



Australian Government

Department of Health and Ageing

CASE-STUDY:

**INTERSECTORAL ACTION
TO REDUCE PETROL SNIFFING IN REMOTE
COMMUNITIES OF CENTRAL AUSTRALIA**

**Crossing Sectors - Dialogue on Intersectoral Action
June 10 -11, 2007, Vancouver, Canada**

**Public Health Agency of Canada and
the Secretariat to the WHO Commission on Social Determinants of Health**

**Presented by:
David de Carvalho
Assistant Secretary
Policy and Analysis Branch
Office for Aboriginal and Torres Strait Islander Health
Commonwealth Department of Health and Ageing**

CONTENTS

Acronyms	ii
Prologue	iii
A. SUMMARY	1
B. CONTEXT	1
1. What were the contextual factors at play?	1
1.1 Demography	1
1.2 Political structure	2
1.3 Central Australia	2
1.4 Indigenous Affairs Governance	2
1.5 Health Care for Indigenous People	3
2. What was the nature of the public policy problem that inter- sectoral action was designed to address?	3
3. What policy objectives were identified?	5
4. What were the origins of the policy?	5
C. APPROACHES	7
5. What was the nature of inter-sectoral action in developing, implementing and or evaluating this policy?	7
6. What mechanisms and tools were used to support inter- sectoral action?	8
7. What roles did each of these actors play in the policy development, implementation and evaluation stages?	11
8. What were the outcomes?	13
9. Conclusion	14
Attachment 1 - Mount Theo Program	16
Attachment 2 - Specific outcomes under the Eight Point Plan	18
Attachment 3 - Maps	21

ACRONYMS

AGD	Attorney General's Department
AP Lands	Anangu Pitjantjatjara Lands
ATSIC	Aboriginal and Torres Strait Islander Commission
BP Australia	British Petroleum
CAYLUS	Central Australian Youth Link Up Service
DEST	Department of Education, Science and Training*
DoHA	Department of Health and Ageing
FHCSIA	Department of Families, Housing and Community Services and Indigenous Affairs*
NPY	Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara people
NT	Northern Territory
OIPC	Office of Indigenous Policy Coordination
POEM	Partnership Outreach Education Model
RPA	Regional Partnership Agreements
SA	South Australia
SAID	Substance Abuse Intelligence Desk
SES	Senior Executive Service
SRA	Shared Responsibility Agreements
VSM	Volatile Substance Misuse
WA	Western Australia

Note: Since this paper was presented in June 2007 there has been a federal election resulting in a change of government and changes in administrative arrangements. The former Department of Education, Science and Training is now the Department of Education, Employment and Workplace Relations (DEEWR). The former Department of Families, Community Services and Indigenous Affairs has responsibility for Housing and is now the Department of Families, Housing, Community Services and Indigenous Affairs (FHCSIA).

PROLOGUE

The inquest, just the second ever to be held into petrol sniffing in the Northern Territory, was told yesterday petrol sniffing had left a number of people permanently brain damaged in the community, and may have played a part in up to 60 Aboriginal deaths in the Northern Territory in the past seven years.

The inquest also was told sniffing had become a tolerated and entrenched behaviour in many communities, where families often lived in fear of unpredictable outbursts of violence and felt helpless to stop the self-destructive behaviour.

THE AGE, 10 August 2005

... the problem has largely abated. Today social workers and community leaders estimate there are just 20 petrol sniffers left in Central Australia above the Northern Territory border, compared with about 600 a year and half ago. In some communities south of the border, petrol sniffing estimated to have fallen by 60 per cent.

Weekend Australian, 17 March 2007

A. SUMMARY

Petrol sniffing has been particularly devastating to remote Aboriginal communities, primarily in Central Australia, not only due to the impact on individuals but also because of the social upheaval in those communities where there were large numbers of youth sniffing petrol.

This case study showcases successful inter-sectoral action to reduce the incidence and impact of petrol sniffing in these communities. It highlights the importance of taking a multifaceted approach to address a range of underlying factors that draw young people into such devastating risk taking behaviours. This is because addressing the social determinants that give rise to petrol sniffing, such as poor access to education, limited community infrastructure, high unemployment and boredom, are factors that the health system alone, and a single level of government alone, can not effectively combat.

The focus will be on some key steps in the process of developing the Commonwealth Government's Eight Point Plan which is a comprehensive, whole of government approach to both reducing petrol sniffing and addressing the socio-economic and environmental factors that increase the risk of substance misuse. The action taken has engaged key partnerships at all levels of government and across sectors including, Aboriginal communities and the petroleum industry. It has involved communities and the private sector joining with governments to take a stand against petrol sniffing, using research and practical evidence to guide public policy interventions. This inter-sectoral and comprehensive approach is beginning to have an impact on the rates of petrol sniffing and positive flow-on effects for the health of the populations of many remote Aboriginal communities.

B. CONTEXT

1. What were the contextual factors at play?

1.1 Demography

Australia has a population of nearly 21 million that largely inhabits the east coast with fewer than 15 per cent of Australians living in rural areas (Map 1). The Indigenous population in 2001 was approximately 410,003¹ (2.2 per cent of the total population), a significant increase since the 1976 census which showed an Indigenous population of 115,953. This three fold increase in twenty five years is outstripping the overall Australian population growth.² The 15 - 24 age group among the Indigenous population represents approximately 19 per cent as compared to 12.4 per cent in broader Australian population. This is a particularly salient point when considering that 26 per cent of Indigenous young people between the age a 15 - 24 live in remote and very remote areas compared to 2 per cent of the non-Indigenous population. Indigenous Australians have estimated life expectancies for males and females that are 17 years lower than those of other Australians.³

¹ <http://www.abs.gov.au/AUSSTATS/abs>

² Some proportion of this increase can be attributed to more people deciding to self-identify as Indigenous.

³ <http://www.pc.gov.au/gsp/reports/indigenous/keyindicators2007/overview.pdf>

1.2 Political structure

Australia is a federation consisting of nine jurisdictions: the national or Commonwealth Government, six states and two mainland territories. The jurisdictions most relevant for this case study are Western Australia, South Australia and the Northern Territory. The cross border region where the South Australia - Northern Territory border meets the Western Australian border is generally referred to as Central Australia and is typically an arid desert area with small populations.

In most respects, the territories function similarly to the states, but the Commonwealth Parliament can override any legislation of their parliaments. By contrast, federal legislation overrides state legislation only with respect to certain areas as set out in Section 51 of the Constitution; all residual legislative powers are retained by the state parliaments, including powers over hospitals, education, police, the judiciary, roads, public transport and local government. Until 1967, the Constitution expressly prevented the Commonwealth from being able to legislate for the benefit of Indigenous peoples, as this was excluded from their heads of power under s.51 (xxvi) of the Constitution. However, on 27 May 1967, a referendum of the Australian people voted to remove that impediment to equal treatment under the law.

1.3 Central Australia

The population of Central Australia is approximately 60,000 with Aboriginal people making up about 50 per cent and almost the total remote population of the area, living mainly in hundreds of small and isolated communities. A large part of this area is known as the Anangu Pitjantjatjara Lands (AP Lands).

The AP Lands cover some 103,000 square kilometres in the far north-west of South Australia. The AP Lands are defined and protected under the *Pitjantjatjara Lands Right (PLR) Act (SA) 1981*. The title (freehold) to the land is held by Anangu Pitjantjatjara (the AP Council), an incorporated body established under the PLR Act. The AP Lands are part of a much larger country of Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara (NPY) people which covers some 350,000 square kilometres of South Australia, Western Australia and the Northern Territory, and is known as the 'cross border' region⁴ (Map 2).

The *Aboriginal Land Rights (Northern Territory) Act 1976* provides for traditional Aboriginal owners to claim unalienated land in the Northern Territory. It establishes how land claims can be argued before an Aboriginal Land Commissioner and, if upheld, provides for title to the land to be granted to an Aboriginal Land Trust.⁵

Western Australia does not currently have separate state legislation for land rights and land claims are progressed through national native title arrangements.

1.4 Indigenous Affairs Governance

On 1 July 2004 new arrangements at the national level for the administration of Indigenous affairs were introduced to promote a whole-of-government approach to service delivery across Commonwealth Government agencies. There is no longer a dedicated Commonwealth Government agency administering Indigenous programs. Programs previously administered by the Aboriginal and

⁴ http://www.indigenous.gov.au/coag/trial_sites/sa.html#anchor3

⁵ <http://www.environment.gov.au/parks/kakadu/parkjointmang/jointmang/landrights.html>

Torres Strait Islander Commission (ATSIC) have been transferred to relevant Commonwealth Government departments. Most programs and services for Indigenous people are now funded through a Single Indigenous Budget and delivered by the appropriate department.

There are five key principles underpinning these arrangements: collaboration, regional and local needs, flexibility, accountability and leadership. At the national level, relevant Commonwealth Government Ministers and Department Secretaries are responsible, individually and collectively, for working in a whole-of-government way. The broad principles and practice underpinning the whole-of-government approach are critical to intersectoral action that resulted in the reduction of petrol sniffing among Aboriginal people in remote locations.

1.5 Health Care for Indigenous People

The Commonwealth Government has a leadership role in developing national health policies and improving the delivery of, and access to, health services for all Australians, including Indigenous people, within a federal system of government.

In respect of Indigenous peoples, the Commonwealth Government directly funds over 200 Indigenous specific primary health care and substance use services, the majority of which are controlled by Indigenous communities. In remote areas, such services are usually the only service available to Indigenous people. In 2007-08 the total budget for health care specifically for Aboriginal and Torres Strait Islander people is \$447,000 million which is approximately 1 per cent of the total Commonwealth Health Budget.

Indigenous specific services funded by the Commonwealth government complement the mainstream health programs (Medicare Benefits Scheme and the Pharmaceutical Benefits Scheme) and those health services provided by state and territory governments. As indicated in section 1.2 above, state and territory governments are responsible for hospital services. They also provide funds, and contribute, to Indigenous specific services. There has been a strong push since the early 1990s to make mainstream health systems more responsive to the needs of Aboriginal and Torres Strait Islander people, particularly given that at least 30 per cent of this population live in urban areas.⁶

Effective primary health care underpins almost all the strategies that can be delivered through the health system, for example, antenatal care, immunisation, early detection and screening and chronic disease management, and many of the strategies targeted at healthy behaviours. Increased capacity is required across primary health care and secondary/tertiary care. Strengthening the system of primary health care and improving data on measures of community functioning, relative economic disadvantage, governance and health promotion, continue to be Commonwealth Government priorities.

2. *What was the nature of the public policy problem that inter-sectoral action was designed to address?*

Petrol sniffing is a form of volatile substance misuse (VSM). In many Indigenous communities it is the predominant volatile substance of abuse, whereas in urban areas the most common form of VSM is chroming, or inhaling from aerosol paint cans. In responding to VSM, it is necessary to recognise its distinctive features and at the same time not succumb to the sensationalism with which it is often represented. It is also a particularly destructive (and self-destructive) expression of a much broader set

⁶ <http://www.pc.gov.au/gsp/reports/indigenous/keyindicators2007/overview.pdf>

of problems, including socio-economic disadvantage, despair and anger. It is these social and environmental factors that categorise petrol sniffing as more than just a health problem and make it vital that solutions focus on improvements across the community rather than just limiting access to substances like petrol in respect of individuals.

Petrol sniffing first emerged among Aboriginal communities after the establishment of military bases in Arnhem Land in the Northern Territory during World War II.⁷ By 1983 the then Department of Aboriginal Affairs reported that Australia-wide, an average of nine per cent of communities (69 communities) had a problem with petrol sniffing.

In 1985 a Senate Select Committee on Volatile Substance Abuse identified three broad reasons for concern about petrol sniffing in remote Aboriginal communities:

- the severe physical and psychological effects on those involved;
- the combined consequential social effects threaten, in some communities, to destroy an already fragile social system; and
- the extent of the problem.

Between 1981 and 1991, sixty Aboriginal men and three women died from petrol sniffing.⁸ Since 1991, deaths have continued with the South Australian, Western Australian and Northern Territory Coroners regularly reporting on deaths from volatile substance abuse. Given the issues with data, any reported deaths from petrol sniffing are likely to be an underestimate.

The Commonwealth Government's approach to substance misuse also had an impact on the evolution of a policy framework to address petrol sniffing. In late 1996, the Government Department of Health and Ageing undertook a review of the Substance Misuse Program (transferred from ATSIC on 1 July 1996) focussing on the design of the program and its context as well as its relationship to broader mainstream health and substance misuse programs. The aim was to identify key strategies for an integrated, co-ordinated national approach to comprehensively address this national problem.

Although considerable research has been undertaken and there is now a much better understanding as to why people sniff petrol, governments have only recently begun to work together effectively to reduce this behaviour. It is now widely recognised that socio-economic factors play a part in the general aetiology of petrol sniffing, including poverty, hunger, illness, low education levels, unemployment, boredom and general feelings of hopelessness. These form the environment in which such self-destructive behaviour takes place⁹ and as a result need to be addressed cohesively and concurrently through comprehensive intersectoral action.

Ultimately, the event that galvanised the public opinion and increased pressure for a public policy commitment to intersectoral action to address petrol sniffing was the media attention associated with the findings of the various Coronial Inquests, in particular the report by Coroner Chivell in South Australia in August 2005. Pressure was also coming from community based organisations and Aboriginal communities in central Australia. There was a high level of agreement that all parties

⁷ Senate Select Committee on Volatile Substance Abuse, 1985:
http://www.aph.gov.au/senate/committee/clac_ctte/petrol_sniffing/report

⁸ Senate Select Committee on Volatile Substance Abuse, 1985.

⁹ Human Rights and Equal Opportunity Commission, 2003.

needed to take a role in combating sniffing in remote areas. This has been seen by the general public as one element that exemplifies the need for greater national commitment to closing the health gap between Indigenous and non-Indigenous people in Australia. In the lead up to the 2007 election the 17 year life expectancy gap was a focus for public policy discussion.

3. *What policy objectives were identified?*

Governments have committed to working in a holistic manner at a program and policy level, to take a partnership approach with Aboriginal and Torres Strait Islander peoples, to respond to health priorities such as petrol sniffing. Through collaborative processes a joint Petrol Sniffing Strategy and an 8 Point Plan were developed, aimed at:

- reducing the incidence and impact of petrol sniffing in a defined area of central Australia by addressing the complex mix of inter-related causes and contextual factors contributing to this activity; and
- evaluating the effectiveness of a regional and comprehensive response to petrol sniffing to determine whether and how it might usefully be expanded to other regions with similar issues.

4. *What were the origins of the policy?*

Supply reduction and harm minimisation strategies have been an important part of Aboriginal communities tackling petrol sniffing for the last fifteen years. Avgas, an aviation fuel, was first used as a substitution strategy in communities to reduce petrol sniffing in Arnhem Land in the Northern Territory in 1992. However, the level of excise on Avgas when used for non-aviation purposes made it particularly expensive compared to regular unleaded fuel. Communities in Arnhem Land pressured the Commonwealth Government to subsidise the use of Avgas as a supply strategy and as a result the Commonwealth Gasoline Scheme¹⁰ (Comgas Scheme) was established in 1998, administered by the Department of Health and Ageing.

The Comgas Scheme was evaluated in 2004, and the Report of the Evaluation was completed in December that year. The report discussed overall numbers of petrol sniffers recognizing that

At a population level, the percentage of Aboriginal and Torres Strait Islander people who sniff petrol is relatively small. Nevertheless, in those communities in which sniffing is endemic, especially in small communities, the proportion of sniffers is high and the impact of their sniffing activity is far greater than their numbers would suggest (for example, five chronic sniffers can cause havoc in community of 400 people).¹¹

The evaluation recommended the expansion of the Avgas strategy into commercial outlets on highways to complement the work in Aboriginal communities to stop petrol sniffing. To this end, collaboration between governments, communities and the corporate sector that was already underway at the time the report was handed down now began to have very concrete and positive results.

In mid 2004 at a meeting on the AP Lands, Indigenous communities had issued a challenge to BP Australia Pty Ltd to produce a fuel that would not provide petrol sniffers with the “high”. In addition a proposed change in the formula of Avgas for early 2005, resulting in an increase in the

¹⁰ An Evaluation of the Comgas Scheme, Commonwealth Government, December 2004.

¹¹ An Evaluation of the Comgas Scheme, Commonwealth Government, December 2004, page 42.

aromatic content of Avgas, also increased pressure to develop a low aromatic fuel alternative. It is important to note at this point that much of what evolved, regarding strategies to reduce petrol sniffing, did so as a result of BP Australia developing the technology to produce low aromatic fuel that had an immediate effect on the high rates petrol sniffing. This window of opportunity allowed other strategies to work effectively in the absence of large numbers of petrol sniffers in remote communities. In February 2005, BP Australia¹² introduced the low aromatic unleaded fuel, *Opal*, into the communities in central Australia, that had previously been using Avgas, with almost immediate positive results.

Because it was more expensive to produce the *Opal* unleaded fuel than regular unleaded fuel negotiation between BP Australia and the Australian Government resulted in an agreement to subsidise the production of the low aromatic unleaded *Opal* fuel. Anecdotal information indicated that there was an immediate benefit, of *Opal* fuel, in reducing the number of petrol sniffing but the new product also opened up the opportunity to blanket a large area of central Australia, including retail outlets and the commercial sector, with a low aromatic fuel.

There were immediate reductions in petrol sniffing in the AP Lands after its introduction. In May, the Commonwealth Government allocated \$9.6 million over four years commencing in 2005-06 Budget measure “Combating Petrol Sniffing” and a further \$9.5 million in September 2005 (over two years) to expand the roll-out of *Opal* into services stations and roadhouses in proximity to Aboriginal communities with petrol sniffing problems.

The measure also opened up the number of communities that could access the Comgas Scheme because of its increasing success and increasing demand from remote communities wanting to access the fuel. With the expansion it was also recognised that there needed to be an increase in the level of information and a more strategic approach to data collection and evaluation.

While the 2005-06 Budget measure set the framework for governments’ objectives to reduce petrol sniffing, this initial allocation of funds was principally targeting a single supply strategy using the Comgas Scheme and in particular *Opal* fuel. The Comgas Evaluation Report, while it recognised the value of the alternative/substitution approach in achieving some immediate successes, argued that there were inherent problems with a single strategy based on limiting supply which was not supported by other effective interventions. The Report became one of the key drivers in setting up a more sustained approach including a more expansive cross portfolio strategy with greater financial support.

Substantial advocacy by community based organisations also needs to be factored into the action taken by all governments in relation to petrol sniffing. Without this advocacy role and community support by organisations such as NPY Women’s Council¹³ and Central Australian Youth Link Up Service¹⁴ this would not have been possible. This advocacy took the form of a media campaign, request for a

¹² Previously, BP was selling a fuel known as Comgas (a re-brand of Avgas), which was found to be useful in mitigating petrol sniffing. Comgas had very low levels of aromatics, which are what give the ‘high’ when sniffed. However, Comgas contained lead and was therefore not viewed as a sustainable solution by BP (<http://www.bp.com/sectiongenericarticle.do?categoryId=9012368&contentId=7024232>)

¹³ The Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council (NPY Women’s Council) is a resource support and advocacy organisation for its members residing in Aboriginal communities in the cross-border region of Western Australia, South Australia and the Northern Territory. The Council covers a vast, remote, semi-arid desert area some 350 000 sq km. The Council delivers a wide range of health, cultural and community development services and initiatives to families in the region.

¹⁴ CAYLUS was a petrol sniffing prevention project funded through the Drug Strategies Branch in the Department of Health and Ageing. CAYLUS worked supporting communities in the NT in implementing supply and demand reduction measures since 2002.

Coronial Inquest in the NT on several sniffing deaths, proposing and supporting a Senate Committee to look into inhalant abuse in remote Indigenous communities and commissioning a Cost/benefit Analysis of the rollout of *Opal* fuel to support the proposal to roll *Opal* out across the region.

Similarly, it needs to be recognised that many communities were not static in their response to petrol sniffing. The Yuendumu community, 300 kms north west of Alice Springs, took an active role in developing interventions such as the Mt Theo Program (See Attachment 1 for more detail) that helped to guide policy thinking and intersectoral actions. These organisations and communities were also strong advocates for a comprehensive rollout of *Opal* fuel once the early results were recognised in Central Australia.

In the evolving policy environment in mid 2005 it was recognised that *Opal* was not the panacea to petrol sniffing.¹⁵ Growing evidence alerted governments to the fact that *Opal* needed to be supported by a range of interventions. It was important to address supply issues but also the determinants of social health such as employment, structured activities and education that would result in lasting impacts on individuals and their communities.

C. APPROACHES

5. *What was the nature of inter-sectoral action in developing, implementing and or evaluating this policy?*

The Comgas Evaluation identified those activities that are critical as part of a broad strategic intervention to address petrol sniffing. The Evaluation recommended that:

*strategies to address petrol sniffing should not be conducted in isolation from broader substance misuse interventions, as petrol sniffing is often part of a pattern of polydrug use including alcohol and cannabis.*¹⁶

The Evaluation goes on to point out that broad based strategies that deal with the full range of social determinants of health and wellbeing, that assist to stabilise communities and give them the capacity to deal with chronic and chaotic issues such as petrol sniffing, are more important than any specifically targeted intervention. The comprehensive approach was also strongly influenced by NPY Women's Council, CAYLUS, outcomes provided by the Mt Theo Program and the first detailed literature review of interventions into petrol sniffing in Australia by Peter D'abbs and Sarah McLean.¹⁷

The Commonwealth Government Department of Health and Ageing worked in partnership with the Office of Indigenous Policy Coordination (OIPC) to gain support from officials from the three state/territory jurisdictions for a collaborative, cross-border approach to address petrol sniffing.

At a meeting in Adelaide in September 2005 senior policing, justice, health and community services officials from the Northern Territory, South Australian and Western Australian Governments supported an 8 point plan put to them by Commonwealth Government officials. The Eight Point Plan

¹⁵ Coronial Inquest into Petrol Sniffing Deaths in South Australia, Coroner Chivell, March 2005

¹⁶ An Evaluation of the Comgas Scheme, Commonwealth Government, December 2004.

¹⁷ d'Abbs P, Maclean S (2000). *Petrol sniffing in Aboriginal communities: a review of interventions*. Darwin: Cooperative Research Centre for Aboriginal and Tropical Health.

was developed from formal evidence derived from the Comgas Evaluation, coroners' inquests and scholarly research, as well as input from those with experience on the ground. All four governments agreed to the comprehensive approach to addressing petrol sniffing with the following elements:

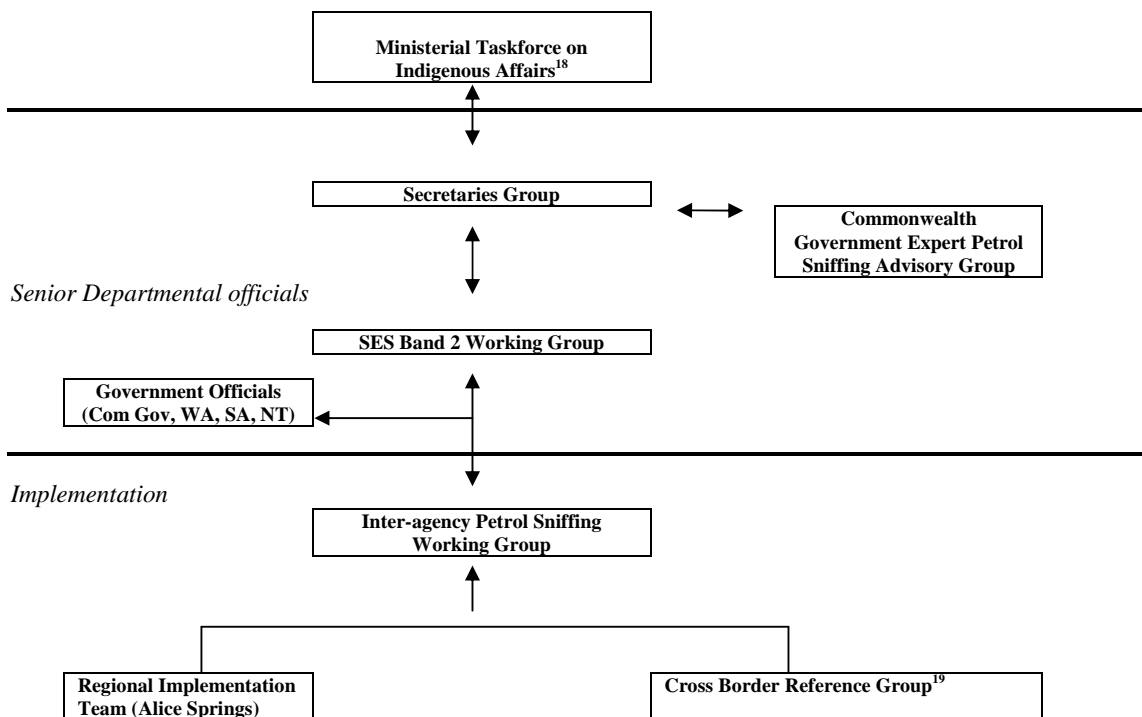
1. Consistent legislation
2. Appropriate levels of policing
3. Further roll-out of Opal fuel
4. Alternative activities for young people
5. Treatment and Respite facilities
6. Communication and Education strategies
7. Strengthening and Supporting communities
8. Evaluation

6. What mechanisms and tools were used to support inter- sectoral action?

The key to successful intersectoral action is coordination and communication. This requires efficient and effective governance structures and mechanisms. From the point of view of the Commonwealth Government the management of the Petrol Sniffing Strategy was best situated within broader governance arrangements of Indigenous affairs as follows:

Diagram 1: Governance Structure for the Commonwealth Government's Region Petrol Sniffing Strategy

Ministerial



¹⁸ Following the federal election in November 2007 the future status of the Ministerial Taskforce is yet to be determined.

This approach helped to tie in the public policy agenda and objectives with a governance structure that was designed to address the broad issue of improving disadvantage among Indigenous people in Australia. It is important to note that sitting along side this structure were the fuel industry (BP Australia) and community based organisations pushing for similar outcomes.

The on-the-ground implementation is coordinated through a team based in Alice Springs. The Central Australian Petrol Sniffing Strategy Unit is a multi-agency unit, with staff from the Commonwealth Government departments with primary carriage of the Eight Point Plan. The strategy was jointly implemented with Indigenous people from the region, and took account of the different circumstances and needs of the communities in the region using shared responsibility principles and agreement frameworks.

Table 1 shows the Eight Point Plan and the relevant agencies at Commonwealth Government level and where state/territory governments have a role. Overall coordinating responsibility lies with the Office of Indigenous Policy Coordination (OIPC) within the Commonwealth Government Department of Families, Housing, Community Services and Indigenous Affairs (FHCSIA). Each agency's responsibility reflects the particular intervention but in some cases numerous agencies are involved or assisting. This improves coordination but also guards against a single agency, sector (like health) or organisation having sole responsibility for what is essentially an issue embedded in the overall socio-economic context.

Table 1: Eight Point Plan and Government Agency Responsibilities

1. Implement a uniform legal framework	State and Territory Governments (Commonwealth Government - Attorney General's Department/Department of Health and Ageing to assist)
2. Provide an appropriate level of policing	State and Territory Governments (Commonwealth Government - Attorney General's Department/ Department of Families, Housing, Community Services and Indigenous Affairs to assist)
3. Regional rollout of Opal fuel	Department of Health and Ageing lead role
4. Facilitate alternative activities for people in the area	Department of Families, Housing, Community Services and Indigenous Affairs/ Department of Education, Employment and Workplace Relations/ State and Territory Governments
5. Provide rehabilitation and treatment facilities	State and Territory Governments lead role in provision of appropriate treatment facilities for sniffers with Acquired Brain Injury (Department of Health and Ageing/Families, Housing, Community Services and Indigenous Affairs assist)

¹⁹ The Cross Border Reference Group members agreed to cease this Committee in August 2006.

6. Communication and Education strategies	Department of Health and Ageing/Department of Communications Information Technology and the Arts/Families, Housing, Community Services and Indigenous Affairs and BP Australia
7. Strengthening and supporting communities	Department of Families, Housing, Community Services and Indigenous Affairs /Department of Education, Employment and Workplace Relations Assist
8. Evaluation	Department of Families, Housing, Community Services and Indigenous Affairs/ Department of Health and Ageing/ Department of Education, Employment and Workplace Relations Assist/ State and Territory Governments

Given the complexity of the issues being addressed, it was agreed that the Eight Point Plan would be in place for a minimum of ten years. While the rolling evaluation strategy and ongoing relationships between the stakeholders would inform adjustments to the strategy, it was agreed that a long-term commitment from the respective governments was required to give communities the confidence to tackle the issue in a sustained way.

The Commonwealth Government's approach to Indigenous affairs policy provides a unique opportunity to address petrol sniffing from a whole-of-government perspective. The Ministerial Taskforce has identified three policy priority areas - early childhood; safer communities; and overcoming welfare dependency. These are directly relevant within the broader social context in which petrol sniffing occurs.

Key tools available to governments and communities in the fight against petrol sniffing are Regional Partnership Agreements (RPA) and Shared Responsibility Agreements (SRA). These represent a significant opportunity for communities and governments to agree on concrete localised action to address substance abuse and its causes. Each of the key stakeholders have differing but shared responsibilities for implementing particular activities which together address the Eight Point Plan elements. Both SRA and RPA are important tools in the development of locally targeted interventions, and particularly funding, for communities to address petrol sniffing. For example an RPA with the Western Australian Government provides an overarching agreement and funding for the Pilbara Aboriginal Alcohol Drug Program. This Program is a non-residential treatment program which is expected to provide services across the substance abuse spectrum including to those who sniff petrol.

Commonwealth Government funding that commenced in 2005-06 was a critical tool in making this collaboration work effectively. In the 2005/06 Budget \$9.6 million over four years was allocated to "Combating Petrol Sniffing" and included the rollout of *Opal* fuel to 23 new Aboriginal communities in central Australia.

With the announcement of the Eight Point Plan came a further \$9.5 million for the Petrol Sniffing Strategy for the Central Desert Region. Then in the 2006-07 Budget, the Commonwealth Government allocated \$55.1 million over four years to tackle substance abuse in Indigenous communities. This funding extends the existing commitment for a comprehensive regional approach in the remote cross-border region of central Australia, and commits to funding similar initiatives in two further regions. The funding was allocated to four agencies:

- Department of Health and Ageing (DoHA) - \$20.1 million for the rollout of *Opal* fuel and to scope requirements for rehabilitation facilities;
- Department of Families, Housing, Community Services and Indigenous Affairs (FHCSIA) - \$15 million to strengthen and support communities;
- Attorney-General's Department (AGD) - \$14.9 million for prevention, diversion, rehabilitation and restorative justice programs for Indigenous communities; and
- Department of Education, Employment and Workplace Relations (DEEWR) - \$5.1 million for diversionary intervention education projects.

Recognition by all parties, in light of previous attempts, a new approach was needed to coordinate the efforts of a range of portfolios to address the social, economic and environmental determinants of petrol sniffing in remote Australia. With the success of the early budget measures addressing petrol sniffing particularly the rollout of *Opal* fuel as well as the need to reduce the movement of petrol sniffers from remote locations into the urban centre of Alice Springs to access fuel to get "high" influenced the allocation of a further \$11.9 million in the 2007-08 Budget for three years to roll out *Opal* fuel into Alice Springs.

7. What roles did each of these actors play in the policy development, implementation and evaluation stages?

The key players in this case study have evolved at different times in the past ten years. There have been many influences in the story up to this point although it is reasonable to say that Aboriginal communities in different parts of remote Australia have taken the lead often through regional support orgs such as CAYLUS, NPY Women's Council and the Mt Theo Program because they were the front line of the fight against petrol sniffing. This study has highlighted the need for governments to be more strategic in supporting communities to tackle complex issues like petrol sniffing.

At an organisational level there have been a number of key drivers in bringing attention to petrol sniffing as a chronic problem. These organisations have had functions that do not specifically target petrol sniffing, however, they have advocated on behalf of their constituents that live in remote communities. These organisations have had the political and structural capacity to bring forward the argument and sustain pressure where appropriate. Notable at the non-government agency level has been the NPY Women's Council and CAYLUS who provide support to remote and urban Aboriginal communities in Central Australia respectively. Interestingly, there was also a very effective alliance between NPY Women's Council, CAYLUS and GPT²⁰ that advocated for a more extensive rollout of *Opal* fuel.

Government departments at all levels have responded to the problem of petrol sniffing in many and varied ways, however, in the past the approaches have not always been coordinated or appropriately targeted. The development and implementation of the Eight Point Plan has been very successful so far in reducing petrol sniffing and, hopefully, sustaining long term change.

In October 2005, the Australian Senate agreed to refer the matter of petrol sniffing in remote Indigenous communities to the Senate Community Affairs References Committee for inquiry. The

²⁰ The GPT Group is one of the largest property groups in Australia. GPT owns and runs the Yulara Resort at Uluru (Ayers Rock) in Central Australia.

inquiry commenced in November 2005 and Committee tabled their final report in June 2006. The report acknowledged the Eight Point Plan as an important step in addressing petrol sniffing.

The key Commonwealth Government agencies have been the Department of Health and Ageing and the Department of Families, Community Services and Indigenous Affairs. The Attorney General's Department and the Department of Education Science and Training also have an important role in responding to petrol sniffing under the plan. At state and territory level it has been a mix of health departments and agencies responsible for key functions under the eight point plan.

There are some elements of the Eight Point Plan that have not been implemented partly because it has taken time to determine the most appropriate approach, model or specific intervention. However, *Opal* fuel, the Substance Abuse Intelligence Desk and Legislative Framework have all commenced with positive outcomes. Smaller projects have been initiated in specific communities including the provision of accommodation and other infrastructure to support existing programmes such as youth work.

The Department of Families, Housing, Community Services and Indigenous Affairs (FHCSIA) (formerly FACSIA) has principal responsibility for evaluating the Eight Point Plan. However, within this there are a number of components that include work being done by DoHA. FHCSIA is planning to develop an overarching evaluation framework to address the following points:

- The overarching program logic.
- The Strategy's linkage to other indicators which examine Indigenous wellbeing including the Overcoming Indigenous Disadvantage Report.
- The coordination between the Strategy's 8 components.
- Performance indicators to measure progress over time.
- The evaluation questions for each part of the evaluation framework.

In addition there is a process evaluation, commenced since the original iteration of this paper. It will evaluate the first eighteen months of all aspects of the Petrol Sniffing Strategy. Because of the length of time that *Opal* fuel has been in the market place DoHA²¹ will, in parallel with the FHCSIA process evaluation, conduct an impact evaluation of *Opal* fuel since its introduction in February 2005. The PSPP impact evaluation will specifically:

- Measure the prevalence of petrol sniffing.
- Measure the health and social impacts of petrol sniffing.
- Determine the impact *Opal* fuel has had on the prevalence of petrol sniffing in selected communities.
- Identify and briefly describe other factors that have contributed to the prevalence of petrol sniffing eg youth diversionary activities, night patrols, consistent legislation across jurisdictions, community leadership and community driven initiatives etc.

²¹ Within DoHA the Petrol Sniffing Prevention Program (PSPP) in the Office for Aboriginal and Torres Strait Islander Health has principal responsibility for managing the three aspects of the PSS.

- Identify and measure (where possible) any unintended consequences of the roll-out of *Opal* fuel eg geographical displacement, substance substitution, trafficking of petrol into communities.
- Measure differences between communities receiving or not receiving *Opal* fuel that either support or impede effectiveness of the PSPP.

To date, the information on the numbers of petrol sniffers has been anecdotal and as a result is likely to be an underestimate of the actual number. The Commonwealth Government has commenced collecting baseline data from 76 remote Aboriginal and Torres Strait Islander communities for the purpose of determining a more accurate and reliable indication of the prevalence of petrol sniffing in remote communities. This is a complex task and has been conducted through a process of cross-referenced informant interviews in each location. The methodology for the data collection has three key indicators including:

- *Prevalence*: categorisation of petrol sniffers by informants as “regular heavy use”, “regular not heavy use”, “opportunistic” and “never sniffed”.
- *Health Related harm*: number of presentations directly related to VSM in past month; and number of clients with VSM related disabilities
- *Harm Related to public order/offences*: Number of people involved in break-ins related to petrol sniffing in past month and number of people involved in break-ins related to other drugs in the past month.

DoHA is planning to establish an ongoing system of data collection in order to measure trends over time. In establishing a system of ongoing data collection, consideration will need to also be given to developing the methodology, or being able to access complementary data from national survey instruments, in order to measure the potential consequence of the roll-out of *Opal* fuel and the Eight Point Plan in reducing the potential for substituting other forms of substance use such as gunga (marijuana) for petrol.

8. What were the outcomes?

This case study has highlighted the steps in the development of partnership between governments at all levels, the community and the corporate sector. It has taken a substantial amount of coordination and planning based on good evidence about the interventions that work.

There are a number of measures by which the success of reducing petrol sniffing can be measured. The absolute measure is the actual reduction in petrol sniffing in remote Aboriginal communities and the improvement in community wellbeing.

In the recently released report on *Overcoming Indigenous Disadvantage: Key Indicators 2007*, the Steering Committee for the Review of Government Service Provision, a body comprising senior bureaucrats from central agencies from all nine jurisdictions, summarized the information available on the success of the inter-sectoral action against petrol sniffing. It pointed out that it is difficult to estimate the prevalence of petrol sniffing in Australia as there is no reliable national data on the number of people involved and the extent of resulting damage to individuals and communities. It is

estimated that, in 2005, there were 612 sniffers among the Indigenous population of 21,935 in a large region of Central Australia,²² and found that:

- the majority were males;
- petrol sniffing was more prevalent among 12-13 years olds than among older teenagers; and
- there had been an increase in petrol sniffing, especially in the remote regions.

There are also variations within and between, Indigenous communities. Some studies have suggested that, associated with the introduction of alternative fuels and community-based interventions, there had been a reduction in petrol sniffing in some communities where it had been prevalent for a long time.²³

The Steering Committee also claimed that since the introduction of *Opal* fuel in the eleven communities on the AP Lands in 2005, the incidence of petrol sniffing on the Lands has fallen by 68 per cent. A survey commissioned by Nganampa Health Council identified 70 petrol sniffers in 2006 compared with 222 in 2004 (SA Government unpublished). As of 30 May 2007, there were 71 communities, 29 roadhouses and service stations and 3 pastoral properties using *Opal* fuel across Australia. Anecdotal information suggests a 95 per cent decrease in petrol sniffing in the Western Desert communities in the Northern Territory. A recent article in the *Australian* reported that the incidence of petrol sniffing is declining in central Australia (north of the Northern Territory border), with currently around 20 petrol sniffers believed to be present. This is a small fraction of an estimated 600 petrol sniffers eighteen months ago.²⁴

The relationships between key stakeholders are an important part of this success. While not all aspects of the Eight Point Plan have been fully implemented, where this has happened there have been some very good outcomes that reinforce the value of a whole-of-government approach and effective intersectoral action on the ground as well as at the policy level. (For further information on specific outcomes against each of the eight points, see Attachment 3.)

9. Conclusion

Historically, interventions associated with trying to reduce petrol sniffing have largely been set up in isolation by government departments unable to address the underlying social and environmental factors that need to be addressed, such as those set out in the Eight Point Plan. As pointed out above, there have also been many reports highlighting the need for intersectoral action given the extreme consequences of petrol sniffing both on sniffers and their communities.

Up till now, communities have also battled with petrol sniffing in central Australia and elsewhere with some small gains, but on the whole they have been unsuccessful in reducing the problem or stopping it. Some communities have indeed accepted this state of chaos around petrol sniffing and normalized behaviors that are high risk and very disruptive. Governments have not been very successful in intervening with sustained efforts up until recently.

²² Access Economics, 2006, *Opal Cost Benefit Analysis*, Report by Access Economics Pty Ltd for the Opal Alliance.

²³ Burns, C., Currie, B., Clough, A. and Wuridjal, R. 1995, 'Evaluation of Strategies used by a Remote Aboriginal Community to Eliminate Petrol Sniffing', *Medical Journal of Australia*, 163 (2), pp.82-86;

Campbell L. and Stojanovski A. 2001, 'Warlpiri Elders Working with Petrol Sniffers, Yuendumu', *Indigenous Law Bulletin*, 5(6), pp. 8-11.

²⁴ Wilson, A. 2007, 'Petrol sniffing in central Australia is over', *The Australian*, 17 March 2007, (http://theaustralian.news.com.au/story/0,20867,21396576-2702,00.html?from=public_rss)

It is important to reflect on the lessons learnt even at this early stage of the life of the Eight Point Plan. The proposed formative evaluation on seven of the eight points and the impact evaluation of *Opal* fuel will provide some valuable insights. The complexity of data collection is being addressed and it is expected that future years will provide information that will help to measure the success of strategies such as the Eight Point Plan.

Leadership by communities, governments, non-government organisations and the corporate sector has been a very positive part of the Eight Point Plan. The whole-of-government approach at the Commonwealth level, from the management of budget measures to the implementation process, has boosted the intersectoral action at a national level. State/territory governments have also worked closely with key players to address specific needs and resource programs to complement the broad strategic approach.

It needs to be recognised that the role of community-based advocacy and desire for change was a very strong driver for reducing petrol sniffing and ensuring better policy outcomes. Recent media coverage has highlighted the real success which is expected to be sustained over a long period of time. The role of the corporate sector, in particular BP with the development and distribution of *Opal* fuel, and other fuel companies in Central Australia has been central to the success of the strategy. Commercial interests have not stood in the way of rolling out the non-sniffable fuel. GPT should also be congratulated for their contribution to the advocacy work done to get *Opal* rolled out regionally.

The implementation of the Eight Point Plan and the intersectoral action has evolved in practice largely as expected. While there have been delays due to processes both within and outside governments, there continues to be a strong commitment to sustaining reduced levels of petrol sniffing. As the plan has evolved an increase in resources at the operational level has greatly assisted community-based organisations to address critical incidents such as outbreaks of sniffing.

The expansion of the region originally covered by the Eight Point Plan to incorporate a much broader area is recognition that a regional approach is working. Similarly agencies are collaborating to implement the Plan across a completely new region in the East Kimberley in north-western Australia. Our experience in Central Australia will ensure the approach incorporates quality consultation and considered implementation of all elements. All agencies and communities continue to be vigilant, as there are still substantial risks (such as trafficking and movement to other substances) that need to be overcome. However it is fair to say that there is a strong hope in Central Australia for a future with limited petrol sniffing.

Perhaps the most important lesson for the wider Australian community is that Indigenous people are willing to address these serious problems. But that desire needs to be supported by government action at all levels for it to bear fruit. As Coroner Cavanagh in the Northern Territory pointed out, the problems within communities are “immediate, stark and urgent.., the horrors of present day communities are not sensibly addressed by peddling the myth that such disadvantaged citizens might simply help themselves and solve the problem.”²⁵

In other words, complex and often debilitating problems that seem so insurmountable can be successfully addressed by communities in collaboration and partnership with the public and private sectors. This case-study has demonstrated one example of how health inequities can be successfully addressed through concerted and sustained intersectoral action.

²⁵ NT Coroner’s Report – October 2005, Greg Cavanagh

Attachment 1 - Mount Theo Program

The Mt Theo Yuendumu Substance Misuse Aboriginal Corporation (Mt Theo program) is the standout youth services model in the region. The program has moved from successfully addressing petrol sniffing through to providing holistic development support to young people of all ages in Yuendumu and to a lesser degree other Warlpiri communities. The program's services fall within three projects:

1. A basic youth program of recreational activities;
2. A youth development and leadership program for young adults (Jaru Pirtjirdi); and,
3. Mt Theo Outstation which serves to provide respite for at-risk youth.

Within these services common issues revolve around substance misuse, suicide and domestic violence interventions, cultural activities, project work, peer mentoring and supporting young adults in gaining and staying in full time work. The program currently employs over 53 local youth as casual workers 5 of whom are employed through CDEP and has 7 full time local staff. Two of these staff are young local Jaru Pirtjirdi members.

The Mt Theo program started in 1993 when family members and community workers met in Yuendumu to take action to address the petrol sniffing in that community. A local family agreed to take youth to live at their outstation (Mt Theo located 170kms away from the community). No petrol would be available at the outstation and after some time the youth would be able to return to Yuendumu, only to be sent back to Mt Theo if they sniffed again. At the same time a set of very basic recreation activities were run in the community, offering youth alternative activities to sniffing. By the late 1990s the program led to a near cessation of sniffing, which has lasted to date.

The Mt Theo program is notable for the strong partnership of local community members and non-Indigenous program workers/supporters and for these parties clear commitment to sustaining the project. For many years the program operated with minimal funding, relying on vehicles borrowed from Yuendumu residents and unpaid work and input from all parties. At one stage Commonwealth program funding was stopped when the often-burdensome reporting obligations hadn't been met. The non-Indigenous program manager at this point mortgaged his house in Alice Springs in order to continue funding the program. This strong commitment is still current with staff and community supporters regularly working incredibly long hours for which they are not paid. These people who are often themselves dealing with unemployment, poverty and their own drug and alcohol issues, are clearly driven by their success in achieving tangible outcomes for youth in their community.

The next phase of the Mt Theo Program has been the expansion of the outstation to take Warlpiri youth from Yuendumu and other locations who are at risk due to substance misuse and other issues. Mt Theo also accepts some youth who are referred by courts and the Northern Territory Department of Corrections. Parallel to this expansion has been the development of the Jaru Pirtjirdi ('strong voices' in the Warlpiri language) project. Jaru Pirtjirdi developed in recognition of the need to move from crisis management into sustained development of opportunities for youth in Yuendumu. The development of Jaru Pirtjirdi is the logical next step in following the generation of youth who gave up petrol sniffing into their life as young adults. Jaru Pirtjirdi like Mt Theo at its inception was a social movement, the many older youth who participate identify as Jaru Pirtjirdi members and are clearly proud of their involvement.

Key activities of Jaru Pirrjirdi members include running recreational activities, participating in training and education and providing and receiving mentoring, counselling and support. Another Jaru Pirrjirdi activity has been the development of a night school program, which has successfully attracted older school aged youth back to school. Youth attend targeted night classes that include media, music and computer based activities as well as numeracy and literacy programs. In addition to this, Jaru Pirrjirdi members engage in extensive project work (such as making short films/making cds etc) and weekly cultural activities such as bush trips with elders. Perhaps the most active element of the program is the peer mentoring group in which senior Jaru Pirrjirdi members actively worry for and monitor at risk youth in Yuendumu. This ensures daily care and interventions for these youth and clear communication pathways for program staff to ensure that appropriate support and interventions can be made.

Notably Jaru Pirrjirdi activities culminate in Jaru Pirrjirdi graduation through a project that supports youth in locating and staying in jobs. Over 15 Jaru Pirrjirdi graduates have trained and work with the numerous agencies in Yuendumu including the school, police, health services and media association and have successfully placed youth in positions as police aides, health workers and other jobs in the community. Program workers remain available to these youth supporting them in negotiating social and family pressures in order to continue working in an environment where unemployment has been the norm.

Attachment 2 - Specific outcomes under the Eight Point Plan

1 The adoption of consistent legislation to respond to trafficking in petrol

The introduction of some aspects to align legislation across the three state/territory jurisdictions was a significant paradigm shift which will potentially improve the impact of primary, secondary and tertiary interventions. The legislation, while not making petrol sniffing a criminal offence, enables officials to arrest a person across a border for investigation, enables courts to hear charges arising under another jurisdiction's law and to use correctional facilities in another jurisdiction when sentencing.

2 Policing

A Substance Abuse Intelligence Desk (SAID) staffed by police from the Northern Territory, South Australia and Western Australia was established in Alice Springs to collate evidence and co-ordinate policing activities in response to traffickers of petrol, drugs and alcohol, in the cross-border region. A high priority was given to promoting the activities of SAID to relevant Aboriginal communities in order to strengthen the ability of communities to respond effectively to trafficking in petrol, drugs and alcohol, including promoting pathways to enable families to access services to support them cope with the impact of substance abuse. The SAID commenced operation in January 2006, and in its first 12 months of operation, 197 persons were arrested, 86 summonses were issued and a total of 501 charges were referred in the cross-border region of the NT, SA and WA.

3 The roll out of Opal fuel

The introduction of a low aromatic fuel has been very successful. *Opal* fuel for example has had some remarkable success. A recent Nganampa Health Council survey shows an 80 per cent decrease in petrol sniffing since the introduction of *Opal* fuel. A particular highlight of the report is the small number of school age children that are experimenting with sniffing since October 2005, and that no-one under the age of 25 is now identified as a very heavy sniffer. This result is a good example of how governments at all levels are working closely with the communities to address this complex issue. *Opal* unleaded fuel has played an important role in reducing petrol sniffing in the Lands with 16 communities participating in the Petrol Sniffing Prevention Program, most since early 2005.

As of 30 May 2007, there are 103 sites across Australia receiving *Opal* fuel including 71 Aboriginal communities and 29 commercial roadhouses.

4 Supporting alternative activities for young people

Youth diversionary activities are the responsibility of the Department of Families, Community Services and Indigenous Affairs. On 4 April 2007 the Minister for Community Services, Senator the Hon Nigel Scullion, announced funding of \$12 million for the NT Integrated Youth Service Project, which is delivering comprehensive youth services to four remote communities in southern NT. A single service provider has been funded to provide youth services including outreach education and a broad range of diversionary activities. Significant funding has also been provided for recreation facilities and accommodation for youth workers in each community.

The Department of Health and Ageing provides funding for the Central Australian Youth Link-Up Service (CAYLUS) to address petrol sniffing in Central Australia, and was established in 2002. CAYLUS implements a broad promotion, prevention and early intervention strategy for increasing health and wellbeing of all young people in communities affected by petrol sniffing. It provides regional coordination of responses to youth and inhalant substance misuse issues; works

collaboratively with communities and agencies to develop, fund and implement strategies and projects for addressing youth issues; increases positive activities for young people; and manages a flexible need-based brokerage fund that is used to assist remote Indigenous communities with short term or start-up funding of projects.

5 *Provision of treatment and respite facilities*

The Department of Health and Ageing currently funds three remote outstations in Central Australia that have been successful in rehabilitating young petrol sniffers. The current outstations are: Ilpurla (220 km southwest of Alice Springs) and Mt Theo (450 km northwest of Alice Springs). The outstation treatment option offers relief to the community from the violence and property damage caused by people who sniff petrol. The success of these programs depends largely on the dedication of the traditional owners at the outstations and the involvement of the home community.

6 *Communication and education strategies*

The first stage of the communication campaign to support the rollout of *Opal* unleaded fuel commenced in February 2007 and finished in April 2007. The campaign included print and radio advertisements, a technical brochure, a letter box brochure, a general brochure for all households and publicity associated with a “Toyota Trek”²⁶ from Darwin to Alice Springs (5-8 March) using *Opal* fuel. General media reporting has been very supportive.

The second stage of the Communication campaign will be rolled out into the East Kimberley region²⁷ to support the implementation of the 8 Point plan. This will commence in early 2008.

The Commonwealth Government’s Department of Education Science and Training also contributes to this initiative, including through the provision of funding for an outreach education component of the NT Integrated Youth Services Project. This component draws on the Australian Government’s Partnership Outreach Education Model (POEM). POEM is a proven approach to re-engaging disconnected young people in learning and in assisting them onto meaningful pathways in life.

7 *Initiatives to strengthen and support communities*

Many remote Indigenous communities are not sufficiently cohesive to address substance misuse issues without support. Over time, this support will be provided by initiatives designed to build community capacity to take responsibility for managing these issues by recruiting local people into leadership programs. Community building has been a core part of what DoHA fund CAYLUS to do since our inception. The CAYLUS process has been about supporting communities in identifying strategies to improve things in the community and then pursuing these. This process has seen clear gains in community pride and strength and the emergence and recognition of leaders across central Australia.

²⁶ The purpose of the Toyota Trek was to test performance and demonstrate the value of *Opal* unleaded fuel. The Toyota Prado’s overall performance was trouble free travelling 5543 kms in 12 days at an average consumption of 14.24 litres per 100 kilometres (this is better than Toyota’s fuel consumption specification for the Prado model). The Trek received extensive positive coverage in local and national media.

²⁷ On 20 February 2007 a joint announcement was made by you and Minister Brough regarding two new regions under the Commonwealth Government’s Petrol Sniffing Strategy. The first expands the Central Desert Region north to just above Ti Tree and west of the Stuart Highway. The other new region is the East Kimberley.

Petrol sniffing has been included as a priority in a schedule to the Bilateral Agreement between the Australian and West Australian Governments. Through this, the Governments have agreed to work together to support initiatives that promote safe and secure Indigenous communities. The Governments will contribute to strengthening and supporting communities, including by the placement of place-managers, youth workers and sport and recreation officers in the communities and the provision of other capacity building activities. These include providing access to a range of services that will support business, employment and participation outcomes for people in the area.

8 *An evaluation of the effectiveness of the whole-of-government approach*

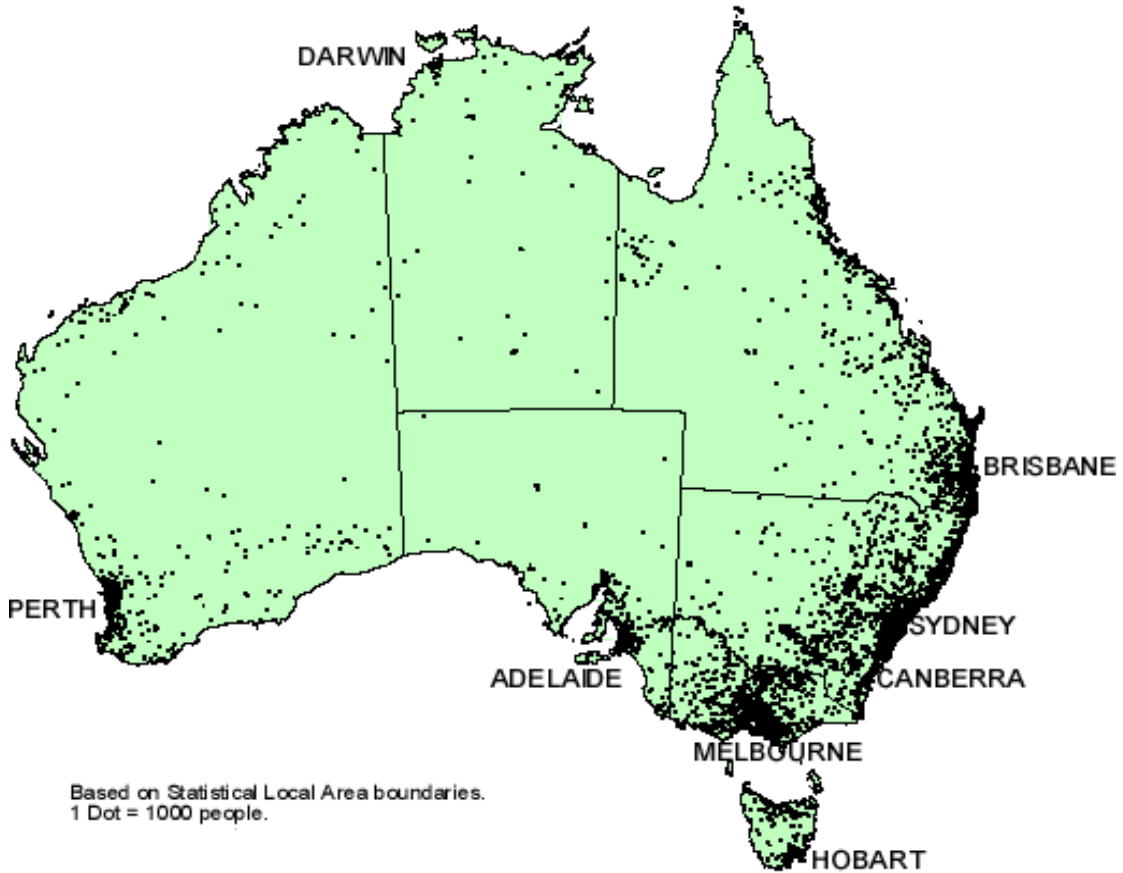
The Commonwealth Government's review of the Eight Point Plan will cover the period from February 2005 to the end of 2007. The Department of Housing, Families, Community Services and Indigenous Affairs (DHFCSEA) has principal responsibility for evaluating the Eight Point Plan which includes an overarching evaluation framework, process evaluation of the first eighteen months of the Petrol Sniffing Strategy and an impact evaluation of *Opal* fuel (to be conducted by DoHA).

The process evaluation will essentially be a review taking four months that will comprise of a literature review of departmental files and information and interviews with key government stakeholders and representatives of some of the communities involved in the Petrol Sniffing Strategy.

The first stage of evaluating the Petrol Sniffing Strategy will enable an assessment of the progress in rolling out the Strategy and outputs to date in order to inform fine tuning of existing measures and provide useful feedback to the Commonwealth, State and Territory governments in the development of new policies and programs.

Attachment 3 - Maps

Map 1: Population density of Australia



<http://www.inaustralia.com.au/Info/Demographics.htm#Indigenous%20Population>

Map 2: Anangu Pitjantjatjara Lands and Cross-Border Region



Map 3: Where can I purchase Opal fuel? (May 2006)

