Aboriginal and Torres Strait Islander Male Health Module for Aboriginal Health Workers

Unit 6. Young males up to 18 years
For the purposes of this guide, the term Aboriginal Health Worker (AHW) is used to describe Aboriginal and Torres Strait Islander allied health professionals that provide clinical and primary health care for individuals, families, and community groups. It is recognised that there are different registration requirements for the AHW workforce in different States and jurisdictions.

Acknowledgement

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The health of Aboriginal and Torres Strait Islander boys and adolescents

The status of Aboriginal and Torres Strait Islander children is an important consideration, not least because they represent a large percentage of the Aboriginal population in Australia. The age structure of the Aboriginal and Torres Strait Islander population in Australia is younger than the non-Indigenous population; that is, the Aboriginal and Torres Strait Islander population has a higher percentage of younger people (e.g. 36% of the Aboriginal and Torres Strait Islander population are children aged 0-14 years, compared to 19% of the non-Indigenous population) but a smaller percentage of older people (Australian Bureau of Statistics (ABS), 2012a).

Aboriginal and Torres Strait Islander children continue to experience poorer health outcomes compared to non-Indigenous children. Aboriginal and Torres Strait Islander children are 3 times more likely to live with a regular smoker and more likely to experience poor nutrition. They are more likely to be admitted to hospital due to injury and are 5 times more likely to be admitted to hospital due to assault. They are more likely to suffer from infectious and non-infectious diseases, are less likely to be fully vaccinated and are twice as likely to die between the ages of 0-14 years (Australian Institute of Health and Welfare (AIHW), 2011).

Current research indicates that cumulative harm occurs when many risk factors are experienced and build up over time. The resulting effects are often revealed later in life in the form of ill-health, social and behavioural problems, and continuing disadvantage. Many Aboriginal and Torres Strait Islander children have experienced or are experiencing multiple risk factors in addition to other negative influences such as racism, poverty, overcrowding, jailed parent/s and limited or poor access to services (Steering Committee for the Review of Government Service Provision (SCRGSP), 2014; Zill, et al., 1991).

Adolescent Aboriginal and Torres Strait Islander males often face other challenges that non-Indigenous males do not encounter. This is the stage when young males need to establish their sense of identity, and define their role with respect to masculinity and culture, sexuality, and education and employment and Aboriginal and Torres Strait Islander youth may need to do this against a background of grief, loss, and social and cultural disruption as a result of alcohol misuse, violence and sexual abuse (Baird, 1996). Many Aboriginal and Torres Strait Islander adolescents are faced with psychosocial factors including alcohol and other drugs as well as depression, anger and frustration. In remote areas, young males are faced with pressures from social change, social dislocation and a multicultural society (Hunter, 1992). Young people may also be affected by the ongoing legacy of forced removal of children from their parents. Indeed, it has been suggested that in some ways this removal continues, with the high rates of Aboriginal and Torres Strait Islander children in detention centres (Hunter, 1992). On an average night in juvenile detention centres in 2013, 51% of the detainees were Aboriginal and Torres Strait Islander children, and 90% were male (Australian Institute of Health and Welfare (AIHW), 2013).

HEALTH AND SOCIAL ISSUES AMONG YOUNG ABORIGINAL AND TORRES STRAIT ISLANDER MALES

Assessing ill-health using a life-stage approach is sometimes useful in that it gives an overview of specific illnesses that are more prevalent among different age groups and specific life changes that may have an impact on health. This information can be used to target specific groups (Australian Bureau of Statistics (ABS) and Australian Institute of Health and Welfare (AIHW), 1999).

Young Aboriginal and Torres Strait Islander males face a number of specific health and social issues including:
the results of child abuse and domestic violence, which are widely reported through all Australian community groups — current Commonwealth legislation (*Child, Youth & Families Act 2005*) acknowledges the effects of cumulative (snowballing) harm experienced by children who have repeatedly witnessed and/or experienced this form of trauma;

- a tendency to engage in volatile substance inhalant practices such as “petrol and paint sniffing”, which exposes them to associated risks such as “blackouts”, memory loss, kidney and liver damage and possible death (Aboriginal Drug and Alcohol Council (ADAC), 1998);

- higher suicide rates than non-Indigenous Australian youth (Australian Bureau of Statistics (ABS) and Australian Institute of Health and Welfare (AIHW), 2008; Closing the Gap Clearinghouse (AIHW & AIFS), 2013);

- the onset and progression through puberty, with sexuality and sex given a heightened prominence in the lives of adolescents as they begin to question their identity and role within their family, wider community and kinship groups (Larkins, et al., 2007);

- confusion about changing roles and responsibilities and increased peer pressure, which can lead to teenagers starting to experiment with alcohol, drugs and smoking;

- poor economic conditions, which have an impact on the development of young people thereby increasing the health risk (Larkins, et al., 2007);

- detention (jailing) of Aboriginal and Torres Strait Islander juveniles — levels of detention have remained at extreme levels for the period 2001–06, with rates 24 times that of non-Indigenous Australians (Steering Committee for the Review of Government Service Provision (SCRGSP), 2014); and

- relationship problems and early parenthood, affecting both young men and women and their relationships as well as bringing on the stresses of parenthood.

Young males are a difficult group to access about their health, with poor uptake of services. This age group represents a stage when strong male leadership and support is vital to help adolescents face a number of health and social challenges. Reintroducing young males to responsible cultural figures is important to try and counteract negative influences and negative interactions with authority.
IDENTITY, MALE ROLES AND GENDER ISSUES

Australian male attitudes and behavioural factors appear to have an effect on the state of male health and on whether they appropriately or adequately use existing health services. Significant cultural issues may also affect the way Aboriginal and Torres Strait Islander males engage with the health system and access health services.

Aboriginal and Torres Strait Islander male role models have become compromised either through fathers having died early, being absent in prison (even if only for a short time) or incapable (e.g., from alcohol misuse). Together with some necessary welfare support for mothers and children, this has led to an increasingly matriarchal family structure, which may have adverse consequences for the identity development of young Aboriginal boys.

While little information is available to understand the role of the male in the development of Aboriginal and Torres Strait Islander adolescents in contemporary society, some existing programs seek to re-establish males as cultural mentors and good role models. Elders and significant males within the community are engaging young adolescent Aboriginal and Torres Strait Islander males to reinforce the importance of male roles and their responsibility in maintaining the well-being of the family unit and their community as a whole.

Male initiation

General practitioners (GPs) and other health professionals should be aware of the status of a man who has been through initiation (regardless of his chronological age) and engage him with the respect he is entitled to as a tribal Aboriginal or Torres Strait Islander man.

RISK-TAKING BEHAVIOURS

It is not unusual for young males to take risks, in fact people say that risk-taking behaviour is all a part of growing up and “pushing the boundaries”. Most young males get through this time and go on to become productive in their families and communities. However, in some Aboriginal communities this age range can be where the biggest loss of life occurs, especially for males.

Adolescence is often a time to start experimenting with drugs, alcohol and smoking due to the influence of peer group pressures.

Other risk-taking behaviours that adolescents, particularly males, may initiate in their teens include the use of inhalants (e.g., petrol sniffing) and steroids.

Tobacco use

Aboriginal and Torres Strait Islander males aged 15-17 years are significantly more likely to smoke than non-Indigenous males of the same age (Australian Bureau of Statistics (ABS), 2014) (Table 10), and young Aboriginal and Torres Strait Islanders (aged 15-17 years) are nearly 5 times more likely to be current daily smokers than the young non-Indigenous population (Australian Bureau of Statistics (ABS), 2014). However, Aboriginal and Torres Strait Islander smoking rates in this age group have fallen in the past 10 years (Australian Bureau of Statistics (ABS), 2014) and importantly there has been an increase in the proportion of 15-17 year old Aboriginal and Torres Strait Islanders males that have never smoked (Australian Bureau of Statistics (ABS), 2014) (Table 11). This suggests that anti-smoking campaigns are helping to prevent the uptake of smoking in young Aboriginal and Torres Strait Islanders males.
**Inhalants**

While there are difficulties in data collection, the use of inhalants, for example petrol-sniffing, is prevalent amongst Aboriginal children. Estimates vary among States, but it is estimated that in the central reserves area of the Northern Territory up to 10% of Aboriginal children sniff petrol (Select Committee on Substance Abuse in the Community, 2004).

Petrol sniffing is linked to a range of health and social harms including:

- acquired brain injury
- increased violence
- child abuse and neglect
- dispossession of Elders and theft
- property damage.

The combined consequential social effects threaten, in some communities, to destroy an already fragile social system.

A number of different measures have been put in place by the Commonwealth Government to address petrol sniffing in Aboriginal and Torres Strait Islander communities. Some key findings of the petrol sniffing strategy include (Department of Families Housing Community Services and Indigenous Affairs (FaHCSIA), 2008; Marcus & Shaw, 2013):

- successful strategies involve a holistic approach using a range of concurrent (happening at the same time) interventions that target the problem at several levels, including strategies that address availability and accessibility, as well as diversionary programs for youths to engage them in other activities;
- early intervention is critical, before the behaviour becomes entrenched — those people hardest to stop are chronic sniffers;
- replacement of sniffable fuel with non-sniffable (Opal, or low aromatic fuel, LAF) has been very successful in reducing petrol sniffing however active policing is required to stop illegal dealing in sniffable fuels;
- interventions targeting a particular substance (eg petrol) may result in shifting users to another form of substance misuse; and
- the influence of the peer group is a key factor in the maintenance of petrol sniffing.

A public health approach is needed to address petrol sniffing in local communities — education programs alone are not effective in changing the behaviour of individuals.

**Steroids and their effects**

Androgens may be misused to improve sporting ability and to cause changes to physical appearance such as increasing muscle size and strength. The use of androgens in competitive sport has been banned since 1974. However, their use in elite sports and in certain non-competitive sports like bodybuilding continues. Increasing numbers of teenage males appear to be using androgens to try to improve sporting ability and/or physical appearance. High doses of androgens do increase muscle size and strength, but the effects on sporting performance are unknown.

Long-term side effects are not known because studies into this issue are relatively new. Short-term side effects, however, vary between individuals and can include: the risk of contracting HIV/AIDS if needles are shared (and blood exchange results); decreased testis size and low sperm counts leading to infertility; weight gain; increased blood pressure; changes in libido (sexual appetite); deepening of the voice; acne; increased facial and back hair; growth of “bitch tits” in males (gynaecomastia); increased cholesterol level; abscess formation (usually...
due to dirty or short needles; and mood changes (especially aggressive behaviour). Some males take chemically modified forms of testosterone, for example 17-α alkylated androgens, and put themselves at risk of liver disease.

Steroids can have serious physical and psychological side effects, which may be irreversible in males who haven’t completed their full growth cycle (17–19 years).

INJURIES AND VIOLENCE
External causes (mainly suicide, followed by transport accidents and assault) are the most common causes of death among Aboriginal and Torres Strait Islanders aged 15–34, contributing to 65% of deaths (Australian Institute of Health and Welfare (AIHW), 2014). A major risk factor is the use of alcohol.

Suicide and self-harm by Aboriginal and Torres Strait Islander youth
Self-harm or self-injury, without the intention to die, involves self-cutting, self-battering, taking overdoses or deliberate recklessness. Sometimes acts of self-harm can accidentally result in death. Aboriginal and Torres Strait Islander people have twice the rate of hospitalisation for intentional self-harm compared to non-Aboriginal people.

It is important to note the differences between self-harm and cultural practices. It is necessary to find out what might be ceremony, sorry business, initiation rituals and other cultural practices prior to engaging in mental health interventions. For instance, in some communities the cultural norm is to practise “sorry cuts” when grieving. This action might be misinterpreted by non-community members who do not understand cultural and grieving practices. In other cases a person may be engaging in self-harming behaviour for non-cultural reasons, for example, they may be depressed or have some other form of mental disorder (Kanoski, et al., 2008).

Suicide is a conscious or deliberate act to end a person’s own life. The number of suicides in many Aboriginal and Torres Strait Islander communities is double that for non-Indigenous Australians. Suicide is far more likely to be committed by young males than any other age or gender group in Aboriginal communities (Australian Bureau of Statistics (ABS), 2012b; Hunter, 1992). For Aboriginal and Torres Strait Islander males aged 15-34 years, the rates are approximately four times the rates in the same age groups for non-Indigenous males (Australian Bureau of Statistics (ABS), 2012b).

Suicidal behaviour is on the increase and has been identified in both remote and urban communities. Typical issues affecting the experiences of young males are the breakdown of social structure and kinship, substance misuse (especially alcohol), mental health problems and disorders such as depression, violence, grief and trauma, loss of spirituality, hopelessness and helplessness.

Young Aboriginal and Torres Strait Islander males are at high risk of suicide (Closing the Gap Clearinghouse (AIHW & AIFS), 2013):

- suicide rates of Aboriginal and Torres Strait Islanders compared to non-Indigenous people are increasing;
- suicides are particularly characteristic of young males, see Figure 1;
- clusters of suicides occur in many communities;
- hanging is the predominant (and most successful) method;
- suicide is almost always associated with particular patterns of alcohol or substance misuse;
• suicides are often preceded by interpersonal conflicts; and
• suicides frequently occur in families in which there have been similar losses and where lifestyle risks are common.

Figure 1. Deaths due to suicide of Aboriginal and Torres Strait Islander and non-Indigenous males and females.

A range of factors may increase the risk of suicide among young males including:
• unemployment
• substance misuse including direct effects of alcohol
• breakdown of social structure and indirect exposure to the effects of widespread drinking in the community
• feelings of hopelessness and loss of control
• problems with the law
• relationship breakdowns
• experience of violence or sexual assault
• loss of family structure and childhood disruptions as a consequence of, for example, imprisonment of parents.

The reasons behind suicide are complex and varied. A certain level of resilience against impulsive behaviour is apparent in children who come from strong and cohesive communities. It has been suggested that increasing community control provides a mechanism of “hope” in that youth have the ability to see where they will be in a year or two because there is a sense that the community is also going somewhere in the future (Chandler & Lalonde, 2008).

Suicide leaves friends, families and entire communities scarred by the loss of their loved ones. It has been argued that the official suicide rates for Aboriginal and Torres Strait Islander people are an under-estimation of the actual number of suicides.
**Puberty and Sexual Health**

Puberty represents a difficult time for many boys (and girls), and represents the stage at which physical changes happen to the body and reproduction becomes possible. Puberty can start in boys anytime from the age of about 10 to 17 years.

Physical changes that occur in young males include:

- **Body shape and musculature** — the young male starts to grow taller, gain weight and muscle mass and the shoulders get wider;

- **Development of the testes** — the testes start to get bigger during puberty and to produce the hormone testosterone (the male sex hormone) and sperm (as sperm start to be produced, the young male is potentially fertile and needs to think about contraception if sexually active);

- **Penile growth** — the penis gets longer and wider, erections can occur (sometimes unexpectedly, which can cause embarrassment), and boys may experience nocturnal emissions (wet dreams) where semen is ejaculated while they sleep (this is normal but some boys may think they’ve “wet the bed”);

- **Voice change** — as testosterone starts to be produced, the young male voice starts to get deeper due to changes to the larynx (voice box). This doesn’t happen overnight so the voice goes up and down for several months and sounds like it’s “breaking”. The voice eventually settles to a deeper tone;

- **Hair growth** — hair starts to grow on the body, including the pubic area, legs, under the arms and on the face — the amount and type of body and facial hair differs between individuals (eg some boys never grow chest hair); boys need to be shown how to shave their face if they don’t want to grow a moustache or beard;

- **Acne** — increased production of oil from the skin can occur during puberty due to the effects of testosterone, which can cause acne — acne cannot be prevented but it can be treated if it is severe and causes the boy embarrassment; and

- **Breast tissue development (gynaecomastia)** — many boys notice mild development of their breasts or swellings under their nipples during puberty. This is quite common and normal due to hormonal changes. This mild breast development is temporary and disappears once puberty stops. It is different to the development of breast tissue that can occur in males due to the effects of hormone problems (for example testosterone deficiency or as a consequence of obesity).

As pubertal changes happen, sexual feelings and behaviours also begin. The sexual behaviours that young males demonstrate at this time can be influenced by a number of factors, including their own sexual identity, culture and social norms. Young males may start to masturbate or have sex with a partner to express their sexuality.

With increased sexual activity, a number of risks also present, including unwanted pregnancy and the risk of sexually transmitted infections. Education of young adolescent males is vital to help prevent pregnancy and/or sexually transmitted infections, as while adolescent males may look taller, stronger and hairier, they lack the emotional maturity and sense of responsibility that come from the experience of being an adult.

Problems of the reproductive system are not common in this age group but young males are at greater risk of testicular cancer, particularly if there is a history of undescended testes at birth.

The physical and emotional changes that occur during puberty can be confusing and support is needed at this time so that young boys understand that the changes that they are experiencing are normal.
PROMOTING THE USE OF HEALTH SERVICES

Young males may be reluctant to attend health care services for a number of reasons:

- they feel they are “bullet proof” and that thinking about health is for old people;
- they are frightened or ashamed to seek treatment for injuries resulting from domestic violence;
- it is difficult to attend health services without other members of a small community being aware of the visit; and
- they believe that issues discussed at the health service will be shared with their families.

The AHW can promote the use of health services by young males by providing information (perhaps through schools or youth groups) about:

- the cumulative effects of some risk factors and the need for early detection and treatment of certain health problems;
- the availability of free annual health checks, including advice on physical changes that take place during puberty; and
- the availability of advice on the use of contraception and on preventing sexually transmitted infections.

It is also important to let young people know that what they discuss within the health service will be kept confidential. Unless there are serious concerns about their own safety or the safety of someone else, the health service won’t tell the family that the young person had an appointment, or anything that happened during the appointment.

The AHW can engage young males in health care by promoting their use of health services through other community settings (such as schools, community groups or sporting events).

ADDRESSING RISK-TAKING BEHAVIOURS

Drug and alcohol initiatives

Aboriginal Sobriety Group, Adelaide

The Aboriginal Sobriety Group in Adelaide is not specifically for males but has a mainly male clientele. Its main aim is to provide care and support for Aboriginal people wishing to achieve a sober lifestyle. It not only provides counselling services, but also non-medical rehabilitation services, emergency and medium-term accommodation, education and employment programs, transport, the Mobile Assistance Patrol (MAP) and Youth Farm Program for young offenders (mainly male). The MAP offers an alternative to police processes and provides assistance to persons under the influence of alcohol or other drugs, which may cause them to come into contact with the criminal justice system and prison. Clients are predominantly Aboriginal and Torres Strait Islander males between the ages of 18 and 40. The Youth Farm Program teaches lifestyle skills to young people who abuse drugs and alcohol, and those with offending behaviours. It caters for boys and girls from 13 to 18 years old. These young people are taught about sober, drug-free lifestyles and to assume responsibility for themselves.

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2 http://www.aboriginalsobrietygroup.org.au/
**Woorabinda Men’s Football Group**

The Woorabinda Men’s Football Group started when the football coach of this premiership winning team decided that, if players assaulted their wives or became drunk travelling to or from games, they would be banned from playing. The group now has widespread community support and promotes healthy lifestyles and responsible male roles. This program is not formerly documented, but it appears to be very effective as a male health and health promotion project.

**Providing alternatives to alcohol and drugs**

An important prevention strategy to address alcohol and other drug issues is to have a range of recreational and sporting activities available for all community residents. Activities should not be targeted only at those with alcohol and other drug problems. If only “users” have access to the prevention programs, it increases attention on them and can appear to be rewarding them.

AHWs can support recreational activities by encouraging discussion and sharing ideas on activities such as: organising sporting events and regular hunting trips; buying music equipment; buying a pool table or table tennis equipment; setting up a gym; having blue-light discos; starting art and craft activities; building community recreational areas.

**Contraception and sexually transmitted infections**

Aboriginal and Torres Strait Islander adolescents, like other adolescents, experiment with sex, but do not always practise safe sex reliably (Larkins, et al., 2007). They need access to comprehensive information about sex, relationships, contraception and infections in a safe, shame-free environment (Arabena, 2006; Skinner & Hickey, 2003). The AHW is in a good position to provide this to young males in the community. It is important that messages about safe sex are promoted to young Aboriginal and Torres Strait Islander people so that they are more likely to engage with health services about their sexual health (Mooney-Somers, et al., 2009; Scott, et al., 2014).

Annual health checks provide a good opportunity for AHWs to engage young males in discussion about their risk-taking behaviours and to provide information about the potential long-term effects involved.

**Supporting mental health among young Aboriginal males**

Providing leadership and support and acting as a role model to young males is important to help them build their own sense of self-esteem and resilience. Determining the types of community programs available for young males will help to identify if there are gaps in activities to support young people.

A useful toolkit and range of resources for Aboriginal and Torres Strait Islander Suicide and Depression can be downloaded from the Lifeline website\(^3\) and other resources and support are available from the Far north Queensland Suicide Prevention Taskforce.\(^4\)

The AHW can play an important role in helping youth to develop a strong sense of self-esteem and resilience that will help them to positively confront and deal with issues that they may face, such as substance misuse, suicide and incarceration among their peers.

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\(^3\) [https://www.lifeline.org.au/Get-Help/Facts---Information/Preventing-Suicide/Preventing-Suicide](https://www.lifeline.org.au/Get-Help/Facts---Information/Preventing-Suicide/Preventing-Suicide)

SUCCESSFUL COMMUNITY INITIATIVES

Sport and physical activity

Adolescence is probably the physically healthiest time for Aboriginal and Torres Strait Islander males. Activities that promote sport and recreational activities can maintain adolescent fitness and health and enhance social connectedness. For a list of Aboriginal and Torres Strait Islander-specific sports and recreational activities see http://www.healthinfonet.ecu.edu.au/health-risks/physical-activity/programs-and-projects.

Examples of some successful initiatives include:

**Alive and Kicking Goals** 5 This program in the Kimberley region of WA involves young, well respected sportsmen volunteering to undertake training to act as peer educators. Their aim is to educate young people about suicide prevention and lifestyle, and to teach them that seeking help is not a sign of weakness.

**The AFL KickStart Program** 6 uses Australian Rules Football as a vehicle to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander youth.

**The Clontarf Foundation** 7 also uses Australian Rules football and/or Rugby League as a means to improve health, wellbeing, education and employment outcomes in Aboriginal and Torres Strait Islander male teenagers. The program is delivered through a network of football academies in partnership with local schools, and uses a comprehensive approach to encourage school participation as well as building self-esteem, confidence and life skills.

**The Remote Aboriginal swimming pools program** 8 is an initiative of the Royal Life Saving Society that provides safe aquatic facilities in remote Indigenous communities in Western Australia, with the aim of reducing the drowning rate for Aboriginal and Torres Strait Islander children, which is 3 times higher than non-Indigenous children. The remote pools program has also been shown to significantly reduce the incidence of skin and ear infections in two remote communities (Lehmann, et al., 2003).

The AHW may need to recognise that some young males in communities may not be interested in sport and other activities need to be provided to promote inclusiveness.

**The Yarrabah Family Well-being Project** 9

The Yarrabah Family Well-being project was implemented in response to a community suicide crisis. The program describes a whole-of-community response in which the school, church, council, visiting services, drug and alcohol services and men’s groups all developed a broad response to support the social and emotional well-being of the community as a whole. Government support was provided for the initiative. Community consultations and meetings were undertaken to better understand how the community can operate as a whole and how the program can be supported by the local people. Peer support groups were established and education across the community was developed to assist with assessing and intervening if someone was at risk.

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7 http://www.clontarf.org.au/
Supporting community development

Successful actions to support the emotional well-being of young males often come from groups of people in communities getting together and deciding that something has to be done. Often it is just a few concerned people to start with, but as they talk with more and more people, they get more help and ideas. AHWs can be of great help by supporting, encouraging and assisting the group until more community members get involved.

AHWs can make a difference by developing and/or supporting local initiatives to address risk-taking behaviours such as alcohol and drug use and unsafe sex among young males.


Australian Institute of Health and Welfare (AIHW). (2011). The health and welfare of Australia’s Aboriginal and Torres Strait Islander people, an overview 2011 Cat. no. IHW 42. Canberra: AIHW.


Select Committee on Substance Abuse in the Community. (2004). *Petrol Sniffing in Remote Northern Territory Communities*. Darwin: Legislative Assembly of the Northern Territory.


BACKGROUND READING AND RESOURCES


Deadly Vibe Magazine. A unique resource for students and teachers and aims to have a positive impact on students’ attitudes, knowledge, and achievement in the areas of literacy, numeracy, career aspirations, health, and Indigenous culture. Available from: Commonwealth Department of Health and http://www.vibe.com.au/


Samson and Delilah DVD (Warwick Thornton). Available from: Local DVD outlets may stock this film or it can be purchased online such as from the ABC shop. See http://shop.abc.net.au/browse/product.asp?productid=766216