



Retailers Responsible Sale of Solvents Project

Evaluation Final Report

December 2007

Centre for Remote Health

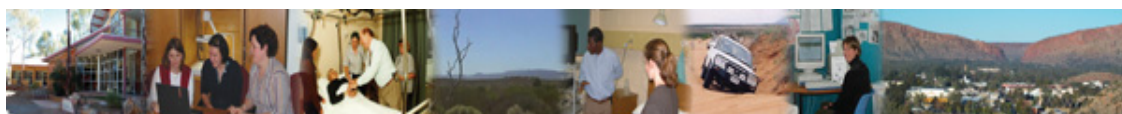
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Contents

1. Executive summary.....	1
2. Background.....	3
3. Purpose of the Evaluation	4
4. Evaluation Methodology	5
5. Evaluation Framework	8
6. Data Sources and Results	13
6.1 Royal Darwin Hospital	13
6.2 St Johns Ambulance Service.....	15
6.3 Community Health Service.....	15
6.4 Darwin Police.....	17
6.5 School	19
6.6 Community	20
6.7 Retailers	23
6.8 Amity Community Services.....	25
7. Analysis	28
7.1 Evaluation of Impact – did the activities have the desired effect?	28
7.2 The “Retailers Responsible Sale of Solvents Kit”	28
7.3 Supporting Greater Community Engagement in Palmerston Indigenous Village..	34
8. Conclusion - overall effectiveness, efficiency and appropriateness of the project ...	36
9. Key Findings	37
10. Recommendations.....	38

1. Executive summary

The harmful use of solvents was identified as a serious issue throughout the Northern Territory (NT), including the Darwin and Palmerston areas and particularly the Palmerston Indigenous Village (PIV). Community members at the PIV reported extreme social disruption and family violence associated with the misuse of solvents.

The Retailers Responsible Sale of Solvents project (the Project) aimed to reduce the harms associated with the misuse of solvents in the PIV and had the following objectives:

- A. Reduce the number of people using solvents in the PIV and the Darwin and Palmerston area.
- B. Reduce the instance of family violence, theft, vandalism and public disorder.
- C. Support greater community engagement at the PIV, by working with other stakeholders to build the capacity of residents, promote awareness and ownership of problems and encourage community members to participate in planning strategies that result in positive change.
- D. Work with retailers to develop a coordinated response to customers who they suspect are buying solvents for the purpose of sniffing or providing to someone else to sniff.
- E. Deliver training and education to retailers to assist them to take voluntary measures to reduce the theft of solvents.
- F. Provide education to retailers about the physical and psychological harms associated with solvent misuse.

The purpose of this evaluation was to:

1. Measure the overall effectiveness, efficiency and appropriateness of the project.
2. Evaluate the effectiveness and suitability of the Retailer Kit and associated training provided to retailers.
3. Ascertain the ability and appropriateness of adapting the Retailer Kit to suit the needs of other States and Territories.
4. Indicate the level of improvement the project has brought to the PIV.

For analysis and evaluation purposes the project is divided into two: the rollout of the “Retailers Responsible Sale of Solvents Kit”; and the community development initiative concerned with “Supporting Greater Community Engagement in PIV”.

In developing an evaluation framework, program logic was used to examine the interrelationship between the six objectives (A-F). The framework allowed for outcome, impact and process elements to be evaluated. Data to populate the evaluation framework was sought from

- Royal Darwin Hospital
- St Johns Ambulance
- Community Health Service
- Darwin Police

- Howard Springs Primary School
- PIV Community
- Retailers
- Amity

The evaluation found the rollout of the retailers' kit had been thorough and there been considerable improvement brought about by the project to PIV. Any shortcomings in the effectiveness of the project can be seen as a result of factors beyond the scope of implementation.

The kit was found to be not wholly effective in its present form and it is suggested that modifications be made to make it simpler and the information more readily accessible and suitable to the needs of retailers.

With minor modifications the kit would be adaptable to other states; however it may be more relevant to those states taking a "responsible sale" approach.

The kit is an effective resource for service providers and the rollout involved building links with other service providers such as Alcohol, and Other Drug Services (AODS) and the police. The police found the resource useful and praised Amity in their facilitation of forging links between police and retailers. This building of links is a significant outcome of the project and should not be overlooked.

Key Findings:

- The Kit in its present form is too complex for assimilation by retailers and needs possibly two single page fact/action sheets adding in line with the recommendation 1 below.
- The Kit is generalisable to other states but more relevant to those states which do not have legislation prohibiting the sale of solvents to minors.
- Structural factors can reduce the Kits effectiveness. These factors include retailers having limited time and resources coupled with the necessity of having to prioritise the running a retail outlet over other community/social issues. Directives from head office can conflict with local initiatives.
- The building of relationships between stakeholders (Amity, AODS, Police, Retailers, PIV) is probably one of the most important outcomes of the project.
- The community development strategy of engaging the children in meaningful activities coupled with strengthening community capacity has been very effective. The Before School Breakfast Program was particularly effective in improving both wellbeing in children and the capacity of parents. However running the same program from the school proved less effective as parents had no ownership of the process.

Recommendations:

1. The Kit is modified along the lines discussed above with two one page action sheets. It is particularly important to have the retailers' legal rights and responsibilities made clear.

Produce and include in the Kit a single sheet stating the retailer's legal rights and responsibilities for quick reference and display at the point of sale, and a second sheet detailing strategy for dealing with difficult customers.

2. A strategy to engage retail chain head offices be developed and implemented.

Produce a Kit which targets chain store head offices, elicits their cooperation by making them aware of differing *VSAP Act* legislative requirements in each state.

3. The PIV community development model implemented in PIV be developed into a generalisable model and used in other target communities. This requires some analysis and documentation of the process followed together with some written guidelines as to how this may be used elsewhere.
4. The relationships developed between stakeholders (Amity, AODS, Police, and Retailers continued to be strengthened.

2. Background

The harmful use of solvents was identified as a serious issue throughout the Northern Territory (NT). In Alice Springs there was a marked increase in solvent inhalation, generally in the form of sniffing paint (d'Abbs and MacLean 2000¹). In September 2001, the Australian Government funded the Central Australian Youth Link Up Service (CAYLUS), of the Tangentyre Council in Alice Springs, to complete a community and stakeholder consultation process concerning the effects of solvents in the local community. An outcome of this was the "Responsible Sale of Solvents Manual and Training Program Kit". This program was deemed a success and numerous services including the Police, Family and Children's services reported less callouts in this area. Further information concerning background to the Kit can be found in section 8.2.1

Similar problems were being encountered in the Darwin/Palmerston area and particularly the Palmerston Indigenous Village (PIV). The PIV is located 30kms from central Darwin and 5kms from Palmerston. Community members at the PIV reported extreme social disruption and family violence associated with the misuse of solvents. They identified "sniffing" as contributing to breakdown in social order, affecting families and the community. This has led to a physically and emotionally unsafe environment, especially for children, a higher incidence of violence, theft, anti-social behaviour and property damage.

As a response to this, discussions took place between the Alcohol, and Other Drug Services (AODS) and several retailers in the Darwin/Palmerston area to develop an intervention. A strategy was developed by Amity Community Services in 2006 and is reproduced in Appendix A.

The Retailers Responsible Sale of Solvents project (the Project) was a pilot project which aimed to reduce the harms associated with the misuse of solvents in the Darwin/Palmerston area. Amity Community Services (Amity) received funding from the Department of Health and Ageing (DoHA), for a one year project in April 2006, to address this issue.

In between the grant submission and implementation, the focus of the project evolved. While the original submission defined the scope of the project as primarily about supply reduction and the rollout of the 'Retailers Kit', the project implemented focused strongly on reduction of demand and building community capacity.

The project used a public health model and harm minimisation approach in working with retailers and those who use volatile substances as inhalants. The project focuses on

¹ D'Abbs, P. & MacLean, S.(2000). Petrol Sniffing in Aboriginal Communities: A review of Interventions. Cooperative Research Centre for Aboriginal and Tropical Health, 2000

retailer education in the Darwin/Palmerston area, and capacity building in the PIV. The intervention model developed encompassed three strategies namely:

- reduce supply
- reduce demand
- reduce harm.

The project implemented through the PIV had six objectives, as follows:

- A. Reduce the number of people using solvents in the PIV and the Darwin/Palmerston area.
- B. Reduce the instance of family violence, theft, vandalism and public disorder.
- C. Support greater community engagement at the PIV, by working with other stakeholders to build the capacity of residents, promote awareness and ownership of problems and encourage community members to participate in planning strategies that result in positive change.
- D. Work with retailers to develop a coordinated response to customers who they suspect are buying solvents for the purpose of sniffing or providing to someone else to sniff.
- E. Deliver training and education to retailers to assist them to take voluntary measures to reduce the theft of solvents.
- F. Provide education to retailers about the physical and psychological harms associated with solvent misuse.

3. Purpose of the Evaluation

The purpose of this evaluation is to:

1. Measure the overall effectiveness, efficiency and appropriateness of the project.
2. Evaluate the effectiveness and suitability of the Retailer Kit and associated training provided to retailers.
3. Ascertain the ability and appropriateness of adapting the Retailer Kit to suit the needs of other States and Territories.
4. Indicate the level of improvement the project has brought to the PIV.

For the purpose of this evaluation the project is regarded as the sum of the six objectives above. We propose that if the objectives are demonstrably achieved then the project has been effective.

4. Evaluation Methodology

The six objectives were arranged in a hierarchy using program (cause and effect) logic in order to develop a LogFrame. The results are outlined in the table below.

Goal	To reduce solvent and other substance induced harm to individuals and community(Family violence, theft, vandalism and public disorder)
Objective 1	To reduce solvent use through reduced availability by restricting sales and preventing theft (in PIV, Darwin /Palmerston area). <i>Relates to project objective A</i>
Sub-Objective 1	Work with retailers to develop a coordinated response to responsible sale of solvents. <i>Relates to project objective D</i> Educate retailers in the effects of solvent induced harm. <i>Relates to project objective F</i> Educate retailers to take voluntary measure to reduce solvent theft. <i>Relates to project objective E</i>
Activity 1	Distribution of Retailers Responsible Sale of Solvents kits, and training retailers in responsible sale of solvents. Distribution of posters. <i>Relates to project objective F</i>
Objective 2	To reduce family violence, theft, vandalism and public disorder (in PIV)
Sub-Objective 2	Reduce harmful use of alcohol in and around domestic premises. <i>Relates to project objective B</i>
Activity 2	Apply for a “Restricted Premises Declaration” to prohibit alcohol consumption in and around domestic residences in PIV. <i>Relates to project objective B</i>
Objective 3	To support greater community engagement at PIV
Sub-Objective 3	To build community capacity PIV . <i>Relates to project objective C</i>
Activity 3a	Run Christmas and New Year Holiday Program. <i>Relates to project objective C</i>
Activity 3b	Run Before School Breakfast Program. <i>Relates to project objective C</i>
Activity 3c	Plan and erect a training and youth space. <i>Relates to project objective C</i>
Activity 3d	Run information session by Racing Gaming and Licensing on “Dry Areas”. <i>Relates to project objective C & B</i>

The LogFrame, and key performance indicators (KPI) and associated means of data verification (MOV) were produced, as depicted below.

Narrative Summary	Key Performance Indicator (KPI)	Means of Verification	Assumptions
Goal			
Objective			
Sub-Objective			
Activity			

This framework allowed the project to be evaluated in terms of process, impact and outcome. In developing an evaluation framework, program logic was used to examine the interrelationship between the six objectives (A-F).

Each level provides the rationale for the next level down: the goal helps justify the purpose, the purpose the component objectives, and so on down the hierarchy (AusAID²). The diagram below adapted from KaR³ illustrates this logic.

Activity Description (Narrative Summary)	Key Performance Indicators (KPI)	Means of Verification (MOV)	Assumptions
Goal	What are the quantitative ways of measuring, or qualitative ways of judging, whether these broad objectives are being achieved? (estimated time)	What sources of information exists, or can be provided cost-effectively?	(Goal to Supergoal): What external factors are necessary for sustaining objectives in the long run?
Objective	What are the quantitative measures or qualitative evidence by which achievement and distribution of impacts and benefits can be judged (estimated time)	What sources of information exists or can be provided cost-effectively? Does provision for collection need to be made under inputs-outputs?	(Purpose to Goal): What conditions external to the project are necessary if achievements of the project's purpose are to contribute to reaching the project goal?
Sub Objective	What kind and quantity of outputs, and by when will they be produced? (quantity, quality, time)	What sources of information?	(Output of Purpose): What are the factors not within the control of the project which, if not present, are liable to restrict progress from outputs to achievements of project purpose?
Activity	We recommend that VI's are included against all activities. This is essential for projects reporting and monitoring against the Logical Framework.	What are sources of information?	(Activity to Output): 1) What external factors must be realised to obtain planned outputs on schedule? 2) What kind of decisions or actions outside the control of the project are necessary for inception of the project?

² <http://www.ausaid.gov.au/ausguide/pdf/ausguideline3.3.pdf>

³ KaR Constructing a LogFrame <http://www.kar-dht.org/logframe.html>

Not all the six original objectives (A-E) were at the same level of focus, and range from activities through to goals. In program logic these objectives (A,D,E,F) are hierarchically interdependent. To achieve the objective A the strategy D is employed. To enact this strategy we perform certain activities E and F. The program logic would then be if we perform activity E and F we contribute to implementing the strategy D. If this is accomplished then the objective A will be achieved. If we can demonstrate a positive change in this process then the logic holds, our intervention is sound, and has been effective.

In this report the terminology of Hawe, Degeling and Hall (2002, P44⁴) is followed where goal is measured in outcome evaluation, objective/sub-objective is measured in impact evaluation, and activity is measured in process evaluation. Process is evaluated by noting how well the KPI's of sub objective and activities are met. Impact is measured by noting how well the KPI's of objectives are met. If impact can be demonstrated then the correctness of the intervention logic is demonstrated. Similarly outcome is measured by noting how well the KPI's of the goal are met. If some measure of outcome can be demonstrated then the whole project logic is verified.

Relationship of Goal, Objective and Sub-Objective to analysis of health problem		
Goal	<i>Corresponds to</i>	Health Problem
Objective	<i>Corresponds to</i>	Risk Factor
Sub-Objective	<i>Corresponds to</i>	Contributing Risk Factor

This set of relationships has been added to a column to the left of the standard LogFrame; and relates the analysis of the health problem to the structure of the intervention. A more detailed version of the evaluation framework which includes the focusing questions and data sources for each level (goal, objective, activity) is reproduced in Section 5.

Finally, a word of caution on the production of the LogFrame. Ideally the LogFrame is produced at the start of the project and is used for planning, monitoring and finally evaluation. Retrofitting to a project already completed is more problematic.

For this evaluation, the project was seen as two projects at differing levels. One is a supply reduction project that covers Darwin/Palmerston area and the other is a harm and demand reduction project in PIV. The supply reduction project covers a supply aspect of the intervention at PIV (see appendix A), in the Darwin/Palmerston areas. For the reverse to be true the PIV project would have been completed in a number of communities in the Darwin/Palmerston areas. For an overall intervention in the Darwin/Palmerston areas the PIV intervention can be seen as a pilot project which could be rolled out to other communities. In the framework below the top level (Goal) has been added with that assumption. The goal could only realistically be achieved if the “pilot” project was rolled out to the whole area. The focus of this evaluation is on the achievement of objectives 1, 2 & 3 and completing the associated activities. If this is demonstrated then the terms of reference of the evaluation can realistically be addressed.

⁴ Hawe, P., Degeling, D. & Hall, J. Evaluating Health Promotion. MacLennan & Petty, 2002

A copy of the retailers questionnaire is Appendix B.

5. Evaluation Framework

The Evaluation Framework, in line with the methodology outlined above, is presented in the table below. The framework is divided into four main sections horizontally (one goal and three objectives) which are highlighted for clarity. The three objectives are the main area of focus, defining impact for each section of the evaluation. Objective one relates to the responsible sale of solvents Kit and objectives two and three to the PIV intervention. Each section headed by an objective contains the associated sub-objective (strategy) and activities.

Health / Social Problem	Goal	Key Performance Indicator	Means of Verification	Assumptions
CNS and Respiratory system damage Criminal activity Social dis-functionality	Reduce solvent and other substance induced harm to individuals and community (family violence, theft, vandalism and public disorder). <i>Relates to project objective B but wider in scope</i>	Reduced substance induced incidents. Reduced substance related criminal activity.	Hospital admission records. Ambulance callout records. Interviews with health staff. Police records. Interviews with police.	Reduced harmful use of substances in the target group will improve health and reduce criminal and antisocial activity.

Risk Factor 1	Objective 1	Key Performance Indicator	Means of Verification	Assumptions
Harmful use of solvents	Reduce the number of people using solvents in the PIV and the Darwin/Palmerston area. <i>Relates to project objective A</i>	Reduction in solvent sales and theft. Reduction in use by PIV children.	Sales figures. Evidence related to theft from retailers in PIV. Interviews with retailers. Interviews with community and school.	Reduction in supply leads to reduced use.
Contributing Risk Factor 1	Sub Objective 1 (strategy)	Key Performance Indicator	Means of Verification	Assumptions
Community unaware of risks posed by solvents	Work with retailers to develop a coordinated response to responsible sale of solvents. <i>Relates to project objective D</i>	Retailers coordinating with services and in retailers network.	Interviews / q'aire with retailers.	Retailers willing to develop a coordinated response.
Solvents easily available	Educate retailers in the effects of solvent induced harm <i>Relates to project objective F</i> Educate retailers to take voluntary measure to reduce solvent theft. <i>Relates to project objective E</i>	Retailers' knowledge of solvent induced harm. Retailer initiated interventions to reduce theft of solvents.	Interviews / q'aire with retailers re knowledge of harm. Interviews with retailers on measures developed and implemented to reduce solvent theft.	Education of retailers will lead to responsible selling of solvents.

Risk Factor 1	Objective 1	Key Performance Indicator	Means of Verification	Assumptions
Intervention associated with risk factor 1	Activity 1	Key Performance Indicator	Means of Verification	Assumptions
	<p>Distribution of Kits.</p> <p>Training.</p> <p>Distribution of posters.</p> <p><i>Relates to project objective F</i></p>	<p>Number of Kits distributed and in use in target outlets.</p> <p>Training given to all target people.</p> <p>Posters displayed.</p>	<p>Interviews with retailers on</p> <ul style="list-style-type: none"> • Possession • Utilisation • Effectiveness of Kit. <p>Interview/q'aire with target group on knowledge of Kit.</p> <p>Audit of posters Stakeholder interviews re poster effectiveness.</p>	<p>Retailers will "read" and understand Kit messages.</p> <p>Retailers will be willing to cooperate in the intervention and training.</p>

Risk Factor 2	Objective 2	Key Performance Indicator	Means of Verification	Assumptions
Unsafe home environment	Reduce family violence theft and public disorder (in PIV). <i>Relates to project objective B</i>	Incidence of family violence reduced.	Police records. Interview with police. Ambulance callout records. Hospital admissions. Interview with health staff. Interviews with community.	Safe home environment is a major factor in community functionality.
Contributing Risk Factor 2	Sub Objective 2 (strategy)	Key Performance Indicator	Means of Verification	Assumptions
Harmful use of alcohol in domestic environment.	Reduce harmful use of alcohol in and around domestic premises. <i>Relates to project objective B</i>	Alcohol consumption in and around domestic premises reduced.	Interviews with community members. Interviews with community officers. Police records.	Excessive alcohol consumption in and around domestic premises is a major cause of domestic violence.
Intervention associated with contributing risk factor 2	Activity 2	Key Performance Indicator	Means of Verification	Assumptions
	Apply for a “Restricted Premises Declaration” to prohibit alcohol consumption in and around domestic residences in PIV. <i>Relates to project objective B</i>	Restricted Premises Declaration applied for and in place.	Restricted Premises sign in place on relevant houses.	Restricting the consumption of alcohol in and around domestic premises will reduce violence in this environment.

Risk Factor 3	Objective 3	Key Performance Indicator	Means of Verification	Assumptions
No support programs available to assist the community to effectively engage with issues.	To support greater community engagement at PIV. <i>Relates to project objective C</i>	Community involved in tackling problems related to the harmful use of substances.	Interviews with Amity. Interviews with community officers. Interviews with community.	Support programs will be embraced by the community.
Contributing Risk Factor 3	Sub Objective 3 (strategy)	Key Performance Indicator	Means of Verification	Assumptions
Community lacks capacity to tackle problems related to the harmful use of substances	To build community capacity PIV. <i>Relates to project objective C</i>	Capacity building program consisting of prescribed activities run and effective.	Amity records. Interviews with Amity, community leaders and community based workers.	Building community capacity will lead to effective community engagement with the problems associated with the harmful use of substances.
Intervention associated with risk factor 3	Activity 3a,b,c,d	Key Performance Indicator	Means of Verification	Assumptions
	3a Run Christmas and New Year Holiday Program. 3b Run Before School Breakfast Program. 3c Plan and erect a training and youth space. <i>Relates to project</i>	Programs run. Program run. Training and youth space planned and erected.	Amity records. Community interviews. Amity records. Visual inspection.	Community want involvement in activities. Activities will contribute to community capacity building.

Risk Factor 3	Objective 3	Key Performance Indicator	Means of Verification	Assumptions
	<i>objective C</i>			
Intervention associated with risk factor 3	Activity 3a,b,c,d	Key Performance Indicator	Means of Verification	Assumptions
	<p>3d Run information session by Racing Gaming and Licensing on “Dry Areas”.</p> <p><i>Relates to project objective C & B</i></p>	Session run	Amity records/interview. Community interviews.	Information session will empower community to apply for a restricted premises declaration.

6. Data Sources and Results

Data to populate the evaluation framework was sought from the following sources:

1. Royal Darwin Hospital (RDH).
2. St Johns Ambulance – PIV region.
3. Community Health Service (Palmerston Community Care Centre).
4. Darwin Police/ Business Information and Reporting Branch Northern Territory.
5. Howard Springs Primary School.
6. PIV Community.
7. Retailers involved in the project.
8. Amity.

The above list of data sources is in order of program logic. For example RDH data relates to verifying the overall goal, whereas Amity and Retailers data is more focused on activities and lower objectives of the project.

The level of data type and focusing question for each source is summarised below

6.1 Royal Darwin Hospital

Level		Type	Focusing Question
Outcome	Goal	Admissions records	<p>What has been the change in solvent related hospital admissions from April 2006-March 2007?</p> <p>Answer – numbers too small to provide reliable</p>

			assessment
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The Royal Darwin Hospital is the main referral hospital in the area and would be used by anyone requiring acute care as a result of solvent inhalation. The PIV is 20km from the hospital. The Northern Territory Department of Health and Community Services (NTDHCS) collect data concerning many aspects of health care, health service and delivery, population and individual clinical information.

A discussion was held with the Health Gains Planning Branch and the Acute Care Information Unit of the NTDHCS about this evaluation and the possibility of obtaining data related to solvent induced harm in the Darwin/Palmerston areas. This was to obtain data concerning the prevalence and incidence of solvent related incidents, and to answer the question if there is a change in solvent related medical incidents.

Two possible databases were identified, there are:

- The Royal Darwin Hospital Accident and Emergency database which includes a compulsory field for presenting diagnosis.
- The Royal Darwin Hospital Inpatient records which are more comprehensive and include information concerning multiple and underlying conditions.

It was advised that the first data base would not have sufficient data to link presenting diagnosis to cause. For example a record of a person presenting with asphyxia would have no information entered as to whether this was the result of solvent inhalation or other cause. Therefore the database would be unlikely to be useful in answering the question of health problems relating to solvent incidents.

The second data base records are more reliably able to identify patients admitted as a result of the harmful use of solvents. However investigating these would be a time consuming exercise requiring a medically registered person to do the search. In view of the small number of cases to be dealt with in the PIV it was recommended that this exercise would not be an efficient way of gaining the required information.

The Acute Care Information Unit of the NTDHCS agreed to do some preliminary searches to see if any relevant data could be extracted. The prevalence of solvent related hospital admissions was small (12-13 cases per year for the entire NT). This infers that solvent related medical emergencies are too few to be used as an indicator for the effectiveness of a solvent related intervention.

Conclusion

Potentially this is a good data source but in this instance because the numbers are so small they cannot contribute to the evaluation.

6.2 St Johns Ambulance Service

Level		Type	Focusing Question
Outcome	Goal	Records	Has there been a change callouts related to solvent use from April 2006-March 2007? What is the evidence? Answer – no accessible data
Impact	Objective 2	Records	Has there been a change callouts related to family related violence from April 2006-March 2007? What is the evidence? Answer – no accessible data

The St Johns Ambulance Service was contacted to determine if they had retrievable data concerning callouts relating to domestic violence in the PIV and solvent related incidents in the Darwin/Palmerston areas more generally. We were advised that the system they use for data storage and retrieval (Computer Assisted Dispatch or CAD) was unable to identify any information from PIV without a manual search of records. The evaluators were referred to their data section which is housed in the Berrimah Police Complex. The only data retrievable there was the number of callouts received for an area.

Conclusion

No specific information about the nature of each callout was retrievable without examining individual accounts. The number of callouts to PIV over the 12 month period prior to the project was 182 and over the period of the project it was 167. No data is accessible in the right format and therefore no data is available to be used as an indicator. This source is potentially quite valuable and if the database could be upgradable to one similar to that of the police would be advantageous to the community.

6.3 Community Health Service

Level		Type	Focusing Question
Outcome	Goal	Interview	Has there been a change in solvent induced medical incidents from April 2006-March 2007? What is the evidence? Answer – no incidents ever reported
Impact	Objective 2	Interview	What has been the change in family violence related incidents in PIV from April 2006-March 2007? Answer – anecdotal evidence of noticeably less incidents

There are two health services that can be accessed by the Palmerston Indigenous Village. The Palmerston Health Precinct which is five kilometres from the PIV. At the precinct there is the Farrah Medical Centre run by a private GP and the Palmerston Community Care Centre, which runs a range of services including:

- child and maternal health, and post natal home visiting
- immunisations
- school health surveillance
- treatment room services/primary health care
- home nursing services
- pensioner concessions
- general health education and information services
- social work services

There is also a range of visiting specialist services. However there are no after hours service or public transport and people must use the local taxi service which costs around \$20 for the round trip. The Danila Dilba Medical Services, which provides a comprehensive primary health care to the Biluru Aboriginal people, has also been providing an outreach program to PIV one day a week for the past seven months (subsequent to the project period).

The people from PIV do not use the services of the GP but go to the Community Care Centre for treatment and primary care. An Aboriginal Health Worker (AHW), who has been working with clients from PIV for 9 years, was interviewed as was an AHW from Danila Dilba who has been working on the outreach clinic for 7months.

The Senior AHW stated that in her 9 years of service, while she has seen evidence of sniffing in the form of spray cans left lying around in the bush and noticed children heading into the bush with paint, she has never dealt with any cases resulting from solvent inhalation. Since there have never been any medically related incidents handled at the centre no change can be recorded.

This AHW went on to say that the main presentations are routine care and the main problem in the community has been with alcohol. She has dealt with incidents that may have been the result of domestic violence but these have been noticeably less over the last year.

The use of aerosols for “sniffing” has not led to any reported medical incidents at the centre so this is again not a valid indicator. However trauma cases that were suspected to be a result of domestic violence were. While no figures were available, the AHW had observed they were noticeably less over the last year with respect to the PIV inhabitants.

Conclusion

Solvent related medical incidents are uncommon and cannot be used as an indicator. However, trauma which is possibly the result of domestic violence is more common. While no statistics are available reports from an experienced health worker indicate a reduction.

6.4 Darwin Police

Level	Objective	Type	Focusing Question
Impact	Objective 1	Police records and interview	What has been the change in solvent related incidents in the Darwin/Palmerston area from April 2006-March 2007? Answer – unclear (reduction in all non alcohol related substance use incidents)
Impact	Objective 2	Police records and interview	What has been the change in family related violence theft and public disorder in PIV from April 2006-March 2007? Answer – marked reduction in family violence and public disorder (see tables below)
Impact	Sub objective 2	Police records and interview Community focus group	Has there been a reduction in alcohol consumption in and around domestic premises in PIV from April 2006-March 2007? What is the evidence for this? Answer – marked reduction in police callouts concerning drunken behaviour (see table below)

An application to access police data regarding dysfunctional behaviour, family related violence and substance misuse was made to the Business Information and Reporting Branch of the NT Police, Fire and Emergency Services. Permission was granted and appropriate data/de-identified statistics were made available to the evaluators. Figures received were for the years 2005, 2006 and 2007 up to 24 October.

Non alcohol related substance use incidents

Area	2005	2006	2007 up until Oct
Darwin	15	25	16
Palmerston	2	10	5
PIV	2	3	1

Antisocial behaviour PIV

The total number of incidents categorised under antisocial behaviour which includes assault, criminal damage, substance abuse, intoxication, and disturbances of all types including domestic are as follows

2005	2006	2007 up until Oct
71	91	27

There was a marked drop in antisocial incidents in 2007. It is also worth noting that of the 91 incidents in 2006, 61 were in the first half of the year and 30 in the second half when the Amity program was in place.

Family related violence PIV

Family violence is not specifically listed in the police records but comes under the heading of domestic disturbance. These figures are a subset of those listed under antisocial behaviour. The figures for domestic disturbance incidents in PIV responded to by the police are as follows:

2005	2006	2007 up until Oct
9	20	8

During 2006 there was a marked rise in domestic disturbances. Fourteen of these were in the first part of the year and the remaining 6 in the latter part of the year when the program was running.

Alcohol consumption PIV

2007 saw a decrease in police callouts to deal with intoxicated persons in PIV. These incidents are listed under drunken persons and are as follows.

2005	2006	2007 up until Oct
11	14	7

Again in 2006, 10 of the 14 incidents were in the first half of the year.

An interview was also conducted with the community police officer of the Drug and Alcohol Policy Section for comment on the project. Commenting generally on the rollout of the Kit he voiced the opinion that retailers were too focused on the day-to-day running of the business to utilise the information provided in the Kit. However he regarded it as a valuable resource for his service and as far as service providers are concerned. This is corroborated from other service providers. The most positive thing he felt that came out of this section of the project was the active building of relationships in the community. As a result of the project, links have been built between retailers and local police, and there is a particularly good relationship with the main retail players.

Conclusion

The figures show that there has been a noticeable decrease in antisocial behaviours, domestic disturbances and alcohol related incidents. The non-alcohol related substance use figures are small and it is not stated whether these are related to solvents or other substances. The interview indicates that the resource is valuable to service providers but less so for retailers. The positive outcome was the community links forged.

6.5 School

Level	Objective	Type	Focusing Question
Impact	1	School records and interview	Has there been a change in truancy and behaviour that can be attributed to solvent use from April 2006-March 2007? Answer – For the children of PIV there has been a marked improvement in attendance and condition of the children reducing the opportunity for antisocial behaviour – this is attributed to the Before School Breakfast Program (demand reduction)

The school attended by PIV children is the Howard Springs Primary School, located 2km from the village. This is one of the largest primary schools in the rural area of Darwin and has an enrolment of 350 students, 15 of whom are from PIV. The school has one Aboriginal and Islander Education Worker (AIEW) who has worked there for four years and is the link between the school and parents, occasionally visiting parents in PIV. She stated that prior to Amity running the Before School Breakfast program; the attendance of PIV children was poor:

Kids would disappear for cultural stuff or Sorry business for four to ten weeks. Now the parents want them to come. I would say it is over 50% better.

At present, the attendance record of the PIV students was very good, except for a period in 2006 where rates declined, largely due to a chicken pox outbreak.

The AIEW noted that the children from PIV are much healthier and bring their lunches to school and are very proud of this. The behaviour, attention and general state of the children has improved. The mothers were more supportive and positive and engaged with the school more. She felt this was equally due to the breakfast program and the quality of the community development and Diversionary Workers employed by Amity to work in the community. She stated:

Apart from the breakfast and lunch change, the kids are cleaner and more healthy, but also the involvement with (the two community workers) I think has made a huge difference.

There are a total of 70 indigenous students at the school and the children from areas other than PIV continue to have sporadic attendance.

Not much has changed for them. PIV used to be much worse than the other group but now they are ahead.

The AIEW also noted that a breakfast program had been run before by the school but it was never successful because the parents were not really involved.

Conclusion

From the school perspective the Before School Breakfast Program has had a noticeably positive effect on attendance and “condition” of the pupils that reside in PIV.

6.6 Community

Level		Type	Focusing Question
Impact	Objective 2	Focus group and interview	Has there been a change in antisocial behaviour in PIV from April 2006-March 2007? Answer – Antisocial behaviour has been markedly reduced
Impact	Sub objective 2	Focus group and interview	Has there been a reduction in alcohol consumption in and around domestic premises in PIV from April 2006-March 2007? What is the evidence for this? Answer – The community state there has been a reduction in alcohol consumption as a result of their actions and confirmed with police data
Impact	Sub-Objective 3	Focus group and interview	To what extent were the community involved in the breakfast program and the training and youth space program? Explore this in relation to community ability to take a lead in current and future activities. Answer – The community were heavily involved in the breakfast program and this is working well. Nothing can be said of the youth space as this was delayed. Focus group discussion infers women are now taking an active roll.
Process	Activity 2		Was a Restricted Premises Declaration applied for and is it now in place? If so when did this happen? Answer – permits were applied for and went in place in July 2007.

Two visits were made to the PIV, this included an introductory visit when an interview with one of the senior women was conducted and second visit during which a focus group was held with the women involved in the breakfast program. The evaluators were told that two senior women in the community applied for the restricted premises declaration. One of these women explained that the drinking and violence in the community had got very bad and there was no respite. She said “you couldn’t get any sleep and something had to be done”. She described how they got some people up from the Department of Justice that deal with ‘Racing, Gaming and Licensing’ issues. She said that they held a workshop so they would know how to apply, “it was a lot of hard work but we got it done”. They explored the possibility of making the whole community alcohol free; however they were told that they would need signatures from the community leaders on the application. No one was willing to do this because people would then have to cross the Stuart Highway to drink and it was feared that someone

would get killed and the signatories would be held responsible for the deaths. They did not want to create other harm by putting the drinkers in danger at the expense of reducing harm in the village. They felt therefore that the safest option for the community was to make certain houses alcohol free.

The focus group was held with three of the community women and one man plus the divisionary worker in PIV on Monday 22nd of October. Participants were asked what it was like here before Amity started their programs. One woman stated:

It wasn't too good. There was a lot of drinking, of noise and partying all through the night. It wasn't good for the kids who need their sleep to get up and go to school in the morning. It was a real mess, with bottles and cans around the place.

We told that mob to move on, to leave or to go away because they made too much noise for the kids. They did. We applied for a "Dry" area and now we have two.

They went on to comment about the Northern Territory Emergency Response (NTER)⁵ and noted that since 15th of September the whole community was dry. The group were then asked if this was a problem as they had previously decided against making the whole community dry. One woman stated:

We worked hard to get those Dry Signs. Now they are going to put up signs to say that the whole community is dry since 15th September. That will be for 6 months. We aren't sure about what will happen then. We are worried because the people are going across the highway to drink and then they have to come back. There are no lights or street crossings here and the speed limit is 100kms...We are thinking of building a drinking shelter just up the road here so that there won't be any accidents. There is a lot of ganja⁶ smoking too now.

These latter events are outside the period of the evaluation but illustrate the capacity built in the community. They have to deal with the effects of being a dry community and while this has positive outcomes for the community, it has some consequences which they now have to deal with. One is the danger to drinkers crossing the highway and they are considering a safe drinking area option. The other is the increased use of ganja which may be the result of switching from alcohol. How this will be dealt with is unclear but they have recognised the problem and are discussing it.

Participants were asked if there had been an improvement in community conditions over the last year. There was a consensus that improvement had occurred. They said that they

"feel happy that things are starting to happen."

They particularly commented on improved school attendance,

⁵ Northern Territory Emergency Response (NTER) <http://health.gov.au/>

⁶ Marijuana

“the kids are all going to school, they like school.”

A register is kept for each child in the community hall to monitor attendance; and this was shown to the evaluator. To combat children taking sick days and provide an incentive to keep a good attendance record the women had instigated a reward system. Around \$30 is given to each child for two weeks continuous attendance.

Improved attendance is attributed to the result of the Before School Breakfast Program which is something they are particularly proud of. Ten women are actively involved and a roster system is in place to denote who is making breakfasts and lunches for the 15 school age children from the PIV. Two women are rostered on each week, and two senior women and in charge of the weekly shopping. The only assistance from the Diversionary Worker is with transport and assisting with meetings which they run approximately once a month. They said they intend to extend the program for dinners and to other people (eg elderly) would like meals. There are also plans to start a laundry facility where children can leave their dirty clothes at the community hall and have them washed by the women involved in the breakfast program. Amity will supply a washing machine.

The women were also pleased with the holiday program that Amity and Palmerston City Council have organised with the PIV youth. One of the projects involves training in film making and is a continuation of the training given in the Easter school break which led to the making of “the winning video” (mentioned in the interviews with Amity documented below). Other activities included bush trips and the starting of a Scouts troop. They will use the community hall and a bus will be provided by Palmerston City Council to join the larger group on occasion. Amity have also organised sewing lessons for the women and provide sewing machines.

Impressions from the focus group were that there was a feeling of progress in the community. The ladies interviewed were on this occasion extremely motivated and articulate. “Sniffing” now was not such a problem, and this is attributed to the removal of one family who had major problems with both alcohol and volatile substance use.

Conclusion

The diversionary and capacity building programs therefore have had a demonstrably positive effect in improving the conditions and wellbeing of the residents of PIV and this is supported by police, school and health centre data.

6.7 Retailers

Level	Type	Focusing Question
Impact	Objective 1	<p>Has there been a reduction of solvent sales to minors over the period of April 2006-March 2007 and what is the evidence for this?</p> <p>Answer – sale to minors generally not an issue. All retailers appear to act responsibly in this area..</p> <p>Has there been a reduction in solvent theft over the same period and what is the evidence for this?</p> <p>Answer – Theft was a problem for only some of the retailers who took effective measures to reduce this. Evidence for theft reduction largely anecdotal.</p>
Impact	Sub objective 1	<p>Questionnaire of solvent induced harm taken from information in the Kit. Knowledge of solvents misuse and appropriate action, knowledge of <i>VSAP Act</i>, training and resources (see separate questionnaire).</p> <p>Answer – retailers had knowledge of solvents but poor understanding of <i>VSAP Act</i>. Actions while responsible were ad hoc.</p> <p>What have you done in your business to reduce the theft of solvents?</p> <p>Answer – where a problem placed stock in visible area. One retail chain stopped selling</p>

A purposive sample of 8 of the 31 (n=8) retailers were interviewed regarding solvent sale to minors, theft of solvents and knowledge and appropriateness of the retailer’s Kit.

The first aim was to establish if sale to minors and theft of paint was an issue for them and if so, what measures were taken to combat this and was the Kit helpful in this respect?

There was a general consensus amongst the retailers interviewed that sale to minors was not and had not been an issue. All retailers that had to deal with minors said that if “kids looked suspicious” they would not sell and request they come back with an adult.

It is interesting to note that two of the outlets stated that they ask for ID when selling paints. While in some states legislation prohibits sale of spray paint to minors this is not the case in the NT. Often stores that are part of a chain and follow policy from head office which may be in a state that has different legislation. Local outlets therefore may be asked to follow inappropriate legislation and this is an issue that ought to be addressed.

One retailer said that they never get minors in their outlet wanting to buy spray paint. This was probably because of its remote location and was primarily dealing with trade people. Another retailer observed “they don’t buy it, they steal it”. While the problem of theft was generally more of a concern to the retailers, it was not considered a major problem. One large outlet maintained they get little theft “maybe six tins a year” and maintained that they use “close monitoring” of suspicious customers. Another outlet noted that while previously (over the last 18 months) there had been no problems with paint theft, just recently it had been a problem. All stores interviewed bar one reported theft as not a problem. The remaining store which was one of the inexpensive national outlets noted that recent stock takes show that theft of spray paint is not the problem it was 12 months ago. This was the only store with numeric evidence. As noted by the project officer many of the smaller outlets did not seem to have efficient stock take systems and some of the larger outlets had their stock take done at head office and were not able to give figures.

One store reported that over the last month there had been a problem with theft and the paint had been relocated to a visible spot near the counter. The Kit had helped in this respect. In the July 2007 retailer’s survey undertaken by Amity many of the small retailers had either stopped stocking paints or moved the stock to a more visible location. This latter strategy had reduced theft considerably.

All the retailers interviewed bar one had ‘the Kit’ and warning stickers displayed, however two of the retailers had stickers that were not part of the Kit and were “company” stickers. One of these signs stated that it was company policy not to sell spray paint to under 18’s. The present Amity project officer on her last audit of outlets estimated that about one third of the retailers had signage displayed. The previous project officer noted that the retailers have limited wall space, stating:

Often if they are experiencing a problem with paint theft the posters go up. When the problem subsides they come down.

Only one of the retailers interviewed considered themselves part of the Responsible Retailers Network, and the network appears to exist as a concept only rather than an active set of relationships.

The retailers were separate competitive businesses and did not want to network with their competitors. However the retailers wanted to be kept informed about issues regarding “sniffing” and receive information such as the “Kit”, but did not want to invest much time. They were busy store keepers with other priorities. It appears that on the whole retailers are quite reactive and do not want to act until the issue is starting to adversely affect business.

Only two outlets commented positively on the Kit. One stated that it was comprehensive but needed summary sheets. They expressed a desire to have the Kit modified so it could be incorporated into general company induction. The other outlet was the one considering

itself part of the network. They had attended the training session and were very positive about both the training and the Kit, and as a result they had developed good relationships with the police. Of particular importance were the strategies learned to refuse sales. They stated that this Kit was given to all new staff to read. The interviewee from this outlet was the only one to understand the *Volatile Substance Abuse Prevention Act 2006 (VSAP Act)*⁷.

Conclusion

An assessment of knowledge gained from the Kit found that an understanding of solvent related issues was good although some of this understanding was prior knowledge. One retailer was unsure and another felt that because they had such a small range it was not necessary to know. However what was more concerning was that with the exception of the retailer who gave positive feedback on the training none of the retailers really understood the *VSAP Act* and its relevance to them. All had various strategies in place for refusing sale which usually amounted to asking for ID or requesting the person to return with an adult.

One good suggestion was to develop information for customers so that they understood why a sale could be refused. While this information is in the Kit it requires that the person at the cash register has read and understood it and is able to articulate this to a customer when required.

6.8 Amity Community Services

Level		Type	Focusing Question
Impact	Objective3	Interviews and records/reports	To what extent were the community actively engaging with community issues Explore this in relation to community ability to take a lead in current and future
Process	Activity 1	Interviews and records/reports	How many retailers in the area are in possession of a Kit? How many retailers in the area have received training?
	Activity 2	Interviews and records/reports	Was the Restricted Premises Declaration applied for and in place at PIV?
	Activity 3a	Interviews and records/reports	Was the Christmas and New Year Holiday Program run?
	Activity 3b		Was the “Before School Breakfast Program” run?
	Activity 3c		Was the training and youth space planned and erected?
	Activity 3d		Was the information session by Racing Gaming and Licensing on “Dry Areas” Run?

⁷ http://www.nt.gov.au/health/healthdev/aodp/pdf/vsa_web.pdf

Amity Community Services is a Darwin based non-government organisation which provides a range of services to reduce the harmful consequences of drug use and other habit forming lifestyle issues.

A meeting was held with Amity to discuss the evaluation process and framework. The project officer who ran the project over the funding period, and the second project officer who now runs the continuation of the project, explained the detail of their activities to the evaluators and gave access to all records and data available. This material was loaned to allow for more thorough examination. A further interview was then held with the first project officer to elucidate unclear areas of the data at the end of the week. The Diversionary Worker employed 0.5 by Amity was also interviewed and accompanied the evaluators on a site visit and participated in the community focus group. During the process of the evaluation Amity staff were available for discussion via telephone and email, and Amity staff interviewed came across as extremely competent and motivated people.

While the evidence for achieving the objectives of the project largely comes from outside sources, the main focus was in verifying that activities had successfully been completed. The Diversionary Worker was interviewed concerning the capacity building process and asked if from her perspective the community had the capacity to engage with the salient issues and were in fact doing so. She felt that the breakfast and diversionary projects had had a positive effect across the community. That the women had gained confidence and had become more assertive and were actively engaging in issues that affected community members, eg. The tackled the issue of problem drinkers and obtained restricted premises status for some of the houses. This is all corroborated from other sources.

In collecting data from Amity the major objective was to verify that all project activities had been completed and to assess to what standard and to seek their perspectives on the impact of the activities. Their opinions would then be tested against/corroborated or refuted by other sources. All Project activities were completed at the time of the evaluation with the exception of the erection of the training and youth space which was delayed. Construction is expected to be complete in November.

The data concerning the successful completion of activities is shown below and reported by activity. A more detailed examination of this is done in the analysis section.

Activity 1 - Distribution of the Responsible Sale of Solvents Kit and associated training to retailers in the Darwin/Palmerston areas

Thirty one key retailers were located using a directory search and referral. The retailers were provided with Kits and two forums were held. Those requesting training (8 outlets) were given a 45 minute training session on site. Follow up was provided in terms of a needs assessment which was carried out on 24 of the retail outlets.

Activity 2 - Apply for Restricted Premises Declaration at PIV

Two successful applications for restricted premises at PIV were completed in April 2007 and granted in early July of the same year. A third house also applied for a restricted premises status following the success of the first two applications. This was also granted.

Activity 3a - The Christmas and New Year Holiday Program

This program was a diversionary program beginning at the Christmas/New Year 2006 school holidays. Programs were run and continue to be run each school holiday. This program has been successful because it engaged all of the school children from the PIV during the school breaks in meaningful activity. Reports from both the Diversionary Worker and community members are that it was well attended by the children.

Activity 3b - Before school breakfast program

This program was developed as a strategy to improve school attendance which was very poor at the commencement of the project in April 2006. By making sure children were at school it was reasoned there would be less opportunity for harmful behaviour. This activity was implemented and was working very successfully at the time of the evaluation.

Activity 3c - Training and Youth Space

This is a demountable building designed to have a multi function capability for the community and was the only activity in the project not completed, at the time of the evaluation.

Activity 3d - Information session by Racing Gaming and Licensing on “dry areas”.

This information session for the community was undertaken on 12 March. In discussions with the Community Development Officer and community members who attended the session it was stated that this was informative and useful and enabled two families to successfully apply for a “Restricted Premises Declaration”. Subsequently, further application has been successful.

Conclusion - Were activities completed and to what standard?

As can be seen from the preceding discussions concerning data from each source, Amity has done a thorough job in implementing the project. Further evidence for this is discussed in the section below.

7. Analysis

7.1 Evaluation of Impact – did the activities have the desired effect?

As discussed in the last paragraph of section 4, for evaluation purposes the project divided into two sections. These are:

1. The rollout of the “Retailers Responsible Sale of Solvents Kit” which links to objective 1 and associated activities.
2. The community development initiative concerned with “Supporting Greater Community Engagement in PIV”, which links to objectives 2 and 3 and the activities associated with these.

The analysis below follows this layout and links the conclusions to the terms of reference of this evaluation.

Firstly the rollout of the Responsible Sale of Solvents Kit is examined; secondly the effectiveness and suitability of the Kit and associated training is examined. Following this the community development initiative, “Supporting Greater Community Engagement in PIV” is examined.

The last question to be addressed was what is the overall effectiveness, efficiency and appropriateness of the project? This is difficult because, as argued in section four, there are effectively two projects at different levels of engagement. Therefore, this question is addressed in the conclusion.

7.2 The “Retailers Responsible Sale of Solvents Kit”

Background to the Kit

The Retailers Responsible Sale of Solvents Kit utilised by Amity is a modified version of the one developed in Central Australia by the Central Australian Youth Link Up Service (CAYLUS). CAYLUS delivers the Youth Wellbeing Program in Central NT, and provides education, prevention and diversionary activities to Indigenous communities by responding to and minimising the harm associated with petrol sniffing and improve the social and emotional wellbeing of Indigenous communities.

Through this Program CAYLUS became aware of VS misuse and developed the Retailers Responsible Sale of Solvents Resource Kit. The Kit was developed in consultation with local communities over a three month period from April to July 2004 and as a result the Kit and training package was developed.

Under the project proposal submitted by Amity to the Department of Health and Ageing (DoHA), one activity proposed was to develop the Kit further by updating the booklet and other components with the latest NT regulations on the harmful use of VS.

Early in 2006, Amity sought permission to use the Kit and training package in the Darwin/Palmerston areas as part of their intervention to address a growing problem of solvent misuse in the area. Amity was granted permission and received some training by CAYLUS in the use of the Kit. DoHA in conjunction with Amity then updated the layout of the original booklet and included a more comprehensive section dealing with the new *NT VSAP Act*, and retailers' rights and responsibilities when selling solvents. They also drew on ideas used in the responsible sale of solvents Kit produced by the state government in Victoria and the retailer code of practice developed in Queensland.

The Kit consists of a twelve page booklet outlining the issues of solvent misuse, an explanation of the *NT VSAP Act* and education on enacting a responsible sale practice. With the Kit comes a large poster with a four caption cartoon drawing depicting the effect of an older youth buying paints for younger children. The poster has a warning stating "This retailer is a member of the responsible retailer network". There are also two small orange stickers warning customers that the store is part of the responsible retailers' network. There is an accompanying 25 slide power point presentation that can complement the Kit and this is delivered by a trainer to consenting retail outlets. The training package takes approximately 30-45 minutes to deliver and has been delivered to eight retailers over the evaluation period.

7.2.2 Rollout of the Responsible Sale of Solvents Kit

Amity identified 31 retailers in the Darwin/Palmerston areas by searching telephone directories and snowball sampling to arrive at this list of outlets. These constituted the main suppliers in the region. During this period retailers were informed of the project and invited to participate in a forum introducing the project.

Two forums were organised and run for stakeholders and retailers as a means of engaging with the community. The first was organised by Amity and sponsored by White Knight Paints and informed retailers of the low toxic "safe to spray" paints range as a possible option for responsible sale of aerosols. The forum was held on the 27 March 2006 and attended by approximately 18 people. This forum was an Amity initiative to alert the community to the project about to commence.

The second (main) forum was held on the 30 May 2006 and this was jointly presented by DoHA, NT Police and Amity. This forum was a requirement of the funding agreement and covered the Retailers Responsible Sale of Volatile Substances initiative including a request for retailer involvement. While Amity visited the 31 retailers to invite participation in the forum with follow up phone calls two days prior to the forum, response by retailers was low. Twenty people attended the forum; however the majority were involved stakeholders who actually presented information. Only 8 were retailers

(one who presented a retailer perspective) and represented 5 of the retail outlets. Few retailers attended and it was thought by project staff that this was because most retailers did not see solvent misuse as a problem in the community and solvent misuse was not an issue for them at the time. The consultations with each retailer at the start of the project provided education and awareness concerning solvent misuse. However time was needed to develop relationships with retailers and elicit “buy in”. As a project worker observed:

This was all a bit sudden for them. They were presented with the problem and solution (in the form of a Kit) and asked to participate. There was no time for buy in. So they did not turn up.

The evaluators discussion, particularly with the smaller outlets, was that they were quite busy and do not have the time to go to a forum which is perceived to have low priority on their agenda. The retailers would prefer to be visited on site at a time when business was quiet.

The forum was not an effective strategy for engaging retailers. However, as previously stated, the initial visits to retailers did provide education opportunities and raised awareness around the issue of solvent misuse. Initially most retailers did not see solvent misuse as a problem in the community. The list of attendees at the conference is listed below.

Affiliation	Role	Number of People
Retailers	Attendee	7
Retailers	Presenter	1
NT AODS	Presenter	2
NT Police	Presenter	4
NT Anti-Discrimination Commission	Presenter	1
Centrecare ⁸	Presenter	1
DoHA	Presenter/Attendee	2/2
Amity	Presenter/Organiser	2

7.2.3 Follow up and needs assessment

Following the forum, retailers were again contacted and in June 2006 a needs assessment was conducted and 24 of the 31 retailers participated in the assessment. The assessment entitled “Where to from here?” invited discussion around the following ten topics.

1. Developing strategic responses to reduce theft of volatile substances (VS).
2. Develop useful communication channels with other retailers, police and Amity to reduce theft/suspicious sales.
3. Discuss ways of reducing accessibility of VS to those wishing to misuse it.
4. Identify and implement useful customer sales techniques to refuse sale.

⁸ Centrecare is a NGO that delivers counselling ,support, mediation and training services

5. Identify and implement safer storage of problematic VS.
6. Investigate methods to monitor suspicious buyers of VS.
7. Investigate methods for collecting data on possible sale or theft of VS products.
8. Receive some Commonwealth financial support to implement any of the above issues.
9. Receive in-house training for your staff on any of the above issues.
10. Receive a copy of the Responsible Retail Network for VS Kit which details responsibilities and useful information on how retailers may respond to VS issues in their communities.

All retailers were interested in developing communication channels with other retailers, police and Amity to reduce theft and suspicious sales and receiving the Responsible Sale of Volatile Substances booklet. The majority (22) wished to receive education but were less keen on formal training. Eight outlets were interested in and subsequently received training in the form of an onsite power point presentation. Nine retailers were interested in systems to monitor suppliers/users/products and an ID system on spray cans that identifies point of theft or sale.

A second follow up was completed in March 2007 prior to the completion of the project, and a further follow up in June. From this last survey it was reported that stores had either stopped selling paint or moved stocks within view of sales points. One store had contained stock in a locked glass cabinet. Many of the smaller outlets did not appear to have efficient stock takes but said they “knew” theft wasn’t a problem. No stores reported theft as a significant problem. Display of posters and stickers was not recorded but it was thought that approximately a third of the stores had signage displayed.

Conclusion

From the above description of the rollout of the retailers Kit it will be apparent that a fairly thorough job was done by Amity and any shortcomings in the effectiveness of the project are the result of factors beyond the scope of implementation.

7.2.4 Effectiveness and suitability of the Retailer Kit and associated training provided to retailers

Amity has worked with retailers in an attempt to develop a coordinated response to the responsible sale of solvents. Despite providing training to those retailers requesting it, completing a needs assessment followed by sustained follow up activities, the Kit was not wholly successful in getting its message across and there are a number of reasons for this.

While the book in the Kit has comprehensive information it is too detailed for most retailers to assimilate. An experienced tertiary educated worker in the field of alcohol and drugs, who had experience in the area of solvent inhalations, was asked to read and comment on the resource. She said it took approximately half an hour to read the book and to remember the salient points people would need to take notes. She felt that this was a good resource for service providers and this was confirmed in the police interview. She

thought that summary sheets were needed for retailers and this was also the recommendation of some of the retailers themselves.

The busy workload of the retailers and constant staff turnover make it unlikely that the Kit information will be assimilated. The retailer's Kit developed in 2002 by the Victoria Government Department of Human Services is a four sheet Kit. The first sheet is a guideline for retailers, the second contains frequently asked questions concerning solvent use, and the third is an instruction on how to respond to customers. The final sheet is a flow chart delineating a suggested procedure for dealing with customers who are suspected of solvent inhalation. This latter sheet is also reproduced in the present retailers' Kit. It is suggested that the present Kit could be improved by adding two stand alone pages similar to the first and third sheet of the Victoria Kit. This would give a quick and easy reference for retailers concerning their legal rights and how to respond to customers.

When assessing the retailers' knowledge of the Kit, the main shortcoming was the failure to understand the NT legislation (*VSAP Act*) and understand the right to refuse sale on suspicion. While interviews with the police indicated this act was simple and straightforward only one retailer knew what he was legally allowed to do.

Two things could be done to address this issue, these being:

- Firstly produce a single sheet stating the retailers' legal rights and responsibilities for quick reference and which could be displayed at the point of sale.
- Secondly target chain store head offices, eliciting their cooperation and making them aware of differing legislation in each state. Interviews with retailers identified the necessity to comply with head office directives as a barrier to implementing a local response to the responsible sale of solvents. This also links to getting stock take details to confirm if the intervention had reduced theft of paint. With the exception of one large retailer, who could confirm from the inventory that theft had been reduced, other retailers that were part of a chain did not know stock differences as inventories were handled at head office. Engaging at head office level could improve this situation.

While there is little numeric evidence, interviews with retailers infers that theft of spray paint is now not a problem, where as at the start of the intervention it had been reported as a problem. The recommendation of moving stock to visible points was regarded as an effective strategy and had been taken up by retailers.

All retailers have strategies to deal with responsible selling, although many of these are not in line with current legislation. On the evidence given it appears that inappropriate sales and theft has been reduced. The question whether this has led to a reduction in use cannot be answered as data from services is not easily retrievable. The most relevant data were from police records. However, while callouts in the Darwin/Palmerston areas on non-alcohol related substance use was reduced, no distinction is made between spray paint and other substances. In any event the numbers are small (35 in 2006, 21 in 2007). The most useful data then would be anecdotal from the community. In the PIV the issue

of “sniffing” has been successfully addressed but this is more the result of the interventions that will be discussed in the section on the PIV intervention.

While the material and training package were well produced and Amity made considerable effort to implement the rollout of the Kit, only about 25% of retailers took up the offer of training. The usefulness of the training got mixed responses from the retailers. However, the retailer who wanted to engage with the issues of solvent use found the training very useful and was the only retailer who really understood the *VSAP Act*. Similarly with the printed material only approximately a third of retailers displayed signage and knowledge of the information contained in the book was in some areas extremely poor. Some retailers are engaged and it needs considerable input to engage those that are not. While all retailers wanted to be seen as acting responsibly they were ambivalent about being part of a network or any activity that demanded time away from their core business as retailers.

Conclusion

The Kit is not wholly effective in its present form and it is suggested that the modifications mentioned above to supply simpler more readily accessible information will make it much more suitable to the needs of retailers.

Barriers to the effectiveness are largely structural: limited time and other priorities of the retailers and control of retailers from head offices often in other states.

It must be noted that the Kit is an effective resource for service providers and the rollout of the Kit involved building links with other service providers such as AODS and the police. The police found the resource useful and praised Amity in their facilitation of forging links between police and retailers. This building of links between stakeholders is probably one of the most important outcomes of the project and should not be overlooked.

7.2.5 Is the Retailer Kit adaptable for use by other States?

This question must be answered in conjunction with the points made in the discussion above, and the overall question of whether other states wish to follow a participative approach (responsible sale) or a more punitive approach (criminalise/illegalise). If the suggested changes are made to the Kit then the Kit would be adaptable to other states, but is more relevant to states who want to take a “responsible sale of solvents” approach. This is because the retailers in this case are more involved in the negotiating of appropriate sale of solvents, particularly to minors. South Australia (SA) and New South Wales (NSW) have taken a more punitive approach banning the sale of solvents to minors. Also in SA retailers are legally required to keep volatile substances in locked cabinets. The Kit for these states is arguably less relevant, but some of the information is still important in ensuring that the retailers are aware of the issues concerning the responsible sale of solvents, particularly the possibility of adults buying for children. Queensland, Victoria and West Australia (WA) have taken the “responsible retailer”

approach and developed their own resources. The DoHA provided permission for the Kit to be adopted by WA. The WA Kit is virtually identical to that developed in the NT indicating the Kit is adaptable to other states wishing to take this approach. Queensland does not have a “Kit” as such so it could be adaptable here. Both Tasmania and ACT do not have resources.

Conclusion

With minor modifications the Kit would be adaptable to other states, but is more relevant to those states taking a “responsible sale” approach. A useful exercise would be to examine evaluations available for the resources developed in each state and compare these in order to develop a framework for a more unified product. There are advantages to taking a national approach, particularly, with the possibility of engaging retail head offices to develop appropriate action in each state.

7.3 Supporting Greater Community Engagement in Palmerston Indigenous Village

This intervention involved two objectives:

- Firstly to reduce family violence (objective 2) and
- Secondly to support greater community engagement at the PIV (objective 3).

Objective 2 was to be achieved through the strategy of reducing alcohol consumption in and around domestic premises by applying for “Restricted Premises” status. This activity was the follow up to activity 3d which was a capacity building exercise and involved an information and workshop session by ‘Racing Gambling and Licensing’ (RGL) to assist PIV residents to apply for “Restricted Premises” status. Two members of the community were assisted in making an application which was submitted at the end of May 2007. This was successfully completed and the houses obtained their restricted order in early July. Subsequently, a further application was made and was successful. The objective of reducing family violence appears to have been successful and this is confirmed by interviews in the community and with the AHW and statistics provided by the police. *See section 6.4.* The AHW reported seeing less trauma cases and the community noted an overall improvement. It can be concluded that Objective 2 was met and the associated strategy for the reduction of alcohol around domestic premises was effective.

Objective 3 was to be achieved through the strategy of capacity building through running a series of four capacity building activities which empowered the community to address issues of antisocial behaviour and the harmful use of substances. The first of these activities (activity 3a) was a diversionary program beginning at the Christmas/New Year 2006 school holidays. *See section 6.5 and 6.6.* Reports from both the Diversionary Worker and community members are that it has been successful because it was well received and attended by the children and therefore reduces the opportunity for them to become involved in antisocial behaviour.

The second activity was the Before School Breakfast Program. This program was developed as a strategy to improve school attendance. *See section 6.5 and 6.6.* The program was designed to be self funding by parent contributions of \$10 per child per week. A Territory Insurance Office (TIO) bank account was opened and TIO card with \$150 limit was obtained. Negotiations with Centrepay⁹ to deduct contributions from parents was completed and the program has been self funding from this point. The program was extended to provide breakfasts over the school holidays in July 2007 and has recently been expanded to include lunches and dinners. Amity is providing support in the form of shopping transport and chairing meetings however plans are in place for the community to take over these roles. While this latter activity is post the evaluation period it was clearly in action during the time the evaluators visited PIV and illustrates the sustainability of the program. Feedback obtained by the Diversionary Worker from the Howard Springs Primary School was that children were attending school more often and had better concentration. The capacity building strategy was effective and it is concluded that this activity more than any other has had a strong impact on the capacity of the community to address relevant issues.

The third activity was the training and youth space (activity 3c). This is a demountable building designed to have a multi-function capability for the community. It would provide space for the following:

- a training room with 3 or 4 computers
- an office for the community (with internet access)
- a safe space for service providers to work from, with access to toilet facilities
- other uses that would be further negotiated with the community and youth.

This was planned and scheduled for completion in May 2007. Major redevelopments at the PIV have resulted in delays with sewerage and power connections; however the demountable is now on site and the cement slab has been ordered.

The installation of computers in the training area is in question due to new regulations associated with the Northern Territory Emergency Response (NTER). Amity is having ongoing discussion with the Indigenous Coordination Centres (ICC) and hope that in the future it is possible to have a computer in the demountable for community use.

Once the demountable is in place Amity informed the evaluators that they will be having a series of negotiations and consultations with the community regarding programs run out of the demountable and also the long term plan for the upkeep and utilities for the space. No further comment on this activity can be made as the impact cannot be assessed until it is in place and functional.

The final activity was the information and workshop session by RGL on “dry areas” (activity 3d). This was an information and workshop activity organised by Amity and local officers working for the RGL. The officers came to the community on 12 March

⁹ Centrepay- is a free direct billing service offered to customers receiving payments from Centrelink

2007 to give information and assistance on how to go about applying for a “Restricted Premises Declaration”. This activity was the precursor of activity 2 which involved an information session to facilitate community members to successfully apply for a “Restricted Premises Declaration”. In discussions with the Community Development Officer and community members that went to the session. It was informative and useful and enabled two families to successfully apply for a “Restricted Premises Declaration”. Subsequently, a further successful application was made.

Conclusion

As is evident from the preceding discussions there has been considerable improvement brought about by the project to PIV, discussions with the community has been reported in section 6.6 of this report.

There was a consensus that improvement had occurred and the community have said that they “feel happy that things are starting to happen”, particularly in relation to improved school attendance. “The children are all going to school, they like school.”

The police figures show reduced callouts for domestic disturbance and dealing with intoxicated persons (reported in section 6.4) and substantiate this view as does the discussion with the AHW (reported in section 7.3) who noted less trauma cases following the intervention. The women are able to take a more active role in engaging with community issues overall and through the capacity building mechanisms have been able to reduce much of the community dysfunctionality. This model has been successful and could serve as an exemplary model, the elements of which could be used to generalise this to other communities.

8. Conclusion - overall effectiveness, efficiency and appropriateness of the project

Reiterating the discussion in section 4, this project is effectively two projects. One project engages at the area level (Darwin / Palmerston areas) and the other engages at the level of a small community (PIV). From the perspective of PIV the reduction in harm, supply and demand have been addressed and arguably the major factor has been in demand by providing alternatives and a safer environment. In this respect in PIV the project has been effective and appropriate.

The reduction in the harmful use of solvents through the mechanism of reduced supply, cannot be reliably demonstrated. However retailers previously having problems with theft of spray paint do report that this is no longer a problem. Retailers do appear to be acting responsibly with respect to sales.

Police records demonstrate a reduced rate of response to non-alcohol substance use in the Darwin/Palmerston area. It must be realised that these figures are in any event small, but it is assumed that they may be indicative of a reduction in the larger number of incidents to which the police were not asked to respond. It is also not known whether these non-alcohol related incidents all relate to solvents misuse.

What can be said however is that the project did raise awareness among retailers, forge links with stakeholders and promote a more careful storage of solvents, and in these areas the project was effective.

In the PIV the project was wholly successful and could be used as a model of effective community development to reduce antisocial behaviour and the harmful use of solvents and promote the ability of the community to successfully engage with issues. In this respect it was effective and appropriate. The project overall appropriately addressed the three areas of supply, demand and harm reduction. In the PIV demand and harm reduction are positively addressed. The strategies used to empower the community to be able to make effective responses are also demonstrable. Rolling this intervention out to target other problem communities in the area would strengthen the project at this level.

9. Key Findings

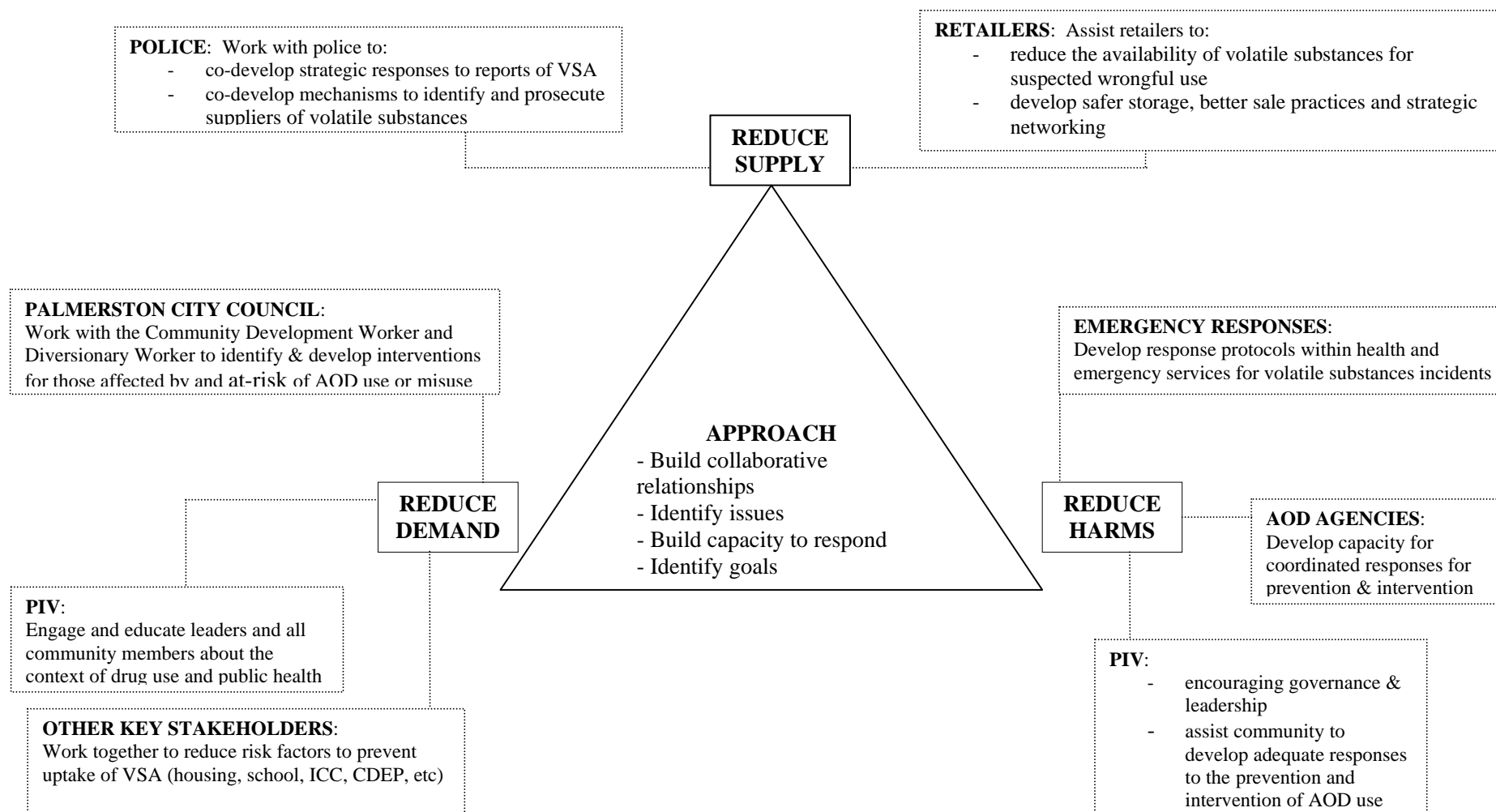
1. The Kit in its present form is too complex for assimilation by retailers and needs possibly two single page fact/action sheets adding in line with the recommendation 1 below.
2. The Kit is generalisable to other states but more relevant to those states which do not have legislation prohibiting the sale of solvents to minors.
3. Structural factors can reduce the Kits effectiveness. These factors include retailers having limited time and resources coupled with the necessity of having to prioritise the running a retail outlet over other community/social issues. Directives from head office can conflict with local initiatives.
4. The building of relationships between stakeholders (Amity, AODS, Police, Retailers, PIV) is probably one of the most important outcomes of the project.
5. The community development strategy of engaging the children in meaningful activities coupled with strengthening community capacity has been very effective. The Before School Breakfast Program was particularly effective in improving both wellbeing in children and the capacity of parents. However running the same program from the school proved less effective as parents had no ownership of the process.

10. Recommendations

1. The Kit is modified along the lines discussed above with two one page action sheets. It is particularly important to have the retailers' legal rights and responsibilities made clear.

Produce and include in the Kit a single sheet stating the retailer's legal rights and responsibilities for quick reference and display at the point of sale, and a second sheet detailing strategy for dealing with difficult customers.

2. A strategy to engage retail chain head offices be developed and implemented. Produce a Kit which targets chain store head offices, elicits their cooperation by making them aware of differing *VSAP Act* legislative requirements in each state.
3. The PIV community development model implemented in PIV be developed into a generalisable model and used in other target communities. This requires some analysis and documentation of the process followed together with some written guidelines as to how this may be used elsewhere.
4. The relationships developed between stakeholders (Amity, AODS, Police, Retailers, PIV) be continued and strengthened



RESPONSIBLE SALE OF VOLATILE SUBSTANCES RETAILERS QUESTIONNAIRE

Thank you for participating in the evaluation of the Retailers Responsible Sale of Volatile Substances Kit. This interview is designed to help us assess the effectiveness of the Kit. Don't worry if you do not know the answers to some of the questions, its not a test of your knowledge rather, an evaluation of how well the Kit gives information. Please feel free to make comments and suggest improvements as we go through the interview.

Before beginning the interview we would like you to read the information sheet and then sign the consent form

Note for evaluator Are stickers on display in the shop?

1. What is your position within the business?

(We are primarily interested in owner/manager/sales)

2. How long have been working in this business?

- a) Less than 1 year
- b) 1-2 years
- c) 2-3 years
- d) More than 3 years

3. Are you a member of the Responsible Retailers network?

- Can you tell me what being a member involves?
- What are the benefits of membership?

4. Can you tell me simply what is meant by volatile substances? What are some volatile substances in your shop?

5. Can you tell me what harmful effects volatile substance misuse has on the body?

6. Have you heard about the NT Volatile Substance Abuse Prevention Act (*VSAP Act*)?

- Can you tell me something about its purpose and powers?

APPENDIX B

Prompt – provides a systematic approach for prevention, early intervention and treatment of volatile substance misuse. Gives legal support to community programs. Gives police the powers to combat volatile substance misuse. Offence to supply volatile substances to another person for them to use for inhalation.

7. Can you tell me which people/ or AGE GROUP?? are likely to misuse volatile substances?

Prompt – anyone but in the NT people between 7 and 35 and mainly between 10-16 years.

8. Can you tell me anything about the effect of volatile substances (sniffing) on a person's behaviour?

Prompt - mood swings, anxiety, depression, aggressive, paranoid.

9. How might you tell that a person may be misusing volatile substances?/What are some signs that a person is sniffing volatile substances?

Prompt - paint stains around nose and mouth, red eyes, sores around nose and mouth, strong smell of paint or petrol, frequent large sale from same person, nervous or anxious behaviour, drowsy or vacant expression, appearing drunk, excitable, giggly, manic or aggressive, unlikely answers as to reason for purchase.

10. Can you tell me why retailers should refuse sale of legal products that might be sniffed?

Prompt - *NT VSAP Act* states that a person must not supply solvents for the use of sniffing and puts responsibility on the retailer to decide if the buyer is intending to sniff the product or supply to someone else for sniffing purposes. The act gives the store the right to refuse purchase.

11. Can you tell me the possible signs of a customer making an inappropriate purchase?

Prompt -

- Requests that do not conform to reason for purchase
- Empty spray cans etc around premises
- Buyer going straight for cheapest volatile substance on sale
- Suspicious behaviour of customer near volatile substances in store.
- Several people entering store together using distraction to steal
- Purchaser giving products to others outside store
- Purchaser indicates product is for someone else when asked

12. Can you tell me under what conditions (if at all) you can request a person to leave your store?

APPENDIX B

Prompt: A store manager or employee has the right to ask any individual to leave the store, particularly if the individual is behaving unusually or has been known to steal from the shop in the past.

13. How would you deal with a customer suspected of misusing volatile substances?

Prompt

- Remain calm and friendly
- Use “We” not ‘I’ (“We cant sell you this” indicates it is a government policy and not your fault)
- Owners/managers have an obligation to provide a safe workplace – where violence may occur need to develop a rapid response protocol with management and police.
- If customer appears intoxicated, exercise caution, safety of staff and customers is the first priority.

14. Can you describe emergency procedure you would perform if a sniffer had a fit or blacked out?

Prompt

- Call designated first aid officer (if there is one) and/or manager
- Lie person on the side and clear airway
- Call an ambulance (000)

Training

15. What training sessions related to the sale of volatile substances have you attended? (brief description and outcome) ?What did you learn?

16. Were you aware of the dangers of solvent misuse before the training session?

Yes
No

17. Do you feel you knew about the issues and problems about solvent misuse in the first place? [Did the training have any impact on your knowledge of solvent misuse?]

Yes it improved my knowledge
No, I did not learn anything new

APPENDIX B

18. As a result of the training, do you feel better equipped to recognise possible sniffers and more confident in dealing with them?

- Yes
- No
- Don't know

19. Can you tell me of any changes you have made regarding the sale of volatile substances following training?

- Include methods to reduce theft (if a problem) and measures of success

RESOURCES

The following questions are to guide us as to any changes that could be made to make this a more user friendly resource.

20. Is the cover appealing and do you think it gives the quick, visual message of the issue?

21. Do you have trouble finding information in the Guidelines?

22. Has it got the sort of information you need?

23. Are the stickers/Posters appropriate...do they stand out?

26. Can you suggest anything that might improve these resources?

27. For those who did not attend training, would you be interested in attending a workshop on the issue in the future?

- Yes
- No
- Maybe

Thank you for your time, thoughts and collaboration.

Evaluation of the Guidelines for the Responsible Sale of Volatile Substances Project