



Speech by

CHRIS FOLEY

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POLICE POWERS AND RESPONSIBILITIES AND OTHER LEGISLATION AMENDMENT BILL

Mr CHRIS FOLEY (Maryborough—Ind) (3.36 p.m.): In common with many other communities, the Maryborough community has quite a problem with chroming, especially amongst indigenous youth—and no more so than with the very sad recent passing of Auntie Olga Miller, who was an esteemed Aboriginal elder from the Butchulla tribe and a good friend. Auntie Olga Miller had a tremendous way of being able to round up the young people and talk some sense into them. She is very sadly missed.

A lot of unsung heroes work with at-risk Aboriginal children, particularly in the area of chroming in our region. One of the directors of the Unndennoo Kindergarten—and I had the privilege of going to their Christmas dinner the other day—tirelessly works with the indigenous kids in helping them to overcome dysfunctional family situations and so forth.

The issue of chroming is heartbreaking to all members of this House. It provides somewhat cheap thrills, but has, of course, horrific and expensive outcomes in terms of health and societal dysfunction. I note in the introductory research on this bill that 2.6 per cent of Australians have reported using inhalants for this purpose at some time during their life and that, unlike other substance abuse, inhalant abuse is most predominant among younger adolescents and decreases with age. I pose the question: what would the figures be like if the parameters were reduced to 20 years of age as a maximum?

I had the opportunity of attending a briefing by the police put on in this campus regarding these particular issues. One of the interesting things is the purpose of taking a person to a place of safety for treatment or care when they are detained, and I will talk about that a little bit further on in my speech. I have some concerns as to the litigation consequences if the affected person then does not stay put in the place of safety or if they do damage either against person or property at the place of safety. I wonder what the legal implications would be. On balance, it is probably the best and perhaps the only course of action. However, I am concerned about the situation it places the people in who are providing that place of safety.

I note that the Australian schoolchildren drug and alcohol survey was done in 1999. This is not a brand-new problem. However, chroming, in its incredible outbreak of new users, is a relatively new problem. I noticed also that 26 per cent of students had used inhalants at some time, and that is truly an alarming figure. It is a figure about which our society should be very scared because the addiction to chroming is not easily broken.

I also noted that, with regard to indigenous communities, in 2001 the Victorian Department of Human Services reported that more than 25 per cent of clients seeking treatment for inhalant abuse were from Aboriginal or Torres Strait Islander backgrounds.

We do well not to assume that this particular problem of chroming is a problem only in the indigenous community, because if one was to reverse those figures that means that approximately 75 per cent of the people who had sought treatment for inhalant abuse were not from an Aboriginal or Torres Strait Islander background. So this is not just an indigenous problem.

A lot has been said about the health effects of inhalant abuse, both the short-term and the long-term health effects. The short-term health effects include a feeling of wellbeing, confusion, drowsiness, aggression, enhanced risk taking, loss of inhibition, sexual promiscuity, loss of muscular coordination, incoherence, slurred speech, vomiting and hallucinations. So clearly to a person who has

no money and is somewhat disfranchised and finds themselves in a very at-risk and vulnerable place in society, one does not have to be blind Freddy to work out that chroming is a cheap thrill.

The other effects are chronic headaches, sinusitis, diminished cognitive function, tinnitus—or ringing in the ears—ataxia, a chronic or frequent cough, chest pain or angina, nosebleeds and the sad and sorry list goes on and on. Of course, chronic exposure may do significant damage to the heart, lungs, liver or kidneys. As I said before, these are not just the short-term effects but the very long-term effects. Even if kids are to break this hellish addiction that they find themselves with, they could have done significant damage to their health and may require long-term hospitalisation and very expensive health care later on in life. Sudden sniffing death syndrome resulting from heart failure has been reported if a person does strenuous exercise or has a sudden fright immediately after inhalation. So chroming is a terrible problem.

When we look back into the history of any problem, it is always wise for us in a society to look at the reasons that have caused the problem. Many reasons have been given for inhalant abuse, such as primarily the low cost and accessibility of the substances that people use which are, generally speaking, lawful to buy. For young people who probably do not know better and maybe just think from one thrill to the next, as it were, the initial pleasant physical effects of euphoria and a rapid high or a rush resemble alcohol intoxication without the expense and also the legal impediment of having to buy alcohol as minors. Perhaps people experiment out of curiosity; perhaps it is out of a sense of bravado; maybe they are just too silly to really think about the long-term effects or too bored to care. Homelessness, dysfunctional families, family breakdown and poverty are all factors that could cause these sorts of abuses.

As I prepared to speak to this bill, one of the things that really broke my heart was to read the reports coming out of the Northern Territory of children who are chroming not for the thrill of chroming but to dull their hunger and cold. I want to record my extreme displeasure in this House of what is a damning indictment on our society to think that we have kids anywhere in Australia who would inhale these things to dull their hunger and cold. Maslow talks about the hierarchy of needs, but when kids are chroming to dull their hunger and cold, that is a sad day in Australia.

As I look at the bill overall—and as I said I attended a briefing on it—the only negative that I can think of is that I am very concerned about the wellbeing of people. If children are taken to a safe place, I am very concerned about the litigation potential for those people who are sued if the kids run amok or disappear and are hurt. I would welcome the minister to comment on that later on. Proposed clause 4 refers to the power to search and seize potentially harmful things. Clearly, civil libertarians might whinge about that sort of thing, but I have to say that I think that that is a great thing. I am happy to see kids' civil liberties impinged if it is for the greater good of their health.

The member for Maroochydore also mentioned, as part of a wider address on this bill, the desire to see young people set free from the tragic life of prostitution. A couple of months ago I remember reading in the *Sunday Mail* an article that talked about prostitution as being virtually a career path. That absolutely appalled me. As a father of six kids, I just looked at that article and I thought that every one of those kids was someone's daughter. That is a very sad thing. I would support anything that the minister could do to make the media more responsible. If a young girl who works in a supermarket for a very small amount of dollars per hour reads about glamorised prostitution, that can look like a very good alternative. But, like chroming, it can have potentially very long-term and damaging outcomes for that person. On balance, I think that this bill is a great piece of legislation and I commend it to the House.