

**VOLATILE SUBSTANCE USE IN MOUNT ISA:  
COMMUNITY SOLUTIONS TO A COMMUNITY  
IDENTIFIED ISSUE**

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## **Background to the Formation of the Mount Isa Volatile Substance Misuse Action Group**

Prior to the beginning of 2000, the pattern of inhalant misuse in Mount Isa ‘appeared and disappeared’ about every three months. Around the middle of 2000, it was noted that inhalant misuse amongst some young people was becoming more frequent, even constant. Some of us in the youth sector were aware of children as young as 5 years of age participating in inhalant use, and that some young people were in the practice of eating paint and milo sandwiches, and that some young girls were involved in opportunistic prostitution, to gain money to purchase paint to inhale.

The wider community, mainly via the local media, became aware of a growing problem amongst some of the city’s young people. Headlines were often unhelpful, and the issue went unchecked. Added to this, the bigger issues around service gaps and poor service delivery due to staff shortages in the Health and Family Services Departments somehow missed media attention.

By mid 2001, the police were becoming more involved with inhalant users, particularly as they patrolled the city. They dealt with many offenses committed by young people, some of who were involved in petty crime, namely stealing paint & glue to use as inhalants.

In August 2001, George Negus (ABC presenter) came to town with a nationally televised show (Australia Talks), on which some strong comments were made about inhalant use in the Mount Isa community. This sparked off a local media debate, which lasted some months. This intense media debate not only placed inhalant use more squarely on the public agenda, but also the issues around service gaps and staff shortages in the NorthWest.

This intense media coverage led to the Mount Isa Police and the Department of Family Services calling a community meeting in November 2001. Approximately 60 people attended this forum. The outcome of the community forum was to form an ‘action group’ to address the issues surrounding inhalant use in Mount Isa. Representatives from a wide range of government and non-government service providers and community members were keen to become involved in the action group. Later the Group became known as The Mount Isa Volatile Substance Misuse Group.

Anecdotal evidence available at the time identified approximately 50 – 70 inhalant misusers in the city (predominately aged between 10 and 16), with approximately 25 – 30 of these being identified as ‘chronic’ misusers (using regularly for more than 2 years). The group decided that its activities would focus on the 10 – 16 year age group. Media Issues

Over time it became obvious to the Group members that the local media were intent on periodically highlighting the issues of inhalant use for no real reason, apart from sensationalising the issue under the guise of ‘keeping the public informed’. It then became media practice to phone various Group members to keep the issue in the press. Following concern over some of the reporting, the Group decided to appoint two media spokes people to help alleviate the problems being caused by ‘nosey’ reporters.

Even with these steps in place, a delegation from the Group requested a meeting with the newspaper editor, and manager following an article with the headline “Mouthwash latest high”. At that meeting the paper agreed to consult our Group regarding any new articles they wished to run, and we agreed to give the Newspaper regular feedback as to our activities.

### **Mount Isa Volatile Substance Misuse Group – Initial Action Plan**

After meeting for about 4 months and having moved through the group ‘forming’ stage, priority areas were identified and an Action Plan was developed. Working groups were established to address these priority strategies. . In doing so, we referred to the National Drug Strategy to ensure

we included the principles of 'Harm Minimisation', i.e. Demand Reduction, Supply Reduction, and Harm Reduction, in our approach. This would help to keep us on track, and accountable to set outcomes. Following on from this, we incorporated Prevention, Intervention and Treatment.

The Group agreed to work in five areas:

1. A voluntary supply reduction project in collaboration with local traders to restrict supply of inhalants to users.
2. Upskilling teachers, parents and other interested adult community members in volatile substance misuse to ensure wider community vigilance.
3. Developing and implementing appropriate protocols between Police and Mount Isa Base Hospital to ensure a care pathway for users.
4. Supporting existing programs, and the implementation of new programs that focussed on the capacity of young people to recognise and address issues of self-esteem, resilience, and other emotional well-being issues.
5. The Family Healing Pilot Program. This was developed with guidance from local Indigenous leaders to assist in addressing the psychosocial issues relating to chronic volatile substance misuse. It had a basic design:

## **Mount Isa Volatile Substance Misuse Action Group Outcomes**

### **Traders' Supply Reduction**

The Action Group does not go out and attack retailers; rather we have a partnership, and discuss our concerns over the current trends of inhalant use in our community. It is a collaborative project with retailers and the wider community.

Three retailers voluntarily de-stocked and both the community and media saw this as a very positive move towards addressing the inhalant use. With spray paint harder to procure there has been a shift to deodorant and glue. The Action Group is now seeking ways to address this shift in substances being misused.

### **Up-Skilling**

In May 2002, a survey was conducted in all schools in Mount Isa to identify what resources were needed in schools to assist them to address Volatile Substance Misuse. The results of the questionnaire indicated that respondents required training on VSM (what it is, who is misusing, patterns of misuse, what can be done at a school community level). As a result of this survey, a presentation was developed and offered to all schools in Mount Isa. To date, three schools have allowed time in staff meetings for in-service and discussion.... This package has recently been delivered to a remote community in the North West experiencing similar usage patterns.

### **Appropriate Protocol Development**

The local Police Service and the Mount Isa Base Hospital were involved in developing policies and a care pathway. The care pathways have to be continually reinforced due to a high turnover of police officers and accident and emergency staff. This work is seen as very much 'in progress' needing some improvement and greater regulation.

## **Emotional Well-Being Programs**

### **Helping Friends**

This program is currently run at Spinifex State College, senior campus. An intensive 2 day training program, which include care pathways, knowing you limitations, how to refer, where to refer, saying no and identify if the situation is an emergency, crisis or problem. Practical exercises and scenarios are given.

### **RAP (Resourceful Adolescent Program)**

Is any given decision a young person makes a resourceful decision or risky decision? That is the question that young people are trained to ask themselves. So if I am going to run away, is that a resourceful decision or risky decision and so it is the proactive thinking before you act. This program is implemented with all students in grade eight.

### **Leadership Camps**

Annually in Mount Isa, a number of students progress through training and programs for instance: School captains' and prefects' leadership training – 30  
Year 11 personal; development camp – 140 at Magnetic Island

### **Welfare Group**

A group meets at Spinifex State College fortnightly to discuss students, and issues of concern, in a confidential environment. Staff is able to share what is happening at the coalface with young people at risk. This group also looks at resources and programs that keep up to speed with what is happening amongst many young people in Mount Isa.

### **Youth Participation**

We are currently working with young people to become involved in decision-making processes in the community and schools. Our groups concern is how to target young people that are not engaged in education, or at a youth service. Mount Isa City Council is currently looking at a youth council and what role they will play in the community. The School Based Youth Health Nurse is currently developing a program to build the skills of young people to participate effectively in the development and implementation of programs/activities to address their social and emotional wellbeing.

### **Family Healing Program**

The program ultimately developed into a structured 12-week pilot program to target 'youth at risk', specifically volatile substance users in Mount Isa. The program was to engage young people aged 10 to 16 years, who were known to be 'chronic users,' or 'ringleaders'.

Members of the Program Team and other partners were:

- Program Coordinator: Mark Polsen (PCYC)
- Indigenous Facilitators: Richard Percy, Tim Shaw, Alan Dempsey, Ian AhOne, Joan Marshall
- Weekly program involvement: Turning Point Youth Services with Anita Chiauzzi, Tanya Holloway, and Jodie
- Family Case Management: (Non government service agencies)
- Health Promotion Officer: Madonna Kennedy (Tropical Public Health Unit – Mount Isa & Gulf (TPHUN)
- Weekly program involvement: Healy State School with Janelle Balderson and John Sims

Participants on the Program were:

- 9 young people
- 2 who were involved in opportunistic prostitution
- The program did not specifically target indigenous young people, nor was there a formal selection process, however through community desperation and crying out for help, the 9 young people were identified
- They belonged to the same friendship group and were known to use inhalants together.

All participants were interviewed. This interview did not primarily focus on their substance misuse but rather their life situations and family.

Weeks 1 and 2 - bush camps; family case management commences

Weeks 3 to 6 - school/youth service mix; initial assessment by Education Qld; family case management

Week 7 - bush camp; family case management continues

Weeks 8 to 12 - development of individual strategies; continuation of family case management

Ongoing - negotiated with family and case-worker

The Program had many internal design aspects including the use of mentors, 'cultural awareness', stories, family case-management, and education / youth service involvement, and a focus on life-skills.

\* **Note** – there was initial opposition

The original concept (some three years ago) involved the establishment of a 'place' out bush for young people and their families to visit. Government, however, opposed this, we were informed that government did not support the establishment of 'outstations'. A worker from the Department of Families also made the comment that 'you should be able to take about 25 kids through the program in 4 –5 weeks!

There had been two departmental managers' meetings, and a large community meeting to discuss the concept. All strongly supported the Program. The department managers did, however, seek to overload the concept with feasibility studies, and the building of a \$500,000- 'facility'!

It should also be noted that this Pilot only happened with the support of the Action Group.

### **Mentors**

Participants were asked to identify a person that they felt comfortable and familiar with, someone who they thought would be able to support them, share their troubles with, who they looked up to and had respect for. The mentor's role was to assist the progress of the young person, guide them and give encouragement in the long road ahead. Mentors were informed of the Program aims and structure and were encouraged to participate as much as possible.

### **Caseworkers**

Each young person and their family were assigned a caseworker. At the commencement of the program two non-government service providers were approached to provide the case management, however by the end of the program Turning Point Youth Services had taken on case management of two families and participants due to service breakdown by the other agencies involved.

## **Evaluation**

The Mount Isa Centre for Rural and Remote Health developed an evaluation strategy in consultation with the Program Coordinator. Data for the evaluation was collected via semi-structured, in-depth interviews with all stakeholders including the participating youth and their family members. The evaluation proposal was submitted and approved by the James Cook University Ethics Committee (approval number H1458).

Because the evaluation focused largely on process issues, interviews were conducted at baseline, midpoint and endpoint of the program.

## **Family Healing Program Structure**

### **Camps**

The camps were seen as providing the youth with time away from their problems and also a crude way to detox the young people. The setting was important both in terms of geographical distance from problems, to create a more comfortable and settled environment, and also foster cultural connections with the bush, to facilitate the cultural education and activities. The bush camps were designed to provide an opportunity for the youth to talk about their problems and to represent 'where they were at' in a safe and supportive environment. The camps were also conceptualised as a venue for providing initial education on substance abuse and problem solving. They were also seen as beneficial in providing time with family, especially the mentors who could be there for the young person throughout the day and night (allowing some measure of control) and provide opportunities to build rapport and communicate. Leaving town and getting away from extended families was seen the best way to be able to explore the young person's problems.

The bush camp was designed to involve the facilitators, 9 participants and their mentors, however extra children and family members attended. This impacted negatively on the dynamics of the group, costs and transport arrangements. The facilitators reflected that it had been hard to engage the participants in the camp. It was reported that the participants were somewhat disappointed with the camps as they felt they were being treated like slaves'. (Actually it was their having to collect water from the river 50m away!). This was attributed to the participants not being used to discipline and direction.

There was some fighting amongst mentors that stemmed from differing expectations of the young people and was negative in terms of poor role modeling and it worked against the aim to create a safe and 'problem free' environment.

The parents thought the bush camps were worthwhile because it taught the young people new skills for coping in the bush and learning from Elders about bush foods and culture. They also reported that the young people felt good because a family member was there with them during the camp and "the camps gave them an opportunity to speak and bought them out of themselves through storytelling".

The week 7 camp was not conducted, as the participants were getting heavily involved in activities, building trust with the team and genuinely opening up about their inhalant use (substances used, frequency, length of use, and why they use). This was seen as a positive because previously the participants had denied using inhalants at all.

Later in the pilot a camp was conducted at Lawn Hill National Park, with the staff from Turning Point. The attending staff believe that this was a significant life changing experience for the young people as the camp provided opportunity for routine, personal space, regular meals, cultural identity, and the reinforcement that they are valued and loved in the community. It also provided them with the chance to dream and to have a whole lot of fun. It really brought the young people and workers together in a safe, supportive environment.

## **Life-Skills**

Nutrition, breakfast and lunch, personal hygiene, goal setting, all aspects of healthy minds and bodies, e.g. nutrition and cross-cultural food (clothes washing), effects of substances on the body and spirit – including the use of the Brain Story, healthy relationships (domestic violence, abuse, sexual abuse), goal setting, dreaming, self esteem, self worth, respect, communication, problem solving, budgeting skills - money and how to use it, shopping (personal, groceries, survival), legal – rights and consequences, community awareness and involvement (NAIDOC, ATSIC, AICCA), community excursions and visits to clinics, sport and recreation (at the centre and elsewhere in the community), positive thinking, integrated literacy and numeracy program, accommodation and housing, counseling, art and craft activities, job search skills and employment. Cultural teaching involved – bush trip, bush tucker, art, language.

Another aspect of the Program involved participants completing a reflection diary at the end of every day. The participants still read through these and see their progress. Positive reinforcement – photos, diaries, and positive speech – has also been an integral part of the program.

The QPS developed the “Building Links Program” – a boxing program, where the local officer in charge and other police officers assist young people. It is hoped this interaction will build positive links with police and will build self-esteem and pride.

## **Culture**

The original concept of artifact making, art and stories, did not happen as we hoped, however some knowledge and skills were passed on during the camps and in later bush trips.

## **Counseling**

A series of deaths of significant elders in the community, and the tragic suicide of a friend known to the participants during the pilot program had a serious impact on both staff and participants in the program. In practical terms it meant the planned engaging process between participants, families and case managers was staggered. The Rural Youth Worker conducted suicide prevention education and counseling sessions with participants and staff.

## **Family Case Management**

One participant had developed a good relationship with their case manager and had continued seeing them regularly with their mentor. In these meetings they discussed issues surrounding sniffing and what was happening at home.

Barriers to engaging the families that were reported by non-government agency case managers included:

- Unexpected organisational issues, which delayed the engagement process
- Changes to initial camp program due to funerals
- Access to families - some of the non-Indigenous case managers reported that they were not allowed to access the land where their assigned family lives, however this was later found to be incorrect
- Breakdown of processes whereby case managers are assisted by facilitators to make contact and engage families
- Cultural differences

Some case managers reported no link with the family, apart from the nominated mentor. However others reported that there had been some outcomes for families especially in regard to their relationship with their children. It was also noted that families were happy with what the program had done and had seen changes in their children. Some families had stated they would like to speak with their case manager and they could see that the program had something to offer.

At endpoint, it was concluded that the program managed to engage participants well but not their families, however it was felt that even their acknowledgement of the case managers as support workers was a positive aspect and that appreciation of a support worker, was something that they had not felt in a long time, if at all.

### **Education**

In the early stages the program team identified the primary components of the program as the bush camps, activities at the youth centre and school, and case management.

It was envisaged that at school the participants would be involved in literacy and numeracy activities three times a week for half a day and at other times they would participate in outside activities, including a bush garden program, which would allow for literacy and numeracy activities in an applied manner. The senior guidance officer was to conduct assessments on each participant, but unfortunately this was not completed.

The participants were placed in a particular primary school, as this school was the lead school in a cluster of schools for remote communities in the North West. Resourcing however, became an issue. There was the need for a tutor or teacher to be assigned to the participants whilst at school, in order to fully engage them in numeracy and literacy activities and assess academic progress, but the Department was unable to meet the need.

Mention was made of the difficulties engaging the youth in the school-based activities, especially at the start of the program. The reason was seen as a combination of youth being teased about going to primary school (when many were of high school age), having to do 'school work' and labeled as the "sniffers". At midpoint the school had been working to develop creative ways of engaging the young people in school.

Finally the participants were extremely reluctant to attend school and as a result the school component was temporarily dropped. Activities at TPYS were expanded. The program team thought it was important that the participants remain meaningfully engaged. It was believed that engagement was the key at this critical time, as activities kept the young people away from their harmful behaviour.

### **Other Thoughts**

The organisations involved needed to remain flexible in their approach and program delivery. If the program wasn't addressing the needs then it was changed. Flexibility within the program structure was identified at the commencement of the program as essential and was seen as a major positive aspect to this pilot.

The neutrality of the program ("...not seen to belong to anyone") was beneficial and possibly a reason for the positive involvement of the young people.

The Evaluation conducted by the MICRRH has given us much to work with to improve the Program as we seek to continue.

## **Eighteen Months On...**

### **The Family Healing Program**

Six of the nine participants have enrolled in school, however the engagement only lasted six weeks. On advice from a local worker, the young peoples' families requested that their children be enrolled full time. This went against the original agreement made between all parties. This well-meaning mistake has put the progress back some months, however a new strategy has been developed to get things back on track.

In relation to inhalant use, all males engaged by the program have ceased the practice at this time and are participating in representative football. The female participants on the other hand are still inhaling on occasion and are proving more difficult to progress.

A funding application has been forwarded to the Alcohol Education and Rehabilitation Foundation to implement the Family Healing Project over a two-year period; with strategies being developed to ensure the program is implemented on an ongoing basis.

### **Proactive Programs**

The Mount Isa Volatile Substance Misuse Action Group is continuing to support current programs, and is seeking new ways of assisting young people to improve their sense of emotional and social well being.

### **Supply Reduction Activities**

Continuing vigilance and support given to local traders backed up by some research conducted by a worker from ATODS.

### **Care Pathways**

This aspect of the work needs updating. The Group is finding that the high turn over of staff at the Hospital, and the local Police, highlights the need for ongoing monitoring.

### **Links with other North West Communities**

Other communities in our region have asked for some support in dealing with inhalant use. The Rural Youth Worker has visited one community over a long period of time and a nearby community has now requested similar assistance. A package is being put together to make this passing on of information more consistent and worthwhile.

### **Collecting of Hard Data**

A prevalence survey has been drafted to obtain current data on the usage of inhalants, alcohol and tobacco amongst Mount Isa community members aged between 12 and 17. This will give us a better understanding of the nature and extent of inhalant use in our community, and in the longer term will assist us in targeting the areas of most pressing need. This survey is being undertaken in collaboration with researchers from the School of Psychology, James Cook University, and Townsville.

### **The Mount Isa Volatile Substance Misuse Action Group**

The Group continues to meet on a regular basis, to update and implement strategies to address the ongoing issue of Volatile Substance Misuse amongst Mount Isa Community members.

*Further Information...*

*Please feel free to contact the chairperson of the Mount Isa Volatile Substance Misuse Action Group,*

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