

Approaching solvent abuse

Solvent abuse (or VSA) is a difficult and hidden issue, often overshadowed by the abuse of illegal drugs and other issues such as underage smoking. However, when we take into account the availability of solvent based products and the reported numbers of deaths from this activity, solvent and volatile substance abuse is an issue schools cannot afford to ignore.

In 2006, the last year for which there are official figures, there were 49 deaths resulting from the deliberate inhalation of volatile chemicals.

Teachers, parents and carers are at the forefront in giving young people the skills and information to make healthy and responsible decisions.

The National Curriculum

In England and Wales, certain aspects of drug education are a statutory requirement as part of the National Curriculum Science Order. This states that pupils should be taught:

- **Key Stage 1** (5-7 year-olds) about the role of drugs and medicines;
- **Key Stage 2** (7-11 year-olds) that tobacco, alcohol and other drugs can have harmful effects;
- **Key Stage 3** (11-14 year-olds) that the abuse of alcohol, solvents, tobacco and other drugs effects health and that the body's natural defence may be enhanced by immunisation and medicines and how smoking effects lung structure and gas exchange;
- **Key Stage 4** (14-16 year-olds) the effects of solvents, tobacco, alcohol and other drugs on body functions.

The requirements of the National Curriculum represent the statutory minimum for schools. It is for individual schools to consider whether and if so how, they might wish to extend provision for drug education beyond this. Teachers should be aware that solvent experimentation most commonly occurs at an earlier age than experimentation with illegal drugs. Therefore, the age at which pupils are taught about solvents should reflect this.

School Policy

There is no statutory requirement for schools to have a specific written policy on drug-related incidents. However, it is generally acknowledged that a clear comprehensive and coherent statement of policy can play a vital role in raising awareness and understanding, thereby resulting in more effective interventions in relation to drug-related incidents and issues.

Schools should also consider their policies in relation to **VSA**. Possession of a volatile substance is not an offence, although supply, under some circumstances is. Therefore, specific references to VSA should be included within school policy documents.

Educating young people about solvent abuse

Prevention is key, which means that any education about solvent abuse needs to start before exposure or experimentation is likely.

- Most experimentation takes place between the ages of 12 and 16, though children under 10 years of age have died from the effects of VSA.
- Reports indicate that the age of experimentation is dropping, with incidents of children as young as 6 becoming involved, often encouraged by older children.
- Between 1971 and 2006 the majority of deaths from VSA occurred in the 10-19 age group, representing approximately 61% of all VSA deaths.

working to prevent solvent abuse

Resources for schools

- Solvent abusers can be male or female, although there are a higher number of solvent related deaths in boys.
- Pupils' first drug use was most likely to be sniffing volatile substances (51%). This was most common overall, particularly among pupils who first tried drugs at an early age. (*Drug use, smoking and drinking among young people in England in 2007*)
- Among 11 to 13 year olds, sniffing glue was the most acceptable form of drug use. (*Drug use, smoking and drinking among young people in England in 2007*)
- 6% had sniffed in the last year, second only to cannabis. (*Drug use, smoking and drinking among young people in England in 2007*)

Recognising VSA

The immediate effects of solvent abuse happen very rapidly and it is therefore unlikely that parents, carers or teaching staff will see the young person whilst they are under the effects. Symptoms are similar to those experienced through alcoholic intoxication and may include happiness, excitement, nausea, headaches or dizziness, although this might also be evidence of the abuse of other substances such as alcohol or even the use of prescribed medicine.

However, there are other factors that may be indicative of solvent abuse. These include:

- **The disappearance of aerosols, glues and other abusable products.** At the same time, empty aerosol, butane or adhesive containers may be found in concealed places where the young person has been, for example in the home or around the school. The child may make increased demands for money or begin stealing money or shoplifting to support the habit. Reports in the local paper are a good way to monitor problems in the local area.
- A **chemical smell** on the young person's breath or clothes may be an indication of recent abuse. Rashes and spots around the nose and mouth are symptoms, but only occur with specific products and are easily confused with normal teenage spots and acne.
- **Apathy, moodiness** - particularly **violent mood swings** and unusual secretiveness regarding the young person's social activities may be indicative of VSA. A general decline in attitude and behaviour, or poor attendance, whilst general signs for concern, may point towards a VSA problem.

This is by no means a definitive list and individual cases should be assessed and approached with caution to obtain the facts.

Understanding why

There is a common misconception that those who become involved in volatile substance abuse are deviant young people who use volatile chemicals for the sole purpose of 'getting high'. This generalisation make no allowance for the complex reasons behind the actions of many young people, for whom the sensation of 'being high' is neither pleasurable or acceptable, rather a means to an end.

As adults we must loose our preconceptions. The one thing that must be absolutely clear is that there is no one stereotypical child who sniffs volatile substances.

Therefore, when approaching VSA, one must take into account the very individual reasons for which young people become involved. This is by no means a definitive list, but motivations may include:

- **Experimentation:** VSA can satisfy a youthful need to experiment.

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- **Peer pressure:** The power of peer pressure can often be underestimated. The pressure to be popular can make it difficult to resist persuasion, taking risks may seem an easy way to impress friends.
- **Medical/psychological factors:** 'Sniffing' may arise as a symptom of another problem, rather than the actual cause. It can be a means of avoidance and protection. When dealing with VSA, teachers need to be aware of the effects of bereavement and divorce on young people, any mental or physical stresses associated with school or adolescence and how they might cope with these.
- **Accessibility:** Volatile substances can appear as an attractive alternative to illegal drugs as they are cheap and easy to buy or steal and many are freely available in the home.
- **Boredom:** 'Sniffing' can satisfy a need for new, exciting and cheap social alternatives.
- **To shock:** The power to shock can be a means of asserting one's individuality during a typical period of conflict between parent and child.
- **Social activity:** Young people may see 'sniffing' as comparable to their parents having a social drink at the pub.