

‘Out of Sight?.....*not* out of mind’

**Children, Young People and Volatile Substance
Abuse (VSA)**

A Framework for VSA

2005

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PREFACE

The Department of Health (DH) in partnership with the Home Office (HO), the Department for Education and Skills (DfES) has developed this framework, which sets out a strategic direction for addressing Volatile Substance Abuse (VSA). The framework is supported by the Department of Trade and Industry.

Recent consultations with these and a wide range of external stakeholders highlighted that there is a need for a more coordinated and coherent approach to VSA nationally, linking policy with practice as well as research.

This framework outlines a number of key recommendations that government will take forward in partnership with key stakeholders at local, regional and national level. These have been informed by the best available evidence we have about what works in reducing deaths and harm from VSA.

This document has been informed by a range of materials on VSA including:

- Kevin Flemen's Report: "Do they still do that?" which made several recommendations in 2003 for addressing VSA some of which have been included in this document.
- Report of the National Seminar on Young People and VSA funded by DH in November 2002
- Reports from projects undertaken by various organisations including the National Children's Bureau, Re-Solv -the Society for the Prevention of Solvent and Volatile Substance Abuse, Solv-It, St.George's Hospital Medical School and the British Aerosol Manufacturers Association (BAMA)

VSA is a complex issue that is difficult to tackle because of its unpredictable and imprecise nature. It can flare up and disappear quickly in an area but it remains a significant public health concern.

VSA is not a new phenomenon. Public concern about VSA rose in the 1970's and 80's, but since then media attention has turned to deaths from illegal drugs, in particular ecstasy. However VSA still causes more deaths among young people (aged 10-16 in England and Wales) than Class A and other illegal drugs.

The complexity of VSA demands a range of approaches in order to bring about long lasting change.. However, trying to tackle all the issues is unlikely to produce the most effective outcomes overall, as the impact of interventions will vary. Therefore, in this framework we have, in consultation with key stakeholders, identified key actions we think have the potential to make the greatest impact in terms of reducing harm and deaths from VSA

One very significant element to the priorities we have chosen is a strong focus on children and young people. The rationale for this comes from the relatively high number of cases of deaths from VSA among young people as compared with deaths from other areas. For example, the comparison with illegal drugs as stated above.

Also today's young people are tomorrow's adults, and therefore a focus on young people will have an indirect impact over time on death rates among adults.

In a similar way we aim to focus action on butane gas lighter refills, a product that is responsible for most of the VSA deaths both in young people and adults

Prioritising the framework in this way does not mean we will ignore the wider problems of VSA and adults, or the problems of VSA and other products such as glue and aerosols. As we make progress on the priority areas of action we will be able to start to tackle other areas. This is why we propose to review the framework every 3 years to ensure that we remain focused, reflect and build on learning and plan for the future.

Reducing the harm and deaths among children and young people will contribute towards the Government's five key outcomes for children and young people's health and well-being in *Every Child Matters Change for Children, The Children's Act 2004 and* the Children's National Service Framework (NSF) and also the Government's wider work on public health and the work on substance misuse.

1. FACTS AND FIGURES

- VSA is when a person knowingly abuses a gas, vapour or solvent with the purpose of 'getting high' or harming themselves.
- The effects of VSA on the body can be unpredictable, severe and sudden. Sudden failure of the heart is the most common causes of death. 'Sudden sniffing death' is unique to VSA.
- Note - Heart failure has a rather precise medical meaning - a progressive disorder in which damage to the heart causes weakening of the cardiovascular system clinically manifested by fluid congestion or inadequate blood flow to tissues. VSA causes cardiac arrhythmia - a sudden catastrophic event
- The most common method of abuse is spraying the gas directly into the mouth.
- Deaths from VSA fell rapidly in the early 1990's from a peak of 152 deaths in 1990 to 67 deaths in 1994 and has since remained relatively stable at an average of 75 per year. In 2001 and in 2002 there were 63 deaths from VSA.¹
- VSA is still responsible for more deaths in young people aged 10 -16 years in England and Wales than illegal drugs. In 2001 in England and Wales there were 17 deaths from VSA among young people aged 10-16 years compared to 5 drug related deaths in this age group.² Similarly in 2002, for the same age group, there were 18 deaths from VSA compared to 6 drug related deaths.
- There were 31 deaths in young people aged 11-19 and 21 deaths in people aged 20–34 arising from VSA in 2002.¹
- 535 young people aged 10-14 years died in 2002 from all causes and 77 of these deaths were from transport accidents. 12 of the deaths were from VSA, which is 2.2% of all causes of deaths for that age group in 2002.
- In 2003, 8% of 11-15 year olds reported taking volatile substances (gas/glue) in the last year.³
- Butane lighter refills increasingly play a part in VSA deaths and more boys die from VSA than girls do.¹
- VSA flares up and disappears quickly and trends in VSA are influenced by fashion trends among young people.⁴

¹ Trends in Deaths Associated with Abuse of Volatile Substances 1971 – 2002: Report 17.

Department of Community Health Sciences, St.George's Hospital Medical School

² Office for National Statistics and National Programme for Substance Abuse Deaths 2001

³ Drug use, smoking and drinking among young people in England in 2003, Headline Figures, Department of Health 2004

⁴ Inquiry into the inhalation of volatile substances, Discussion Paper, Parliament of Victoria Drugs and Crime Prevention Committee, January 2002 and the European School Survey Project on Alcohol and other Drugs (ESPAD) 2003

- In 2002, 68% of the reported volatile substance abuse among children and young people took place in their homes while 24% took place at the place of work.
- Children and young people use terms like “sniffing”, “gas head”, “buzzing gas” and “tooting”.
- Emerging findings from work carried out by National Children's Bureau (NCB) and Child-Line on calls to the help line indicates that some young people abusing solvents are among the most vulnerable in our society, with many experiencing emotional health problems as a result of trauma, abuse and neglect.
- Anecdotal evidence suggests that people who abuse volatile substances beyond their teenage years may be chronic sniffers who started abusing at a young age.
- There is a growing recognition of the correlation between VSA and vulnerable groups. Data and evidence suggests that levels of VSA are higher among looked after children, school excludes and school non-attendees.⁵
- Anecdotal evidence indicates that young people continue to find new products to abuse. Young women have reported abusing nail varnish and disposable cigarette lighters have begun to be implicated in some deaths.
- VSA is not just a UK problem, there is a significant level of VSA in much of Europe and there is growing concern in the United States and Australia.⁴

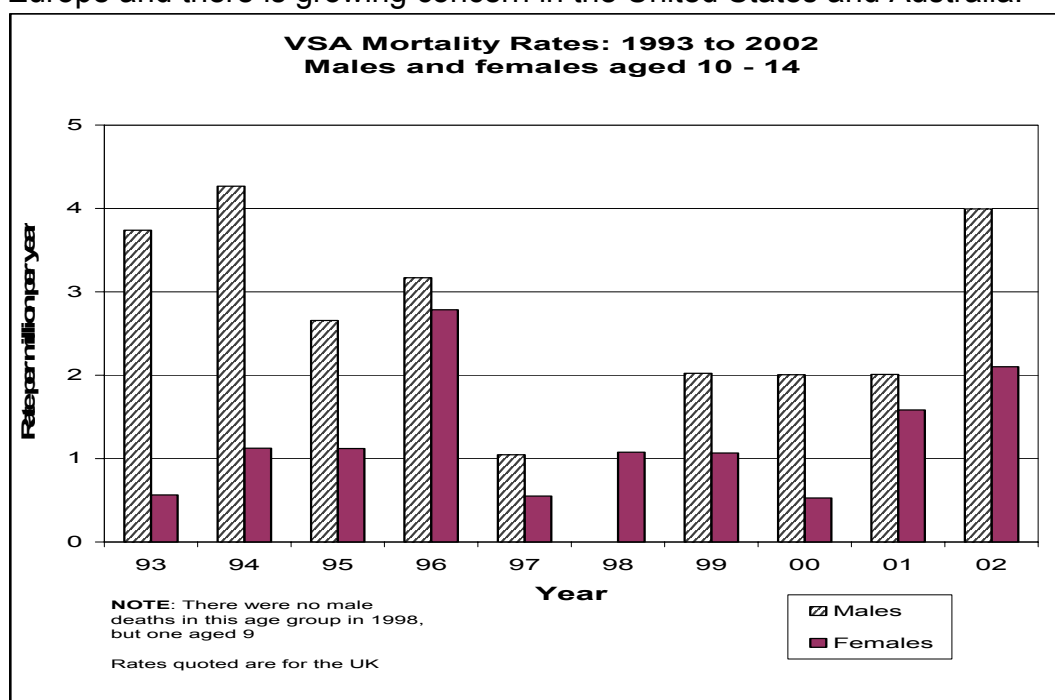
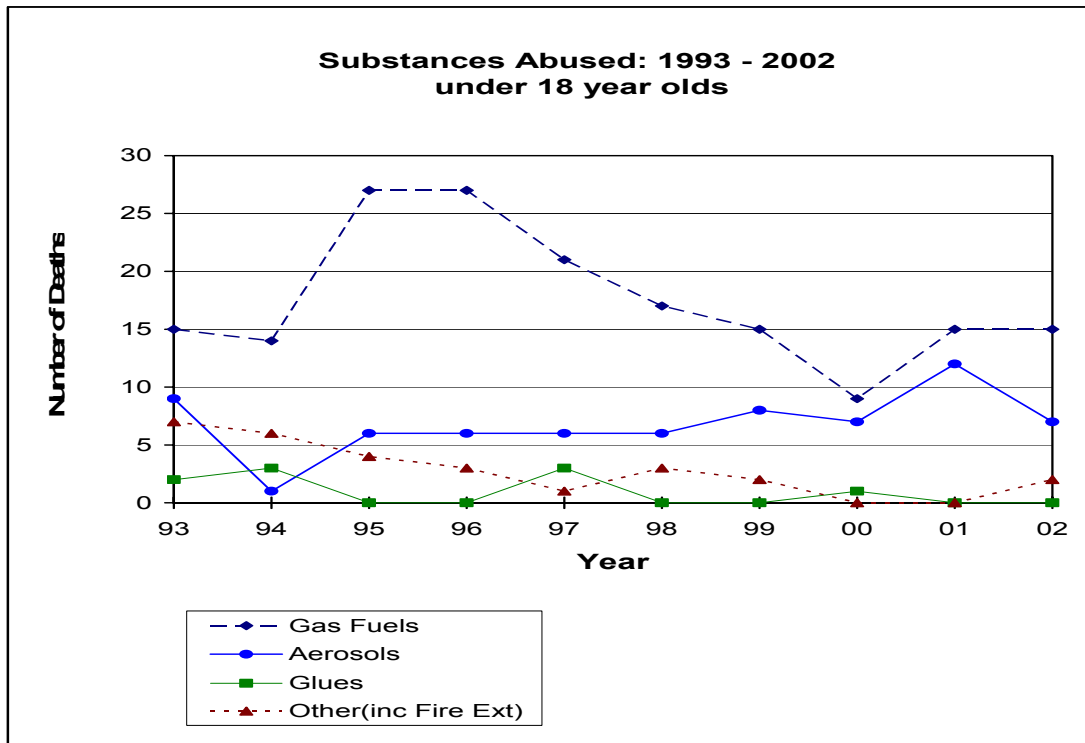
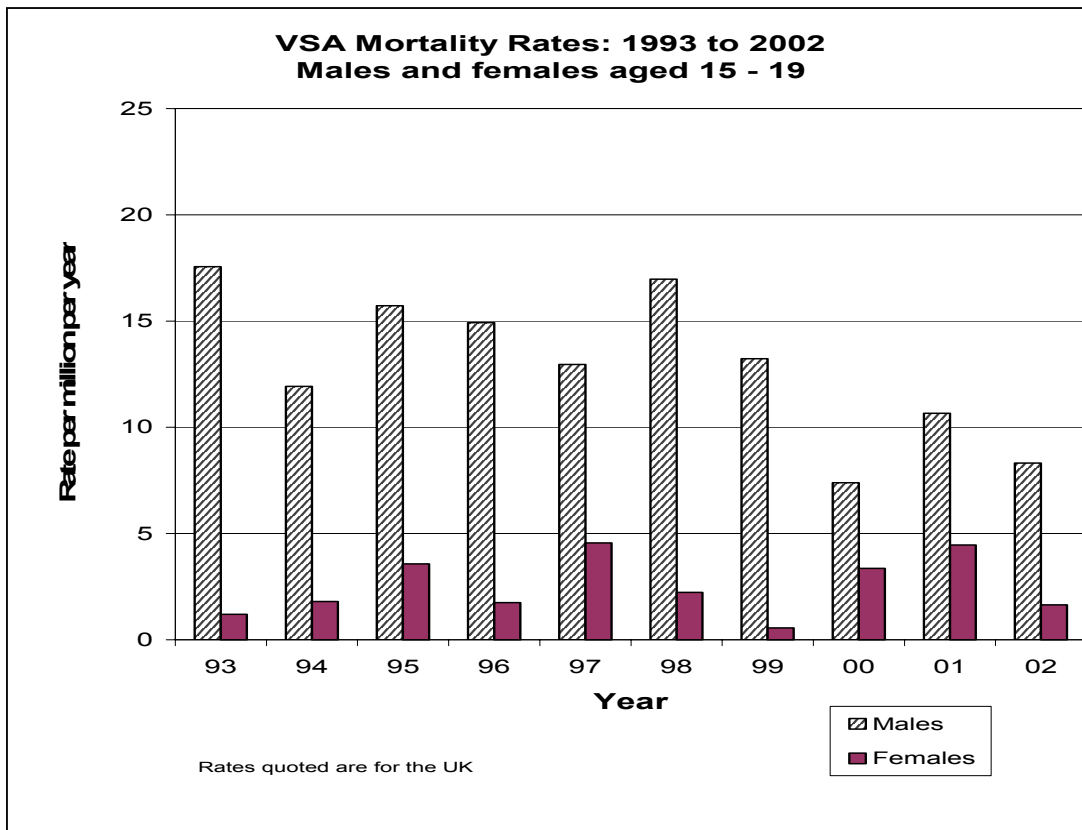
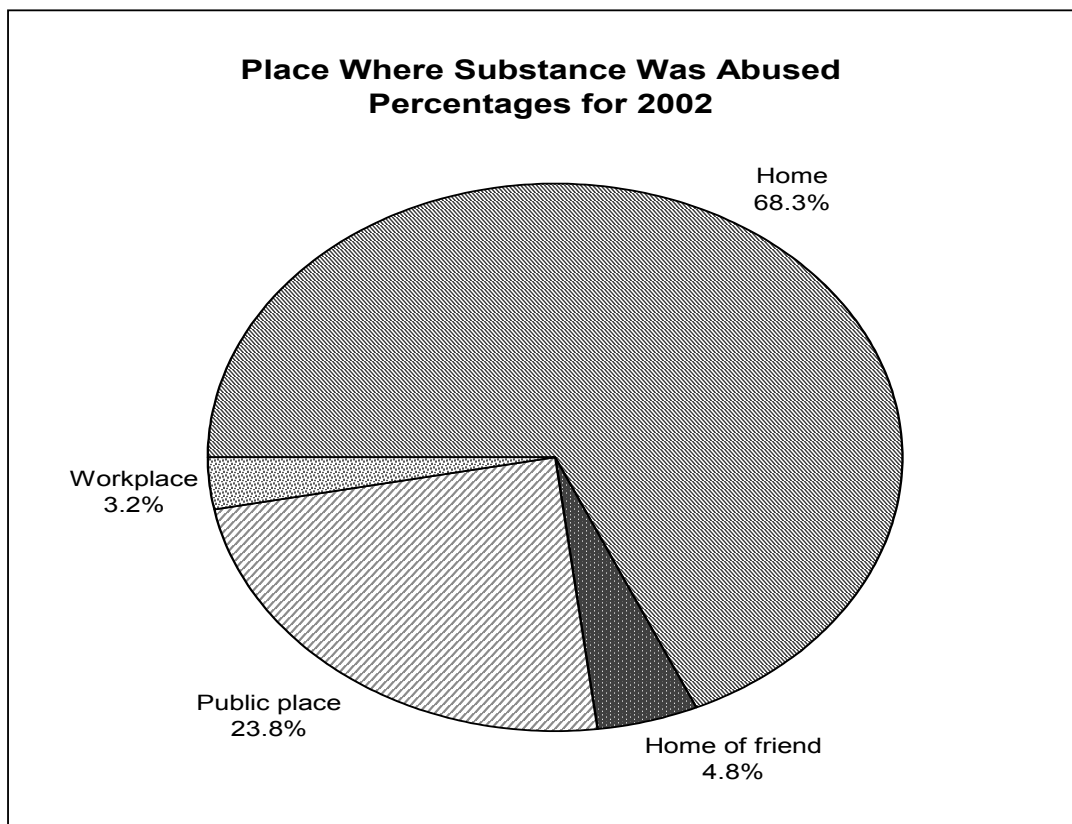
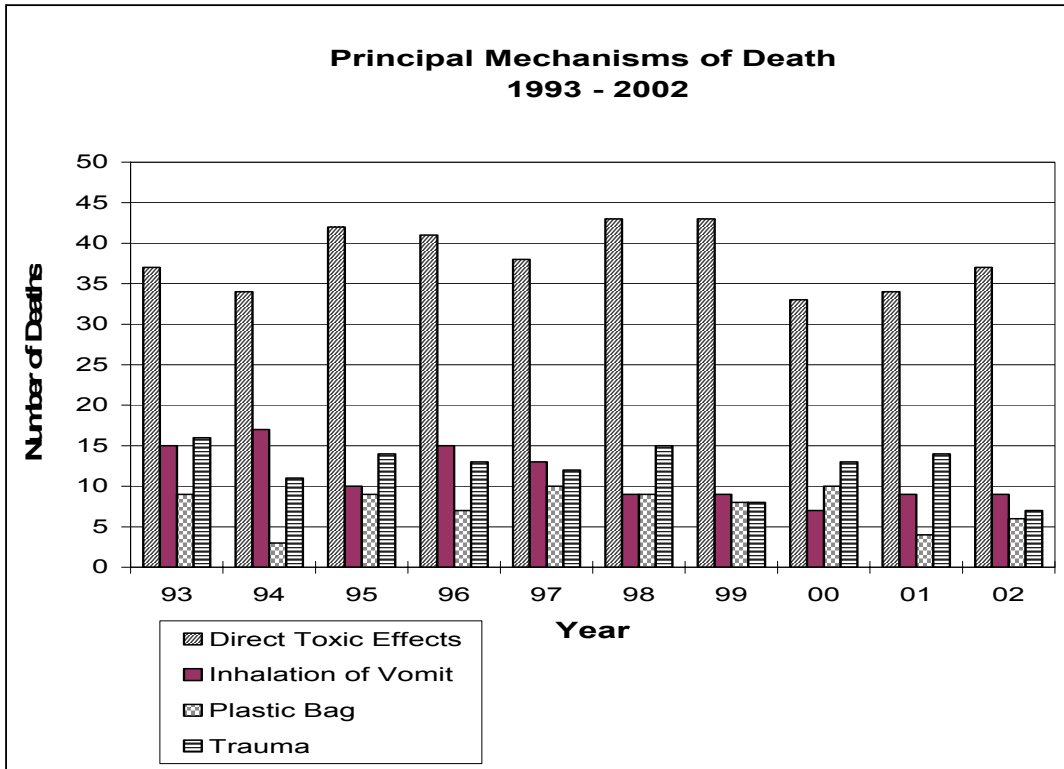


Table taken from St.George's Hospital Medical School Annual Statistical Summary of Data on Trends in Deaths associated with VSA 1971 – 2002 : Report 17

⁵ At the Margins: Drug Use by Vulnerable Young People in the 1998/99 Youth lifestyle Survey: Goulden, C & Sondhi, A: Home Office:2001



Tables taken from St.George's Hospital Medical School Annual Statistical Summary of Data on Trends in Deaths associated with VSA 1971 – 2002: Report 17



Tables taken from St. George's Hospital Medical School Annual Statistical Summary of Data on Trends in Deaths associated with VSA 1971 - 2002: Report 17

How deaths from VSA compare with other causes of childhood deaths in England and Wales

Year	Causes of Death	Ages 10-14	Ages 15-19
2001	Volatile Substance Abuse (VSA)	7	19
	Drug Misuse Deaths (Class A & other illicit drugs)	2	57
	Transport Accidents	78	345
	Tuberculosis	0	1
	Meningococcal infection	7	14
	Meningococcal Meningitis	2	5
	Viral infections of the central nervous system	0	2
	Thalassaemia/sickle cell disorders	4	0
	Influenza/Pneumonia	2	11
	Malignant Neoplasms	96	130
	Mental & Behavioural disorders	9	53
Leukaemia	42	33	
2002	Volatile Substance Abuse (VSA)	5	16
	Drug Misuse Deaths (Class A & other illicit drugs)	0	62
	Transport Accidents	65	336
	Tuberculosis	1	1
	Meningococcal infection	5	10
	Meningococcal Meningitis	1	3
	Viral infections of the central nervous system	1	2
	Thalassaemia/sickle cell disorders	0	8
	Influenza/Pneumonia	9	11
	Malignant Neoplasms	108	151
	Mental & Behavioural disorders	12	48
Leukaemia	44	39	

Data from Mortality Statistics DH2 no.29, Office for National Statistics

2. WHAT DO WE AIM TO ACHIEVE?

The principal aim of the framework is to ensure that the number of deaths arising from VSA continues to fall. The framework recognises the fact that due to the complexity of VSA, there are several important issues that need to be addressed. However, we have decided to focus action on those few areas which we believe will have the greatest impact. Other important areas, but with lower potential pay-off in reducing deaths, which are not addressed in this document will be looked at as we progress the work further. We have focused action on children and young people and on butane gas lighter refills, the product responsible for most of the VSA deaths.

The framework aims to co-ordinate activity and to develop a consensus on a way forward in reducing the deaths and harm associated with VSA. This will involve all the key stakeholders including all government departments, non-government organisations, voluntary sector, industry, retailers, Trading Standards Departments, children and young people, parents, carers, families, practitioners, policy makers and the wider community working together in partnership.

The immediate aims of the VSA Framework are to:

- Provide effective education on VSA to all children and young people, including the most disadvantaged
- Provide effective targeted interventions for children and young people abusing or at risk of abusing volatile substances
- Reduce the availability and accessibility of volatile substances, with a focus on butane gas lighter refills
- Build the capacity of parents, carers and practitioners to identify and work effectively with children and young people who are abusing or at risk of abusing volatile substances
- Increase the evidence base with regard to what works in reducing deaths and harm from VSA

Successful implementation of the recommended actions would bring about:

- A progressive decline in the number of deaths from VSA by children young people and adults
- A reduction in the incidence of harm from accidents and trauma as a result of abusing volatile substances
- An increase in public awareness of VSA and its risks
- Increased identification of children and young people abusing or at risk of abusing volatile substances

- A reduction in illegal under age sales of volatile substances to children and young people
- The effectiveness of the work will be monitored principally by the number of VSA deaths among children and young people each year

3. WHAT HAS WORKED SO FAR IN REDUCING DEATHS AND HARM FROM VSA?

There is a lack of conclusive evidence about how key interventions over the last ten years have influenced VSA trends and the distribution of VSA deaths/harm and contributed to a reduction in deaths and harm from VSA. The following conclusions can be drawn from the best available evidence that we currently have:

Legislation

Mortality data on VSA for 2000, the first full year of reporting after the Cigarette Lighter Refill legislation banning the sale of butane refills to under 18s was introduced in 1999, showed a significant decrease in deaths associated with butane lighter refills or disposable lighters among under 18s. However, St. George's Hospital Medical School mortality data for 2001 and 2002 for this group of deaths show a return to pre-legislation levels. It would therefore appear to suggest that if indeed the ban helped to reduce the death toll, it was not for a sustained period. This illustrates the complexity of the issue and that several strategies must be implemented simultaneously in order to effect a long lasting change in behaviour, rather than focusing on a single measure.

Public Campaigns

The significant drop in deaths in the early 1990s suggests that a series of campaigns in the early and mid-nineties aimed at parents and young people, combined with other possible factors, may have contributed to the reduction of VSA deaths in the UK. St. George's Hospital Medical School concludes in its report exploring the links between the campaigns and the level of VSA deaths: *'On the balance of probabilities, the evidence is in line with the campaign reducing deaths. We cannot be sure, however, and say that there is an effect beyond reasonable doubt'*.⁶

Retailers Campaigns

Anecdotal evidence suggests retail campaigns are helpful in raising the awareness of Trading Standards Officers (TSOs) and retailers of their responsibilities in ensuring young people under 18 are not sold volatile substances which they may abuse. Their raised awareness could help discourage young people from abusing solvents.

Education and prevention

We have a good understanding of the key principles that underpin effective drug education, which are reflected in key drug education policy and guidance, such as ensuring adequate opportunities for children and young people to increase their knowledge and understanding, explore their own and others attitudes and develop their skills so they can make informed choices.

⁶ Volatile Substance Abuse: Possible effect of a national campaign, Department of Public Health Sciences, St. George's Hospital Medical School, Bland JM, Taylor JC, Norman CL, Anderson HR, Ramsey JD, 1997

Historically drug prevention programmes' impacts on drug use have not been adequately reviewed.⁷ Some life skills programmes targeted at school children have had an influence by delaying the onset of drug use. Government is funding a five-year longitudinal study into the effectiveness of a multi-component drug education programme in schools for 11-13 year olds called Blueprint, led by the Home Office in partnership with the DfES and DH. The study will provide evidence in 2007 of the impact of drug education on drug use behaviour in the long term as well as the impact on young people's skills development. This will include VSA.

⁷ Drug Use Prevention: a review of reviews. Evidence briefing summary Health Development Agency (HDA) 2003

4. PRIORITIES FOR ACTION

PRIORITY 1: BETTER EDUCATION

Aims:

- (a) Ensure all children and young people receive effective education about VSA**
- (b) Support parents and carers in communicating more effectively on VSA to children and young people**

ACTION POINTS

- Ensure VSA is covered within the compulsory drug education element of the Healthy Schools Programme and addressed as part of the Healthy Care Programme, given the prevalence of VSA amongst looked after children. (**DH and DfES lead**)
- Review existing good practice in providing training and support to parents and carers on substance misuse issues, including VSA and develop proposals for further development (**DH lead**)
- Investigate the efficacy of running a discrete awareness campaign on VSA for parents, carers, children and young people, that complements and links to the FRANK campaign and develop appropriate support materials (**DH and HO lead**)
- Utilise the research findings from Blueprint as and when they become available (**HO and DH lead**)

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PRIORITY 2: DEALING WITH VSA BETTER LOCALLY

Aims:

- (a) Increase the confidence and skills of practitioners from health, social care, community and youth justice sectors in identifying and responding to VSA**
- (b) Enable young people to be active citizens in addressing VSA in their local communities**

ACTION POINTS

- Carry out a comprehensive review of existing training on VSA available to practitioners (both discrete VSA training and substance misuse training where

VSA is a part). Include VSA in competencies and standards identified as part of workforce planning to support the implementation of Every Child Matters as part of wider work to make training on substance misuse available to the children and young people's workforce, and embed in relevant occupation standards and qualifications **(DfES and HO lead)**

- Further develop Network VSA as a national mechanism for co-ordinating and sharing information on VSA among practitioners and policy makers including an email network, regular bulletin and 3 meetings a year and by inviting key voluntary organisations including Re-Solv, NCB, Solve-it, etc to an independently assessed tender for the Network VSA. **(DH lead)**
- Through the Young People Participating in Policy Project (YPPP) ask the young people to investigate VSA and related issues with other children and young people in their local community to inform policy and practice on VSA and the development and implementation of the VSA Framework. **(DH lead)**
- DAT Chairs, Heads of Children's Services and PCTs to include VSA in their planning, commissioning and delivery of children and young people's health services alongside education, social care and other partners and to work with the partners to accelerate delivery. **(DH lead)**

PRIORITY 3: MINIMISING THE OPPORTUNITIES FOR ABUSE

AIM

Reduce the availability and accessibility of volatile substances

ACTION POINTS

- Develop proposals with the relevant industry bodies to look at ways of making butane gas lighter refills as far as possible impracticable for abuse, by examig the full range of options **(DH lead)**
- Identify local good practice in engaging local communities in addressing VSA such as 'Community Watchdog Schemes' and develop proposals for further developing, implementing and rolling out this good practice nationally. **(DH lead)**
- Identify the barriers to TSO enforcement action being taken with retailers linked to VSA incidents and seek to remove these, for example by disseminating good practice. **(DH lead)**

PRIORITY 4: RESEARCH

AIM

Increase our understanding of VSA by young people to develop more effective interventions

ACTION POINT

- Research the views of young people who abuse, have abused or at risk of abusing volatile substances, to inform future policy and practice **(DH lead)**

5. GLOSSARY

Volatile Substance Abuse (VSA)

The deliberate inhalation of volatile substances to achieve intoxication

Solvent Misuse

An alternative but less comprehensive term for VSA

Drug Related Deaths

Deaths arising from use of illicit drugs eg ecstasy, cocaine, heroin, etc

Huffing, tooting

Slang terms for volatile substance abuse

Solvents and volatile substances

Can include gases, aerosols, glues, cigarette lighter refills and petrol

Substance Misuse

Substance taking which harms health or social functioning is described as 'substance misuse'. Substance misuse may be dependency (physical or psychological) or substance taking that is part of a wider spectrum of problematic or harmful behaviour (HAS,1996).⁸

Children

People under the age of 11

Young people

People aged 11-19 years

Young Adults

People aged 20 years and over

Vulnerable children and young people

Children and young people who may be experiencing one or a range of risk factors that increase the likelihood of them misusing drugs and/or developing drug problems. All children and young people may experience factors that make them more vulnerable. For planning purposes young people are often considered in groups, such as looked after children, children of drug misusing parents, school excludees, poor school attendees, homeless young people and young offenders.

⁸ First Steps in identifying young people's substance related needs DrugScope/Home Office 2003

Acronyms

ACMD	Advisory Council on the Misuse of Drugs
DANOS	Drug and Alcohol National Occupational Standards
DAT	Drug Action Team
DfES	Department for Education and Skills
DH	Department of Health
EMCDDA	European Monitoring Centre on Drugs and Drug Abuse
GP	General Practitioner
HEA	Health Education Authority (now called Health Development Agency)
HO	Home Office
LA	Local Authority
LEA	Local Education Authority
NCB	National Children's Bureau
NGO	Non-Government Organisation
NHCS	National Healthy Care Standard
NHSS	National Healthy School Standard
NTA	National Treatment Agency
PCT	Primary Care Trust
TSO	Trading Standards Officer
VSA	Volatile Substance Abuse
YOT	Youth Offending Team