

# *Petrol Sniffing. Surviving Psychic Pain* *by Craig San Roque*

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*"Mt. Theo's success ( with sniffers) has not been about changing any individual, but changing what's cool and groovy " Andrew Stojanovski Yuendumu Petrol Sniffing Project. quoted in SMH Insight 10 12 2001.*

## **1. Introduction.**

This background paper is not intended as a review or analysis of the clinical treatment of patients suffering from the misuse of volatile substances. That subject may have to be approached in a second paper. Rather, it looks at social matters, the context of the problem and a summary of local and personal experience. It offers some guidance to the practitioner new to the area so that he/she may get a handle on the complex and elusive behaviour of 'sniffers'. This paper is about attitude; it recognises the distress which the practice causes to people who have to deal with it. There are, as yet, no easy steps toward alleviating what some see as a collective existential trauma but, maybe, getting some help with attitude and history will save the practitioner a few headaches. This paper is written by someone who has spent more than ten years directly involved with the problem in central Australia. It is unashamedly subjective and attentive to the feelings which sniffing stirs in many persons, indigenous and non-indigenous.

## **2. Meeting the Problem.**

### **2.i. Psychic pain.**

Petrol sniffing makes people very upset. It is painful to see, painful to have to put up with. For health professionals who have an instinctive response to relieve pain and to care for people it is particularly frustrating and even bewildering to be helpless, unable to do much to intervene in the cycle, let alone stop it.

Sniffing volatile substances is now part of the harsh reality of life in the bush, just as drug use is part of city life, but coming upon it for the first time can be a shock. Faced with sniffers apparently senseless, self-destructive behaviour you may become puzzled, afraid, angry and hungry for explanation. There may be no satisfying explanation and no satisfying solution. If you are such a person, meeting sniffers for the first time, you may despair at working partners and family members who seem to have given up trying to change sniffers behaviour. You may wonder if you too could live with sniffers as though they were shadows. You may hear hard, cynical comments about 'useless families' and 'dysfunctional communities'. You may feel a peculiar kind of psychic pain when in the presence of sniffers. You may discover that demonised sniffers are actually quite sweet, naïve and just bit lost - when not intoxicated. You may wonder what all the fuss is about.

### **2.ii. A sniffing syndrome?**

All such reactions are a part of the 'sniffing syndrome'. By 'sniffing syndrome' I mean here, not the pattern of symptoms of a disease but that there is a pattern of behaviours and reactions, thoughts and feelings which seem to go with the sniffing. The characteristic pattern can be seen operating among sniffers, among their families, among workers and is also seen in the characteristic way in which the media and community state and federal governments and agencies react to and respond to ' the problem'.

Describing and analysing the social/cultural aspects of the sniffing pattern is a subject in itself, too big for this paper but some parts of the pattern of the syndrome include, repetitive cycles of emotions of frustration and despair and anger, passive acceptance of terrorist like behaviours, , paralysis of thought and action, rejecting or demonising ' sniffers', passing the buck, blame and scapegoating of ' family' and hard working individuals or ( unsupported ) programs for 'not doing anything', bewildering funding requirements and requests for yet more reports.

(Fortunately the Commonwealth Health Service agencies involved seem, in 2001/2 to be moving towards establishing a comprehensive policy framework as evidenced in the Youth Well Being projects terms of reference as evidenced in the central Australian Youth Link Up projects terms of reference.)

It is worth noting in a professional manner, the way the social aspect of the 'sniffing syndrome' works at a macro level as well as noting your own micro reactions and changes in perception and attitude. Noting the shifts in the psychological effect of sniffers behaviours upon yourself, the work team and the mood of the community groups are all part of the diagnostic process. These observations may help in the development of a local holistic response to a haunting, elusive problem.

### **2 iii. Noting history.**

Over the past twenty years or so there have been many people, Aboriginal and non Aboriginal, throughout Australia, who have literally given blood sweat and tears to help sniffers. They deal with the peculiar aura of anarchic depression which sniffers evoke and carry around as though it were some kind of genie which comes out of the can.

Unfortunately and frequently the experiences of past workers, the way they have described the problem and their contributions are forgotten or blindly criticised or diminished by the new wave of enthusiastic politicians or professionals. This forgetting of what has come before is part of the problem. There is something about the petrol sniffing which attacks links in thought, it is as though gaps are made in human beings capacity to think. The failure of both Aboriginal and non Aboriginal people to think through the problem is a problem in itself. Maybe it is the failure to know how to think about it which seems to lead to repetitive paralysis of concerted action.

Despite this there are systematically worked out and documented patterns of response which have been developed. For instance, the work of the Healthy Aboriginal Life Team ( HALT) in the late 80's til 1991, by Petrol Link Up 1994-95, by Intjartnama/ San Roque during 1996-1999 ( Western Line project), by the Yuendumu project throughout the 90's, by the NPY Women's Council project 1999-2002, by the South Australian Aboriginal Drug and Alcohol Council's 'Makin' Tracks' project and manual. The d'Abbs, Maclean 2000 Review, the Mosey and MacFarland and Roper reports and the substantial consistent work of Maggie Brady all indicate patterns of response. (see references)

Andrew Spencer Japaljarri, who could now be named as a grandfather of sniffing theory, during his work with the petrol sniffing intervention team, HALT, pointed out strategies again and again in conversations and in concept paintings in the HALT posters. In 1993 he summarised his ideas for action in his definitive painting 'Thinking About Young People' (now in the custody of Intjartnama). Unfortunately most of HALT's reflective work on the problem of 'how to think about sniffers' was brushed aside when the Menzies' Evaluation of HALT found fault with and reported criticism of some their actions and outcomes. This criticism and the way it was taken up and led to the abandonment not resurrection of the HALT efforts is a typical instance of the 'sniffing syndrome 'in action. The baby went out with the bathwater. However the inspirational ground breaking work of HALT (Spencer, Franks and Lowe) remains as a guiding spirit for many.

Top End writers and communities such as Maningrida and in other regions must have similar collections of material. It is not possible here to summarise and review Australia wide projects. However D'Abbs, Maclean provide leads. But for all the reports and recommendations there is still a mood that nothing much has happened to shift the problem.

### **2. iv. An encouraging note of despair.**

It is strange experience to walk into the world of petrol sniffing. To some it is like stepping into a black hole where nothing makes sense and every positive effort disappears, to others it is a bewildering labyrinth of grief, lost opportunities and lost ideas. I am reminded of the French existentialist novel, *The Plague* by Albert Camus. This is a bleak account of an epidemic which devastates a remote north African desert town. (p.144) The doctor and the mayor are discussing the problem of disposing of so many accumulated bodies. They take some comfort in having found a solution, if not to the plague, at least to the burial and the paperwork problem. Dr. Rieux comments: "Yes, and though the burials (go on and) are much the same,

we keep careful records of them. That, you will agree, is Progress."

At the risk of drawing out the pessimism, but hoping that 'forewarned is fore armed', it has to be underlined that with the 'petrol plague', there is not much sight of progress, we cannot even pride ourselves that records are carefully kept. The burials go on. The plague has the upper hand.

Thus, advice to those entering the sniffer system is often as simple as this ;

- study the history - keep expectations measured and low - resist being paralysed – take note of the patterns – write incidents and stories down - keep calm and steady when in the presence of sniffers - do not become isolated - link up with other agencies - advocate positive youth activity groups - insist that thoughtful planning be used, not emotional action and reaction - mind your own psychic pain and hold on to a sense of humour. 3. Sniffing. What is it?

Some basic facts are these.

(For a fuller story and leads to other work see the reference lists in d'Abbs Maclean Review, the ADAC SA manual, the Petrol Link Up Report 1995.

The section below will help get you started.

### **3.i. The stuff.**

Volatile substances common and accessible in bush regions include super and unleaded petrol, solvents, spirit based glues, especially in tyre repair kits, spirit based paints, polyurethane, paint spray cans and other aerosols. These are often mixed as chemical cocktails with household cleaners and any other chemical which might appeal to an inventive mind. Word always passes around) (see [www.inhalants.org/chemical.html](http://www.inhalants.org/chemical.html) )

Volatile substances when inhaled and used as a drug change perception, emotion and sensation, in this sense they can be classified as mind and mood altering drugs.

The special ingredients in petrol and glues which affect the human brain are the additives which are intended to make them do their job better. They are not so useful for the human.

The chemical additives include the group of the hydrocarbons, especially toluene and benzene. The hydrocarbons affect the brain chemistry. Some research has been done on how the hydrocarbons, fluorocarbons, methanol, methylene chloride, etc deal with the brain biochemistry and what the effect and damage is. Useful papers by Ron 1986, Maruff 1998 etc (see references) give a lead into this subject. However the psycho-pharmacology and the nature of the hydrocarbon/ neuro chemistry reaction is still rule of thumb business. Or if there are specialist researches this information has not been translated into a form which is useable in relationship with people who live in remote area indigenous Australia. The Petrol Link Up's 'Brain Story' is an attempt to set out a format for such efforts.

Hydrocarbon/human chemistry reactions do not in themselves seem to be addictive. You can say that sniffers become obsessed with sniffing and dependent on the cult or life style and will work ingeniously to get their stuff but it does not seem to be true chemical dependency. Consequently the withdrawal dynamic as found with nicotine, opiates or alcohol does not apply, so one cannot make comparisons or infer that petrol dependency follows the usual drug withdrawal or overdose patterns. However, one may as well think of petrol sniffing as an addiction because of the persistent reliance by core sniffers on having it around them. People have to keep sniffing to keep high, which is why one sees cans carried permanently as a necklace, ready and available.

In the bush it is mostly the vehicle fuels, the workshop and garage glues and paints which are easy to get. Despite the use of diesel and the successful promotion and introduction of AVGAS/COMGAS as the preferred remote area fuel (intended to reduce access to the sniffable stuff), ingenious youth bleed local vehicles, look out for tourist vehicles, seek out other likely substances and experiment with volatile mixtures. 'Petrol runners' exist along with the 'grog runners' and 'dope dealers' and even close 'family' will sell petrol to sniffers or be blackmailed to supply them.

Leaded or super petrol and unleaded both contain the volatile substances, the hydrocarbons. Leaded petrol contains lead, of course, which has a characteristic way of damaging the human brain. Lead is toxic (poisonous) but it is not the lead which makes the 'high', although some kids seem to think so. It is probably the hydrocarbon content but the lead as well as the

hydrocarbons change and damage the brain's delicate system.

Research work has been done at both Alice Springs and Darwin Hospitals on lead chelation therapy (ie to clean the lead out of the body system). This research may be available through e.g. Burns and Currie's useful papers and the hospital libraries. See Brady, 1989 on Lead Toxicity and Brady and Torzillo, eds 1995. Workshop on Lead and Hydrocarbon Toxicity.

Leaded petrol is phasing out (2001) How the new lead replacement fuel will affect sniffers is open to question.

In general diesel and AVGAS (aviation fuel) are not volatile enough to produce the sniffer's high but sometimes mixtures are made or kids will experiment and add plastics or polystyrene based matter to provoke a reaction. It is not clear if the perceived 'high' is a placebo effect or if there is a genuine mind altering reaction. Either way sniffing such mixtures is still dangerous.

There has been a lot of work on the popular drugs, opiates, amphetamines, cannabis, alcohol etc, but not on the volatile substances. Despite the media publicity over many years, the politicised concerns, the rhetoric and some good foundation material there seems little interest in supporting and updating Australia specific research that might help set up a systematic and informed procedure for the analysis of volatile substance composition, its effects on the human body systems, the social and cultural systems, the indigenous perspective and the assessment, intervention and treatment of indigenous children/youths who are affected by the petrochemical repertoire.

### **3 ii. The effect.**

The hydrocarbons are said to 'melt' the fatty tissue, the myelin sheath which protects our neurones, (rather like the insulating plastic on electric cables). Under the impact of the hydrocarbons the neural networks gradually degenerate. The degeneration is gradual, progressive. (See the ADAC. SA Manual and the Brain Story) It is not clear if the degeneration of the nerve material itself has a psychological or altered state effect on perception and sensation or if it is mostly the hydrocarbon chemistry bonding with the brain biochemistry which produces the sought after euphoria and altered states.

Petrol sniffing does produce a characteristic pattern of reaction. The reactions are also a result of how long and how often and how persistently a person will be inhaling fumes. Sniffers describe changes in their perception of hunger, heat, cold, space, time, movement and the relation between so called inner and outer realities. Sensory, visual and auditory hallucinations are described. Sniffers might become dis-inhibited, emotionally tender and friendly like a puppy, lose sense of personal boundaries, lose sense of social or cultural restriction.

At some point the negative social effect sets in and consistent sniffers begin to move into the 'camp of the outsiders'. They may become exiled. They may ignore normal kinship relationships, threaten and offend immediate family, especially women and elders, break sexual and social conventions, become anarchic, psychopathic, paranoid and disturbingly dangerous. The personal negative effects can be simply described as neurological degeneration with consequent psychological degeneration. There is a continuum of this degeneration, it may continue over many years of sniffing, slowly getting worse. On the other hand some chronic sniffers recover, not everyone ends up on death row and threats of 'damnation' are not always fulfilled. If only the picture were so simple.

Persons in the grip of what could be called a 'temporary petrol sniffing derangement' may appear to be psychotic. This is a dangerous state and should be treated as such. Persons, when in this state may act in a beserker manner. Unpredictable violence is likely. There are many recorded incidents of the sudden use of weapons, setting alight by petrol dousing, accidents and self harm. The state may pass and the person returns to a normal, even contrite, child or youth again. This change of personality can be bewildering to family. (The change also helps family to excuse their behaviour). In general it is advisable to treat confrontations with a deranged sniffer with all the caution and backup needed in critical incident management.

### **3.iii. The psychology.**

While there has been observational and anecdotal work done on behaviour, behaviour management and the community reactions to sniffers which clinic staff may find helpful, the

psychological, spiritual and mental aspects are hardly mentioned in the literature even though many indigenous people speak about sniffing and the experience of sniffers in these terms.

The taboo about speaking about the spiritual and subjective aspects of mental life in the bush is loosening up however and there are a few psychologically minded practitioners who do not limit themselves to the constructs of a mainstreamed organic psychiatric framework. A study of the imagery used by indigenous people when painting and talking about sniffers will reveal astute psychological observations and family system explanations. ( e.g Marlene Nampijimpa Ross's Lonely Boy Story canvas or Berthe Nakamarra Dixon and Kumanjai Minitkujur's work for HALT in Anangu Way reveals such complexity of analysis once one learns to read the paintings)

The question of the psychological state of sniffers both as a pre-existing condition and as a drug induced condition needs serious research and attention by both indigenous and non indigenous thinkers and practitioners.

In some troublesome and troubled individuals there may be pre-existing psychological or sociopathic states which become amplified by the sniffing effects. Bush clinic workers may have to become alert to look at sniffers who are in trouble from several angles at once.

NPY Women's Council have been supporting a traditional healer's project and some very interesting issues have been raised by some ngankaris re the treatment of sniffing. The Intjartnama and Yuendumu projects have also contributed here. However, Reviews of petrol sniffing projects even in 2002 seem to ignore the psychological, phenomenological and epidemiological dimensions as well as ignore and fail to consolidate the astute observations made by indigenous people in their own terms. There is a kind of sidelining which occurs. This deserves more appropriately conducted investigations especially since the indigenous view is not adequately represented in mainstream literature or research.

### **3. iv A bit about imagery**

The petrol sniffing scenes in the film Yolngu Boy are good enough depiction of the states, behaviours and background dilemmas of a boy in the grip of petrol. The way the film shows his inner imagery and delusions shows the way things are. You might be interested to hear about an unexpected result of that film. There rumour stories told by sniffers about the boy (the actor) in the film who has apparently come back from the dead after he passes away in the film. The boy dies in a (suicidal?) fall while under the influence of petrol. You see the boy's death in the film, but later, people have seen him (the actor) walking around. This 'proves' that sniffing doesn't kill you. It proves that sniffers can come back to life...like Jesus...

If you get a chance to listen to sniffers talk then what they say about the images and the symbols, is worth noticing. There was a time in one community, when each sniffer 'painted up' their cans. In another. Some sniffers have painted themselves up with black ash. Sniffers draw, talk about and remember specific images while under the influence which are similar to those experienced by persons in the grip of paranoid states. They speak of voices, companion spirits, devils and monkeys, distorted animal spirits who communicate with them or instruct them to do this or do that.

The sniffer stops being the agent of his/her own action and passes responsibility over to another. And also some sniffers can be sensitive to the feeling of being attacked and may act as though possessed by destructive hero figures whose job it is to attack, destroy and take others to death. This imagery gets mixed up with American film demons, sexual pornography and traditional indigenous supernatural forces. (e.g. mamus, kadaicha, 'Rambo' and obscenity language and body parts mix up together).

### **3. v. Take care.**

Knowing that sniffers can get into disturbed, dangerous and delusional states, workers and family of sniffers tend to be very careful around them, this partly explains the apparent passivity about stopping sniffers. Some horrific deaths have been inflicted by persons who have attacked others when in the grip of drug induced persecutory fears and delusion. I mention this not to inflame fears or demonise sniffers but to underline that watchful caution is always needed since the internal experience of sniffers, while intoxicated may be quite unpredictable .

Another caution is that the term 'sniffing' is often used loosely. It is not clear how much

alcohol, amphetamines, cannabis etc may have also been taken. Adult drinkers may use petrol as an alternative or supplement drug. Sniffers are not only 'the kids'. One may be dealing with hardened poly drug users whose pre existing mental states, self control and obedience to social control may be in a permanently disordered condition.

It seems that the volatile substances/ hydrocarbon effect stimulates dream like and nightmare like states. The inner states are often ignored in favour of immediate symptom treatment or social behavioural control.

It is my suggestion that the inner altered states are sought after for a purpose and the search for the altered state will not cease unless the sniffer is removed from the source and the group and is distracted or satisfied by some other activity or internally satisfying experience. This satisfaction may be as simple as a good meal, attentive love, physical excitement and challenging risk. There may have to be deeper solutions. The so called deeper solutions may well have to address spiritual crisis, but one also has to be careful of idealising or romanticising the spiritual and cultural solutions.

In general it can be said that sniffers need to be taken care of and care needs to be taken with them. However the behavioural stance taken by most sniffers when intoxicated means that it is almost impossible to take care of them and to attempt to do so may be frustrating and dangerous, unless one is extremely skillful. The skill can be acquired. And so can weapons; and not even the most experienced worker is invincible when a sniffer has a weapon in their hands and unpredictable imagery in their minds.

### **3. vi. The big picture.**

In short, habitual sniffers may experience bodily and mental hallucinations primal fears, feelings of invincibility and contempt for normal respect, love and care for self and others. Despite the presentation of being powerful many sniffers are in fact in a delicate or vulnerable physical and mental state. Some are aggressive and some are quiet, passive and fade away into an internal or introverted world.

The 'sniffing syndrome' as seen in the individual pattern includes a combined multifaceted picture. Elements of this picture include, depression, lethargy, loss of appetite, changes in body and timing rhythms, sleeplessness, agitation, emotional ability, euphoric states, sexual promiscuity (with a suggestion of enhanced sexual pleasures or liberation) potential sociopathic brutality, and psychotic like states, even if temporary, along with outlaw gang behaviour. Behaviours may depend on age, maturity of sexual stage and the conventions of the sniffer cohort and gender group.

Mild, occasional or children sniffers might seem playful or innocuous and their behaviour is sometimes tolerated as experimentation or as keeping them out of 'the family's way'. But most thoughtful and observant indigenous people agree that sniffing is not 'cute' and not 'cool'.

All in all, sniffing is not a pleasant activity to be around. It is a form of intoxication which tends toward the anti-culture, the rejection of humanity and the morbid seduction of death.. The psychic atmosphere of the habitual sniffer is mostly disturbing and has a deadening or vacuous impact upon the social environment. The places where sniffers hang out are recognisable by the trashed and necromantic ambiance.

There are many unanswered questions. For instance; What is the degree of the petro-chemical effect on the brain/psyche and how much is the behaviour a display reaction to the conditions of life in a settlement? As we have already suggested a proper and useable study of indigenous Australian sniffer's psychological and biological states is long overdue.

The sociology and anthropology of sniffing is a subject all its own. Is the foundation book for this area. Some researchers suggest that the children of marginalised, suppressed, indigenous or poor minorities tend, worldwide, to be the habitual users of petrol and volatile substances as a drug. (Carlini 1988). This may simply be a matter of cost and ease of availability but there may be other issues.

The essentials of the clinical picture and immediate treatment of the sniffer as an individual 'patient' are presented in the CARPA manual section on sniffing.

Prevention and treatment programs which deal with sniffing as family, community and cultural matter are usefully summarised in D'Abbs & Maclean, 2000. And in the Aboriginal Drug and

Alcohol Council of S.A. Petrol Sniffing and Solvents Manual, 2000.

It is beyond the scope of this paper to review and update the situation nationally, the interested reader may have to investigate the situation in one's own area.

In Central Australia, there projects with seasoned experience in dealing with sniffing as mentioned above. They include HALT, Petrol Link Up, (til 1995), A contact point may be through the Territory Government's Alcohol and other Drugs services. Outstation projects include Intjartnama near Hermannsburg and Mt Theo, out of Yuendumu. Aboriginal agencies, as contact points, include NPY Women's Council, Tangentjerre Youth projects and Congress Youth Services and Waltja Tjutangu Palypai. The Remote Area Night Patrols have gathered a wealth of on -the -ground experience. In central Australia there is a support network, CAISAN, which acts as a forum for many sniffing related projects. Forming such a network is part of dealing with the matter. This group has exchanged information, initiated projects, supported colleagues, welcomed and informed newcomers, kept a corporate memory together and persisted. CAISAN lobbied resolutely for the Youth Link Up Service, which, based at Tangentjerre, began operation in 2002 and may provide a welcome contact, advocacy and integrating function.

#### **4. The Causes**

*"Sad Boys are Sniffing"*  
*from a HALT poster*

Why do kids sniff?

Some day maybe, someone will get the chance to put together a full research based study on causes, carefully listening to the young people as well as to their friends, family and elders and written in language(s) and presentable to Aboriginal groups in their own terminology. Until that document comes we have to be content with the various ideas which circulate in popular discussion. Some ideas are as follows.

Some people find cause in history, poverty, boredom, alcoholic carelessness, neglect and family breakdown.

Others suggest that it is mental problem because Aboriginal and non Aboriginal people can't quite get their minds around what it is all about.

Some emphasise that sniffing is a symptom of cultural despair, a part of the history of dispossession and a symptom of the tangled side of the mutually destructive black/ white relationship. Sniffing behaviour, therefore, might be seen as a dramatic acting out by groups of young people of a story about this generation's grief, worry and depression about their situation. No one person is writing the script, but it's the same story in variations all the way from Redfern to Wilcannia to Alice to Derby.

Some say the sniffers are part of the emergence of a protest movement of young black Australia. The revolt is against the elders and tradition. It is also an attack on white culture and property. Anger, envy, contempt or protest? Maybe its just about not having enough food, love and action.

Others point out that the sniffing gang, roving day and night, is simply what you will find anywhere in the world from western Sydney to L.A. 'Guns, drugs, sex, rock and roll' are part of the image conscious adolescent romance of life and death. Others suggest the night time, roving, whistling hunter bands of young men is a continuation of the old time young male initiatory group behaviour. Changed a bit though. There is a mirroring of the Americans and a continuation of custom, mixed up.

Some point out that there has to be more understanding about Aboriginal child raising methods. There are customary reasons why people don't say no which is linked to the time and manner in which boys pass over to becoming men and then have to deal with power, passion, autonomy and responsibility. Some boys make it through to a cultural maturity and some mistake petrol- power and grog- power for the real thing. These matters may be difficult to talk about, tact and sensitivity is involved.

Others say that sniffers are just kids without direction and discipline. It is parent's fault, or it's the kids copying what they see their parents do, wasting their lives on being drunk. But some parents blame the whites for bringing grog and petrol in the first place. The circle of blame

goes round and round like a strange kind of wrong way payback.

Others say that all the fancy explanations don't matter a damn, it doesn't matter what the causes might be, kids will sniff just because they want to. And many sniffers don't really care what anyone else says. They say;

" It's my body and I'll do what I like." End of story.

Causes are there to be found and addressed by family , community and government. The cause of petrol sniffing is to be found not only in the sniffers camp and the sniffer's problems. It is also to be found in the unique way in which Aboriginal minds work, and in the unique way others minds work and react. We, misunderstand, misinterpret and miscommunicate with each other constantly. Also, unfortunately, our government departments while expressing a wish to help often, inadvertently muddle the problem. Workers in the field often lose heart or become resentful when they have to become dependent upon or deal with government agencies which change policy, change direction, change staff, change position and shift goal posts. The non – government or Aboriginal organisations are not necessarily any different since they reflect the way the dominant government procedures operate and what is expected of them. Community based players usually feel like they are on the bottom of the pecking order and that no one supports them and no one listens The ones at the bottom are the ones dealing with the sniffers daily and nightly. That might indeed be you and the quietly distraught grandmother of a sniffer who sits in front of you in the clinic.

## **5. Solutions.**

Analysing causes might be a first step in trying to get your mind around a heart rending problem. You will have seen that sniffing is not just a medical or clinical problem about respiratory failure or 'fitting' or malnutrition or thought disorder or neurological damage. The petrol affected patient is there as sign and symptom of complex social, communal and psychological matters. Furthermore the anarchic behaviour of sniffers reacts in a usually disturbing and disintegrating way upon the family groups and living environments. Everyone eventually gets affected and infected, the school staff, the police, the store keepers, etc. So not only is a sniffer a sign or symptom but he or she is an active agent for increasing stress and turmoil and depression in a family system which may already be under pressure. Sniffers might enact and dramatise the problem of young people in trouble with their culture, their future and their direction but it is rare for a sniffer to help to become part of the solution.

Understanding the complex causality and knowing the history may lead to inventing unique and specific strategic solutions for your area. However as a helpful starter the ADCA SA manual gives a useful and comprehensive survey of the kinds of solutions which most Aboriginal groups are likely to want to try. The thoughtful d'Abbs /MacLean report surveys already tested solutions. There are many and they are put together in different ways although there is a basic pattern which is usually about removing or stopping access to the petrol, introducing activities, attending to family matters and setting up projects.

As a simplification all solutions are composed out of a mix of six elements.

- People.
- Ideas,
- Resources.
- Action and
- Imagination.
- Containment

The sixth element is all important; it means that a Holding System or Container has to be carefully put together in a way that works well enough in that specific community or location. The holding or containing system puts all the other bits together and links People, Ideas, Resources and Action and Imagination.

Many petrol prevention projects fall apart because the central container does not hold or is not held by its supporting or funding agencies or the buck keeps being passed to 'someone else'. Nothing holds together and sniffing keeps slipping in through the gaps in the net. The container might be an elders council, a youth council, an action group, a government agency or a strong individual. Sometimes people expect a health clinic and its connections to be an

integral part of the preventative and possible treatment solution. The question clinic staff have to work through is what role the clinic may have in stimulating or partially holding the containment process until something coherent can be up and running.

Unfortunately agencies or individuals often go it alone, so a first step in any solution strategy is to form inter cultural partnerships, links and support networks. Out of such a matrix, a sustainable solution might just be found and carried through.

The evasion and resistance to forming such a linkup may come from surprising quarters so part of a solution strategy includes being aware of the strengths and shapes that resistance will take from within a community, an organisation or a support agency. Some workers say that working hands on with sniffers is fairly easy compared to the really serious stress which comes from dealing with the inconsistent demands of bureaucracies, Aboriginal power politics and family dynamics. They speak especially about the stress involved in negotiating between often incompatible perceptions, requirements and fantasies about the problem. Burn out of sniffing projects is directly related to this and to the absence of structural support for sniffing prevention projects. (At Intjartnama we talk about this problem metaphorically as though there were a petrol spirit/ mamu which itself works to break down solutions because the mamu wants to keep the sniffers sniffing...the mamu is always up to tricks... the mamu is quite quick to travel to Canberra and making mischief there if it thinks someone is beginning to really support sniffing prevention. The mamu is equally able to get someone to stand up at an Aboriginal community meeting, make wonderful speeches in favour of stopping sniffing and then go and sell petrol to a neighbour's kids. )

Its worth restating that the use of intoxicating substances may never be stopped. Too much is invested in it. Chasing intoxication has been a part of the life and death of most cultures of the world from ancient times. Some cultures have developed social and ceremonial control of intoxicants. For others drug making and using has become a serious part of economic survival. Chasing grog and drugs ( petrol) is a serious pastime within Aboriginal society just as it is in mainstream Australia.

You may want to inquire within your local family or cultural group if there are any internally generated ways of intoxication control which allows for moderate use. There may be people, ideas, stories, experiences and traditional dreamings which can indicate a pattern or an approach which can help local people adapt their attitudes to intoxication and instruct the young. Sometimes the Christian story helps. But if there are no ideas of control within the local culture then people may have to rely on external 'whitefella' controls, the police, the law and external restrictions. With petrol sniffing this is very hard. It may be generations before indigenous groups set up internal control for alcohol and drug use. Perhaps only bitter experience is the key.

People like being in altered states. Maybe all you can do is keep young people away from the substances which are most dangerous for them and find alternative ways of getting into the altered state.

## **6. A Meditation.**

Finally there is a philosophical question to meditate upon which might help one to think about and think around the experience of living with sniffers.

The question is simply this;

*What is it that makes us human?  
What is it that makes us Anangu,  
Yanangu, Yappa,  
Rilla, or Yolngu?  
What is it that makes us who we are?*

We all live in mobs, bound by connections and mutual obligations. And each mob may have its answer to this question.

There is something about the way sniffers behave that makes us upset because sniffers seem to break the rules of being human. They break the rules of being anangu, yanangu yappa, rilla or yolngu

The mind of the sniffer seems to slip away from the things that bind us together as humans.

They seem to slip away from mutual obligation. They seem to slip away from the connections. We may love the person who sniffs or pity the sad and lonely, the angry boys and girls but what makes people so upset is the way they slip away and it is so very hard to bring them back.

Did they slip away or were they let go?

If only there were a way to keep these young people human to keep them anangu, yanangu, yappa, rilla, yolngu. Thinking about this causes pain. It is a pain which we seem to have to bear and live with.

## References

There are three available and essential sources of information and references published in Australia with remote area workers in mind look into these three because they have done most of the hunting and gathering of useful and up to date material All references in the text of this paper can be found there;

The Petrol Link Up Report 1995 by Shaw, San Roque and Armstrong published through the Commonwealth Health service. isbn 0644455578

d'Abbs & MacLean 2000 Petrol Sniffing in Aboriginal Communities. A review of Interventions . Co operative Research Centre for Aboriginal and Tropical Health PO Box 41096 Casuarina NT 0820

<http://www.crc.org.au>. ( check address)

Aboriginal Drug and Alcohol Council of SA Inc. ( ADAC SA) publication. 2000. Compiled by Andrew Biven.

Petrol Sniffing and other Solvents. A Resource Kit for Aboriginal Communities. This package also includes the d'Abbs Maclean Review and an A4 Reproduction of Petrol Link Up's 'Brain Story' Flip chart.

This excellent and accessible package is well organised, clearly and visually presented, is full of positive ideas and experiences, contacts and leads. Every Aboriginal oriented clinic or care agency should have one.

Contact ADAC.SA. 53 King William St Kent Town SA 5153.

Ph. 08 83620395

In addition;

Intjartnama Outstation near Hermannsburg has a range of material, teaching stories and painted canvasses distilling their experience in caring for sniffers and developing practical interventions for their area. They also act as custodian for paintings and graphic material developed by Petrol Link Up.

Contact [intjartnama@octa4.net.au](mailto:intjartnama@octa4.net.au) but these outstations are not equipped to be distribution agencies

Mt Theo Outstation project similarly has unpublished reports and summarised experience of more than ten years effort in the Yuendumu, Warlpiri region. Try as contact

[mttheo@bigpond.com](mailto:mttheo@bigpond.com)

NPY Women's Council Youth projects are developing much experience in their region, and in collaboration with Intjartnama have material on the use of outstation/homeland/ detox and community strategy development 'The Never Give Up News' is a newsletter specifically designed to report on petrol sniffing projects and activities. Get it. Contact npy in alice springs. Useful media reports include Paul Toohey series in the Australian over 2001/.02.

Some representative articles and reviews include;

Understanding Inhalant uses. A summary of Information. On the web has a comprehensive 10 page listing of relevant articles etc.

[www.tcada.state.tx.us/research/inhalants/reference.html](http://www.tcada.state.tx.us/research/inhalants/reference.html)

Social and historical

Brady. Maggie Heavy Metal . 1992 Aboriginal Studies Press, Canberra. ( AIATSIS)

Nurcombe, Bianchi, Money, Cawte. A Hunger for Stimuli; the psychosocial background of petrol inhalation. Br. J. med. Psychology 1970. 43, 367-374. ( Australian material)

Carlini Cotrim, Carlini. The use of solvents...among children and adolescents from a low socioeconomic background. A study in Sao Paulo Brazil. 1988. Int. J. of Addictions. 23 ( 1 ) 1145-56. Psycho-neurological.

Maruff, Burns, Tyler, Currie, Currie. Neurological and Cognitive abnormalities associated with chronic petrol sniffing, Brain. 1998. 121. 1903- 1917. ( Australian material)

Rischbieth, Thompson, Hamilton- Bruce Purdie, Peters. Acute Encephalopathy following Petrol Sniffing in Two Aboriginal patients. 1987. Clinical and Experimental Neurology. V. 23 191-4. (Australian material)

Ron. Maria Volatile Substance Abuse; A Review of possible Long Term Neurological, intellectual and Psychiatric Sequelae. 1986 Brit, Journal of Psychiatry. 148, 235-246..

Unfortunately, and despite consistent pleas from front line workers, there has been very little Australia specific research into the effects of petrol sniffing on the brain and body and psychology of Aboriginal youth and family systems. An up to date study on the toxology, epidemiology, long term effects, degenerative process and the treatment of volatile substance use does not appear to be available, so practitioners are advised to be cautious and not assume that the story is complete or known. For all the care we have taken, the CARPA manual cannot present the definitive picture. We would welcome information and advice.