LEARNING FROM AND DEVELOPING INTEGRATED RESPONSES TO INHALANT MISUSE IN BRISBANE

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Inhalant misuse by young people in Brisbane is a growing problem as evidenced by reports from government departments, non-government agencies and by young people, families and communities. Associated papers and forums consistently recommend that multi-level, multi-systemic, collaborative and integrated responses are required. However in Brisbane, formal intra-agency and inter-agency protocols have not been widely developed and current service responses have not been well integrated. This paper highlights some of the learning and action outcomes of a project that aims to develop and learn from coordinated responses to inhalant misuse by children and young people. Outcomes to date have included:- the development of key strategic partnerships through a network of critical friends; the identification of localised response strategy options through a major community forum; and the engagement of a project officer to utilise action learning processes to support localised coordination trials. The paper also reports on the exploration of interactive theatre methods with regards to their potential for use in interventions with young people that misuse inhalants.

In June 2002 a small group of officers within the Brisbane City Region of the Department of Families gained Regional and Central Office support to initiate a learning improvement project around the issue of Inhalant misuse. This is an ongoing project that aims to support the development of localised integrated coordinated responses to inhalant misuse by young people in the Region. Through this project the Department has formed strategic alliances with the Brisbane City Council, the Commission for Children and Young People, DRUG ARM Queensland and a range of other government and community based agencies that act as critical friends for project.

The project team members and critical friends have agreed that the overarching framework for response strategy development would be the seven step community engagement strategy articulated by Commission for Children and Young People in the recent report – *Volatile Substance Misuse in Queensland* (CCYP, 2002).

This paper will provide selected highlights of an action learning process applied to a series of meetings of critical friends, a community forums and the acquittal of an a small non-recurrent grant to employ a project officer to promote and trial the development of integrated responses to two Brisbane communities.

**Definition**


The Victorian Drugs & Crime Prevention Committee (2002) define inhalant misuse as:

“... the deliberate inhalation of a gas, or of fumes released from a substance at room temperature, for the purpose of intoxication...The term volatile substance abuse...encompasses aerosol and gas fuel in addition to glue sniffing and other forms of solvent inhalation.”

**Context**

At the time of the initiation of the Regional Inhalant Misuse Project there were some significant developments were emerging that combined to provided a context and catalyst for the project.
Firstly, an update of the Region’s demographic and service profile confirmed Brisbane as a developing city of almost 900,000 residents (note: This does not include adjacent Regions such as Ipswich, Logan, Pine Rivers and Redcliffe). Brisbane is home to a 25% the state population, 20% of all young people between the ages of 10 and 16 and 10% of all Aboriginal Torres Strait Islander children and young people within the state.

Secondly, the problem of VSM had developed into a significant community concern due to its occurrence in public space and its association with crime and youth homelessness. Related media attention was and continues to be, regular and frequent, as do related representations to local, state and federal elected members.

Thirdly, the Department of Families had initiated a significant reform agenda including an aspiration to become a Learning Organisation (Senge, 1990). This learning focus recognised the value of action learning paradigms - such as cycle presented below - and provided a useful platform to launch an exploration of how the Region could develop its capacity to respond to inhalant abuse.

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**Project Initiation Meetings (June – August 2002)**

In June 2002 a small group of Departmental Managers and Resource Officers in Brisbane agreed to form the project team and held a number of low key meetings over the ensuing months. The first of a long line of learning outcomes to emerge from these early meetings was acknowledgment that we actually knew little about the extent of inhalant misuse in Brisbane or services responding to the problem.

Coincidentally the Brisbane City Council was initiating a scoping and mapping project that would provide such information as the basis for their own city wide inhalant misuse strategy. Therefore Council was invited and agreed to integrate their projects with the Regional project.

This early time of collaboration affirmed a second piece of knowledge that we held firmly prior to the initiation of the project; The Department, whilst an important player in developing appropriate responses, could not and should not be the sole agency responsible for responding to inhalant misuse.

At the same time the Commission for Children and Young People were embarking upon a major project that would eventually result in their report that would include a literature review and a multi-systemic, multi-agency collaborative framework for responding to inhalant misuse based on the principles of community engagement.
Therefore the Commission was also invited and agreed to integrate their activity with the Departmental and Council projects.

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<tr>
<td>- we need to know about the extent of the problem and the existing responses</td>
<td>✓ BCC scoping project</td>
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<td>- multi-systemic, multi agency collaborative responses required</td>
<td>✓ CCYP community engagement model</td>
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**Critical Friends Meeting #1 (August 2002)**

Continuing with a strong tone of collaboration a smaller mapping exercise led to a number of individuals from government and non-government agencies being invited to join the project as ‘critical friends’. The first of these meetings occurred in August and was attended by approximately 20 individuals from about 15 agencies. Since the first meeting the critical friends to the project has grown to more than 50 individuals from almost as many agencies.

At the first meeting there were two significant learning outcomes.

Firstly, we were urged to shape the project towards a greater focus on action as opposed to learning. This set the experimental tone for the project. It was acknowledged that action learning is about trial and error and willingness to take risks and to trial new actions based upon reflection and consideration, without enslavement to the notion of having to ‘get it right’ before acting.

The second significant learning outcome was the need to heed calls consistently raised through recent projects about young peoples’ use of public space and youth homelessness eg *Welcome to Brisneyland* (Dunbaven, 2001). These calls were for the establishment of specialised places or facilities for intoxicated youth to be taken to ensure their physical safety.

As a result, a commitment was given to keep the development of a safe place concept within the sights of this project.

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<tr>
<td>- project outcomes should be for better service delivery not just for greater understanding</td>
<td>✓ acknowledgment of project plan as a work in progress</td>
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<td>- the most commonly raised concern is the lack of ‘safe place’ options for intoxicated young people</td>
<td>✓ keep ‘safe place’ on the agenda</td>
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**Critical Friends Meeting #2 (October 2002)**

At the next critical friends meeting in October there was again a call to action and a subsequent commitment given to look for ways to resource and support a number of localised action groups across the city.

There was a growing sense of shared ownership of the project by the range of critical friends and with this there was acknowledgment of the need for a unifying shared vision of the preferred project outcomes.
Once again the Commission for Children and Young People’s framework (which by this time had been publicly launched and endorsed by Government) was accepted as providing a common macro-framework for action with micro details to be fleshed out by local communities.

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<tr>
<td>need for balance between action and learning</td>
<td>commitment to support local action groups</td>
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<tr>
<td>need for shared vision of outcomes and actions sought</td>
<td>endorsement of CCYP framework as overarching framework</td>
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Critical Friends Meeting #3: The Community Forum (November 2002)

These learning outcomes were amplified and expanded in November at a major forum of service providers co-hosted by the Department of Families and the Brisbane City Council and attended by approximately 70 service providers and a small number of young people.

At this forum participants were formed into groups according to their geographical areas of interest, and these groups worked together to develop broad strategies for responding to inhalant misuse.

It was acknowledged that strategies had to be developed from both a local perspective and a macro-systems perspective and that these perspectives need to be integrated. Strategies were developed at the forum for western, southern and northern suburbs, inner city suburbs and at whole of city and whole of state levels. At the close of the forum it was recognised that the strategies required more detail development as well as a focus on even smaller geographical communities. It was also acknowledged that some localities might need additional support and resources to refine and implement action plans.

Around this time DRUG-ARM successfully tendered for Departmental Lighthouse funding and secured a project officer to trial the provision of such support and resources to the Brisbane communities of the Fortitude Valley and the Inner City and Keppera and surrounding north-western suburbs.

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<tr>
<td>strategies need to address who, what, how, where, when, why how and include a communication strategy</td>
<td>strategies developed across these domains</td>
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<tr>
<td>strategies need to be micro and macro</td>
<td>initial strategies identified across 3 local areas as well as city and state wide</td>
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<tr>
<td>local action groups need resources and support</td>
<td>Lighthouse funding for DRUG-ARM Qld</td>
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Critical Friends Meeting #4 (March 2003)

It was again acknowledged at this meeting that the raft of contributing structural and personal factors such as poverty, homelessness, issues of physical and sexual abuse, parental neglect and drug abuse and familial dysfunction cannot be adequately addressed without improved communication and collaboration between services.
In response it was endorsed that the project continue to encourage and support the development of protocols or agreements between agencies that would see an improved response to inhalant misuse. The Lighthouse Project is encouraging the development of an agreement between an Indigenous youth service and the local Police that would see operational Police liaise with the Indigenous youth agency through the Indigenous Police Liaison Officers to ensure a culturally appropriate response. These protocols would ensure both agencies had agreed responses and obligations when dealing with intoxicated youth in their locality.

As discussed previously, a safe place for young people to access services, support, emergency or ongoing accommodation has been on the agenda in Brisbane for some time. At this meeting it was acknowledged that a safe place is a long-term objective due to many barriers to establishing such a facility. Whilst agency and community frustration at the lack of opportunities to develop a safe place was palpable, there was also acknowledgment that safe place facilities provide no panacea for inhalant misuse or the many factors that underlie and contribute to inhalant misuse.
The Lighthouse Project response has been to keep a ‘safe place’ on the agenda whilst focussing on the supporting communities at the centre of the trials to utilise or develop strengths and resources already at hand. For example, a strong component of an organised community forum was to have service providers speak briefly about their service and how it could help the young people of the community and their families. This is also in keeping with the Commission for Children and Young People’s community engagement strategy and in particular with it’s resource mapping approach that focuses on what strengths the community has to hand.

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<tr>
<td>need for improved response between services</td>
<td>✓ support development of formal or less formal protocols for collaborative response</td>
</tr>
<tr>
<td>a safe place is not a likely outcome soon and is not a panacea</td>
<td>✓ keep a ‘safe place’ on the broader agenda whilst using a strength building approach so the community can develop/utilise existing resources</td>
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**Critical Friends Meeting #5 (June 2003)**

Community and service providers voiced the need to feel supported by Government in their attempts to enhance local response to inhalant misuse. At this meeting information was provided about a whole of government inhalants strategy being coordinated and developed through the Department of Premier and Cabinet in consultation with relevant State Government Departments. The efforts by the whole of government project to ensure that the perceptions of agencies and the community are considered was acknowledged and applauded. It was also acknowledged by our critical friends that it is necessary to ensure that the same process occurs at a community level to ensure community responses are relevant and responsive to local community needs whilst simultaneously being aligned with developments in the whole of government approach.

Fortunately some of this project’s critical friends also are permanent and invited membership on the reference group for the whole of government project. Consequently it has been entirely possible for the Regional and Lighthouse projects to keep abreast of the whole of Government approach by participating in its inception and development whilst supporting the development of specific local strategies that mirror this approach.

At this meeting it was also acknowledged that the difficulty so often encountered in engaging with young people in a meaningful way and involving them in the decision making process was confounding the project’s capacity to incorporate young peoples’ voice. We need to sort through and past questions such as: “How do we support young people - with experience or knowledge of the issues surrounding inhalant misuse - to attend reference group meetings?”; and “Is it reasonable to expect young people - with or without a history of drug use - to understand and comment on issues around collaborative service provision?”

In response to this it was acknowledged that input from young people does not need to be restricted to attendance at reference group meetings. The approach this project is taking is to collect and document the young peoples’ voices around issues such as what prevents them from chroming; what the circumstances were when they first chromed; what leads them back to chroming; what they would rather be doing; and what makes them consider cessation. The recently released report *Sniffing Around the Valley* (Cheverton, Schrader & Scroggins,
2003) is a good example of such an approach. Through such approaches there is genuine engagement of young people in the development of services that enhance protective factors and minimise risk factors.

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<td>whole of government strategy needs to</td>
<td>keep abreast of W.o.G. developments and</td>
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<td>support local approaches</td>
<td>ensure local strategies are in alignment</td>
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<td>meaningful engagement with young people</td>
<td>consider alternative methods of young</td>
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<td>is a difficult undertaking</td>
<td>person input</td>
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**Theatre of the Oppressed**

The Project Officer participated in a trial to pilot theatre-sport techniques with young indigenous men incarcerated in a youth detention centre as a result of car theft. There is an acknowledged link between car theft and inhalant misuse amongst youth in Brisbane. Described as ‘therapeutic without being therapy’, Theatre of the Oppressed uses a mix of theatre techniques to allow participants to recreate past behaviours and explore options for future behaviours. Developed by Augusto Boal, the intervention uses workshop settings where individuals devise fictional scenarios about real issues, creating a three dimensional image of a situation. This role-play component allows participants to observe themselves in action, to be observed in action by their peers and to explore variations of their actions. Learning happens through the use of all the senses rather than a sole reliance on more traditional passive learning methods. Most importantly, participants rehearse the necessary skills for change in real-life situations.

Through participation in this trial, the Project Officer has had the opportunity to learn about the potential effectiveness of Theatre of the Oppressed with people experiencing harm from inhalant misuse. It is recognised that inhalant misuse is a complex and systemic problem without a single solution. Subsequently Theatre of the Oppressed must be viewed simply as another therapeutic diversionary activity, albeit with low resource implications, and is advocated as one possible response to inhalant misuse that can be implemented alongside with a range of other measures.

**Anticipated Future Learning and Developments**

We acknowledge that we are a long way from knowing how to respond adequately to inhalant misuse. Through our respective and related projects, we believe that those involved at least now share a similar knowledge base and a sense of shared ownership and shared responsibility for working together in the same direction to improve response to inhalant misuse.

The following learning and action outcomes are anticipated for the next phases of our projects.

Firstly, we believe that there will be a need to dispel the myth that collaboration and integration are non-existent. Both independently and as a result of our projects some excellent examples of collaboration have already occurred. It seems that documenting, identifying and transferring the learning from some of these examples will be of great benefit.

Secondly, we believe that we need to continue to acknowledge the need to act before ‘getting everything right’ and to seek resources and funding for project officers to initiate and support local action groups sooner rather than later.
Thirdly, we believe that young people have essential intellectual and experiential capital to invest in the development of solutions and we are challenged to find ways to keep young people’s views at the front of strategy development rather than as attachments.
Learning | Action
---|---
- need to acknowledge this project is already enhancing collaboration | ✓ story telling/case study approach
- need to act on increased rather than complete understanding | ✓ seek funding for coordinators to support localised action learning groups
- young people can help shape solutions | ✓ put consultation with young people at the front
- local action needs to be integrated and supported by systemic action | ✓ continue dialogue between frontline workers and policy service development

**Conclusion**

Complex problems do not always require complex solutions. However, for inhalant misuse there are no simple solutions. Unless aetiological factors such as abuse, poverty, social exclusion etc. are addressed, chronic inhalant misuse will simply be replaced by other seriously harmful behaviours. We are challenged to move beyond the rhetoric to the day to day practice of collaboration. Action learning provides a useful framework for collaboration, integration and change.
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Brisbane City Council, *Inhalants and Their Use in Brisbane*. Brisbane: Brisbane City Council: Nov 2002
Cheverton, J Schrader, T & Scroggins, Z *Sniffing Around the Valley: Chroming in Brisbane’s Inner City*. Brisbane, Brisbane Youth Service, May 2003

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Disclaimer
The authors of this paper are not in policy positions within their respective organisation and therefore this paper should not be assumed to be an articulation of current or intended Government or DRUG ARM policy.
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- Brisbane City Council
- Brisbane Youth Service
- Commission for Children and Young People
- Department of Families
- Department of Employment and Training
- Department Premier and Cabinet
- Drug and Safety Awareness Sub-committee
- DRUG-ARM Queensland
- Education Queensland
- First Contact
- Indigenous Youth Health Service
- Inhalant Project – Nambour
- Keriba Warngun
- Logan City Council
- Meanjin Drug and Alcohol Services
- Micah Projects Inc.
- North West Aboriginal and Torres Strait Islander Community Association
- Picabeen Community Centre
- Queensland Ambulance Service
- Queensland Health
- Queensland Police Service
- Queensland Rail
- Salvation Army Youth Outreach Service
- Southside Education Centre
- Sycamore Youth Centre
- Youth Housing Project
- Youth at Risk Response Network