

## CHAPTER

## 1

**AN OVERVIEW OF  
ABORIGINAL  
SUBSTANCE USE****POPULATIONS AND SUBSTANCES OF CHOICE**

**T**he Australian population, like many Western societies, most commonly uses and abuses legal drugs, particularly alcohol and tobacco, and these drugs are associated with more chronic illness, disease, accidents, social problems and days off work than all the other drugs put together (Brown et al 1986, 73; Drew 1983). Approximately 80 per cent of adult Australians use alcohol and 10 per cent of adults aged twenty-five to sixty-four years are regarded as being at risk because they regularly consume more than five drinks a day (Brown et al 1986). Total adult consumption of alcohol across all ages is highest in the Northern Territory and lowest in South Australia (Commonwealth of Australia 1988).

Aboriginal people in Australia also mainly use the legal drugs: alcohol, tobacco, analgesics, solvents and kava, although there are some unofficial reports that note the use of illegal drugs among urban Aborigines.<sup>1</sup> In remote areas, restricted availability narrows the range of substances used. Nevertheless alcohol, tobacco, inhalants (particularly petrol), kava, and methanol are often available, even in bush communities.

The 1986 Census of Population and Housing estimated the Aboriginal and Islander population to be 227,645, 1.4 per cent of the total Australian population. The figure included Aborigines who live what is often termed a 'traditional' life, practise their religious Law and long-established economic activities, as well as people who live in rural towns and urban centres. Indeed a majority of the Aboriginal population (66 per cent) resides in urban or semi-urban areas. The 83,427 young Aborigines between the ages of ten and twenty-four make up 37 per cent of the total Aboriginal population (see Table 1).

Most research and social welfare attention concerning Aboriginal drug abuse has been focussed on alcohol — a drug long thought to be about to precipitate the demise of the race. This view is still held by some researchers today (see Spencer 1988). Tobacco and alcohol are the mood-altering substances most commonly used by Aboriginal people today and, although the assumption that alcohol abuse would destroy Aboriginal society has proved incorrect, it is hard to deny that this practice causes high rates of morbidity, premature death and acute social distress among Aboriginal populations. Since there is no nationwide system for the separate identification of Aboriginal deaths in death registration statistics, information on

Aboriginal mortality rates (with respect to alcohol or any other cause) remains fragmented (Plant 1988). It is possible to glean some information on Aboriginal mortality and morbidity associated with alcohol from individual states and territories (see Hunt 1981; Thomson 1985; Devanesen et al 1986; Plant 1988).

An indication of the social stresses associated with alcohol abuse is to be found in studies by social scientists, particularly anthropologists (see Bain 1974; Beckett 1965; Barber et al 1988; Brady and Palmer 1984; Collmann 1988; O'Connor 1984; Sansom 1980). In recent years, Aboriginal organisations have undertaken their own research into alcohol abuse, in order to make submissions to government bodies. Government-sponsored inquiries have progressed from the rather general Parliamentary Standing Committee investigations to more specific, in-depth investigations of particular areas, the impact of alcohol upon populations and their liquor control requirements (see Northern Territory Liquor Commission 1982; Hedges 1986; D'Abbs 1987; Legislative Assembly of the Northern Territory 1991).

Tobacco use, in the form of smoking and tobacco chewing, is widespread in the Aboriginal population. A Northern Territory survey of drug use patterns in Aboriginal communities found that over half of those interviewed smoked, and one-quarter chewed tobacco (Watson et al 1988). In different regions of the country Aboriginal people smoke cigarettes, varieties of pipes, and chew tobacco mixed with the ash of particular species of trees. Tobacco use was entrenched in Aboriginal social life before the arrival of Europeans two hundred years ago, with the use of indigenous *Nicotiana* plants as well as imported tobaccos brought by

**Table 1:** Aboriginal and Torres Strait Islander youth age groups by sex, ages 10-24

Ages	10-14	15-19	20-24	Total
Males	15,517	14,475	11,847	41,839
Females	14,760	14,631	12,197	41,588
Total	30,277	29,106	24,044	83,427

Total Aboriginal and TSI population in Australia: 227,645

Aborigines and TSI youth (aged 10-24): 83,427 (37% of total)

(Source: ABS and John Done, Statistics Section, Department of Aboriginal Affairs *Community Profiles*, 1985)

Indonesian sailors (Macknight 1976; Thomson 1939). Thomson believed that Aboriginal people were already addicted to their indigenous tobacco, so that the regular supplies of 'stick' tobacco, which accompanied white settlement, found a ready clientele. The two leading causes of death among Northern Territory Aborigines are circulatory and respiratory diseases; both are associated with smoking (Watson et al 1988).

Analgesic use was found to be widespread and frequent among Aborigines living in rural New South Wales in the 1970s (Kamien 1975) and more recently, Watson et al (1988) found the use of 'tablets' (including analgesics and benzodiazepines) widespread among the Northern Territory Aborigines interviewed.<sup>2</sup>

Kava (made from the root of the pepper plant *Piper methysticum*) is legally imported into Australia as a food beverage not a drug, and since 1982 has become popular in at least six communities in coastal regions of the Northern Territory (Alexander et al 1987). In July 1988 Western Australia restricted access to kava by invoking Section 22 of the Poisons Act 1964, so that its use is now legal only with a permit. The pharmacological actions of kava are as a local anaesthetic, a centrally acting muscle relaxant and as a sedative. These effects are considered by Aboriginal users to make kava a preferable alternative to alcohol. Despite the fact that kava is widely used in the southwestern Pacific and is believed to be harmless if taken in moderation with a balanced diet, Mathews et al (1988) found in a pilot study that heavy users of kava were underweight, complained of poor health and might be experiencing some liver damage.

### ***THE YOUTHFUL POPULATION***

The use of petrol as an inhalant dominates the published accounts of substance use by young Aborigines, although some data is available on the use of other substances. In 1986 a survey of Aboriginal school students in New South Wales was published (New South Wales Aboriginal Education Consultative Group 1986) which questioned 272 students, adopting a non-threatening approach by asking for information based on their knowledge of drug and alcohol use by other young people, rather than their own use. The survey asked about the use of alcohol, tobacco, inhaled substances and other drugs (marijuana, tranquillisers, cocaine and heroin). Ninety per cent of the students knew other young Aborigines who drank beer, while 30 per cent admitted that they smoked (the smoking question was directed to the respondent). Forty per cent of the students knew others who sniffed petrol and slightly fewer knew glue sniffers.

The Northern Territory survey (Watson et al 1988) found that alcohol was used by 36.6 per cent of young Aborigines in the fifteen to twenty age group

and by 48 per cent of the twenty-one to thirty age group. In both groups there were substantially more male than female users. On Palm Island in Queensland, researchers noted that children sometimes stole beer from the licensed canteen, and liquor offences there included the supply of alcohol to minors (Barber et al 1988). However, in many regions there are strong informal rules which discourage the use of alcohol by young adolescents (Brady and Palmer 1984), and drinking by those considered to be too young provokes argument and punishment.

There has been little research undertaken so far into the use of tobacco by young Aboriginal people, although the Northern Territory survey found that smoking was usually a well-established practice by the age of twenty years (Watson et al 1988). There are considerable regional and gender differences in the use of tobacco; for example, chewing tobacco is more common among desert Aborigines and among women than among northern groups. In Ngaanyatjarra-speaking communities in Western Australia I have observed young girls six or seven years old chewing tobacco.

For reasons of availability, cheapness and lack of access to other substances, the inhalation of volatile substances is particularly appealing to young Aborigines, as it is to non-Aboriginal youth, both in Australia and elsewhere. In New South Wales 42 per cent of the Aboriginal schoolchildren surveyed knew between one and ten other young people using glue, petrol, thinner or spray cans as inhalants, and 8 per cent knew someone younger than nine years of age inhaling such substances (New South Wales Aboriginal Education Consultative Group, 1986). Anecdotal reports in the press have referred to young urban Aborigines using inhalants, and in urban gaols the inhalation of volatile solvents is just one of a number of drug uses practised (see *West Australian* 22 December 1987; *Canberra Times* 2 July 1988). After reports of Aboriginal children sniffing glue in Brisbane, the Queensland government proposed new laws to search for and detain children suffering from the effects of inhaled substances (*National Times* 12 December 1981; Robson 1982). The Senate Select Committee into Volatile Substance Fumes reported that 'glue sniffing' occurred in inner-city areas of Brisbane in 1980 with the majority of public users being Aborigines (Commonwealth of Australia 1985, 26-27). The committee compiled a summary of known mortality in each state as a result of volatile substance use (Commonwealth of Australia 1985, 38).

The use of deliberately inhaled volatile substances, specifically petrol, is more prevalent in remote Aboriginal communities than in urban or rural populations. The former are usually smaller populations of up to 1,000 people residing in settlements which function as incorporated Aboriginal communities, and which were once run by missions or other welfare agencies. This category also includes town camps, fringe camps and people living on small portions of land

excised from freehold or leasehold land. In addition, there are small groups of Aboriginal people living in outstations or homeland centres, decentralised communities which have split away from longer-established settlements. There are three regions where petrol sniffing is most prevalent: western, central and eastern Arnhem Land in the Northern Territory; Central Australia including the regions bordering South Australia, Western Australia and the Northern Territory; and the Eastern Goldfields region of Western Australia.

### ***DEFINING THE PROBLEM***

Heavy inhalant users...[are] a population which may have impact beyond their numbers (Carroll 1977, 17).

It is hard to withstand the temptation to refer to petrol sniffing, unthinkingly, as a 'problem', when this is the orientation of the majority of written and spoken comment on the practice. Government agencies responsible for the health and well-being of Aboriginal people have only recently come to believe that petrol sniffing is a serious drug-use problem, although it has been many years since the issue came to prominence through the first published research into the practice (Nurcombe et al 1970), and through a flurry of newspaper reports which appeared



**Plate 1:** Caged bowsers at a roadhouse in Western Australia

in the late 1970s and early 1980s. In 1983 a Northern Territory senator called for the establishment of a Senate Select Committee to inquire into 'petrol and glue sniffing' in Australia (*Centralian Advocate* 25 November 1983). The Senate Select Committee on Volatile Substance Fumes was duly convened, made its inquiries and reported in December 1985. It nominated three broad reasons why Aboriginal petrol sniffing was a problem (Commonwealth of Australia 1985):

1. the severe physical and psychological effects on those involved;
2. the impact of sniffing on a fragile social system such that it threatens to destroy it completely;
3. the extent and considerable magnitude of the problem.

It is important, however, to remind ourselves that different cultures may hold very different views about what constitutes a drug use problem and why. The perspective apparent in many government reports on the subject is not entirely free of ideological overtones. For example, sniffers are often referred to as 'itinerant' (Commonwealth of Australia 1985, 27), a demeaning term used to refer to gipsies and 'undesirables' elsewhere, people who, for the very reason that they have no settled place of abode, are deemed to be marginal and thus threatening to those with a proper sense of 'place' (Foucault 1979).

Petrol sniffing by young people, often in groups, constitutes a threat, both physically and metaphorically, to the social order. For a long time the incidence of petrol sniffing has been gauged 'more by the degree of social disruption and damage to property...than by the actual incidence or extent of petrol inhalation' (Hayward-Ryan 1979, 1). Drug use of this variety appears to threaten some states more than others. Sniffing by young Aborigines in Queensland, for example, was seen to provide 'an opportunity for those children from depressed environments to blatantly incite society. This flaunting of authority appears to be an integral part of Aboriginal glue sniffing' (Commonwealth of Australia 1985, 26).

Young Aborigines who use petrol are often depicted as having nothing to do, as coming from deprived homes, as being unemployed and playing truant from school. Solutions involving meaningful employment are often mooted. Concerns such as these reinforce the comment by Kohn (1987) that implicit in the social struggle over drug use are the virtues of thrift, temperance, industry and family responsibility. Constant employment has long been seen as a remedy for the 'erring poor'. The significance of the focus on juveniles (often undeserved) is that it deflects attention from adult deviance. Even when the activities of juvenile Aboriginal sniffers are said to 'threaten' indigenous customary rules rather than the social order of the dominant society, it is rarely acknowledged that these rules are violated by many other members of that society. Calling the names of

the dead, for example, said to be a deliberate breach of traditional codes of conduct by sniffers, is a common feature of the drunken comportment of adults. Similarly, the sexual exploits which may undermine marriage plans transacted by adults for young people are indulged in by Aboriginal people (as by all human societies) whether influenced by alcohol, drugs or no substance use at all. These examples were both cited in the Senate Select Committee report.

We are mistaken if we assume that the members of any society inevitably and unfailingly observe the social rules. As Jaffe observes (1983, 106) in a discussion of different cultural definitions of drug problems, 'since in most societies sinners outweigh the saints by a goodly margin, it is not always clear why the sins of drug use are singled out for special condemnation'. Perhaps the answer rests, at least in part, in the notion that by making a fuss about drugs, society creates channels for the discharge of anxieties larger than the drug issue itself would merit (Kohn 1987). Drug use has been portrayed in the past as being a 'threat' to entire nations and both alcohol and petrol sniffing are now posited as threatening the 'extinction' of the race (Spencer 1988, 20) and the destruction of the 'fragile social system' of Aborigines (Commonwealth of Australia 1985, 161). Although drug taking, particularly heavy alcohol consumption, may cause untold misery, there is little historical evidence of whole societies being destroyed by drugs. In opposition to the idea that drug abuse will somehow lay the body politic low from within, Kohn (1987, 28) states that: 'In fact, societies seem to display an extraordinary resilience in the face of mass intoxication: it is individuals who do not'.

Together with the perpetuation of the myth of a 'golden age' in which young people unquestioningly obeyed the law and listened with respect to their elders, the idea that drug use is about to destroy a society (in this case Aboriginal society) is something of a timeless phenomenon. As I have observed elsewhere, the ethnographers Spencer and Gillen heard complaints in 1899 from elderly Aborigines that the young people no longer cared for the traditions of their fathers. The grandsons of those errant youths undoubtedly make the same complaints today (Brady 1985a, 24; Pearson 1983). It is partly because of the myth that Aboriginal society was unchanging, that conflict was absent (particularly inter-generational conflict), and that drug use is 'new', that petrol sniffing is often discussed in terms of its threat to Aboriginal society. As Jaffe (1983, 105) notes, in many instances the origins of concern over use of a drug may,

with the passage of time, become blurred and disconnected. A society begins to view the drug itself as a threat. From time to time we need to remind ourselves about why we are concerned so that we can direct our remedies to the sources of our concern.

Apart from the belief that petrol sniffing is a problem because it threatens the social fabric of Aboriginal life and that it manifestly disturbs the social order, sniffing is considered to be a serious health problem. This was the first conclusion of the Senate Select Committee. Although, as will be shown in this study, mortality and morbidity associated with petrol sniffing are not inconsiderable, it is nevertheless apparent that many forms of behaviour lead to impaired health and social functioning. Another significant aspect of the association between petrol sniffing and health is that large numbers of Aboriginal people have used petrol as an inhalant with little apparent ill effect. This fact has profound implications for health education as well as for Aboriginal perceptions of the dangers of the practice.

So far I have dealt primarily with the concerns of non-Aboriginal Australians about the drug use of Aboriginal Australians. But do Aboriginal people see sniffing as a problem? At the level of what might be termed official discourse, community councils, chairpersons, health workers and other spokespeople express alarm about sniffing and demand assistance with solutions. But large numbers



**Plate 2:** An unsecured bowser in an Arnhem Land settlement which has curbed petrol sniffing



of Aboriginal people have succeeded in living with and accommodating petrol sniffing, which makes abstract problem-definition more difficult. Sniffers are part of the human geography of life in bush communities. When a sniffer has seizures or becomes unconscious, someone seeks help from the nursing sister. The sniffer is placed in the clinic, receives sedatives, is visited by concerned relatives, perhaps is evacuated to a city hospital. Later the sniffer returns, rather tremulous and unsteady on his or her feet, but improved, and is received back into his or her family. A local welfare worker (Elsegood nd, 6) wrote of Maningrida some years ago:

I am of the opinion most parents do not see sniffing as a problem, except in those areas where it brings them into conflict with authority. The attempts to eradicate petrol sniffing have always been instigated, and in most cases carried out by European authority figures, eg police, health, education and welfare... . With Aboriginal people who try and get them to take action, parents are much more aggressive and are inclined to tell them to mind their own business or threaten them with violence.

Since this was written, interventions (involving education, raised community awareness and direct action) instigated and supported by Aboriginal people themselves are now more prevalent. The Healthy Aboriginal Life Team (HALT) in Central Australia has adopted interventions which involve direct counselling of users and their families, and which utilise paintings and posters to explain the spread of sniffing and to increase awareness. The Western Australian government established a coordinating Working Party on Petrol Sniffing, which has taken a consciousness-raising approach, giving workshops in Aboriginal settlements and encouraging local initiatives. This group's approach emphasises raising the esteem of remote settlement dwellers with the aim of empowering communities so that action can occur. Funding has been made available to some communities for diversionary activities; some regions have local by-laws in place which mean that the police may apprehend sniffers and refer them to other agencies. Despite these developments, communities in which sniffing has become an entrenched practice (over a matter of some twenty years) still evince a level of weary tolerance for the practice which makes determined action almost impossible. Elsegood's comments noted above are still apposite today in certain areas. The factors which influence a tolerant attitude towards petrol sniffing, and those which have the unintentional effect of undermining local initiatives, are examined later in this study. In short, it is not possible to provide an unequivocal answer to the question of whether Aboriginal people define petrol sniffing to be a problem. The gap between official representations and the lived reality is, at times, revealing.

**NOTES**

1. For example, marijuana use was reported in Lockridge, Western Australia (*Sunday Times* 1 November 1987); heroin use in Wellington, New South Wales (*Daily Telegraph* 29 July 1988).
2. As I have documented elsewhere, Aboriginal people not only knew how to make apparently intoxicating beverages in pre-contact times, they had access to a variety of mood-altering substances including *pituri* and soporific drugs (Brady 1985a; Watson 1983; Carr and Carr 1981). The only accounts of inhaled substances other than smoke from tobacco pipes refer to the inhalation of smoke from acacia leaves in order to calm overexcited children on Groote Eylandt, Northern Territory (Levitt 1981), and the inhalation of the perfume and perhaps the pollen of wattle blossoms 'used as an opiate to cause sleep' by Tasmanian Aborigines (Plomley 1966). Kava, widely understood to be a substance 'new' to Australia, was drunk by Torres Strait Islanders early this century, according to a first-hand account by a resident teacher (Chief Protector of Aborigines *Annual Report* 1911).