

**Response to the  
National Inhalant Abuse Taskforce's  
Consultation Paper  
“National Directions on Inhalant Abuse”**

**July 2005**

*VAADA is a Victorian peak organisation which aims to reduce the harms associated with alcohol and other drug use within the Victorian community*

## **Who is VAADA?**

The Victorian Alcohol and Drug Association Inc. (VAADA) is a peak organisation, which aims to reduce the harms associated with alcohol and other drug use within the Victorian community.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation or research that minimises the harms caused by alcohol and other drugs (AOD).

## **What does VAADA do?**

As a peak organisation, VAADA's purpose is to ensure that the issues for people experiencing the harms associated with alcohol and other drug use and the organisations that support them are well represented in policy and program development and public discussion

VAADA seeks to achieve this through:

- Engaging in policy development
- Advocating for systemic change
- Representing issues our member's identify
- Providing leadership on priority issues to pursue
- Creating a space for collaboration within the AOD sector
- Keeping our members and stakeholders informed about issues relevant to the sector
- Supporting evidence-based practice that maintains the dignity of those who use alcohol and other drug services (and related services)

## **Our history**

VAADA became an incorporated association in 1981 and was created as forum for agencies working in the field of alcohol and other drug issues, as well as those individuals interested in alleviating the harms caused by alcohol and other drugs. VAADA's role was to provide mutual support for its members as well as facilitating planning and development in the AOD field. It was also envisaged that VAADA would have an educative and information role for both its member agencies and the broader community.

VAADA's membership has always been broadly based and its organisational membership includes 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, religious, general youth, local government and others (eg. schools, counselling services, correctional/diversion services, legal services).

## Overview

The National Inhalant Abuse Taskforce's (NIAT) consultation paper on 'National Directions in Inhalant Abuse' provides an extensive exploration of the issue of inhalant use and the possible strategies for responding to inhalant abuse.

VAADA considers that, on the whole, the Taskforce has achieved the objectives it set out to in its Terms of Reference.

The following is a brief response from VAADA to the questions posed by NIAT.

### Are there any gaps in the paper?

VAADA undertook consultations in 2002 in regard to the issue of inhalant abuse. A series of recommendations emerged from those consultations. While those recommendations were from a State perspective, VAADA considers that the NIAT consultation paper comprehensively covers the issues that it has raised in the past in regard to inhalant use.

There are three areas, however, where VAADA identified scope for further consideration.

- Implications for health and community services emerging from the guiding principles for legislation
- Specific issues for rural areas in regard to inhalant use
- Some areas of the guiding principles for legislation

VAADA is aware that the Victorian legislation is in its infancy and yet to be evaluated. Any comments here that relate to this legislation, therefore, need to be considered in that context.

### Implications for health and community services

The guiding principles for legislation relating to inhalant abuse raise potential expectations in regard to how health and community services will need to respond to young people using inhalants.

While these services are generally provided through State Government funding – the introduction of national guiding principles will potentially have implications for the type of services that need to be available to young people using inhalants.

VAADA comments further on this issue in the final section of this paper.

### Specific issues for rural and remote communities

There has been minimal consideration in the paper to the unique issues that rural communities face in regard to inhalant use.

The Consultation Paper has a strong emphasis on the issues faced by Indigenous communities – which are often in rural and remote areas. VAADA welcomes this emphasis.

VAADA would encourage the focus on communities to be extended to consider the broader issues that are unique to rural and remote areas. For example, the issues of isolation, lack of opportunities for young people to access training, employment and the challenge to be meaningfully connected to their communities. The issues of access to health and community services are also potentially different in many rural areas. Similarly, different issues may arise in regard to the capacity of rural and remote communities to comply with guiding principles for legislation.

Furthermore, it's important that the different needs and capacity of rural communities in regard to prevention, treatment and supply control be considered.

VAADA notes that the guiding principles do make some effort to consider the role of local communities. Yet this is not made specifically relevant to rural and remote communities. For example, the acknowledgement that information resources would need to be adapted to be locally relevant does not provide any in-depth consideration of the unique issues of rural and remote communities.

VAADA comments further on the significance of focusing on rural and local communities and the connection with the Federal Government in the final question on directions.

#### Gaps in the legislative guidelines

VAADA is aware that there are some States where the legislation in regard to inhalant use is yet to be evaluated.

VAADA has heard anecdotally from the alcohol and other drug sector that Victorian police rarely use their legislative powers to apprehend and detain inhalant users given the complexity of issues surrounding duty of care (for both police as well as alcohol and drug agencies) and the lack of access to agencies with specialist skills to deal with inhalant users.

For this legislation to be used effectively in the context of the health and safety of young people using inhalants, options to consider might include:

- A resolution to provide clear direction to police as well as alcohol and other drug agencies in regard to issues surrounding duty of care when apprehending and detaining inhalant users;
- Funding alcohol and other drug services (as well as welfare and health agencies) to provide after hours treatment where inhalant users can be safely detained

In the final section on directions, VAADA comments on three areas that might be considered further in relation to

- The Role of Community principle
- The Search and Seizure principle
- The Apprehension and Detention principle
- The Sale of Volatile Substances principle

**Have we accurately captured the current state of play?**

It is VAADA's view that the NIAT Consultation Paper has captured the current state of play with reasonable accuracy.

In regard to the issue of inhalant use – there is considerable change occurring as governments and communities develop strategies for how to best respond to the issue.

This climate of change is evident in the report and indicates that some issues will continue to emerge as outcomes of research and evaluations become more evident.

**Have we covered your interests or concerns?**

VAADA's key concern, as a State peak organization, is to work towards the reduction of harms for people who use inhalants and for people affected by their use. To this extent has covered our interests.

VAADA's earlier consultations on this issues identified that it sought to see changes in the following areas that relate to inhalant use:

- Effective and responsible strategies to prevent the uptake and escalation of inhalant use
- Monitoring the health of people who use inhalants
- Appropriate treatment options for those seeking to address their use of inhalants
- Monitoring the media's portrayal of the issue of inhalant use
- Integrated service provision to ensure that inhalant users are linked into appropriate health and community services when necessary
- Ensuring a skilled and specialist workforce to respond to inhalant use

VAADA has noted that these issues have all been covered – to varying degrees – within the consultation paper.

**Are the suggested directions consistent with your view of a national approach to inhalant abuse?**

To the extent that is possible to create a national approach to inhalant use – VAADA supports the suggested directions.

In particular, it supports the strategies for addressing issues of supply control, the monitoring of media through Senate guidelines for media, and the guiding principles for legislation relating to inhalant use. In particular, VAADA supports the premise that inhalant use is not criminalized and that the focus is on promoting and supporting the health and wellbeing of those people who use inhalants.

VAADA also supports the recommendations for more research into this area – and the three-tiered approach to research and evaluation. In particular, further research into effective treatment strategies would be beneficial.

**What other directions would you suggest for a national approach to inhalant abuse?**

The need for effective integration of services poses some challenges for (and highlights the limitations of) a national approach to inhalant use. In particular, agencies that provide services to those who use inhalants cut across the three tiers of government (federal, state, local). Ensuring accessibility, diversity and consistency of quality service provision are critical for the effectiveness of the legislation.

In regard to the guiding principles for legislation, VAADA has the following comments and suggestions:

- The Role of Community principle, as stated within the 'Guiding Principles for Inhalant Legislation' (page 82) be modified to ensure that community rules remain consistent with the overall guiding principles (eg. Though communities should be allowed their own discretion in developing specific rules in relation to volatile substance use in their local area, the level of discretion should not allow for rules to be developed that break away from the overall principles set for the rest of the community);
- The Search and Seizure as well as the Apprehension and Detention principles be extended to acknowledge that such activity could possibly lead to additional charges if undertaken whilst the suspected inhalant user is intoxicated (eg. resisting arrest) and to suggest measures to prevent this; and
- The Sale of Volatile Substances principle needs to acknowledge that volatile substances are generally not purchased – but instead shop lifted. In these instances, responsible selling will have limited effect. For this reason this principle should be extended to include responsible storage of volatile substances kept out of public reach (eg. Displays can be of empty paint cans, whilst full cans can either be stored behind counters or locked in storage containers).