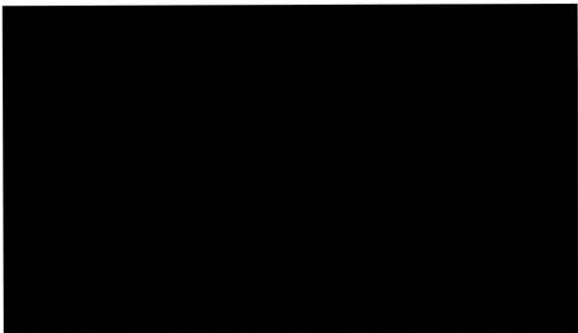


Submission Date: 28/12/12

Queensland Mental Health Commission Bill 2012

My name: Narelle Pasco J.P. (Qual)

Sub No. 1



RECEIVED
7 JAN 2013
HEALTH AND COMMUNITY
SERVICES COMMITTEE

My area of expertise is Volatile Substance Misuse (commonly known as sniffing)

I now refer to pages 45 and 46 of the schedule;

Substance misuse (a) (b) (c) (d)

There should be **(e)** dealing specifically with Volatile Substance misuse, volatile substances are not pharmaceuticals and simply other substances, they are volatile substances.

They are not limited to paint and petrol, in fact the inhalation of more toxic products is more widespread and includes;

Adhesives:

Balsa wood cement, containing Ethyl acetate, **Contact adhesives** containing Butanone, hexane, toluene and esters, **Cycle tyre repair cement** containing Toluene and xylenes, **Polyvinylchloride (PVC) cement** containing Acetone, butanone, cyclohexanone, trichloroethylene, **Wood working adhesives** containing Xylenes.

Aerosols:

Air freshener, Deodorants, antiperspirants, Fly spray, Hair lacquer, paint, all containing Butane, dimethyl ether and/or fluocarbons and esters

Inhalational anaesthetics, containing Nitrous oxide, diethyl ether, enflurane, halothane isoflurane.

Topical analgesics, containing FC 11, FC 12, ethyl chloride.

Cigarette lighter refills, containing butane, isobutane, propane.

Nail varnish/nail varnish remover, containing Acetone and esters

Paints/paint thinners, containing Acetone, butanone, esters, hexane, toluene, trichloroethylene, xylenes.

These are just some of the substances which are inhaled by sniffers.

Sniffing is not illegal.

The age of those sniffing is generally between 10 and 16 with the peak occurring between 12 and 14.

Obviously the younger the user, the more acquired brain injury is likely to occur.

The Long Term effects of VSM

- High risk of irreversible effects including damage to the brain, heart, liver, kidneys and muscles.
- There is a great risk of harm to unborn children
- Memory impairment, paranoia & psychosis
- Reduced insight and judgement
- Decreased attention
- Reduced ability to reason
- Reduced capacity for abstract and complex thinking
- Over use with respiratory arrest can result in hypoxic brain impairment.

What is hypoxic brain impairment? It is the deficiency in the amount of oxygen reaching the tissues.

There have not been any medical assessment or evaluation of youth who participate in sniffing to fully evaluate what brain or other body parts have been effected, by this I mean CAT Scans or MRI's, the answer to this question when I have asked is simply, too expensive.

For the most part a lot of money has been spent on funding NGO's who use 'Outreach' programmes which merely remove them from a place of danger either by taking them home or to a relative or caregiver. Some programmes have decided to provide safe places to sniff, a controlled environment seen as a better option than them doing it unsupervised. This is nonsense, sniffing anywhere is not safe, first time users can suffer SSD or sudden sniffing death, a reason police are told not to chase sniffers.

Remote areas which mainly deal with petrol sniffing use 'Out Stations', to break them from participating. This is not a cure; however the youth who return to their communities usually have a certain amount of support. This does not work for Urban or Regional youth.

The other programmes such as sport, art, music etc. are of no real value. Sport in fact can be quite dangerous if the young person has been sniffing prior to participating causing SSD.

These programmes although well intentioned do not get to the real problem, which is, what damage has been done and what can be done in terms of future outcomes. Such as the ability to learn, to perhaps gain a trade and become self-sufficient adults.

These young people are generally disengaged from school and are committing crimes. Crimes to either gain substance or being used by others for break and enters etc. who then supply them with what they want. I have known cases where young girls who have been given glue are then taken to places to be sexually abused.

The fact that they are young, they are not charged and unless they are repeat offenders this usually amounts to a short term in Juvenile detention. They are usually doing the same thing with a week or two of being released back to the community, they know no other way of living. Street smarts and cunning do not equate to a healthy functioning brain.

The effects on the foetus of a young sniffer is Foetal Volatile Substance Misuse Spectrum Disorder, much has been written about Foetal Alcohol Spectrum Disorder, I can assure you F.V.S.M.S.D. are far more horrendous.

I was asked to speak at V.S.A. conference in England last year which I did (they refer to it as Volatile Substance Abuse) I learnt some very interesting facts from a Dr Ben Swift, a consultant Forensic Pathologist, without going into great detail, SSD is not picked up during autopsy, unless there is evidence that the person was sniffing, either the person was found with a substance or there was a witness, cause of death being given as unascertained, the reason being the substance leaves the body at time of death, and unless a specific Toxicology test is requested lack of data regarding specific toxicities of substances are not used.

I will include some post-mortem images sent to me by a Forensic Dr from James Cook University Townsville. These will show the extent of brain damage from sniffing.

Unless there are changes made to the way in which this problem is dealt with more money will be wasted; on useless programmes. As I said when speaking in England 'V.S.M. will merely equate to Vulnerable Social Misfits'.

I have a Diploma in Justice Administration, a Diploma in Community Services Coordination, a Cert. IV in Aboriginal and/or Torres Strait Islander Primary Health (Community Care) a Cert IV in Mental Health, a Cert IV in Assessment and Workplace Training. I am also a registered Researcher.

I am also a Special Delegate to The National Congress of Australia's First Nations People, and a Delegate to the Justice Working Party of Congress.

Fatal toxic leukoencephalopathy: clinical, radiological, and necropsy findings in two patients

A Ryan, F M Molloy, M A Farrell, M Hutchinson

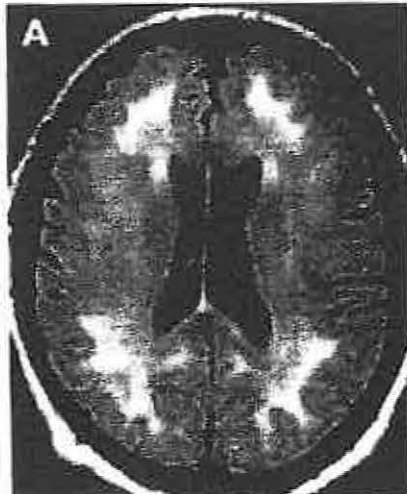
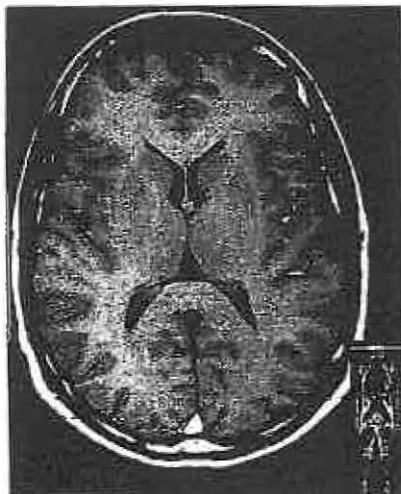
J Neurol Neurosurg Psychiatry 2005;76:1014-1016 doi:10.1136/jnnp.2004.047134

SLIDES PROVIDED BY DR Shashidhar Venkatesh Murthy
ASSOC. PROF, Head of Pathology To Narede Pasco
School of Medicine
James Cook University
TOWNSHIRE QLD

NORMAL

CASE-1

CASE-2



Slides provided by;

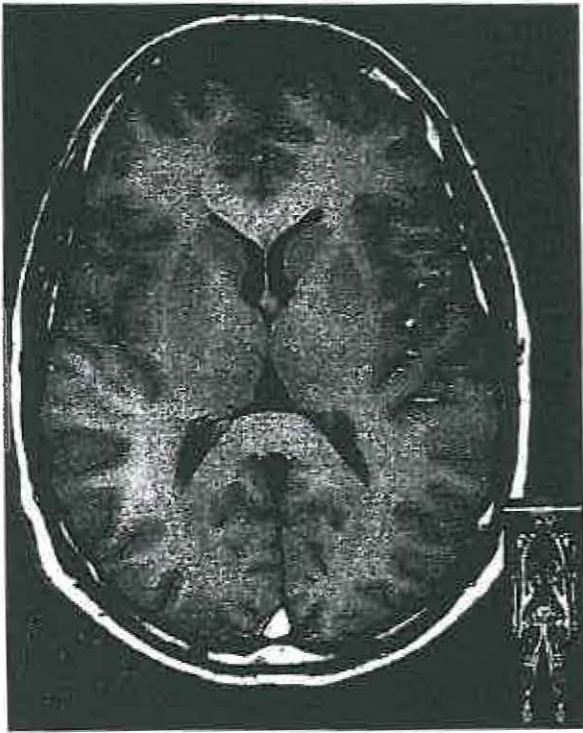
Dr Shashidhar Venkatesh Murthy To; Narelle Pasco

Assoc. Prof & Head of Pathology VSM Coordinator Darumbal Youth & Community Services

School of Medicine

James Cook University

Normal Adult Brain

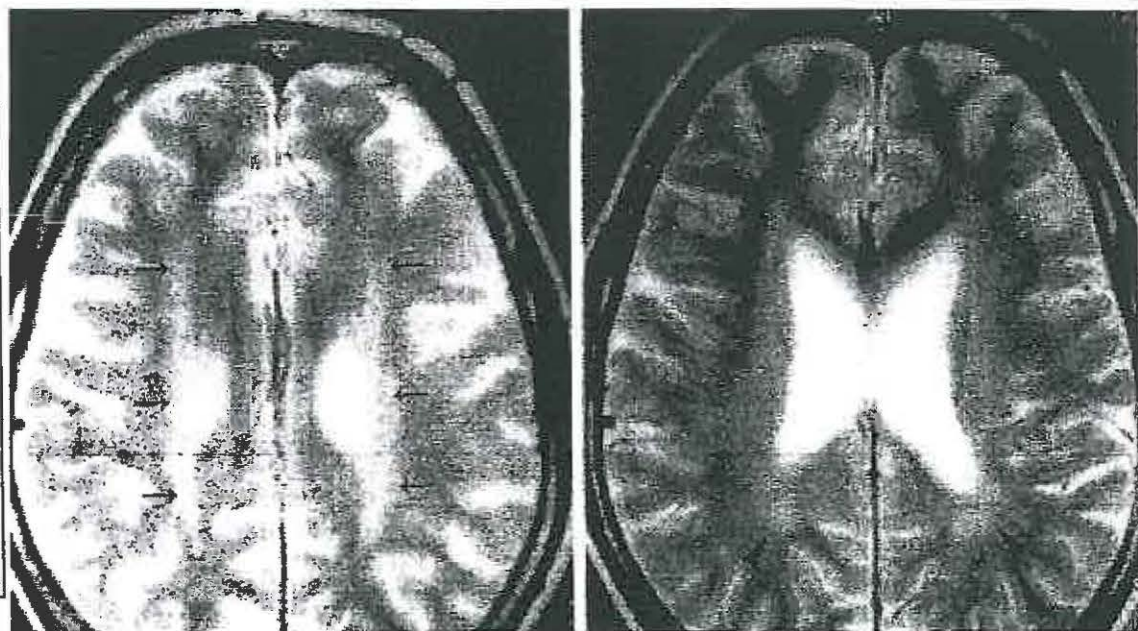


**MRI of a 25y chronic solvent abuser.
Showing cerebral atrophy, enlargement of
the lateral ventricles, and severe, diffuse
increased signal in cerebral white matter.**

* Rosenberg et. al. 2001



Axial T2 MRI: 16 year pt. inhaled toluene for 6 years.



A, High signal intensity is seen in the centrum semiovale (*arrows*) on both sides. The peripheral cerebral white matter and gray matter-white matter differentiation are preserved.

B, High-signal-intensity changes involve the frontal and parietal periventricular white matter (*arrowheads*). The pattern of white matter changes is compatible with that of the restricted type. Note that the lateral ventricles and cerebral sulci are enlarged.