- police powers to remove volatile substances from young people or to move a child to a safe place
- harm minimisation
- identification of safe places.

How are young people gaining access to volatile substances?

Issues to consider in developing strategies may include:

- responsible retail practices (for example, a code of practice for retailers to keep volatile substances behind the counter, under lock, limitations on the sale to minors, protocols between police and retailers)
- responsible storage of volatile substances by the community (for example, keeping volatile substances locked up, collections of residents' unused paint products for community arts purposes).

Who is involved in VSM?

Issues to consider in developing strategies may include:

- addressing the circumstances of young people involved in VSM (whether they are in school, have access to appropriate accommodation, counselling and support, work experience, employment, sporting and recreational activities)
- ensuring confidentiality and privacy in relation to sensitive information about young people involved in VSM
- coordination of support services to young people through an appropriate government or community agency
- accessing appropriate funding sources to meet the specific needs of young people.

When is misuse occurring?

Issues to consider in strategy development may include:

- organisation of activities and events or enabling access to support services at known usage times
- identification of available accommodation or diversionary services in the community, if any
- visibility of police patrols at peak usage times
- protocols with police about confiscation of volatile substances being misused for intoxication.

Where is VSM occurring?

Issues to consider in strategy development may include:

- improving lighting and visibility in locations where VSM is known to occur (care needs to be taken

however to ensure that strategies to improve lighting or visibility do not result in young people moving to alternative places to misuse volatile substances where they may be put at greater risk of harm)

- accessibility of support services
- regular patrols to minimise the risk of young people involved in VSM being harmed.

Why are young people misusing volatile substances?

Issues to consider in strategy development may include:

- whether young people are being marginalised by the community and how young people can be assisted to be part of their community
- the development of inclusive recreational, sporting and support activities for young people
- the relationships of young people with their families, peers, authority figures, government and non-government organisations and businesses in the community.

Some strategies may be effective in dealing with a number of components of the profile. For example, a strategy to keep volatile substances such as paints and glues locked behind the counter at retail outlets may be effective in addressing the 'what' and 'how' components of the community VSM profile. Similarly, a strategy to provide educational and counselling services to users may address the 'who', 'why', 'when' and 'where' components of the profile.

Stage Six – Implementing and communicating

Implementation of community VSM strategies should be accompanied by an effective communications campaign to foster community support, additional ideas and offers of assistance from key individuals and organisations in the community.

In developing a communications campaign, issues to consider may include:

- ensuring communications do not advertise VSM to young people. It is best that young people are not informed about the intoxicating properties of common household products.
- key messages – the purpose of the communication and what it seeks to achieve
- the target audience (for example: residents, community leaders, government service providers, community organisations, retail sector)
- ways of disseminating information (brochures via letter box drop or community events, official launch of the strategies, local newspaper stories, newsletters, posters at community centres or schools, radio community service announcements)
- ensuring any messages support the interests of young people

Implementation should be accompanied by comprehensive protocols or memorandums of understanding clearly outlining the role that each stakeholder will play in dealing with VSM.

Stage Seven – Monitoring and evaluating

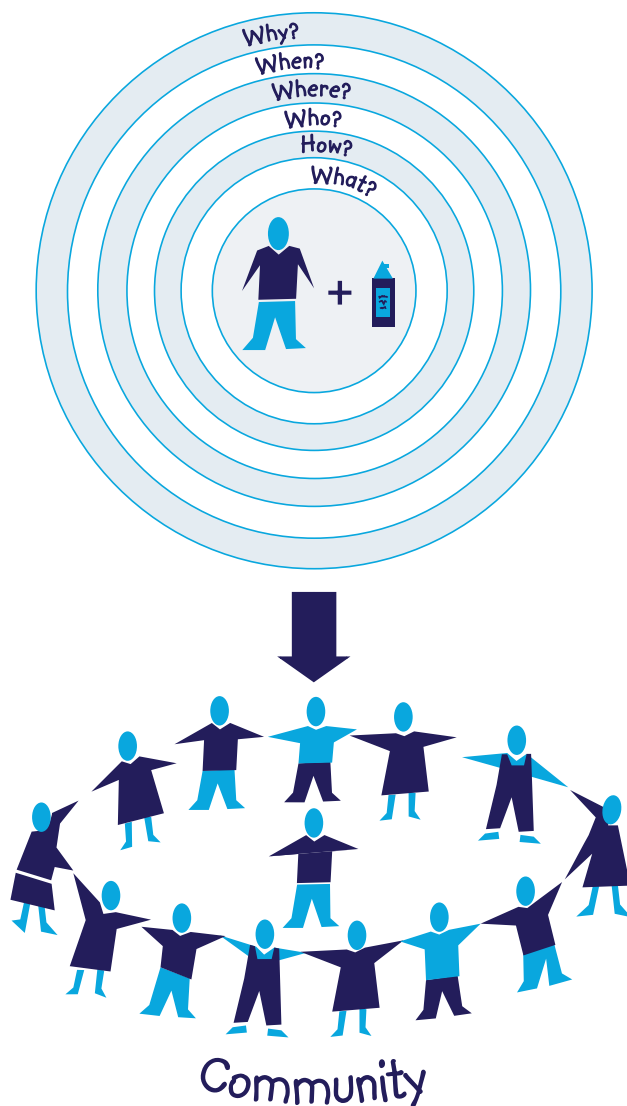
To identify the effectiveness of any community strategies in reducing the incidence of VSM, mechanisms for ongoing reporting and regular monitoring must be established.

These mechanisms will help identify what aspects of the strategies are and are not working.

This will also assist in identifying areas where further strategies and funding may be required.

Issues to consider may include changes in:

- the number of young people known to be involved in VSM
- the number of chronic or regular users
- the number of episodic or occasional users
- the frequency of use
- the nature of the volatile substances being misused



CONCLUSION

The community engagement strategy is designed to provide communities with a structured methodology for dealing with VSM. This methodology however, may also be applied for dealing with a range of issues experienced by communities such as graffiti, vandalism, public disorder and other anti-social behaviour.

It should be noted that many community problems do not begin and end at defined points in time. As communities evolve so do their problems. Generally, there are no quick solutions that yield 100% results in ridding a community of a particular problem. The community engagement strategy is a continuous cyclical problem-solving strategy. After strategies have been monitored and evaluated, communities may find that a VSM problem still remains, however, the size and scope of the problem may have changed. This facilitates the ability of communities to analyse what critical elements are missing in strategies and where additional resources may be required. This also facilitates the ability of communities to develop more targeted and informed funding applications from government and other funding sources that pinpoint where components of strategies need supplementary resources in order to be implemented effectively.

After strategies have been evaluated, the community engagement cycle begins again with the identification of the VSM problem post-strategy implementation. It may be that there

are less young people involved in VSM who may have moved on to substitute products. A new cycle of community engagement should be commenced which targets usage by this group and requires strategies of a different nature.

The community engagement strategy seeks to operationalise, at the community level, a number of concepts which have shown to be effective in enhancing the wellbeing of young people and the communities in which they live. These concepts include:

- social inclusion
- social capital and its associated concepts of social connectedness and social supports and networks
- asset building or asset-promotion, which seeks to focus on individual, family and community strengths, rather than weaknesses or deficits, and
- the rights of children and young people as expressed in the United Nations Convention on the Rights of the Child.

While the community engagement strategy seeks to achieve positive outcomes for young people involved in VSM, the methodology itself seeks to achieve broader outcomes for communities by enhancing community networks, trust, collaboration and cooperative decision making.



APPENDICES

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APPENDIX A

Provided below is a summary of legislative and other approaches employed to address the issue of VSM, and the perceived advantages and disadvantages of each.

Type	Examples	Advantages	Disadvantages
LEGISLATIVE			
User-based legislation	<ul style="list-style-type: none"> Section 21 (1) and (2) of the <i>Child Protection Act (Qld) 1999</i> Section 11 (1) of the <i>Community Welfare Act (NT) 1987</i> 	<ul style="list-style-type: none"> the user is removed from harm 	<ul style="list-style-type: none"> in Qld, only available for children under 12 years lack of available 'safe havens' may not prevent young person from using in a different place does not address reasons for VSM
Product-based legislation	<ul style="list-style-type: none"> Section 371A of the <i>Police Powers and Responsibilities Act (Qld) 2000</i> Section 5 of the <i>Protective Custody Act (WA) 2000</i> Section 42 (d) (3) of the <i>Pitjantjatjara Land Rights Act (SA) 1981</i> 	<ul style="list-style-type: none"> immediate power to confiscate products products can be confiscated might prevent user from Sudden Sniffing Death Syndrome (SSDS) 	<ul style="list-style-type: none"> inconsistently administered confiscation by police destroys trust by young people confiscation only a short-term solution may encourage users to move to isolated and dangerous areas does not address reasons for VSM
Supplier-based legislation	<ul style="list-style-type: none"> Section 85 (1) of the <i>Fair Trading Act (Qld) 1989 (potential)</i> Section 284 (1) of the <i>Health (Drugs and Poisons) Regulation (Qld) 1996 (potential)</i> Section 10 (1) and 11 (1) of the <i>Tobacco Products (Prevention of Supply to Children) Act (Qld) 1998 (potential)</i> Section 58 of the <i>Drugs, Poisons and Controlled Substances Act (Vic) 1981</i> Section 19 of the <i>Controlled Substances (SA) Act 1984</i> Section 18 of the <i>Misuse of Drugs (NT) Act 1996</i> Section 1 of the <i>Intoxicating Substances Act (UK) 1985</i> 	<ul style="list-style-type: none"> restrict sales of and/or access to products containing volatile substances, usually to individuals over 18 years of age may reduce theft of the product encourages retailers to be more responsible 	<ul style="list-style-type: none"> may be unfair to place responsibility on retailers, as it is not easy to identify potential misusers misusers may begin to use other products on which there are no restrictions without monitoring, compliance may be low products can be easily obtained elsewhere (eg, from home) or from individuals over 18 years of age does not cover misusers over 18 years of age unfair to legitimate users of products containing volatile substances does not address reasons for VSM

Type	Examples	Advantages	Disadvantages
Product-based	Substitution of petrol with Avgas	<ul style="list-style-type: none"> • produces a less euphoric effect than petrol • reasonable levels of success with experimental or social misusers • works well when alternative activities have also been implemented 	<ul style="list-style-type: none"> • some users become violent when they can't get petrol • users siphon mixtures of Avgas and petrol from cars • petrol stolen from the local roadhouses and/or tourist cars • petrol is brought back into the communities and then sold to users • concern of the effects of Avgas on cars • does not address the reasons for VSM
	Adding deterrents to petrol to induce nausea, vomiting and diarrhoea	<ul style="list-style-type: none"> • has resulted in a temporary reduction of VSM • provided a short-term relief for communities 	<ul style="list-style-type: none"> • the additives can be removed by weathering • no community support, because of offensive smell caused by additives • parents became distressed at the sight of their children vomiting • additives do not reduce harmful effects of petrol sniffing • misusers learnt how to get rid of bad smelling chemicals • does not address the reasons for VSM
	Adding unpleasant smelling chemicals to products containing volatile substances	<ul style="list-style-type: none"> • use of some products for purposes of inhalation may be reduced 	<ul style="list-style-type: none"> • dangerous to health • users switch to other products that odorous chemicals cannot be added to, such as hair sprays, deodorants and air-fresheners • product is less effective for legitimate users • does not address the reasons for VSM
Retail-based	Locate products at the front of the store	<ul style="list-style-type: none"> • products can be closely monitored 	<ul style="list-style-type: none"> • may make it even easier to shoplift products • limited effectiveness unless all stores comply • products may be sourced from home • does not address the reasons for VSM

OTHER

Type	Examples	Advantages	Disadvantages
<p>OTHER <i>continued.</i></p> <p>Retail-based <i>continued.</i></p>	<p>Store products behind the counter under lock and key</p> <p>Voluntarily restricting sale of products containing volatile substances to over 18s</p> <p>Monitoring and camera surveillance</p> <p>Networking with police</p>	<ul style="list-style-type: none"> prevents shoplifting of products encourages the responsible sale of products containing volatile substances by retailers limits direct access by young people products are not as easily accessible to people under 18 encourages the responsible sale of products containing volatile substances by retailers may deter some users from shoplifting may be more effective in smaller communities reduces the incidence of disruptive groups in the store and enhances customer and staff safety reduces theft of products containing volatile substances enhances ability of retailers to address issue of VSM and encourages responsible retail practice public view of the store as being socially responsible 	<ul style="list-style-type: none"> young people can still purchase the product limited effectiveness unless all stores comply not feasible to store all products containing volatile substances behind the counter products can be sourced from home does not address the reasons for VSM unfair to legitimate purchasers may raise issues of discrimination people over 18 years of age who misuse volatile substances can still purchase products people over 18 years may purchase the product for young people limited effectiveness unless all stores comply products can be sourced from home does not address the reasons for VSM may not deter some young people from shoplifting products can be sourced from home does not address the reasons for VSM only effective in participating stores might be unsuccessful if not an ongoing and long term strategy could encourage 'vigilante' retailers to target young people does not address the reasons for VSM

Type	Examples	Advantages	Disadvantages
OTHER Retail-based <i>continued.</i>	Providing information about VSM to retailers	<ul style="list-style-type: none"> increases awareness of the problem encourages the responsible sale of products containing volatile substances by retailers 	<ul style="list-style-type: none"> without legislation, retailers are not compelled to take action limited effectiveness unless all stores are provided with information and take action does not address the reasons for VSM
Awareness-based	Education and information programs	<ul style="list-style-type: none"> may help parents identify whether their child is involved in VSM information about harmful effects may deter non-users or occasional users education-based interventions are useful when they involve peer educators; focus on the needs of the young person; and take place in conjunction with other interventions 	<ul style="list-style-type: none"> may lead to inappropriate intervention by parents may be counter-productive, by making non-users aware of products which can be used for inhalation not appropriate for young people who are depressed, suicidal or self-harming generally not effective with chronic users does not address reasons for VSM
	Warning labels on products	<ul style="list-style-type: none"> increases awareness of potential dangers of products containing volatile substances 	<ul style="list-style-type: none"> could increase appeal of certain products does not address reasons for VSM
	Media coverage	<ul style="list-style-type: none"> increase community awareness of VSM 	<ul style="list-style-type: none"> may encourage VSM, by listing products and describing methods
Activity-based	Recreational programs eg. Youth Development and Recreational Program (Mimili, South Australia)	<ul style="list-style-type: none"> alleviates boredom, which is often cited as a reason for VSM can engage whole community in addressing the issue of VSM involvement of local youth workers in organising activities useful for those who have never used, occasional users and some dependent users 	<ul style="list-style-type: none"> often only short-term in duration does not remove young person from environment in which they misuse resource-intensive activities should be made available to all young people, to avoid stigmatisation and so other young people are not encouraged to misuse volatile substances in order to meet eligibility criteria

<i>Type</i>	<i>Examples</i>	<i>Advantages</i>	<i>Disadvantages</i>
Activity-based <i>continued.</i>	Outstation programs/camps	<ul style="list-style-type: none"> • access to volatile substances restricted during the program • useful for early intervention with experimental or occasional users • useful when needs of young person are addressed while on the program • reinforce cultural/spiritual aspects 	<ul style="list-style-type: none"> • sometimes viewed as a punishment resource-intensive • young people may recommence VSM on return to their normal environment
Community-based	Aboriginal Justice Groups	<ul style="list-style-type: none"> • provide positive role models and reinforce significant cultural factors • some success in discouraging occasional users from VSM 	<ul style="list-style-type: none"> • not as effective with chronic users • perception as ‘punishment’ may lead to resentment and further VSM
Harm minimisation-based	Providing information and a safe environment	<ul style="list-style-type: none"> • may minimise the harm experienced by chronic users, by monitoring VSM and suggesting safer practices • young people who misuse are provided with individual support 	<ul style="list-style-type: none"> • may encourage VSM • there may be a negative public perception of harm minimisation strategies
Multi-level	Management of Public Intoxication Program (Ipswich)	<ul style="list-style-type: none"> • community initiative • young people receive support after business hours • provides young people with free transport, emergency accommodation and counselling services • focuses on needs of the young person 	<ul style="list-style-type: none"> • young people may become dependent on Drug/Arm services
	Problem Oriented Policing Partnership Initiative (Biloela, Tully, Doomadgee, Mackay, Mt Isa)	<ul style="list-style-type: none"> • community initiative • partnerships established between police and retailers in some communities • police confiscate ‘harmful things’ • accommodation arranged for young people through the Department of Families • focuses on needs of the young person 	<ul style="list-style-type: none"> • some retailers do not limit supply or sale of products to young people

OTHER *continued.*

APPENDIX B

Queensland responses to volatile substance misuse

Legislative

User-based legislation

The *Child Protection Act (Qld) 1999* empowers the Department of Families to intervene and seek a child protection order for a child who is under 12 years and is at risk of harm. Subsections (1) and (2) of Section 21 of the Act state that:

Moving child to a safe place

21. (1) *This section applies if -*
- (a) *an authorised officer or police officer reasonably believes a child who is under 12 years is at risk of harm but does not consider it necessary to take the child into the chief executive's custody to ensure the child's protection; and*
 - (b) *a parent or other member of the child's family is not present at the place where the child is, and, after reasonable inquiries, the officer can not contact a parent or other member of the child's family.*
- (2) *The officer may, with the help that is reasonable in the circumstances, move the child to a safe place and make arrangements for the child's care at the place.*

These provisions could be enacted to remove a child under 12 years of age from a situation where they are involved in volatile substance misuse.

Product-based legislation

Section 371A of the *Police Powers and Responsibilities Act (Qld) 2000* provides that:

371A Power to seize potentially harmful things

- (1) *This section applies if a police officer finds a person in possession of a potentially harmful thing in circumstances in which the police officer reasonably suspects the person is inhaling, or is about to inhale, the thing.*
- (2) *The police officer may ask the person to explain why the person is in possession of the potentially harmful thing.*
- (3) *If the person does not give a reasonable explanation, the police officer may seize the potentially harmful thing.*

(4) *On the seizure of the potentially harmful thing, the thing is forfeited to the State.*

(5) *In this section: -*

“potentially harmful thing” means a thing -

(a) *that a person may lawfully possess; and*

(b) *that is or contains a substance that may be harmful to a person if inhaled.*

Examples -

1. Glue.

2. Paint.

3. A solvent.

Supplier-based (potential)

Section 284 (1) of the Health (Drugs and Poisons) Regulation (Qld) 1996

Storage of poisons

(1) *A person must not store a poison for sale within reach of children.*

Maximum penalty - 40 penalty units

Sections 10 and 11 of the Tobacco Products (Prevention of Supply to Children) Act (Qld) 1998

Individual supplier must not supply tobacco products to children

10 (1) *A tobacco product supplier who is an individual must not supply a tobacco product to a child.*

Maximum penalty -

(a) *for a first offence - 13 penalty units; and*

(b) *for a second or later offence - 26 penalty units.*

(2) *However, this section does not apply if the supply is by an employee of the supplier.*

Supplier must ensure employees do not supply tobacco products to children

11 (1) *A tobacco product supplier must ensure an employee of the supplier does not supply a tobacco product to a child.*

Maximum penalty - 26 penalty units.

- (2) *However, a tobacco product supplier does not commit an offence against subsection (1) if, before the supply, the supplier took the prevention measures in relation to the employee.*

Section 85 (1) of the *Fair Trading Act 1989*

Minister may make orders prohibiting or restricting supply of dangerous or undesirable goods or services

85.(1) The Minister, if in the Minister's opinion any goods or services of any kind are likely to cause the death of any person or to injure or adversely affect the health or wellbeing of any person whether physical, mental or psychological, may by order -

- (a) prohibit the supply of those goods or services; or*
- (b) authorise supply of those goods or services subject to conditions or restrictions prescribed in the order.*

Other approaches

- In the Townsville/Thuringowa region, an initiative titled 'Peer Education for Primary Prevention for At Risk Youth' (PEPPARY) has been implemented by the Open Youth Project, Townsville. This initiative aims to assist young people with VSM and other drug-related issues. The PEPPARY project's purpose is to draw on the significant influence that the peer group has to inform, educate, support, influence and validate.⁶⁷

This project provides an education and training opportunity for young people associated with substance misuse, to develop the necessary resources to become peer educators for other young people using drugs (including solvents).

- In the Logan area, a steering committee has formed to develop and progress strategies for young people involved with VSM. The committee is currently involved in organising a camp for Indigenous students (Years 4 - 10) which is designed to encourage and engage young people in a range of activities. It is intended to engage a mental health officer or psychologist at the camp to assist young people with their issues and concerns and to better understand their needs.
- In several Queensland communities, Aboriginal Justice Groups play a significant role in deterring young Indigenous people from VSM by providing positive role models and by reinforcing significant cultural factors. The Justice Groups are made up of elders from the local community and are a close working community body. A principle of public shaming is employed to discourage volatile substance misuse.

⁶⁷ S. Cleary, *op. cit.*, p 5

- The 'Management of Public Intoxication Program' was established in Ipswich in September 2000 as a result of community concern, through funding from the Department of Families and Ipswich City Council. The program is targeted at young people aged 12 - 25 years who are at risk of, or are suffering from, intoxication in the Ipswich Central Business District, as a result of alcohol, drugs or VSM.

The project is coordinated by Ipswich City Council and conducted by Drug Arm. Drug Arm facilitates the 'street' component of the program, including crisis intervention, free transport, emergency accommodation and an office drop-in centre. Youth workers organise a safe place for young intoxicated people and provide a counselling service to young people. This is the only Queensland youth support service that operates after business hours.

- The Queensland Police Service operates a 'Problem Oriented Policing Partnership Initiative' (POP) in Biloela, Tully, Doomadgee, Mackay and Mt Isa. The initiative identifies youth at risk, assists in referring them to appropriate community groups to establish working partnerships and to educate them on the dangers of misusing volatile substances.
- Communities involved in this initiative have demonstrated a strong commitment to it. For instance, a public forum was held in Mt Isa by concerned community members from which an inter-agency, collaborative approach was taken to assist young people misusing volatile substances. A multi-disciplinary team of 34 local professionals committed funding and resources for a wide range of activities, services, camps and workshops. A major objective was to ensure that such activities and services were easily accessible and free to young people on school holidays, weekdays and weekends. These included free picture shows, free admission to the local swimming pool once or twice a week, overnight camps and four free placements at the local TAFE.

APPENDIX C

Legislative approaches (Queensland legislation is highlighted)

USER-BASED LEGISLATION	
<i>Queensland</i>	<p>Section 21 (1) and (2) of the <i>Child Protection Act 1999</i>.</p> <p>21. Moving child to safe place (1) This section applies if – (a) an authorised officer or police officer reasonably believes a child who is under 12 years is at risk of harm but does not consider it necessary to take the child into the chief executive’s custody to ensure the child’s protection, and (b) a parent or other member of the child’s family is not present at the place where the child is, and, after reasonable inquiries, the officer can not contact a parent or other member of the child’s family. (2) The officer may, with the help that is reasonable in the circumstances, move the child to a safe place and make arrangements for the child’s care at the place.</p>
<i>South Australia</i>	<p>Section 42d (1) of the <i>Pitjantjatjara Land Rights Act 1981</i></p> <p>(1) A person shall not be in possession of petrol on the lands for the purpose of inhalation. Penalty: \$100.</p>
<i>Northern Territory</i>	<p>Section 11 (1) of the <i>Community Welfare Act 1987</i></p> <p>(1) The Minister, an authorised person or a member of the Police Force may, where he believes on reasonable grounds that a child is in need of care and that no other action would ensure the adequate care of the child, take the child into custody.</p>
PRODUCT-BASED LEGISLATION	
<i>Queensland</i>	<p>Section 371A of the <i>Police Powers and Responsibilities Act 2000</i>.</p> <p>371A Power to seize potentially harmful things (1) This section applies if a police officer finds a person in possession of a potentially harmful thing in circumstances in which the police officer reasonably suspects the person is inhaling, or is about to inhale, the thing. (2) The police officer may ask the person to explain why the person is in possession of the potentially harmful thing. (3) If the person does not give a reasonable explanation, the police officer may seize the potentially harmful thing. (4) On the seizure of the potentially harmful thing, the thing is forfeited to the State. (5) In this section – “potentially harmful thing” means a thing— (a) that a person may lawfully possess and (b) that is or contains a substance that may be harmful to a person if inhaled. Examples— 1. Glue. 2. Paint. 3. A solvent.</p>

PRODUCT-BASED LEGISLATION <i>continued.</i>	
<i>Western Australia</i>	<p>Section 5 of <i>Protective Custody Act 2000</i></p> <p>5. Intoxicants may be seized from children using them. (1) An authorized officer may seize an intoxicant from a child who is in a public place if – (a) the child is consuming or inhaling the intoxicant, or (b) the officer reasonably suspects that the child is about to consume or inhale the intoxicant, and the officer reasonably suspects that the child is likely to become intoxicated if the intoxicant is not seized. (2) The intoxicant may be seized even if the child is not intoxicated.</p>
<i>South Australia</i>	<p>Section 42 (d) (3) of the <i>Pitjantjatjara Land Rights Act 1981</i></p> <p>A member of the police force or a person acting under the authority of a member of the police force may confiscate and dispose of any petrol that he or she reasonably suspects is to be used or has been used for the purpose of inhalation and any container that contains or has contained such petrol.</p>
SUPPLIER-BASED LEGISLATION	
<i>Victoria</i>	<p>Section 58 of the <i>Drugs, Poisons and Controlled Substances Act 1981</i></p> <p>Sale of deleterious substances</p> <p>(1) Except as otherwise expressly provided in this Act or the regulations, a person shall not sell a deleterious substance to another person if the first-mentioned person knows or reasonably ought to have known or has reasonable cause to believe that the other person intends:</p> <ul style="list-style-type: none"> (a) to use the substance by drinking, inhaling, administering or otherwise introducing it into his body, or (b) to sell or supply the substance to a third person for use by that third person in a manner mentioned in paragraph (a). <p>(2) A person who contravenes sub-section (1) is guilty of an offence under this Act and shall be liable:</p> <ul style="list-style-type: none"> (a) where the offence relates to methylated spirits - to a penalty of not more than 5 penalty units or imprisonment for a term of not more than one month or both that penalty and imprisonment, (b) where the offence relates to a volatile substance - to a penalty of not more than 50 penalty units or imprisonment for a term of not more than two years or both that penalty and imprisonment. <p><i>The definition of a volatile substance in the Act includes “plastic solvent, adhesive cement, cleaning agent, glue, dope, nail polish remover, lighter fluid, gasoline, or any other volatile product derived from petroleum, paint thinner, lacquer thinner, aerosol propellant or anaesthetic gas”.</i></p>

<p><i>South Australia</i></p>	<p>Section 19 of the <i>Controlled Substances Act 1984</i></p>	<p>19. Sale or supply of volatile solvents A person must not sell or supply a volatile solvent to another person if he or she suspects, or there are reasonable grounds for suspecting, that the other person – (a) intends to inhale the solvents; or (b) intends to sell or supply the solvent to a further person for inhalation by that further person. Maximum penalty: \$10,000 or imprisonment for 2 years. (2) A person shall not sell or supply petrol to another person on the lands if there are reasonable grounds for suspecting that the other person – (a) intends to use the petrol for the purpose of inhalation, or (b) intends to sell or supply the petrol for the purpose of inhalation. Penalty: \$2,000 or imprisonment for 2 years.</p>
<p><i>Northern Territory</i></p>	<p>Section 18 of the <i>Misuse of Drugs Act 1996</i></p>	<p>13. Volatile Substances A person who sells or supplies a volatile substance to another person and who knows or who ought to know that the other person intends to use the substance by administering it to himself or herself or a third person or to sell or supply it to a third person for use by the third person to administer it to himself or herself or to a fourth person, is guilty of an offence. Penalty: \$2,000 or imprisonment for 2 years. (2) The Minister may, by notice in the <i>Gazette</i>, declare a substance to be a volatile substance.</p>
<p><i>United Kingdom</i></p>	<p>Section 1 of the <i>Intoxicating Substances Supply Act 1985</i></p>	<p>(1) It is an offence for a person to supply or offer to supply a substance other than a controlled drug – (a) to a person under the age of eighteen whom he knows, or has reasonable cause to believe, to be under that age, or (b) to a person – (i) who is acting on behalf of a person under that age, and (ii) whom he knows, or has reasonable cause to believe, to be so acting, if he knows or has reasonable cause to believe that the substance is, or its fumes are, likely to be inhaled by the person under the age of eighteen for the purpose of causing intoxication.</p>
<p><i>Queensland (potential)</i></p>	<p>Section 284 (1) of the <i>Health (Drugs and Poisons) Regulation 1996</i></p>	<p>Storage of poisons (3) A person must not store a poison for sale within reach of children. Maximum penalty – 40 penalty units</p>

SUPPLIER-BASED LEGISLATION <i>continued.</i>		
<i>Queensland (potential)</i>	Section 10 & 11 of the <i>Tobacco Products (Prevention of Supply to Children) Act 1998</i>	<p>Individual supplier must not supply tobacco products to children</p> <p>10 (1) A tobacco product supplier who is an individual must not supply a tobacco product to a child.</p> <p>Maximum penalty –</p> <p>(a) for a first offence – 13 penalty units; and</p> <p>(b) for a second or later offence – 26 penalty units.</p> <p>(2) However, this section does not apply if the supply is by an employee of the supplier.</p> <p>Supplier must ensure employees do not supply tobacco products to children</p> <p>11 (1) A tobacco product supplier must ensure an employee of the supplier does not supply a tobacco product to a child.</p> <p>Maximum penalty – 26 penalty units.</p> <p>(2) However, a tobacco product supplier does not commit an offence against subsection (1) if, before the supply, the supplier took the prevention measures in relation to the employee.</p>
<i>Queensland (potential)</i>	Section 85 (1) of the <i>Fair Trading Act 1989</i>	<p>85 (1) The Minister, if in the Minister's opinion any goods or services of any kind are likely to cause the death of any person or to injure or adversely affect the health or wellbeing of any person whether physical, mental or psychological, may by order—</p> <p>(a) prohibit the supply of those goods or services, or</p> <p>(b) authorise supply of those goods or services subject to conditions or restrictions prescribed in the order.</p>



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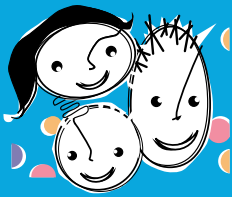
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