OTHER DRUGS, OTHER PEOPLE, OTHER PLACES: 
THE POLICY RESPONSE TO INDIGENOUS PETROL 
SNIFFING IN AUSTRALIA

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The focus of this paper is not petrol sniffing itself, but the responses of Australian governments – state, territory and commonwealth – to indigenous petrol sniffing since its emergence in a number of remote communities in the 1960s and 1970s. Over that period, governments have made numerous attempts to formulate a response. These include a 1985 Senate Inquiry into Volatile Substance Fumes; a South Australian Interdepartmental Committee on Youth Development, set up in 1985 to plan and coordinate a petrol sniffing strategy for communities in Pitjantjatjara lands (Robbins 1993); establishment of a joint Commonwealth/SA/WA/NT forum on petrol sniffing in the 1980s; establishment of a WA Working Party on petrol sniffing in the late 1980s; the funding (and subsequent cessation of funding) for Petrol Link-up in Central Australia and early 1990s, and most recently, a Commonwealth scheme under which the use of aviation fuel as a substitute for petrol is subsidised.

Yet despite these efforts, the situation today remains in many respects little different to what it was thirty years ago. There are still practically no clear policies at any levels of government; there is no accumulated body of knowledge about the nature and causes of sniffing, or about the efficacy or effectiveness of different kinds of interventions, and most initiatives are forced to rely on short-term project funding, the continuance of which rarely has anything to do with program effectiveness.

Why should this be so? In this paper we attempt to advance some key reasons in answer to this question. In doing so, we draw upon research in progress under an NHMRC grant entitled “The Policy Response to Indigenous Petrol Sniffing – and How to Improve it”, in which we are examining these and other episodes as case studies. We shall suggest that the processes by which petrol sniffing periodically gains a place on the policy agenda, and the ways in which petrol sniffing is construed as a policy issue, both mitigate against the development of sustained, evidence based policies and programs.

A Conceptual Framework: Analysing Government

The conceptual framework upon which our analysis is based draws upon Dean’s work on what he calls an “analytics of government” (Dean 1999). Government, in the sense that Dean and others use the term, encompasses more than the decisions of cabinets and the actions of governmental bureaucracies to include “any attempt to shape with some degree of deliberation aspects of our behaviour according to particular sets of norms and for a variety of ends” (Dean 1999). Governing, in this sense, is a set of activities undertaken by a broad range of agencies over and above those recognised as “the government”. In the case of indigenous petrol sniffing, the list of agencies is quite long, and includes:

- politicians acting as individual politicians, at all three levels of government: commonwealth, state/territory, and local (local government in the case of indigenous communities comprising community councils);
- politicians acting collectively as “the government” – again, at all three levels of government;
- bureaucratic agencies, especially in the domains of health, education, sports and recreation, and law enforcement - and, especially in recent years, coroners’ courts; again, these agencies are to be found at all three levels of government;
- advisory bodies such as the National Drug Strategy Aboriginal and Torres Strait Islander Reference Group.

These agencies are all part of the apparatus of government in the more conventional sense of the term. Outside of the government sector, other agencies involved in attempting to understand and ‘shape’ aspects of behaviour associated with petrol sniffing include:
• non government organisations that manage petrol sniffing intervention programs (such as NPY); these also include NGOs created specifically to address petrol sniffing, such as the Healthy Aboriginal Life Team (HALT) established in central Australia in the 1980s;
• large international bodies such as UNESCO and WorldVision;
• the media;
• researchers and consultants
• multinational corporations, especially petrol producers such as BP.

Dean identifies four key dimensions of government in this broad sense:

1. ‘fields of visibility’: the ways in which phenomena are envisaged and defined by agencies of government;
2. technical aspect of government, i.e. the "means, mechanisms, procedures, instruments, tactics, techniques, technologies and vocabularies" by means of which agencies of government act;
3. forms of knowledge that arise from and inform government – that is, the kinds of expertise and forms of thought employed in governing;
4. The “formation of identities” by which he means "the forms of individual and collective identity through which governing operates, and which government programs seek to promote” (Dean 1999).

In this paper, we examine petrol sniffing from the perspective of these four dimensions.

Indigenous petrol sniffing as a ‘field of visibility’

How does petrol sniffing in indigenous communities become visible among all the other issues competing for the attention of policy makers and their political masters?

Petrol sniffing erupts periodically into the living rooms or onto the breakfast tables of the public through highly sensational media exposés, redolent with images and stories evoking senseless tragedy, and personal and community crises – if not an implied terminal breakdown. “SNIFFING AT DEATH” shouted the front page of the Adelaide Advertiser’s Saturday Review of 29 December 1984, in a story banner which showed close-up photographs of (identifiable) Aboriginal children in the Pitjantjatjara lands with containers of petrol to their noses. The journalist interviewed an 18 year old sniffer about why she used petrol, and the story named communities in the lands. Sixteen years later, the Sydney Morning Herald and The Age showed colour photographs of young Aboriginal boys sniffing petrol (‘DEADLY VISIONS OF THE DESERT CHILDREN’ Sydney Morning Herald 21/8/2000:1; The Age ‘DESERT VISIONS TURN DEADLY’ 22/8/2000:13). The boys were easily identifiable, as was the method of inhalation. Paul Toohey’s article headed ‘ANOTHER GENERATION STOLEN BY THE FUMES’ (The Australian 5-6/8/2000:4) appeared in the UK Sunday Telegraph three weeks later (20/8/2000, ‘BABIES HOOKED ON PETROL FUMES’).

The media portrayal of Aboriginal petrol sniffing is worthy of a study in its own right; in particular, one might ask why acts of petrol sniffing are implicitly – and sometimes explicitly – represented not merely as instances of individual self-harm, but as evidence of a broader community social disintegration in a way that heroin use, for example, is never portrayed. The response of Indigenous organisations themselves is variable, with some seeking to stop the spread of negative images and stereotypes by barring reporters from gaining access to settings where petrol sniffing is present, while others have sought to harness the power of the media to engage the attention of politicians by cooperating with journalists deemed trustworthy.
Prominent though some of these media images may be, however, the other salient characteristic of petrol sniffing as an issue is the absence of any powerful lobby groups or other agencies with the capacity to ensure that petrol sniffing remains on the public agenda in anything more than a transient manner. Kingdon, in his study of policy making in the US, notes that issues gain a place on the public agenda by being transformed from “conditions” to “problems” (Kingdon 1995). This can happen by a variety of processes: statistics, for example, might be cited to draw attention to a disturbing trend, such as the increase in obesity in Australia, or an issue might come to demand the attention of politicians and policy makers as a result of sustained lobbying by interest groups, as domestic violence was gradually forced onto the policy agenda in the 1970s largely by the women’s movement. Petrol sniffing is a product of neither statistical trends nor sustained lobbying; as a public issue, it owes almost everything to media outbursts (although in recent years at least two coronial inquests have drawn attention to the issue in a way that might yet generate pressures for change). This qualification notwithstanding, what pressure for action that exists as a result is for quick, short-term action.

Politicians, either because they are genuinely moved by the accounts, or because they sense the political dangers of being seen as unresponsive to the crisis portrayed, exert pressure on government departments to take action. Because petrol sniffing is seen in the first instance as destroying the health of sniffers, this pressure falls in the first instance on agencies in the health sector. (That is, Indigenous petrol sniffing is portrayed as a threat first and foremost to the health and wellbeing of sniffers themselves, and secondly to the orderly functioning of remote communities. Chroming, by contrast, is portrayed as representing a threat to the good order of the very urban communities in which most of the viewers of TV and readers of newspapers live. Consequently it is as likely to be represented as an issue of crime prevention rather than health. – as the title of this conference demonstrates.)

As a result of these processes, government agencies especially in the health sector are placed under pressure to be seen to be responding promptly and decisively to the latest petrol sniffing crisis.

Before we consider the responses of these agencies, it is worth stepping back and looking more broadly at the pressures that impact on bureaucracies and shape their responses. The list that follows in not in any order of importance; all these factors are significant, separately and interactively. Firstly, bureaucrats have to manage budgets, usually tight budgets. Consequently, they will pay attention to issues and problems that threaten to blow out budgets. Secondly, bureaucrats are bound to heed the political directives of the government of the day; the extent to which they respond also to political pressures emanating from elsewhere is a matter for their discretion. Thirdly, health agencies attend to the major sources of morbidity and mortality. This third factor tends to interact with a fourth: perceived efficacy and effectiveness of available interventions. That is to say, health bureaucracies, like other agencies public and private, will tend to direct their limited resources where they can reasonably hope to achieve results; conversely, where they see little prospect of success, they will limit allocation of resources as much as possible, sometimes by attempting to redefine an issue as someone else’s problem. Finally, health bureaucracies tend to be preoccupied, for obvious reasons, with issues and problems that threaten their capacity to maintain a stable, qualified workforce.

How is Indigenous Petrol Sniffing Perceived Within This Context?

Firstly, however dismayed individual bureaucrats – like other observers – might be by the accounts of apparently senseless self-destructive behaviour, petrol sniffing as a form of behaviour does not generate the kinds of pressures on limited budgets with which these same bureaucrats must deal on a day to day basis, except perhaps in the case of a small number of sniffers and ex-sniffers who
suffer permanent and serious disabilities. Nor is petrol sniffing a major contributor to indigenous morbidity or mortality. Alongside the harm wrought by chronic diseases, alcohol-related violence and tobacco use, it is barely visible. Further, the tools available to the health sector for responding to petrol sniffing are limited: education and other forms of health promotion; early intervention; counseling; guidance in the clinical management of sniffers; funding for residential treatment services, and – though this is likely to fall to the welfare sector – resources for the care of people permanently disabled as a result of sniffing. Finally, petrol sniffing in communities rarely generates problems in recruiting and retaining staff (unlike, say, alcohol-related hostility towards health centre staff), and so does not force itself onto administrative agendas on this score.

There are, in short, any number of reasons why health bureaucracies should be preoccupied at any given time by pressing issues other than petrol sniffing in remote communities.

So these agencies find themselves caught in a crossfire: pressured from outside by the media and/or particular politicians to take action in response to a problem that is not, from where they sit, among their most critical challenges. This situation tends to have three inter-related consequences: firstly, while the agencies will take some sort of action, they will generally not be willing to divert resources from other areas that are seen as ongoing priorities, or that are seen as representing better returns on expenditure. Secondly, because of the pressure to return attention to what are seen internally as more important issues, there is a powerful incentive to make some sort of gesture – such as funding a non-government organization to conduct a one-off project – and then refocus back on the ongoing issues. Thirdly, within the department or sector there is unlikely to be a section or division or even a network of individuals with an ongoing interest in keeping petrol sniffing high on the agenda of priorities.

As one experienced public servant in the Northern Territory, interviewed for this study, put it: “As soon as you raise the issue of petrol sniffing in the public service, people duck for cover. They go on leave. They disappear”.

In short, health bureaucracies are structurally motivated to take short-term action that is unlikely to be informed by a constituency of expertise, either internal or external. If policy of any sort emerges, it is likely to be what another public servant, this time with the Commonwealth, described as “policy on the run”.

These then are the structural conditions within which indigenous petrol sniffing periodically becomes a public issue. The ways in which the issue is perceived are governed by two main factors: first, petrol sniffing is categorised as an instance of inhalant misuse or volatile substance misuse, which in turn is framed within the broader domain of substance misuse. Second, it is seen as an Indigenous issue.

As a form of substance misuse, however, inhalants occupy a marginal position – at least in Australia. To begin with, they do not fit neatly into the prevailing dichotomy of licit drugs (chiefly tobacco and alcohol) and illicit drugs (such as cannabis, amphetamines, opiates). As a result they are usually included in the residual ‘other drugs’ category, where they may or may not be further distinguished as petrol sniffing, glue sniffing, chroming or whatever. Secondly, it is questionable how helpful some of the key concepts used to understand and address drug abuse – such as dependency and addiction – are when it comes to dealing with petrol sniffing. Calls from various community groups and others for money to be allocated to residential rehabilitation facilities for petrol sniffers owe more to a widespread faith in the efficacy of this form of intervention than to any evidence supporting such faith.
As an issue for Australian drug policy, indigenous petrol sniffing is all but invisible. The National Drug Strategic Framework 1998-99 to 2002-03, endorsed by the Ministerial Council on Drug Strategy in November 1998, makes just two references to the issue. The first is to tell us that we don’t know anything about its prevalence: drawing on a 1998 National Drug Strategy Household Survey of drug use by people aged 14 and over, the document reports that 1.1% of males aged 14 and over in Australia and 0.8% of females aged 14 and over had used inhalants in the 12 months prior to the survey. It then adds, however, that the “proportion of Indigenous Australians who had used inhalants or kava in the 12 months preceding the survey could not be reliably estimated.” (Ministerial Council on Drug Strategy 1998)

The second reference, in effect, states that petrol sniffing is not good for you:

Petrol sniffing is one of the most dangerous forms of inhalant use and prolonged sniffing can lead to long-term disability. The behaviours associated with inhalant use and the long-term care of people who use inhalants can be extremely distressing, disruptive and debilitating for the families and communities involved. (Ministerial Council on Drug Strategy 1998)

Similarly, the National Action Plan on Illicit Drugs 2001 to 2002-03, endorsed by the Ministerial Council on Drug Strategy in July 2001 skirts around the issue of inhalants by stating that they would be covered by a separate “complementary” strategy to be prepared for Aboriginal and Torres Strait Islander drug use issues (Commonwealth of Australia 2001) A background paper prepared to accompany the National Action Plan includes a section headed “Illicit drug use among Aboriginal and Torres Strait Islander peoples” which makes no reference to inhalants, volatile substances or petrol sniffing (Commonwealth of Australia 2001). Finally, Fitzgerald and Seward’s recent study of drug policy in Australia, published by the Australian National Council on Drugs, makes no reference to petrol sniffing, volatile substances or inhalants (Fitzgerald and Sewards 2002).

The Draft Aboriginal and Torres Strait Islander Peoples’ Complementary Action Plan, released as a draft for consultation in January 2003, makes four proposals in relation to volatile substance misuse:

- Encourage exchange among communities of strategies to reduce harm associated with volatile substances (eg night patrols, AVGas);
- Enforce penalties for inappropriate sales of volatile substances and tobacco;
- Develop “carefully research community education about volatile substance misuse such as glue sniffing for the whole community and also for select groups such as parents or professional staff”;
- Support communities to conduct action research on early intervention amongst inhalant users (Siggins Miller Consultants 2003).

Petrol sniffing’s marginal status as a drug issue in Australia can be traced back at least to the origins of our current national drug policy, which are to be found in the National Campaign Against Drug Abuse (NCADA) in 1985. This in turn evolved from a political campaign commitment given in 1984 by then Labor leader Bob Hawke who, after publicly revealing that his daughter was addicted to heroin, undertook if elected to the prime ministership to convene a drug summit. Out of this promise came a special premiers’ conference which in turn inaugurated NCADA under the auspices of a Ministerial Council on Drug Strategy. NCADA’s initial focus was on illicit drugs, alcohol and tobacco. Petrol sniffing was not a priority. One of us (MB) recalls phoning the NCADA office at about this time to ask about resources on petrol sniffing, only to be told that petrol was not part of NCADA “because it was Aborigines”!
This bizarre response testifies to the influence of another structural aspect of Australian public administration that has shaped the policy response to Indigenous petrol sniffing and other drug use: at the time of NCADA’s formation Aboriginal affairs had become in effect quarantined from the major thrust of national policy-making and analysis – it was separate, dealt with by separate agencies (DAA, ATSIC). These agencies were ostensibly producing or commissioning their own strategic documents that frequently stressed cultural difference, and the ‘special case’ of Aborigines (such as the National Aboriginal Health Strategy 1989). The Aboriginal-specific agencies were not linked bureaucratically to the health department, and they operated under a different minister and portfolio. Under these circumstances, it was perhaps not surprising that an evaluation of the first three years of NCADA conducted in 1988 found that Aboriginal people had derived little benefit from the Campaign.

In 1995, responsibility for administering funds for Commonwealth Aboriginal alcohol and other drug programs was transferred back to the mainstream health bureaucracy. However, the concepts and models within which these programs were framed remained outside mainstream alcohol and other drugs discourses, being derived instead from a contemporary Aboriginal policy framework. In remote regions, this was characterised by what O’Malley has termed “governing at a distance” (O’Malley 1998). In place of the pervasive regulation of Aboriginal life in administered settlements, as had occurred during the assimilationist policies of the 1950s and 1960s, governance was based on enlisting Indigenous forms of social organization and control – or, rather, what agencies of the state perceive to be Indigenous forms of social organization and control – to manage Indigenous behaviour. The purpose of all this activity was no longer paternalistic tutelage for full citizenship in a monocultural Australia – as it had been under assimilationist policies – but rather the fostering of self-determining subjects who would be enriched and empowered through their own Indigenous cultural traditions. As well as embodying a critique of assimilationist administration and objectives, the newer form of governance was part of a broader shift in the principles of governance that took place at the time not only in Australia but also throughout Western Europe and North America, away from governance through centralized regulation and administration, towards more decentralized, indirect forms of social control, the primary objective of which was to foster self-regulating, self-determining consumers ready to take their place in a deregulated market society.

Central to these changes in the domain of governing Indigenous Australians is the strategy of enlisting “communities” to the work of governance (O’Malley 1998). Under this strategy, Aboriginal communities are expected to articulate desires and aspirations which are then taken as authentic manifestations of “self determination” – so long as they accord more or less with what the state wants them to choose. In a savage but all too accurate ethnographic account of these processes at work in one Northern Territory locality, Cowlishaw describes four stratagems by means of which government bureaucrats deal with discrepancies between “communities” as ideologically defined and the observed reality in front of them. The first is through endless meetings, at which officials purport to obtain the agreement of “the community” to appropriate decisions. The second she calls “ventriloquism”: the practice of white officials concealing their own role in decision-making by claiming that decisions have been taken by Aboriginal people. The third is the use of a notion of “culture” that purports to represent Aboriginal tradition but that, Cowlishaw argues, is neither informed by nor recognizes the multi-faceted, interwoven strands of Indigenous sociality. The fourth is the attempt to define separate private and public spheres in which “the community”, far from representing a pre-existing, Indigenous social entity, is construed as a public space which then becomes the legitimate domain of government-supported programs (Cowlishaw 1999).

In a very real sense, then, communities are the creations of the state, designed to facilitate the purposes of the state in accord with the principles of contemporary governance in an advanced liberal society. Among these purposes is the assumption of primary responsibility for preventing and responding to petrol sniffing – not to mention a host of other issues. Perhaps the crudest statement of community responsibility for petrol sniffing was a comment made by then Aboriginal
Affairs Minister Clyde Holding in 1984. Challenged by the Secretariat of National Aboriginal and Islander Child Care (SNAICC) to provide $5 million to assist communities to address petrol sniffing, Holding retorted: ‘The communities just opt out and say all that is needed to solve the problem is $2.5 million. Why $2.5? Why not $20 million? How much money do you need to take a petrol can from a kid when you see him sniffing in front of you? Let’s address this problem in real terms’. (Adelaide Advertiser 29/12/84:22)

A few observers have long questioned the wisdom of this policy. In 1977, for example, a Welfare Officer with the Northern Territory Government wrote:

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

From G Sargent (1977) A discussion paper: appropriate facilities for traditional aboriginal children. Paper to the Crime Prevention Council of Australia (NT division) 14 September. P 6 (also Heavy Metal p 125).

Similarly, Dunlop has argued:

‘It is not surprising that communities find it so hard to handle many of their behavioural problems, since there are no already existing strategies to cope with these. Indeed, the particular nature of substance abuse means that other forms of traditional care fail, either because there is no respect for the traditional authority structure, or because there are no existing ways of curing the physiological effects of sniffing and alcohol…” (Dunlop 1988:142)

Aboriginal people have been even more forthright in rejecting the notion that it is all the community’s problem. Kawaki Thompson, father of a young man from Central Australia who died from sniffing petrol, told a recent Coronial inquiry:

There has been petrol sniffing since the 1950s. Who is responsible? The petrol doesn’t belong to us. It is not part of Anangu law. It was introduced to the Lands by white people. It is important that Anangu revive their culture and hold on to their culture. The problem with petrol comes from outside, it’s like the Maralinga bomb tests, the solution should come from the outside too. (Chivell, Thompson report, p.19)

Such views, however, appear to have had little impact on policy. In 1984 the Commonwealth Government established a Senate Select Committee into Volatile Substance Fumes, which reported in the following year. The Committee’s endorsement of the primary role of communities became the justification for a strategy subsequently adopted by the Department of Aboriginal Affairs. The opening paragraph of the strategy stated:

Strategy to be based on findings of Senate Select committee which concluded that actions in response to petrol sniffing should originate from and be controlled by the Aboriginal people in each community where petrol sniffing is a problem.

The Department’s role was seen to be to ‘act as a resource to encourage and support community initiatives’ (item 5). Ironically, the Department’s own deliberations exposed the problematic nature of this position. At a DAA petrol sniffing conference held in Perth in September 1987, those present agreed that petrol sniffing resulted primarily from “dismemberment of the people and erosion of their own forms of authority”, and that petrol sniffing “was a symptom of a process of social deterioration rather than the focal problem itself”. How, one must ask, can communities said to be wracked by disempowerment and social deterioration be expected to “originate and control” actions in response to petrol sniffing?
In 2003, the question remains unanswered by governments. As Dr Paul Torzillo, a respiratory physician with long term experience in central Australian communities told a coronial inquiry held in 2002 into the deaths of three petrol sniffers:

> There seems to be a widespread view within government…that this is a problem which the community should solve, it is their responsibility. This is a community with less resources and ability to control a tough problem than any mainstream community…and secondly, that’s not a demand that’s put on any other community in the country. No-one, no politician and no bureaucracy expects that a suburb like – so the people of Cabramatta are not told that they have to solve the heroin problem and it’s up to them to do it. (Add ref. Chivell, Thompson, p.20).

Coroner Chivell himself was unequivocal in his concluding recommendations:

> The fact that the wider Australian community has a responsibility to assist Anangu to address the problem of petrol sniffing, which has no precedent in traditional culture, is clear. Governments should not approach the task on the basis that the solutions must come from Anangu communities alone.’ (Chivell 2002:74).

Together, these structural constraints and discursive frameworks have shaped the responses of various governments – state, territory and commonwealth – to Aboriginal petrol sniffing over the past three decades, in ways that we shall now briefly consider.

**Petrol Sniffing and Techniques of Government**

In a review of interventions into petrol sniffing, d’Abbs and MacLean (d’Abbs and MacLean 2000) identified a large number of programs that have been adopted. These included, in the area of primary prevention, recreation programs, education, substitution of petrol with aviation fuel, locking up petrol supplies, adding deterrents to petrol, movements to homelands centres, and legal sanctions against sniffing, and use of Aboriginal culture and symbolism. Interventions targeting at-risk or user populations have included individual and family counselling, community wardens and night patrols, and guidance in harm minimisation, such as cautioning non-sniffers against chasing sniffers on the grounds that the latter are likely to be vulnerable to ‘sudden sniffing death’. Finally, in the area of tertiary intervention, both hospital treatment and residential rehabilitation programs have been implemented at various times and places.

We don’t propose in this paper to explore the outcomes of these measures. Those seeking further information are referred to the monograph itself, or to a shorter journal article summarising the main findings (MacLean and d’Abbs 2002). Instead, we wish to highlight a number of characteristics of prevailing approaches to interventions. Firstly, because petrol sniffing is not seen as a genuine on-going priority issue that falls neatly into any one department’s or even one government’s scope of responsibility, governments have tended not to engage in direct service provision, but rather to fund community-based groups and other non-government organisations to provide services. This, of course, also accords with the view of petrol sniffing as a community responsibility. Secondly, and again in light of petrol sniffing’s low ranking as a priority, most initiatives have been funded on an ad hoc, short term basis, with virtually no commitment to rigorous evaluation or to providing ongoing funding to those programs that demonstrate successful outcomes. Thirdly, because so few programs are evaluated, and because no one sector in any bureaucracy has an interest in maintaining sustained attention on the problem, the efforts that have been made have not generated an evidence-base that might inform future policy-making and program funding. The evaluation currently under way of the so-called Comgas scheme, under which the Commonwealth Government has agreed to subsidise the use of aviation fuel in some central Australian communities as an alternative to petrol – aviation fuel being unattractive to would-be sniffers – is a welcome exception to this pattern.
Fourthly, in the absence of an evidence base, and because petrol sniffing where it occurs straddles political jurisdictions as well as departmental ‘silos’, governments have tended to respond to petrol sniffing crises by convening high level inter-governmental committees involving commonwealth and state/territory officials. In no instances to date, however, have these committees succeeded in implementing a co-ordinated, sustained approach to the prevention or treatment of sniffing.

The reasons for these repeated failures lie, we suggest, in the factors we have outlined above. Coroner Chivell, commenting on the most recent of these committees – namely, the South Australian Government’s Anangu Pitjantjatjara Lands Inter-Governmental Inter-Agency Collaboration Committee and the Commonwealth administered Central Australian Cross Border Reference Group – remarked caustically that both seemed to be stuck in the “information gathering” phase, and added: “There is no need for further information gathering, and there is a vast untapped pool of professional expertise to be utilised. What is missing is prompt, forthright, properly planned, properly funded action” (Chivell 2002).

Sadly, our analysis suggests that this is unlikely to occur under present circumstances – though perhaps the Coroner’s criticisms will help to bring about change.

**Knowledge, Expertise and Petrol Sniffing**

But is there, as Chivell asserts, “a vast untapped pool of professional expertise to be utilised”? In making these comments, Chivell rightly condemns bureaucratic inertia and dismisses the claim that we cannot act because of lack of information. At the inquiry, the coroner heard claims that considerable research had already been conducted into petrol sniffing, and that lack of knowledge was not a legitimate barrier to action. At the same time, Chivell himself concluded that, as a phenomenon, petrol sniffing remained poorly understood (Chivell 2002).

What are we to make of this apparent paradox? In the face of such protracted unwillingness on the part of governments to take “prompt, forthright, properly planned, properly funded action”, any exercise in data gathering in the name of research can appear to be little more than self-serving indulgence, particularly if it does not lead to practical action. Aboriginal groups on numerous occasions have claimed that Indigenous people have been ‘researched to death’.

But if research and the knowledge it generates are never sufficient conditions for coherent policies and programs, they are necessary conditions, and if we compare petrol sniffing with other categories of substance misuse, “the vast untapped pool of professional expertise” looks somewhat shallower than Chivell implies.

Effective targeted policies and interventions require at least three kinds of knowledge. The first is epidemiological data about prevalence patterns, distribution, and correlations with other phenomena of interest, especially harmful consequences. The second is knowledge about the efficacy and effectiveness of intervention strategies, the circumstances under which interventions work or do not work, and the social, cultural and behavioural influences that impede or enable such interventions. The third is medical knowledge about the ways in which inhalants affect physical and mental functioning.

While a limited amount of research into all of these areas has been conducted, both in Australia and overseas, petrol sniffing remains poorly served by research. Brady’s “Heavy Metal: The Social Meaning of Petrol Sniffing In Australia”, published in 1992, continues to stand as a landmark (Brady 1992). For example, the two leading drug research institutes in Australia are the National Drug and Alcohol Research Centre (NDARC), attached to the University of New South Wales in Sydney, and the Perth-based National Drug Research Institute (NDRI), attached to the Curtin
University of Technology. The former is oriented towards treatment-related research, the latter towards prevention research. A search of NDARC’s publications list of several hundred journal articles, monographs and technical reports, as listed on their website ¹, failed to reveal a single publication focusing on petrol sniffing, inhalants or volatile substances. A similar publications search on NDRI’s website found one evaluation report published in 1989 (Lang 1989) and one letter published in the Medical Journal of Australia in 1993 (Midford, Rose et al. 1993). This is not to suggest that aspects of petrol sniffing or other volatile substance use are not covered in other publications from these centres, as part of, say, overviews of trends in drug use patterns. But the near total absence of any publications that feature inhalants is a telling indicator of the place that inhalants occupy in mainstream drug research in Australia.

Indigenous petrol sniffing is almost invisible in national drug use surveys, for several reasons: firstly, because its occurrence is both geographically uneven – with many remote communities exhibiting little or no sniffing – and sporadic in temporal terms, no national survey could delineate it with any accuracy unless it utilised an enormous sample. Secondly, most surveys of drug use define their scope as use by people aged 14 years and over or 15 years and over, thereby, by definition, excluding a high proportion of petrol sniffers. For example, petrol sniffing was excluded from the scope of a major survey conducted in 1986 of Aboriginal drug use in the Northern Territory. The survey designers decided that the stratified sample they proposed to use would not have picked up enough sniffers to have adequate statistical power; it was also restricted to Aboriginal men and women aged 15 years and over (Watson, Fleming et al. 1988).

In short, the lack of any sustained institutional interest in petrol sniffing among government agencies is matched by a dearth of high quality research.

Petrol Sniffing and the Formation of Identities

The final dimension of ‘governance’ in the sense that this term is being used here is one that has received less attention than the other three: it covers the assumptions made by governing agencies about the kinds of people they are dealing with, and the kinds of people they strive to foster. O’Malley argues that contemporary governance of Indigenous people in Australia – in parallel with non-Indigenous governance – seeks to promote what he has labelled “self-determining subjects of liberalism” (O’Malley 1998). We do not elaborate the point here, but it could be argued that petrol sniffing - especially as it is usually portrayed in the media – represents an all too literal “in your face” affront to the goal of contemporary Indigenous governance, and as a consequence leaves those responsible for policies and programs baffled, at a loss for action and, in the words of the long term Northern Territory public servant quoted earlier, ducking for cover. Even more than the depiction of highly visible drunkenness on the part of some Aboriginal people, petrol sniffing reveals the fallacy behind the notion that people who are trapped in poverty, squalor and hopelessness will play the part that contemporary governance holds out for them.

Where to Now?

None of the structural and discursive factors outlined above lend themselves readily to modification. However much we might wish it otherwise, petrol sniffing in remote Aboriginal communities is not likely to become a long term policy priority, given the presence of so many competing claims on attention and resources. Moreover, the sheer complexity and multi-faceted nature of the issue, not to mention the opportunities for people in any one sector of government to pass the problem onto some other sector, tend to defy attempts at developing a coherent policy response.

¹ http://ndarc.med.unsw.edu.au/ndarc.nsf/website/Publications.articles
It is not our purpose here to trot out yet again a set of recommendations about the kinds of programs that should be promoted and funded. Too many such sets are already in existence. We do, however, propose a number of modest steps that could usefully be taken to improve the policy foundation without imposing a major demand on resources. In the first instance, the evidence base relevant to petrol sniffing (and other inhalants) could be increased by utilising the existing national drug research centres. These centres could be funded and directed to conduct or commission research into prevalence patterns, effectiveness of interventions and other current gaps in knowledge. Secondly, it ought to be possible – especially in an environment where so many agencies claim to espouse a ‘whole of government’ approach – for agreement to be reached between relevant departments at one level of government, and between levels of government, on a series of steps to be taken to reduce risk factors before the eruption of yet another media-generated crisis. For example, it is hardly rocket science – but it still needs to be said – that youth workers and appropriately trained and supported recreation officers have a major contribution to make in the prevention of inhalant abuse. A coordinated approach to the provision of these resources, based on systematically reducing risk factors in inhalant prone environments, should be implemented. Thirdly – it needs to be said yet again – petrol sniffing is too complex an issue to be addressed through short term pilot and project funding. Finally, while communities must be partners in any program to address petrol sniffing, the notion that government agencies can sit back and insist that communities take ‘ownership’ of the problem, and that all governments need to do is provide intermittent project grants to community groups, needs to be exposed and rejected.
References


Chivell, Wayne Cromwell (2002). Finding of Inquest: An Inquest taken on behalf of our Sovereign Lady the Queen at Umuwa in the State of South Australia, on the 28th, 29th, 30th and 31st days of May 2002, the 3rd, 4th, 5th and 6th days of June 2002 and the 6th day of September 2002, before Wayne Cromwell

Chivell, a Coroner for the said State, concerning the death of Kunmanara Thompson. Umawa, South Australia.


