‘Buzzing, Sniffing, Tooting’

Volatile Substance Abuse and looked after young people: Towards a review of existing literature

A report by Staffordshire University Institute of Social Work and Applied Social Studies

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Introduction

The following report is based largely upon literature relating to either volatile substance abuse specifically, or substance abuse, in relation to young people and vulnerable young people looked after by the local authority. The report was called for as looked after young people are widely perceived as being at greater risk of abusing volatile substances than other young people.

‘Solvent abuse? Do people still do that?’

Previous research by Boylan et al. (2001) suggested that social services professionals did not on the whole perceive volatile substance abuse as a primary issue in terms of either harm, risk or commonality; when compared with other substances used by young people, notably heroin and cannabis. One practitioner stated:

To be honest with you the majority of young people that I’ve worked with who’ve…who are using drugs, are not using volatile substances. You know, it’s more of a cannabis… and alcohol seems to be quite a large issue, rather than the volatile substances.

However, the following statistics indicate that volatile substance abuse continues to be a ‘...life threatening activity that has killed over 1000 young people in the UK in the last 20 years’ (Ives 1999: 1). Indeed, from 1985 to 1995, 465 people died as a result of butane lighter gas alone (not including any other form of abuse). Of those, forty-eight were under the age of fourteen and two hundred and eighty six were under the age of nineteen. McKeganey (1998) also reports on the significant numbers of young people in both urban and rural areas of Scotland who are using volatile substances.

Deaths due to gases, aerosols, glues and similar substances declined steadily over the past 10 years, but still account for one in 60 deaths a year among teenagers between 15 and 19. In 1999, in just one year, thirty-nine young people died after sniffing butane lighter refills, according to a report on UK deaths from volatile substance abuse by St George’s hospital medical school in London. Similarly, deaths associated with solvent abuse account for a significant proportion of all deaths in young people: over 6% of deaths of 15 and 16 year olds in 1991 were attributable to solvent abuse (Social Services Inspectorate 1997: 4-5).

Looked after young people: risk, vulnerability and substance abuse

There are an estimated 60,000 children in public care in the UK ‘together they would almost fill Wembley Stadium’ (Mather et al. 1997: 36). They are ‘looked after’ by the 176 local and unitary authorities of England and Wales. The term ‘looked after’ replaces the term ‘in care’ and it refers to all children who are the subject of a care order, or who are provided with accommodation on a voluntary basis for more than 24 hours (Melrose 2000).

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1 ‘Young people’ in line with DAT Guidance (2001) are defined as being less than 19 years old.
2 Mr David Hanson House of Commons debates for 7 May 1998.
3 This may not, however, be the way that young people themselves describe their situation (see also Melrose 2000).
Young people looked after by social services have been repeatedly identified as being at an increased risk of having, or developing, substance abuse needs (Ward 1998; HAS 1996). Indeed, Melrose (2000) suggests that over a third of looked after young people have been involved in substance abuse during their time of being looked after. Moreover, alcohol and solvents have been frequently identified as the substances most likely to be abused by looked after young people (see for example Guirguis and Vostanis 1998; Social Services Inspectorate 1997). However, there is a marked absence of research into the needs and experiences of young people looked after in relation to substance abuse generally (Ward 1998) and volatile substance abuse specifically (with the exception of Boylan et al. 2001).

**The report content**

Chapter one of this report outlines some of the current issues surrounding the general area of substance abuse and young people. Specific attention is paid to the concept of ‘vulnerable’ young people, of which looked after young people are a part. Chapter two goes on to outline a definition of volatile substance abuse: what it is, it’s effects and relevant legislation. The suggested reasons that young people abuse volatile substances is explored in chapter three, alongside the suggested profiles of those considered most at risk of falling into volatile substance abuse. Chapter four follows on from this, to examine at the relationship between looked after young people and volatile substance abuse, and the duty of social services to intervene. The report closes with some initial conclusions derived from the literature, and proposes the way forward for future research and interventions. Throughout the report, the terms ‘volatile substance abuse/misuse’ and ‘VSA’ are used interchangeably. Where North American literature is referred to the term ‘inhalant abuse’ is used.
Chapter 1

Substance abuse and young people: Volatile Substance Abuse in context

Research has increasingly emphasised the growing use of substances both illicit and not, amongst young people in the UK.

Previous research

There is a wealth of literature relating to young people and substance abuse generally (see for example Health Advisory Service HAS 1996 and Parker et al. 1998); young people’s use of different forms of substances such as ecstasy (Merchant and MacDonald 1994); and ‘vulnerable’ young people and substance misuse (Melrose 2000). In 1995 the Government launched a White paper ‘Tackling drugs together’ – to reduce both the supply and demand for illegal drugs. This was built upon by the Labour government in 1998 with the White paper ‘Tackling drugs to build a better Britain’, which acknowledges the strong correlation between the use of illegal drugs and volatile substances (Ives 1999).

However, there is an absence of substance misuse research, which specifically tackles one subsidiary category of the ‘vulnerable’ young people group: looked after young people. Furthermore, there is a lack of contemporary in-depth research into one aspect of wider substance misuse: the use of volatile substances. Therefore we are left with a vacuum into which the substance misuse of looked after young people falls, alongside the prevailing abuse of volatile substances within the wider context of substance abuse. This is important, given the fact that research increasingly places looked after young people at an increased risk of substance abuse than other young people, and that looked after young people have been repeatedly identified as those most likely to abuse volatile substances.

Up until the mid 1990’s, the majority of agencies involved in substance misuse felt that volatile substance abuse should be treated as distinct to other types of substance misuse. Whilst Re-Solv continue to stress the need for the separation of volatile substance abuse from other types of substance abuse, there is a growing consensus amongst other voluntary and statutory agencies that VSA should be integrated alongside other drugs in policy, education and practice. This shift in opinion is largely due to changes in the nature of drug use, earlier initiation into the use of illegal drugs and increasing poly-drug use. All of which suggest that the once well-defined divide between what was considered ‘adolescent drugs’ and ‘adult drugs’ is no longer so apparent. However, one inevitable consequence of this shift is that volatile substance abuse is sidelined in favour of the discussion of illicit drug use. Indeed, Boylan et al. (2001) found that social services training courses subsumed volatile substance abuse under the wider context of substance abuse training. As such, many practitioners felt that volatile substance abuse was not given the

4 With the clear exception of the Social Services Inspectorate Report (1997).
same attention as illicit drugs (it was often the last thing to be looked at – a late addition), which also gave
the impression that volatile substance abuse was lower down on the ‘risk’ list of substance abuse.

However, given that this shift has occurred, it is proper that volatile substance abuse does not become
sidelined in accounts of substance misuse generally – given the continued evidence of VSA occurrence.

Within the recent report aimed at Drug Action Teams Young Peoples Substance Misuse Plans: DAT
Guidance (2001), volatile substance abuse is clearly recognised in their definition of substance misuse:

Substance misuse is defined as the use of illegal and legally obtainable drugs including
tobacco, alcohol, volatile substances and medicines obtained without a prescription
(DAT Guidance 2001: 6).

This report outlines the wider context of substance misuse in the UK in relation to young people, indicating
a national target to reduce all forms of substance misuse by 2004 (DAT Guidance 2001).

Policy background

This goes in line with the key aim of the governments anti-drugs strategy outlined in the White Paper
Tackling drugs to Build a Better Britain (1998); aimed at helping people resist drug misuse in order to
achieve their full potential. This ten year strategy includes specific attention to reducing the amount of
young people using substances, setting a target of reducing the number of young people under the age of
25 reporting the use of class A drugs by 25% by 2005 and by 50% by 2008 (DAT Guidance 2001). The
foundation for reaching this target will be the Young Persons Substance Misuse Plan, which will help to
integrate service provision with other existing children’s services (DAT Guidance 2001). It is argued that
the key to success is achieving substantial change in the behaviour of young people who are misusing

The Government’s White Paper, whilst calling for a universal approach in responding to young people and
substance misuse, also highlights an issue paralleled in several other recent reports: the need for the
targeting of ‘vulnerable’ groups of young people, including looked after young people (DAT Guidance
2001). The aim being that by 2004, every DAT area will have a substance misuse education and
information programme available to all young people, especially vulnerable groups (DAT Guidance 2001).
The strategy is also holistic in its vision, covering social policy, social exclusion, criminal policy and school
policy. Whilst there is a strong emphasis towards crime reduction, the relationship between social
exclusion and broader socio-economic forces with drug related problems are also recognised within this
(new) approach. (Pearson 1999; Melrose 2000). Additional policy frameworks also exist specifically in
relation to looked after young people and these are discussed later in the report.

‘Vulnerable’ young people and substance misuse

Melrose (2000: 5-6) argues that:
Explanations of drug use by young people have been couched in discussions of ‘risk’ and ‘resiliency’, factors which are thought to make young people more or less ‘vulnerable’ to drug use. A difficult childhood temperament, lack of attachment to school and low degree of commitment to education, association with drug-using peers, attitudes favourable to use and alienation from, or rejection of, the dominant value system are thought to increase the risk that a young person will develop drug misuse problems. On the other hand, an easy temperament, intellectual capabilities, self efficacy, ‘empathy’ and ‘humour’ have been identified as ‘resiliency skills’ in several studies. The Health Advisory Service (1996) has also identified ‘a caring relationship with at least one adult’ and ‘external systems of support that encourage positive values’ as important in making some young people resilient to developing drug misuse problems.

Indeed, there is an increasing emphasis on targeting high risk and ‘vulnerable’ groups of young people alongside an inclusive and universal approach such as that outlined within the Government’s 10-year drug strategy. However, the Drugs Prevention Advisory Service (1999) suggests that vulnerable groups may not see their drug taking as problematic, indicating that any intervention will need to take into account the increasing normalisation of particular substance misuse patterns amongst particular groups of young people (see also Melrose 2000). DPAS (1999) also argue that vulnerable young people are more likely to experiment with substances at an earlier age to other young people, suggesting that targeted interventions may need to occur at an earlier age than with other ‘less at risk’ groups. DPAS (1999) further suggest that vulnerable young people are more likely to develop problematic drug use and go on to become habitual users. It is therefore necessary to see elements of vulnerable young people’s drug use outside the context of ‘recreational’ substance misuse, which has been used to describe the growing trend in substance misuse by young people (see for example Parker et al. 1998), and has been applied more specifically to certain types of substance misuse including that of volatile substances.

In 1997, a Social Services Inspectorate report, *Substance Misuse and Young People* was published which focused particularly on young people looked after by local authorities or defined as ‘in need’ under section 17 of the Children Act 1989. The report indicated a high prevalence of substance abuse, evident across all of the local authorities surveyed. The report identified substance abuse as referring to

...both illicit drugs such as amphetamines, ecstasy, heroin, LSD, cocaine and cannabis, and to alcohol, tobacco and solvents (volatile substances), which are not illicit (Social Services Inspectorate 1997: 3).

The report noted that whilst trends varied between and within regions, half of the local authorities noted a greater availability of cheap heroin. This trend was also observed by Boylan et al. (2001). Looked after young people were also considered to have a much higher prevalence of using substances than other young people use. Moreover, the report identified an increase in illicit drug use over the past ten years and noted that greater ranges of substances are being misused (Social Services Inspectorate 1997). However, the report concluded that cannabis was the most frequently used illegal drug (Social Services

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5 This is also mirrored within academia, see for example Drugs: Education, prevention and policy (Volume 5, number 3, 1998) with a special focus on drug use among vulnerable groups of young people.
A recent Department of Health survey carried out by the National Centre for Social Research and the National Foundation for Educational Research among more than 7,000 pupils in 225 schools, also found that cannabis is the most likely illegal drug to be used. Likewise, Boylan et al. (2001) also found that residential social workers and field social workers were most concerned about the apparent rising use of cannabis amongst young people in their care.

The Social Services Inspectorate (1997) indicated that one third of authorities were actively addressing the needs of young people in care in relation to substance abuse. However, many were not providing specialist services, but rather relying on generic adult services such as local drugs teams which are not suitable for many young substance abusers. The majority of initiatives were schools based and focused upon drug education. The report recommends that models of treatment need to be young person focussed and appropriate to the age and developmental stage of the young person. It is also important to recognise that many young people will not be vulnerable throughout their whole childhood, but will go through periods of vulnerability (DAT Guidance 2001).

The concept of ‘recreational’ drug use as applied to young people was seen as inappropriate given the effects of substance abuse on young people. The study also identified a particular need to address the very specific circumstances of children and young people in the care of local authorities. This includes their increased risk of having, or developing, substance abuse problems and the need therefore for their carers to be aware of this and to respond knowledgeably and age-appropriately (Social Services Inspectorate 1997).

The relationship between looked after young people and substance abuse is often discussed within the context of ‘vulnerability’, as evident within the Government’s White Paper. Melrose (2000) argues that there is a direct link between substance abuse, care and offending. For example, Wade et al. (1998) cited in Melrose (ibid.) found that almost seven in ten of those involved in substance abuse has an offending past. Two sites identified within the Social Services Inspectorate report (1997) also linked young people’s alcohol/solvent abuse with offending. Indeed, Melrose (2000) therefore suggests that young people most at risk of becoming involved in substance abuse fall into three distinct, yet interrelated categories:

- Young offenders;
- School excludees; and
- Looked after young people.

These disadvantages overlap, as the risk of school exclusion is far greater for those looked after, and offending is more likely when a young person has been excluded from school (Martin et al. 1999 cited in Melrose 2000). Therefore Melrose (2000) therefore suggests that young people most at risk of becoming involved in substance abuse fall into three distinct, yet interrelated categories:
1. Those who had offended only.
2. Those who had been excluded from school only.
3. Those who had been looked after by the Local Authority only.
4. Those who offended and been excluded from school.
5. Those who had offended, been excluded from school and been looked after in the local authority care system.
6. Those who had been excluded from school and looked after in the local authority care system.
7. Those who had offended and been looked after in the local authority care system.

In total, Melrose interviewed fifty-nine young people, mostly in the age range of thirteen to eighteen years. Alongside the commonalities identified above, many had come from disrupted, abusive and/or unstable family backgrounds; a common theme throughout the literature on young people and substance abuse. Indeed, MacCallum (1998 cited in Melrose 2000: 5) suggests that abusive and neglectful family backgrounds greatly increases the chance of young people developing substance abuse needs. However, Melrose (2000: 4) argues that:

> Although a direct cause-effect relationship is not being proposed here, it is clear that the quality of relationships within the family is important in the experience of adolescence generally, and in particular, difficult family relationships are often associated with a range of problematic behaviours in adolescence…

Melrose and Brodie’s (2001) research into vulnerable young people and substance abuse also revealed that the age at which vulnerable young people initiated their use of drugs, alcohol and volatile substances was roughly between one and two years younger than the general population of young people (see also DPAS 1999).

There is the danger however, as Melrose (2000) rightly suggests, that in focusing solely upon ‘vulnerable’ young people and substance abuse, we overlook the growing use of substances within the wider community of young people. Indeed, Parker et al. (1998) argue that for many young people, drug taking, especially certain types of drugs, appear to have become a ‘normal’ activity. Moreover, drug-taking/substance misuse as a process of consumption can also be seen as a marker of identity (as it is increasingly argued that identities are constructed through consumption). Melrose 2000: 31 argues:

> This means that consuming particular types of commodities (clothes, music, leisure activities and even drugs) enables particular identities to be constructed. These identities in turn signal that one ‘belongs’ (or does not belong) to particular social groups…

In the context of looked after young people, ‘fitting into’ a particular identity may be especially important. Moreover, volatile substance abuse has historically marked sub-cultural groups outside of the functions of ‘normal’ society, which may also have particular currency in the lives of looked after young people who are increasingly identified as ‘vulnerable’, ‘at risk’ and ‘different’.

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Chapter 2

Defining ‘volatile substance abuse’

Parker et al. (1998) suggest that volatile substance abuse use is an ambiguous ‘drug’ used almost exclusively as an experimental substance in early adolescence. However, this is not necessarily how volatile substances have been used historically, nor how they are used within a world-wide focus today.

Historical background

It is evident that the use of solvent type products to achieve intoxication is not a new phenomenon (Flanagan et al. 1991). During the late 19th century, there are well-documented cases of nitrous oxide (laughing gas) being used by the upper classes and medical students across America and England (Drugscope 2000; Watson 1986). Just as many commentators argue that ecstasy has become a fashionable accessory in today’s dance culture, Watson (1986) argues that nitrous oxide became a fashionable trend during the 19th century, and was even regarded as a genteel way of getting drunk.

Therefore, it could be argued that the abuse of volatile substances has from its origins in British society, a social element and a class element, which to some extent both dictated and signified the socio-economic background of the users.

A Grand Exhibition of the effects produced by inhaling Nitrous Oxide Exhilarating or Laughing Gas! Will be given in the Union Hall this (Tuesday) Evening, December 10th 1884. Forty gallons of Gas will be prepared and administered to all in the audience who desire to inhale it. Twelve Young Men are engaged to occupy the front seats to protect those under the influence of the Gas from injuring themselves or others. The effect of the Gas is to make those who inhale it either to Laugh, Sing, Dance, Speak or Fight, and so forth, according to the leading trait of their character. They seem to retain consciousness enough not to say or do that which they would have occasion to regret.

N.B. The Gas will be administered only to gentlemen of the first respectability. The object is to make the entertainment in every respect a genteel affair (Brecher, Licit and illicit drugs, Little Brown 1972 cited in Drugscope 2000).

There have also been incidents reported of chloroform and anaesthetic gases being inhaled for intoxication by the medical profession and of petrol amongst soldiers (Drugscope 2000). Watson (1986) also suggests that petrol was abused in America, Australia and the U.K. during the fifties, sixties and seventies, largely by poor youth who were unable to afford alcohol or other intoxicants (Melrose 2000).

However, volatile substance abuse in the form it is known today did not emerge until the 1950’s (in the USA) and the first case in the UK was reported in 1962 (Drugscope 2000). Model aeroplane glue and nail polish remover started to become abused substances during this period (Beveridge 1998). In the 1960s, the use of solvents was reported in diverse areas of the world such as North and South America, Europe, Australia, New Zealand, Japan, and South Africa. Reports in North America of extreme chronic solvent abuse began from the late 1960s to the early 1970s (Beveridge 1998). However, it was not until the
1970’s that volatile substance abuse increased significantly in the UK. Linking back to the aforementioned concepts of fashion and class, it was during this time that the use of volatile substances again became a signifier of status, culture and identity. In particular, the image of the ‘glue sniffer’ as portrayed within both the media and academia, was a telling indicator of social class and often sub-cultural group (skinheads and punks in particular (Tyler 1995 cited in Melrose 2000: 25)). The major concern during this period, and the 1980’s was around the inhalation of solvents in the form of glue. However, there were increasingly numerous products used not just in the form of solvents or glues (Merill 1985). Therefore the popular term ‘glue sniffing’ was no longer suited to the change in volatile products being abused (Merill 1985), hence the emergence of the more generic term ‘volatile substance abuse’ or ‘VSA’.

Government responses to the ‘problem’ of volatile substance abuse are explored later in this chapter. It is clear however, that one aspect of the government’s response (a major campaign to reduce the number of people using glue for intoxication during the 1980's) had two significant consequences. Primarily, there was a shift away from the use of glue to other solvent-based products. Secondly, some critics have argued that this has led to more dangerous solvents being used by young people for intoxication (Drugscope 2000). However, Drugscope report that in any given area, an estimate of around 10 percent of adolescents mainly aged between twelve and sixteen would have tried sniffing solvents. However, they also suggest that only a minority will go on to become regular users (Drugscope 2000). We must however be cautious when talking about the current numbers of young people abusing volatile substances and the length of time they continue the abuse. Estimates remain problematic given the nature of the topic and the methodological implications of trying to gather such hard evidence (see also Ives 1999).

In the US, the prevalence of inhalant and other drug use is chronicled in the National High School Senior and Household Surveys. Both have identified inhalant abuse as a significant problem and argue that use may still be increasing (NIH Guide 1993). However, in the UK, the rising use of ecstasy (along with other illicit substances) has tended to relegate volatile substance use to the sidelines, at least as far as the media is concerned. Ashton (1999) also argues that ‘recreational’ drug use such as ecstasy and that associated with dance culture has significantly increased. Yet whilst it may also be that sniffing volatile substances is less of a craze, and less fashionable than it was during the 1980’s, it remains difficult to make firm conclusions. Indeed, volatile substance abuse may be simply less visible than it was in the 1980’s, no longer framed by the moral panic, which has since shifted towards ecstasy\(^6\). Anderson et al.’s (1985) study clearly indicates how media reportage can distort populist concern. Their report into solvent-related deaths from 1981 to 1985 showed an increase in deaths during this period although the ‘rise and

\(^6\) Volatile substance abuse was considered by many ‘different’ to other illicit drugs and whilst during the 1980’s ‘glue sniffing’ was associated with a particular fraction of youth culture, the move from glue to gas attracted a wider audience of ‘adolescents’ in general. Now it was no longer just the ‘deprived’ who participated in volatile substance abuse, but it could potentially be any young person. Hence a massive school education campaign. This process was mirrored by the media response to ecstasy use, which following several high profile deaths (such as Leah Bates) saw the tone shift to suggest that any young person might fall victim to the ecstasy craze.
fall of the solvents panic' in the media implied that the problem reached a peak in 1983 and diminished after that.

Volatile substance abuse may also be less fashionable than it was in the 19th century, and the way in which volatile substances are used by young people may well have changed. Indeed, studies suggest that as well as a rise in illicit drug use, there is also a wider variety of substances being used and in different ways. For example, Boylan et al. (2001) found that in one area they studied, intravenous drug users were known to be injecting a certain branded shampoo, producing effects similar to that of heroin.

There is also evidence of a transformation in the way that volatile substances are used in some areas, which correlates with the rising trend in cannabis and tobacco use. A recent research report by Elwood (1998) from the University of Texas introduces an interesting new dimension to the use of volatile substances amongst young people. Elwood reports on a growing trend in the US, whereby young people use marijuana or tobacco cigarettes dipped in embalming fluid (known generically as ‘fry’). Embalming fluid is a compound of formaldehyde, methanol, ethyl alcohol or ethanol, and other solvents. Elwood interviewed 20 adolescents who had smoked embalming fluid, moving away from the belief that volatile substances are always sniffed. Of these, six were White, eight were African American, and six were Hispanic. Many of the African Americans interviewed felt that Fry was a ‘Black thing’, associated with gang culture. However, in contrast the Hispanic and White young people felt that Fry was something most young people tried at least once, and perhaps in this sense is more similar to the adolescent use of VSA’s with which we are familiar. Similarly too, like other forms of volatile substance abuse, smoking Fry is also often consumed in-groups. However, those with substantial drug histories are also known to use Fry.

This research suggests the potential for substance misuse behaviours to change, and not to remain fixed to either one method of consumption, one reason for use, and/or one familiar product type. Therefore, Elwood’s (1998) research reminds us of the need for regular continuous research into all substance misuse behaviours to inform intervention and education about the potential range of substances being abuse. Elwood’s (1998) research also indicates the importance of ethnicity in substance misuse behaviour, highlighting the need for research to recognise ethnicity (as well as it's interplay with gender, social class and age, and even sexuality and disability).

**What do volatile substances do?**

When inhaled, some organic (carbon based) compounds can produce effects similar to alcohol or anaesthetics. Watson (1982) has indicated that the large surface area of the lungs provides quick and easy access to inhalants and that the general effect is likely to be as rapid as that of an intravenous drug injection (cited in O’Connor 1983: 11). Abused solvents also tend to be substances that have ‘psychoactive’ properties which people use to become ‘high’. For example, the solvent toluene is used in glues to keep the glue in liquid form (Beveridge 1998). A number of these substances can be found in
regularly used solvents such as glues, paints, nail varnish removers, dry cleaning fluids and de-greasing compounds. Others are used as propellant gases in aerosols and fire extinguishers or as fuels such as petrol or cigarettes lighter gas (butane). When such products are inhaled, it can be termed as 'glue sniffing', 'solvent abuse' or 'volatile substance abuse' (VSA).

For intoxication to occur, volatile substances are sometimes directly inhaled. Yet they may also be sniffed on a piece of clothing – such as a sleeve cuff, placed on a rag, or sniffed from inside a plastic or paper bag (which Drugscope regard as the most dangerous method). Another method of misuse can be achieved by using a small room, blocking vents and spraying several cans at a time (Watson 1986). Butane gas is also inhaled by pressing the nozzle on top of the can to the teeth so that a jet of gas is passed to the back of the throat. Plastic bags may also be placed over the head with this method making the practice even more dangerous (Watson 1986). Butane gases are also more likely to be used in connection with other substances than glue. Butane gas sniffing sessions can last longer than glue sessions – up to several hours and longer. Butane gas hallucinations are very vivid and very few users have not experienced these (Watson 1986; Flanagan et al. 1991).

It has been argued, however, that behaviour is stimulus specific. For example children may sniff glue in parks but not in classrooms; with some peers, but not others; are over reactive in some contexts but not others. Many children know of the dangers of solvent abuse but still do it. Therefore it can be assumed that the rewards are great to off balance the risk7.

In the US, inhalant abuse covers the following categories. These could also be applied to the UK.

1. industrial or household solvents, including paint thinners or solvents, degreasers or cleaning fluids, gasoline, and volatile substances in glues;
2. art and office supply solvents including correction fluids and solvents in magic markers;
3. gases (e.g., butane and chlorofluorocarbons) used in household or commercial products, e.g., butane lighters, whipping cream dispensers (nitrous oxide), electronic contact cleaners (dusters) and refrigerant gases;
4. household aerosol propellants in items such as paint, hairspray, cooking lubricant, and fabric protector sprays;
5. medical anaesthetic gases such as ether, chloroform, halothane, and nitrous oxide; and

(Other inhaled substances not considered in this category include tobacco, marijuana, heroin, and ‘crack’).

7 [http://vsa.educari.com/helpingSniffers/a_behavioural_appraoch_for_decre.htm].
Risk taking and taking risks: the effects of VSA

When volatile substances are inhaled, solvent vapours are absorbed through the lungs. They rapidly reach the brain, causing breathing and the heart rate to slow down. Repeated and/or deeper inhalation can lead users to experience symptoms similar to being drunk – such as a loss of co-ordination and sense of disorientation. Behavioural changes make the abuser giddy, impulsive, and less inhibited (Beveridge 1998). Sometimes, users may temporarily lose consciousness (but will normally come around quickly with no lasting damage). Users also recount visual distortions similar to hallucinations (Drugscope 2000). Beveridge (1998) suggests that users may sometimes become violent.

The effects of volatile substance abuse usually last no more than forty-five minutes without a repeat dose. Once the initial ‘buzz’ wears off, users experience symptoms similar to a hangover and often feel tired and drowsy (Drugscope 2000). The psychological effects of volatile substance abuse vary from person to person. However, Beveridge (1998) argues that there is always a general sense of euphoria and omnipotence associated with the process. Cameron (1988) suggests that rather than using the term ‘addiction’ for solvent abuse, ‘dependence’ is a more useful concept as this allows for two dimensions: both the physical and psychological effects. Cameron (1988) also suggests that there is little evidence that volatile substance abuse leads to physical dependence. However, some regular users with emotional or family problems are more at risk of developing psychological dependence. Beveridge (1998) suggests that chronic/long-term users may develop a strong psychological dependence. This has particular repercussions for ‘vulnerable’ young people, especially in the context of being look after.

Accidental death or injury can happen especially if users are in an unsafe environment such as near a busy road. Becoming unconscious also carries with it the risk of death through choking on vomit. In fact any method of use which hinders breathing (such as sniffing with a plastic bag over the head) increases the likelihood of death from asphyxiation (Drugscope 2000). Such messages have featured prominently in the harm minimisation strategies of the early 1990’s. However, St. Georges would argue that it is not possible to measure the relative risks of a practice, such as with plastic bags, as we know about the numbers of death but not the relative number of users.

There are also different effects according to the type of solvent used. For example, some solvents (such as aerosols and cleaning fluids) stimulate the heart to the effects of exertion and can lead to heart failure. Whilst aerosol gases and lighter fluid when squirted directly into the mouth can freeze the airways and lead to death through suffocation (Drugscope 2000; AMCD HMSO 1995). Other direct toxic effects include vagal inhibition.

Aside from short-term consequences, there is also evidence of the long-term effects of volatile substance abuse – such as damage to the brain, kidneys and liver. The Addiction Research Foundation, 1991
suggests that long term behavioural symptoms in regular users include mental confusion, fatigue, depression, irritability, hostility, and paranoia (cited in Beveridge 1998). However, Drugscope report that this is rare and more likely to be the case in industrial settings where people are work with solvents daily (Drugscope 2000; AMCD HMSO 1995).

Tolerance can develop with regular use of volatile substances so that increased inhalation is needed to get the same effect (Drugscope 2000). Symptoms may include memory and learning problems. Chronic users may also experience difficulty with socialisation and communication, which can result in a pattern of antisocial behaviour. Indeed, Zur and Yule’s (1990) study of 12 users indicated a clear correlation between chronic solvent abuse and depression.

‘Sniffing, buzzing, tooting, huffing...’

Terminology for abusing volatile substances differs according to location. In the US the term ‘inhalant abuse’ is used to describe a variety of volatile substances that are primarily abused by inhalation. Other generic terms used to describe volatile substance abuse in the US include: ‘sniffing’, ‘huffing’ and ‘bagging’ (NIH Guide, 1993). However, in the UK ‘tooting’ may be used by young people as an expression of VSA, as may ‘sniffing’ and ‘buzzing’ (Boylan et al. 2001).

General legislation

Prevention and information about volatile substance abuse has been seen as problematic in the UK, and various tactics have been employed to reduce the numbers of young people abusing volatile substances. The first response was an attempt to control the supply of volatile substances that could be abused: In 1975, calls were made for the government to ban sales of glue to children in the UK (Merrill 1985). However, it was not until 1985 in England and Wales (Northern Ireland has similar legislation), that the Intoxicating Substances Supply Act was introduced, which makes it an offence for a person to supply or offer to supply to someone under the age of 18 (or someone who is acting on behalf of person under that age) a substance (other than a controlled drug),

   ‘if he knows or has reasonable cause to believe that the substance or its fumes are likely to be inhaled .... for the purpose of causing intoxication’.

A person found guilty of an offence under this section is liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding £2000, or both.

However, this legislation does not define which substances must not be sold. Discretion therefore rests with individual retailers to decide whether the substance can be sold, although butane gas should not be
sold to anyone under 18 (Cigarette Lighter Refills (Safety) Regulations 1999). \(^8\) Boylan et al. (2001) also recount examples whereby young people repeatedly purchased gas for inhalation:

\[\text{One girl was going to the shop and getting six or seven cans every couple of days, and they just kept selling it to her.}\]

Moreover, the legislation has failed to bring many cases to court. Drugscope report that there have only been several prosecutions against shopkeepers of this kind\(^8\). The main reason for this is that it often difficult to establish 'proof' that shopkeepers have sold the product to young people. Most prosecutions that have occurred have been when shopkeepers have deliberately made 'glue bags' or 'sniffing kits' to sell to young people\(^10\). Ives (1999) suggests that ultimately the 1985 Act is not very effective because of the wide variety of products and the number of retail outlets for them. There are however, additional government guidelines for retailers (Health Promotion) in relation to volatile substance abuse, advising them to keep products, which can be inhaled, out of young peoples reach. Young people who abuse solvents in public may also be offending against a variety of laws and local by-laws concerned with unruly, offensive, alarming or intoxicating behaviour or breach of the peace (Drugscope 2000).

Scottish law is slightly different to that of the England and Wales, as it includes volatile substance abuse as a possible reason to make a compulsory care or supervision order for children aged less than 17 years old. In other words solvent abuse could be a reason for taking a youngster into care (Drugscope 2000, Merrill 1985). Children who commit offences or who may be in need of care go before a children’s hearing rather than a juvenile court (Watson 1986). There were several successful cases in Scotland. In 1983, two Glasgow shopkeepers were sentenced to three years for selling ‘glue sniffing kits’, that is selling glue knowing that they were going to be used for inhalation (Merrill 1985). There is however, debate about the effectiveness of the existing legislation. Merrill (1985) argues that whilst the Scottish legislation is well intentioned, there are not the necessary resources to allow for treatment centres for young people with chronic solvent abuse problems.

In contrast, the Children Act 1989 in England and Wales specifies only broad grounds for statutory intervention, and Boylan et al. (2001) found practitioners reluctant to view children as at risk of significant harm as a result solely of using volatile substances. Aside from the legislation, a further response to the ‘problem’ of volatile substance abuse focused on providing information about the dangers of volatile substances, in order to both prevent young people from using them and to minimise the risks if young people did. However, this route was controversial, as some critics have argued that it can indirectly encourage young people to experiment with volatile substances. For example, in 1984, the Institute for the Study of Drug Dependence (ISDD) gave warnings about sniffing alone or on high building roofs etc.

\(^8\) www.canban.org.uk.

\(^9\) See www.canban.org.uk

\(^10\) Most recent prosecutions (especially under the Cigarette Lighter Refills (Safety) Regulations 1999) have resulted following test purchase campaigns.
(Flanagan et al. 1991). Since then, the main thrust of education has been towards children, parents, teachers, retailers and health care professionals, in the form of booklets (Lee 1989; ISDD 1990a, 1990b; cited in Flanagan et al. 1991) and the 1992 DoH National television campaign.

Additional government reports which include information on volatile substance abuse include the Advisory Council on the Misuse of Drugs (ACMD) report (HMSO 1995) on volatile substance abuse, which suggested that there was scope for product modification and the re-labelling of products to limit the chances of their abuse. This report also suggested the need for the secure storage of products in the workplace, home and school (cited in Ives 1999). However, recognising that this alone would not eliminate volatile substance abuse, the report also called for a prevention campaign. They also argued that ‘VSA should form a part of any drug education programme’ (Ives 1999), as evident in later government responses including the 1998 White Paper.
A useful study in the US was conducted by Malesevich and Jadin (1995). Based upon a survey of 1400 youth agencies in Wisconsin, the study aimed to gain a sense of the extent of volatile substance abuse in the area, examine the treatment for volatile substance abuse and ascertain differences between ‘inhalant’ abusers and other adolescent drug users.

The research developed out of growing concern that more young people were abusing inhalants and that ‘inhalant’ abuse was a growing, albeit hidden, problem. Indeed, this was substantiated in their research findings, which suggest that 53.5% of respondents felt that inhalant abuse was a serious problem and 17.5% had treated sixteen or more cases in the past five years. The age profile of those abusing volatile substances also indicated that the majority were young teenagers (72.8% said their patients were aged between 13 and 16).

The research also suggested a dramatic difference between the profiles of ‘inhalant’ abusers and other drug users. Primarily, they found that inhalant abusers tend to be younger than other drug users. Similar findings have been made in the UK. One respondent to the survey, ‘Our Home, Inc’ (a specialist programme in South Dakota) suggested that the mean age of ‘inhalant’ abusers referred to their program was 13.2 years, compared with 17.0 years for non-inhalant drug users. The average age being 10.8 years compared with 12.5 years for non-inhalant users.

Malesevich and Jadin (1995) suggest that the effects of volatile substance abuse are different than those experienced by other drug users. For example, ‘inhalant’ abusers are likely to suffer from ‘high levels of psychosocial dysfunction’ i.e. withdrawal from social activities. They are therefore more likely to experience a sense of isolation compared to other drug users. Moreover, they are also more likely to pose a danger to themselves. They also argue that there is also a relationship between inhalant abuse and juvenile crime. Their findings indicate that 65.1% of inhalant abusers have a history of prior arrests. Moreover, they are arrested at a younger age than non-inhalant abusers (11.6 compared with 13.0 years). A massive 45% of juveniles in South Dakota correctional facilities have a history of inhalant abuse. Again, this has resonance with research in the UK (Melrose 2000).

Another interesting finding made by Malesevich and Jadin (1995) is that people who abuse volatile substances; ‘huffers’, are considered by other users to be at the low end of the drug abuse pecking order. This would warrant further exploration within the UK context. Malesevich and Jadin (1995) also indicate differences of ethnicity, as tribal respondents surveyed recognised that inhalant abuse is a serious issue.
on most of the reservations in Wisconsin. Such ethnic differences are explored in more detail later in this chapter.

Ives (1999: 54) report on the survey evidence of volatile substance abuse suggests that a large number of people who have tried volatile substances have also tried controlled drugs. Indeed, Cameron (1988) argues that poly-drug abuse is becoming more common, and poly-solvent abuse is also likely to expand. Using solvents in connection with other drugs may make solvent abuse more acceptable to peers. Cameron (1988) outlines several dominant ways in which solvents are mixed with other drugs:

- Cannabis and butane gas/aerosol
- Amphetamines and butane gas/aerosols
- LSD and aerosols

Ives (1990) usefully identifies 23 studies carried out in England, Wales and/or Scotland together with some North American Studies in his research. St. George’s medical school also collects data on solvent-related deaths in the UK. Their findings show that deaths peaked in 1990, when 151 people died, declining in 1994 to 58 deaths. Yet, in 1995, the last year for which figures were available, deaths had risen to 68. The deaths were mainly from lighter gas refills, again dispelling the image of volatile substances being solely about glue. Whilst such quantitative data is important, there is a dearth of empirical research into the experiences of volatile substance abuse by young people, which is necessary to gain an in-depth understanding of the process by which young people abuse volatile substances. Parker et al. (1998) also suggest this to be the case across the wider study of substance abuse (cited in Melrose 2000: 5).

Ives (1990) also notes the problems inherent in trying to ascertain hard data about whether young people have ever abused volatile substances. He argues that most reports have concentrated on secondary school children and as well as attempting to determine if they have ever abused volatile substances, they may also attempt to determine the frequency of use, and whether they use any other substances. However, as Ives (1990) indicates, there is very little uniformity amongst these studies and therefore comparisons must be made cautiously.

In 1989, Chadwick et al. conducted a random sample of secondary school children in two London boroughs (5,014 young people in 16 London schools). Their research showed volatile substance abuse had a mean prevalence of 5.9% (cited in Flannagan et al. 1991). However, there are problems of reliability when talking to young people about their abuse: Two hundred and eight (4.1 per cent) said they had abused volatile substances to the point of intoxication. However, when 133 of this group were interviewed only four-fifths of them (106) confirmed that they had done so (cited in Ives 1990).

Ives (1990) examines two useful publications commissioned by the Health Education Authority. The 1995 Survey covered 4932 people aged 11-35, interviewed using a random sample location. This revealed that
five percent had used glues, gas, or aerosols to sniff. The survey indicated a slight gender difference. Male usage was seven percent and female usage was four percent. The age of first use peaked at 13-14. The report also indicated some geographical differences, highest in the Wessex region, SW Thames and the West Midlands. It also suggested that those in social grades D and E were also most likely to have tried VSA (cited in Ives 1999: 9-10). This points to some interesting conclusions around the profile of young people most at risk of abusing volatile substances: young male teenagers, in particular those with lower educational achievements.

In 1996, the Health Education Authority conducted a second National Drugs Campaign Survey of 11-19 year olds. This revealed that awareness of the abuse potential of various products was high. Only 4 percent said they had not heard of any of the list of substances being used. Awareness of glue was the highest (80 percent) with fewer admitting to knowing about the potential for intoxication from aerosols (57 percent) butane ‘gases’ (53 percent) and ‘correction fluid’ (59 percent) (cited in Ives 1999: 7). The report also revealed differences in relation to age, as awareness was generally higher among 15-19 year olds. There were particularly big differences in relation to awareness of gases, butane or lighter refills (only 42 percent in the younger group compared with 62 percent in the older group). In contrast to this, the younger age group were more likely to report an awareness of glues (86 percent compared with 75 percent). There were however, no significant gender differences. This slightly challenges the conclusions drawn from their earlier survey, especially in relation to gender, further suggesting the difficulties inherent in attempting to define a user/most at risk group.

There has been a general increase in volatile substance abuse for secondary school young people between 1999-2000 according to research by the National Centre for Social Research and the National Foundation for Educational Research (2001). Whilst VSA is included within their definitions of substance abuse, it does not feature prominently. The report does however show a slight gender difference for 1999, with more girls using solvents; and a slight increase in use from 1998 to 2000 (National Centre for Social Research and the National Foundation for Educational Research 2001). However, Ives (1990) argues that the actual proportion of users may not have varied a great deal, it is simply that users have, at various times, been more or less visible. Again, this contrasts with the aforementioned HEA reports, suggesting that more girls use solvents than boys (see also McKeeganey 1998).

Kilfeather and Parker (1990) report on work undertaken over two and a half years with a group of up to twelve chronic solvent abusers. The report focuses upon The Mozart Project in Westminster ‘an intermediate treatment centre’ – a community based alternative for young offenders who would otherwise receive a custodial sentence. The young people researched were members of the Solvent Abuse Group; which was established on the grounds that they could come and go when they pleased; and the aim of which was not to prevent them from misusing solvents, but rather through a programme of recreational and educational activities help them move away from their abuse. The authors report a long history of solvent abuse in the estate where the Mozart centre is situated.
The research indicates that there is little other research with long-term volatile substance abusers (confirmed by the findings of this research). The authors argue that little other research exists because many young people use solvents as a passing phase. The work by Kilfeather and Parker (1990) is therefore an important piece of research into one group's behaviour. The research focuses solely upon ‘glue sniffing’, which was used by pouring one heaped tablespoon into a bag and inhaled through the mouth. The length of time the young people had been using glue in this way spanned from between seven and ten years. The young people concerned considered this approach to be the most effective and safest way for intoxication.

The young people targeted by the Mozart project were described in the following way: ‘the group appeared to consist of mainly white males aged between 16 and 21 years. They looked gaunt and rough’ (Kilfeather and Parker, 1990: 9). Kilfeather and Parker (1990) argue that their uniform drug abuse contrasted distinctly with usual expectations of young people and were more consistent with images of older alcoholics. This observation was also made by Massengale et al. (1963 cited in O’Connell 1983).

The research builds up a useful profile of the types of young people using solvents on the estate during the 1980’s. The reasons given by young people ranged from boredom to family problems. Violence was a common aspect of their lives, aggravated by their use of glue. Many had additional problems of housing: 2/3 of them were homeless and squatting in flats. In fact, housing and solvent abuse were closely interrelated – one factor always affected another.

They were all long-term unemployed and all had a history of petty crime (which was mainly linked to their solvent abuse). All members of the group were disaffected with their lives. All of them were local to the area and they shared a number of common experiences – such as being in care, at boarding school or a history of offending. They had all began experimenting with glue during their early adolescence. In addition, they shared similar cultural values – for example they had been skinheads, enjoyed the same music, and had similar tastes in fashion. Moreover, as they had been ostracised by their local community, their relationships with each other had deepened. Whilst all but one identified as being heterosexual, they had also had sexual relations with each other at times. The authors note that the users had a sense of pride about their glue sniffing. Yet they were also envious of other people they knew who had got married, got jobs etc. Indeed, Kilfeather and Parker (1990: 10) argue that:

...the stigma they now faced as adult glue sniffers and their fears for the future contrasted with the good times they had as children, sniffing in Ilbert Street Playground.

Furthermore, in line with other studies (for example Cameron 1988), Kilfeather and Parker (1990) also note that the young people had developed a tolerance to solvents which resulted in less of a sensation than when they first started. There was a clear connection between low self-esteem, chaotic lifestyles and solvents (see also Zur and Yule 1990; Beveridge 1998).
Merrill (1985) also suggests a direct link between volatile substance abuse and unemployment for young school leavers. ‘It would appear that many 16-18 year olds, unable to find employment and with few prospects for the future, have returned to their former pastime of sniffing solvents in a bid to relieve their situation’ (Merrill 1985: 17).

**Factors influencing volatile substance abuse**

As stated in chapter one, discussions of substance misuse and young people are increasingly framed by the concepts of ‘risk’ and ‘resiliency’ to engaging in substance misuse. Those more at ‘risk’ of engaging in volatile substance abuse have been identified in several studies, within which looked after young people as a category can be clearly identified.

It is suggested that young people may come to rely on volatile substances as a way of dealing with wider problems in their lives; such as unhappiness and underlying personal, family or social problems. Whilst sniffing is in itself a solitary act, it often occurs in groups (Watson 1986). As early as 1968, Kipperstein and Susman identified that ‘glue sniffing’ becomes a psychological catch to avoid the realities of life – a coping mechanism (cited in O’Connor 1983). O’Connor’s (1983) research into volatile substance abuse stems from a series of case studies describing the findings from three years of clinical experience with over 300 school children and young people involved in volatile substance abuse. O’Connor (1983: 1) argues that ‘…all…want to escape for a variety of reasons from the routines of living to a chemically induced fantasy world’. Indeed, O’Connor (1983: 50) suggests that the practice of abusing solvents affords ‘…a form of social activity which caters for the needs for acceptance, status and regard for those children and teenagers who feel lonely, rejected or friendless’. O’Connor (1983: 57) cites a poem by Corine, aged 15, which succinctly encapsulates these factors:

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I’m a deprived kid
And no-one loves me,
So I turn to my glue bag,
To make me happy.
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The mental health status of young people may also impact upon their chances of abusing volatile substances as Brozovsky and Winkler (1965) in a study of hospitalised glue sniffers, found that over half were suffering from psychotic conditions (cited in O’Connor 1983: 49).

However, there are also economic factors. Torrie (1992) has identified that volatile substance abuse in Northern Ontario is linked primarily to poverty (cited in Beverdige 1998). Watson (1986) also notes that many users in the UK come from low-income backgrounds. Esmail et al.’s (1997) research into regional variations in deaths from volatile substance abuse in the UK also pointed to a correlation between deprivation and volatile substance abuse. They concluded that ‘factors associated with deprivation are important in VSA death and this should be taken into account in planning public health measures to
prevent mortality’ (Esmail et al. 1997: 1765). Moreover, volatile substances in themselves are relatively affordable (Flanagan et al. 1991) which may also influence young peoples use of them over other substances (Boylan et al. 2001). They are also relatively easy to obtain, available outside the illicit drug market. Indeed, one young man in Melrose’s (2000: 60) study described:

...Glue and gas, ‘cos I used to nick deodorants, nick the air freshners, umm, and er, with lighter gas I used to hang about outside Kwik-Save and ask someone, ‘Can you go to the shop for me please?’ ‘What do you want?’ ‘A can of lighter fluid, it's for my mum’. Some people would do it, some wouldn’t.

This also raises the possibility that in abusing volatile substances, young people become at an increased risk of developing offending behaviour. For looked after young people, who are already ‘vulnerable’, contact with the criminal justice system would further aggravate their vulnerability and life-chances.

Gasoline abuse has been historically more prevalent in rural areas than in urban zones (Steffee et al. 1996). However, as Ives (1990) notes, although sniffing has been associated with inner-city deprivation, the connection has not been well established. Despite the often-studied incidence of VSA among the underprivileged classes and those with dysfunctional family structures, such abuse spans all socio-economic strata and family environment (Steffee et al. 1996).

Other commonly cited reasons for volatile substance abuse are outlined by Watson (1986). These include peer pressure and whether it is ‘a contemporary fashionable craze’ (Watson 1986: 36). Problems associated with adolescence can also lead to the peer group becoming increasingly important (Merrill 1985). Clements and Simpson (1978) found that peer pressure was a key factor in both young people starting their volatile substance abuse, and in maintaining this process (cited in O’Connor 1983: 49). However, Watson (1986) also argues that volatile substance abuse is influenced by family breakdown, being below average intelligence, having a large family and having one/both parents with a drug/alcohol dependency.

‘Most recent reports have confirmed the finding of the American studies and have revealed that in almost every case of persistent sniffing there had been tension and disharmony in the home and/or longstanding difficulties in family relationships’ (Merrill 1985: 18).

O’Connor (1983) has developed a ranking order of variables, which interconnect with volatile substance abuse. Whilst some of these may seem bizarre, the general suggestions are confirmed elsewhere:

Divorce
Natural father absent
Step mother
Psychiatric disturbance of parent
Tattoos
Self-motivation
Remarriage
Family size
Indeed, whilst the Addiction Research Foundation (1991) suggest that in Northern Ontario, the majority of people who abuse solvents do so on an experimental basis, it argues that those that regularly abuse solvents are usually from economically disadvantaged backgrounds; are less successful at school; have come from unstable or broken homes; and often have at least one alcoholic parent (cited in Beveridge 1998). Similarly, within the NIH guide (1993) it is suggested that those at an increased risk of inhalant abuse include minority youth, young people excluded from school, gang members, children of drug users, and homeless young people. Melrose (2000: 25) also found that levels of volatile substance abuse amongst the ‘vulnerable’ young people in her study (looked after young people, school excludees, and young offenders) were

...fairly widespread...and certainly more widespread than studies of young people in the general population have suggested.

O’Connor’s (1983) research lists some of the reasons young people gave as to why they abused volatile substances. These included boredom, excitement gained from the activity, to escape, to forget, and ‘no reason’. O’Connor (1983) also suggests that the belief that the public will be outraged by the activity can also be a contributory factor. However, ultimately as Merrill (1985: 60) concludes, ‘persistent solvent misuse is invariably a symptom of other problems and must be seen in the context of the total situation’.

Beveridge (1998) argues that it is useful to distinguish people who ‘inhale’ volatile substances into three categories:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>May try solvents once or a few times because of boredom, curiosity, or peer pressure and never use them again.</td>
</tr>
<tr>
<td>Social/recreational</td>
<td>Uses solvents occasionally but does not use them on a regular basis. Usually with friends as a ‘social activity’.</td>
</tr>
<tr>
<td>Chronic</td>
<td>Continued and regular abuse of solvents over a period of time. Some studies determine that chronic abuse may start about six months after the first use. However most studies suggest two years of regular solvent abuse as the marker.</td>
</tr>
</tbody>
</table>

This North American model of ‘inhalant’ abuse correlates well with that suggested by Re-Solv and other UK work. Stybel, Allen and Lewis (1976) cited in Watson (1986: 55) suggest that there are different types of ‘sniffers’, differentiated between chronic and social solvent abusers who require different treatment. Anecdotal evidence from practitioners and young people suggests that only one in ten experimenters carry on with VSA for even a few months after experimentation, and possibly as few as one in fifty become chronic or ‘dependent’ abusers (Ives 1990). Similarly, Re-Solv suggest that people who try sniffing may only try it once or, at the most, a few times. This kind of VSA is generally termed as ‘experimental’. Some may use solvents as a social activity, undertaken with a small group of others; they
are often referred to as 'recreational' users. However, those who may use solvents on a longer-term basis may become labelled as 'dependent' users.

Watson (1986) proposes a model similar to that of Beveridge (1998) for within the UK context to suggest the following categorisations and reasons:

- Experimenter – maybe peer pressure or escapism;
- Recreational – solitary/group, see it as no difference to parents alcohol consumption – weekend/after school, more adventurous in school – gas parties;
- Chronic – habitual – under influence of gas often – most difficult to treat – often no motivation to stop; and
- Group – the most common way of taking solvents – from 3 to 14 members – both sexes.

Krasowski (1979 cited in O'Conner 1983: 60) has suggested that volatile substance abuse can take on a ritualistic element, in that a regular pattern of behaviour is repeatedly played out. Re-Solv also suggest that long term sniffing is demarcated by a habitual and often ritualistic use of solvents whereby the same type of product and the same brand name is always used and myths about the effectiveness of the chosen product develop.

Within the NIH Guide (1993) it is argued that there is a need for further research into the basis for initiation of inhalant dependency; in relation to family support, family violence, lack of role models, poor parental supervision, parental drug use, family breakdown, socio-economic status, ethnicity.

**Age**

It is apparent in the research previously mentioned that the general world profile of people who misuse solvents indicates that it is primarily an adolescent activity (see for example Watson 1986). However, the age that young people begin abusing volatile substances clearly differs according to their gender, location and ethnicity. Nevertheless, there is evidence to suggest that volatile substance abuse begins at an earlier age, when compared to the abuse of illegal drugs (Ives 1999). In the UK, studies suggest that teenagers are most likely to abuse volatile substances. The peak age of initiation to use of solvents is reported as being 14, with most first trying solvents between ages 12 and 18, although 10% first experiment after age 18\(^1\). Re-Solv suggest that most ‘dependent’ volatile substance users are in their twenties, although some may be older and have a history of sniffing throughout their teenage and adult life (see also Kilfeather and Parker 1990).

O’Connell (1983) argues that the average age for young people to use volatile substance is 14 to 15, whilst children as young as six have been referred for treatment. However, there is evidence that young
people may change their attitudes towards their use of volatile substances as they get older. Parker et al. (1998)\textsuperscript{12} cited in Ives (1999) suggest that young peoples use of VSA decreases over time as they get older, whereas for other substances their use either increased or stayed the same. Similarly, Melrose (2000: 66) suggests that certain substances, such as volatile substances, appear to be associated by young people with the early stages of drug taking careers.

\textit{Moving away from these drugs (and perhaps onto others) is a sign of maturity.}

Melrose (2000: 66) uses the example of Michael (a 16 years old who had been looked after, offended and excluded from school), to illustrate this point. Michael had used volatile substance since the age of 13, he said that he had used so much gas that

\textit{I could have been British gas!}

However, now at 16, he said:

\begin{quote}
\textit{I went to a foster placement and sorted myself out...all I do is drink and puff and smoke cigarettes...I think that, like, people who sit there and will take it in a bong or just do it for the rush, they're kids. Like myself, I like to sit there and I roll it and I'll be relaxed when I smoke that.}
\end{quote}

Melrose (2000) found that this process of differentiating ‘childish’ and ‘uncontrolled’ behaviour with certain drugs such as volatile substances, with the use of ‘controlled’ and ‘sensible’ drugs such as cannabis was a familiar narrative amongst the young people studied.

Young people’s perception of substance misuse can also dictate which substances are given ‘acceptability’ amongst the group. Clearly, within the context of the aristocracy in the 19\textsuperscript{th} Century, nitrous oxide was considered ‘genteel’ behaviour; whilst in the 1980’s ‘glue sniffing’ was more acceptable amongst certain cultural groups such as punks and skinheads. In the early 1990’s we could argue that volatile substance abuse, particularly in the form of ‘gas’ gained more acceptability amongst young adolescents. However, it is interesting to consider whether any young people would today consider abusing volatile substances an ‘acceptable’ activity, in terms of the wider norms and values marked out by young people and their peers. Melrose (2000: 76) cites one young person reaction to volatile substances:

\begin{quote}
They can kill you like, straight away. Glue is for \textbf{sad} people really, ‘cos there’s no point in sniffing glue. It does your head in, it does your nose in, it does like your nose an’ that. I don’t see the point in using glue (my emphasis).
\end{quote}

If volatile substances are being defined as ‘unacceptable’ or ‘uncool’ by young people, then this will have clear implications for the visibility of it's use, and the way in which interventions can be made. Another factor, which will impact upon the intervention process, is the extent to which young people determine

\textsuperscript{11} \url{http://www.idmu.co.uk/solvents.htm}
\textsuperscript{12} Based upon a longitudinal study in Parker et al. 1998.
their use of volatile substances as a ‘problem’. Indeed, Melrose (2000: 81) suggests that most young people interviewed in their study did not perceive their drug use in this way. This relates to wider findings, which suggest an increasing normalisation of particular aspects of substance misuse amongst young people (see for example Parker et al. 1998).

Gender

It is generally argued that more males than females abuse volatile substances (Watson 1986; Merrill 1985). Re-Solv also indicate that most ‘dependent’ and long-term abusers are mostly male. However, as Re-Solv suggest, this may be an indication that female VSA is more hidden. Indeed, research suggests that as many girls as boys have tried solvents. In fact, Melrose (2000: 90) recently found that volatile substance use was in fact more prevalent amongst ‘vulnerable’ young women than young men: two thirds of women had used volatile substances compared to less than a quarter of men. However, men had started using volatile substances at an earlier age than women had. Moreover, fewer women die sniffing-related deaths. In 1997, 76.7% of recorded VSA deaths were males. Butane and other gases are also considered to more popular among girls than taking glue (Watson 1986). O’Connor (1983) also argues that some girls preferred to sniff gas because it did not have the disadvantages of glues, which can leave a smell on the breath and stain clothing. O’Connor (1983) also suggests that the social construction of gender roles impacts upon use:

Males ➔ Masculinity ➔ High inebriation ➔ ‘Macho’
Females ➔ Femininity ➔ High inebriation ➔ ‘Unfeminine’

However, O’Connor (1983) goes on to argue that a large percentage of girls looked after by local authorities do engage in volatile solvent abuse. He states that ‘where the self-image is poor as is often the case with many young people in care there would appear to be a greater likelihood that given the chance sniffing will take place’ (O’Connor 1983: 49).

Ethnicity

Most reports of long-term/dependent abusers of volatile substance in the UK have pointed to young White men as being most at risk. Existing evidence suggests that young people from minority ethnic backgrounds are less likely to abuse volatile substances (Re-Solv factsheet). Ives (1999) report based upon numerous surveys including the BCS, indicates that volatile substance abuse is lower among over 16’s belonging to minority ethnic groups in Britain. ‘The finding of the 1994 BCS that ‘ever use’ VSs among the White group is twice the level of use among the African-Caribbean and Pakistani/Bangladeshi groups is repeated in the 1996 BCS’ (Ives 1999: 56). Indeed, Boylan et al.’s (2001) study suggested that most practitioners working with vulnerable young people at risk of substance abuse, perceived volatile substance abuse to be more apparent amongst White young people. One residential social worker stated:
In my experience you tend to get African-Caribbean kids smoking ganja, whilst it's the White kids who are using the aerosols.

However, it would be dangerous to assume that volatile substance abuse does not exist within different ethnic groups. Indeed, the growing numbers of Bangladeshi and Pakistani young people using heroin has dispelled the myth that heroin is mainly a drug used by White young people (Patel 2000). Moreover, Elwood’s (1998) research into ‘Fry’ smoking in the US reminds us further of the importance of ethnicity in accounts of volatile substance abuse.

Indeed, in the US those perceived as being most at risk of inhalant abuse tends to be those from non-White backgrounds. For example, Hammond (2001) reports that some Native Americans begin abusing solvents before the age of six. Moreover, they tended to come from ‘neglectful’ backgrounds. Beveridge (1998) also reports that solvent abusers in Northern Ontario are most likely to be aged between 8 and 16 years old. However, some heavy abusers may be in their late teens or adult years.

Hammond (2001) argues that whilst solvent abuse has long been a serious problem among Native youth in the US, it has only recently become a focus for research (see Bates et al. 1997). Indeed, higher levels of abuse are documented in minority and impoverished groups in the US. Up to 50 percent of children in some isolated Canadian villages abuse gasoline regularly, 62 percent of Pueblo children have sniffed Gasoline at least once and 7.5 percent of Navajo children abuse gasoline regularly (Steffee et al. 1996). However, gasoline inhalation abuse has reached profound levels among several disadvantaged groups world-wide: native Americans in the US, Canada and Mexico; Canadian Inuit, black South Africans, and Australian Aborigines (Steffee et al. 1996).

Ultimately, such differences of age, gender and ethnicity complicate the process of volatile substance misuse and the concept of vulnerability. Indeed in relation to wider patterns of substance misuse amongst young people, Melrose (2000: 96) suggests that factors of material deprivation, family and community poverty and disorganisation, and experiences of abuse and neglect must be looked at in conjunction with being male or female and Black or White.
Chapter 4

The relationship between volatile substance abuse and young people looked after

Given the ‘risk’ and ‘resiliency’ factors for substance misuse among young people, it is clear that looked after young people fall firmly within the category of ‘risk’, implying that as a group they are more ‘vulnerable’ to substance misuse. Indeed, looked after young people fall within the wider context of ‘vulnerability’ outlined within the Government’s 10-year drugs strategy, and as such are considered in need of targeted interventions to prevent substance abuse. However, there is no official data collected on young people looked after and substance abuse despite research findings, which place looked after young people at greater risk of misusing substances (Ward 1998). Moreover, there is a lack of ‘hard’ evidence of the prevalence of drug and alcohol use amongst young people looked after by LA (Social Services Inspectorate 1997).

Previous research

Alcohol and solvents have been repeatedly identified as the substances most likely to be abused by young people looked after (see for example Guirguis and Vostanis 1998; Social Services Inspectorate 1997). HAS (1996) also reported that drug abuse was more common among certain groups including children who are looked after. The Social Services Inspectorate report (1997) also indicated that there was greater solvent use, poly-drug use and dependent heroin use amongst looked after young people.

Melrose (2000) also found that young people with a history of offending, school exclusion and being looked after were the most likely of all the ‘vulnerable’ groups studied to be users of volatile substances. Those who had been excluded from school had used volatile substances at the earliest age. The Drugs Prevention Advisory Service (1999) suggests that looked after young people possess certain characteristics which mirror that of school exclusees and those involved with the criminal justice system (see also Melrose 2000).

In the Social Services Inspectorate report (1997) solvent abuse (in combination with alcohol) was reported amongst younger teenagers living in children’s homes in the majority of areas surveyed. Younger children preferred cheaper drugs, or solvents and alcohol, which could be easily stolen. However, solvent abuse was thought to be a problem in five out of the eight fieldwork sites. Indeed, the use of volatile substances was noted as episodic in particular local areas – moving in and out of fashion amongst certain groups. Ives (1990) has described how a ‘sniffing craze’ in one particular setting or location can lead to the assumption that ‘almost every child is involved in sniffing’. Correspondingly, shortly after the ‘craze’ dissolves; it seems as though no one is sniffing any more.
The Social Services Inspectorate (1997) found that solvent misuse was especially common amongst children accommodated in residential children’s homes. A range of patterns were reported:

- Damp start and cider or strong lager
- Fire extinguishers and alcohol
- Cocktails of stimulants, alcohol and aerosol sprays or lighter fluid (Social Services Inspectorate 1997).

One area reported a recent death from VSA and another reported that solvent abuse had a prevalence of 14% in a local survey of children in residential homes (Social Services Inspectorate 1997).

Several studies have pointed to the high level of behavioural and psychological needs amongst young people looked after (Ward 1998; Sinclair and Gibbs 1997 cited in Social Services Inspectorate 1997). This is both related to their experiences of being in care and their experiences prior to being looked after. Sinclair and Gibbs (1997) for the Department of Health, indicate that looked after children present a concentration of children with severe problems and miseries. The high incidence of substance abuse in residential children’s homes should be understood in this context. O’Connell (1983: 50) notes that

> Many of the recorded cases of solvent abuse which come to the attention of the authorities such as health, social services, education and the police, appear to be children and young persons who are already in the care of the local authority which indicates that certain levels of emotional and social deprivation may be determining factors.

Sinclair and Gibbs (1996) research showed a slight increase in the numbers of those encouraged into glue sniffing in the residential unit than had been before entry into the unit. However, the study concluded that there was no evidence that the units were important in recruitment to drug use and/or drug cultures. Nevertheless, Ward (1998: 258) argues that,

> Care professionals and workers have also reported that the risk of involvement in substance use, especially alcohol and solvent use, are increased on entry into local authority care. This has been related to care homes providing ‘ready made’ peer groups where substance use can easily be taught to newcomers.

However, Mather et al. (1997) found that the young people in their research spoke about the peer pressure to smoke in residential units. Many said that they had not smoked before moving into the residential unit, but were encouraged to do so by other young people there. Melrose (2000: 45) also argues that it is important to examine to what extent substance abuse was a contributory factor for a young person becoming ‘vulnerable’, and in this context, becoming looked after. For example, half of the young people in her study had started using drugs after becoming ‘vulnerable’ through offending, school exclusion and/or being looked after (Melrose 2000: 49).

Nevertheless, Biehal et al.’s (1995) study into care leavers experiences of substance abuse showed that their experiences were similar to that of other young people. Several attached meanings of ‘escape’ and
having a good time with their substance use. Those with chronic abuse patterns were likely to associate their use with instability. Therefore, as Ward (1998: 259) concludes ‘it remains difficult to assess whether substance use amongst ‘looked after’ young people is dramatically different from use by young people in the general population’.

Looked after young people are a subset of wider vulnerability criteria which points to the need for targeted interventions to prevent or treat substance abuse (DAT Guidance 2001). However, in marking looked after young people and other vulnerable groups of young people as being at an increased risk of drug abuse, there is a danger of reaffirming the idea of such young people as a ‘problem’ category. Indeed, more generally Shiner and NewBurn in South (1999: 157) argue that ‘Much of what is being said about young people and drugs, including a great deal of academic discourse, has simply reinforced adult concerns about the problematic nature of youth’.

**Needs and being ‘in need’: Social Services intervention**

The Social Services Inspectorate (1997) asks:

> ‘Do we allow a young person to continue to engage in alcohol or substance misuse, or can and should an adult intervene to prevent them from further harm?’.

The answer appears in a recent Department of Health circular (CI letter (97) 6) which states that staff in the day to day care of a child,

> ...have the responsibility and the authority to interpret “harm” widely and to anticipate when it is clearly likely to happen. Therefore to exercise control over a child’s actions should their actions put them at risk from vice or crime’.

This may have implications for substance abuse agencies and their need to inform and involve those with parental responsibility in order to facilitate this duty of care (Social Services Inspectorate 1997: 38). This would also extend to cover ‘recreational’ drug use (Ashton 1999). This guidance has helped to clarify principles relating to the authority of those with parental responsibility and those who have day-to-day responsibility for that child: to exercise control over that child’s actions.

Under section 47 of the Children Act 1989, local authorities have a duty to investigate where a child is thought to be suffering, or to be at risk of suffering significant harm; and to ensure that sufficient action is taken to protect that child from further risk or harm. Some Area Child Protection Committees may have local policy and criteria guidelines on the risk of, or actual suffering of, significant harm.

Drug and alcohol use by young people may be associated with greater levels of harm than use by adults (Social Services Inspectorate 1997). However, Ashton (1999) states that there is also a consensus that whilst drug use among young people has massive potential for harm, relatively few youngsters suffer actual and significant harm. Those young people most likely to suffer actual and significant harm from
substance abuse can be located within the now familiar subsets of ‘vulnerability’: looked after young people, school excludees, young offenders, children of drug using parents, the homeless, single pregnant girls, those with mental ill health, survivors of sexual abuse and those from disrupted family backgrounds (Ashton 1999). Indeed, SCODA’s Drug-related Early Intervention states that harmful drug abuse rarely occurs without predisposing psychological or social problems.

However, as Boylan et al’s. (2001) research indicated, there is not always a clear consensus amongst practitioners about the implications of volatile substance abuse for looked after young people. Boylan et al. (2001: 37) argue,

One key challenge is to locate volatile substance abuse high enough up the scale of priorities to ensure that social services staff view it as triggering their eligibility criteria for assessment and service provision.

In addition, a second key challenge lies in locating social services role in relation to volatile substance abuse within the legal and policy framework for children’s social care, dominated by the Children Act 1989. There are two legal definitions that define social services’ response to individual young people. Firstly, is the definition of whether the child is in need (section 17(10), Children Act 1989). Under this definition, a child is in need if:

'(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority …
(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services, or
(c) he is disabled'.

Secondly, the significant harm threshold also define social services’ response, outlined under section 47 (1)(b) where a local authority:

'have reasonable cause to suspect that a child…is suffering, or is likely to suffer, significant harm, [they] shall make…such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child’s welfare’.

Whilst significant harm is not described within the Act, it is defined within guidance (DoH/Home Office/DfEE 1999) as:

‘a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child’s physical and psychological development’.

Boylan et al. (2001) report that social services practitioners agreed that young people using volatile substance would be deemed to be ‘children in need’. However, there was considerable debate about whether young people abusing volatile substances were deemed to be at risk of ‘significant harm’. As Boyan et al. (2001) conclude, this may be due to insufficient knowledge about the risks associated with
volatile substance abuse. However, they report that even in some cases whereby the practitioners were aware of the dangers of VSA, there was still doubt among some as to whether a young person would cross the significant harm threshold on the grounds of volatile substance abuse alone.

However, Section 4 of the Social Services Inspectorate (1997) states that a good definition of needs and risk assessment was:

...considered to be on which provided a framework for determining when substance misuse has become problematic.

The report found that over a third of local authorities had good definitions for risk assessment and had a clear statement on policy. However, a third had no definitions at all and a further third gave definitions, which were unsatisfactory, highlighting the need for clearer guidance and training for social services departments on the implications of volatile substance abuse in terms of the legislative framework.

However, in Scotland, legislation is already in place, which recognises the risk associated with volatile substance abuse. Children can be referred to the reporter (a central figure in the legislation) on a range of grounds, which prior to the Children (Scotland) Act 1995 were set out in section 32(2) Social Work (Scotland) Act 1968. Grounds of referral include, (as outlined in section gg) cases whereby ‘the child has misused a volatile substance by deliberately inhaling, other than for medical purposes, that substance’s vapour’.  

The last decade has witnessed significant change in the way looked after young people’s needs are met. Alongside changes bought about in the Children Act 1989, there have been increased concerns about meeting the health needs of young people looked after, evident in the ‘Quality Protects’ initiative. Research has repeatedly suggested that the health of young people looked after is worse in many respects to that of other young people (for example James 1996 cited in Ward 1998).

Research into the health of looked after young people is limited. Looked after children are all too often only registered as a temporary patient with the foster carer’s GP. Therefore the children can receive urgent medical treatment but preventative care, health surveillance, and immunisations offered to other children are effectively denied to those most in need. However, the Children Act 1989 and the Looking After Children Project require that all looked after children have a programme of health care and education (Mather et al. 1997). Article 24 of the UN Convention on the rights of the Child states that ‘young people have a right to good standards of health and to services which promote their health’. All children should have a medical examination soon after they enter public care, with regular follow-ups every 12 months for children over two (and every 6 months for those under 2). It is true that no other groups of children around the UK have such stringent safeguards around their health reinforced by legislation. However, the health needs of looked after children are poorly met.

13 [www.childrens-hearings.co.uk/factsheet7.html](http://www.childrens-hearings.co.uk/factsheet7.html)
Few young people in the study by Mather et al. (1997) knew whether they had a choice in undergoing medical examinations. Those who did know often refused to have them. Confidentiality was a serious issue of concern. ‘They talked overwhelmingly about depression, isolation and a lack of a trusted adult with whom to discuss personal matters’. One young woman aged 14 said: ‘if you feel so bad about yourself and what has happened to you, what does it matter if you take risks with your health anyway?’ Relating this to the literature reviewed in the previous chapter, and the ‘reasons’ suggested for young peoples abuse of volatile substances, this could go some way towards providing an explanation as to the higher prevalence and risk associated with looked after young people and volatile substance abuse.

Hammond (2001) argues that young people who abuse volatile substances are among the most difficult and ‘unmanageable’ individuals to deal with from a treatment perspective. They therefore tend to not do well in traditional alcohol and drug treatment programs. Indeed, volatile substance abuse has frequently been neglected by drug treatment and prevention services:

‘Volatile substance abuse (VSA) has presented difficulties for prevention and treatment agencies because of the comparative youth of many users, because of the ubiquity of substances and because of the special risks of abuse’

Ultimately, Hammond (2001) argues that people who misuse volatile substances can not be treated in the same way and that more attention needs to be given to certain characteristics of each abuser (e.g. age of onset, degree of usage etc.) which in turn will determine the appropriate type of intervention and prevention strategies. This approach is clearly recognised within DAT Guidance.

Areas with past experience of volatile substance abuse accept that there should also be co-operation and liaison amongst agencies to deal with the problem (Merrill 1985). Indeed, there is a clear need for a multidisciplinary approach between social workers, community workers, health visitors and teachers (Watson 1986) in tackling VSA by young people, which fits in well with the current shift towards holistic approaches, such as that encompassed within the 1998 White Paper.

Ultimately, Merrill (1985) argues that the dilemma for social services is to assess whether the young person will ‘pass through’ the phase of abusing volatile substances; or whether they will need long term help and support. Merrill (1985: 59) goes on to argue that:

In many cases the activity is a natural rebellion against restrictions at home and authority in general, and the social worker can assist in bridging the gap between adult insistence and youthful rejection.

14 www.drugeducation.com/Graphical/personal/vsaart.htm
However, Boylan et al.’s (2001) research with looked after young people suggests the opposite. Young people were highly unlikely to see social workers in any other guise than as members of ‘authority’, and they did not see their social worker as someone whom they could approach about such issues.

Similarly, Merrill (1985) also suggests that it may also be appropriate for social workers to deliver advice about substance abuse. Yet, Boylan et al. (2001) research findings indicate that social workers may lack the specialist knowledge required for such advice, and in many cases, social workers would refer the young person to a specialist drugs service. However, in most cases, this route was also problematic, as most DAT’s and drugs services are generic rather than young person centred. Current drug related services for looked after young people are patchy and ad-hoc (Social Services Inspectorate 1997). Consequently, as Ashton (1999) argues, young substance users (especially looked after young people) fall in the gap between services. Therefore, critical success factors for reducing substance misuse amongst young people include having age-appropriate models, targeting specific groups (such as vulnerable young people), providing accessible services and planning involving young people. Within DAT Guidance (2001) it is also argued that substance misuse services should be integrated into mainstream children’s services to meet these demands. Several connected service delivery models are also proposed, which will be important in reaching the government anti-drugs target:

- Substance misuse education to all young people;
- Advice and support targeted at vulnerable groups;
- Early identification of need; and
- Tailored support to those who need it (DAT Guidance 2001).

By 2004, the Government will have identified vulnerable young people through the use of screening (non-medical) assessment tools and procedures by staff targeted (DAT Guidance 2001) By 2004, all parents and carers have access to information on substance misuse and on local services (DAT Guidance 2001). However, the question remains as to where volatile substance abuse will fit in relation to these innovative measures.
Conclusions

This report has made an initial examination into the existing literature surrounding looked after young people and volatile substance abuse. In chapter one, an attempt was made to locate volatile substance abuse within the wider area of substance abuse and young people. Specific attention was given to the concept of ‘vulnerability’; of which looked after young people form a part. In chapter two, a definition of volatile substance abuse was outlined; to try to understand its effects and relevant legislation surrounding their use. The suggested reasons as to why young people abuse volatile substances was explored in chapter three, alongside the suggested profiles of those considered most ‘at risk’ of developing volatile substance misuse behaviour. Within chapter four, the specific relationship between looked after young people and volatile substance abuse was examined, within the context of social services intervention and relevant legislation guiding the duty of local authorities towards looked after young people, highlighting the need for further guidance for social services in relation to the significant harm criteria and volatile substance abuse.

Throughout the report, several themes have been established which relate to the concepts introduced early in the report. These relate to the idea of certain groups of young people being at greater ‘risk’ of involvement in volatile substance misuse. The literature reviewed confirmed that looked after young people are at an increased risk of abusing volatile substances, given both the ‘reasons’ suggested (family breakdown, mental health needs, poverty, abuse etc.) as to why young people may turn to volatile substance misuse and the increased likelihood of these factors occurring in the lives of looked after young people. Moreover, the report has made the connection between looked after young people as a group more at ‘risk’ of abusing volatile substances within the ‘vulnerability’ target identified by the Government’s ten-year anti-drugs strategy. This means that the research area covered by this report: looked after young people and volatile substance abuse, has enormous currency alongside the government’s current strategy of targeting ‘vulnerable’ young people, including looked after young people, to help them ‘Resist drugs misuse in order to achieve their full potential in society’ (Tackling Drugs Together Cm 3945 April 1998: 11 cited in Marlow 1999: 4)

The Way Forward

Given this current emphasis, it is crucial that the area of volatile substance abuse is not overlooked in light of the growing concern around illicit drug use and young people. This report therefore recommends:

- The need for further research in the area of ‘vulnerable’ young people and volatile substance abuse: looked after young people, school excludees and young offenders, to provide an up to date analysis of the use of volatile substances and to inform targeted interventions. Moreover, research needs to look at the way these different aspects of vulnerability interconnect in narratives of volatile substance misuse.
• Further research into both intervention methods and the treatment of young people who abuse volatile substances. Moreover, this should be shaped around the identity and needs of the young person, in relation to their gender, ethnicity, social class and so on.

• Given the shift that has occurred towards viewing VSA alongside other substance misuse, there is also a need for further research into the use of volatile substances alongside other illicit drugs (poly-drug use) and also the potential for poly-solvent misuse – or ‘cocktails’ as described within the Social Services Inspectorate report (1997).

• This holistic vision of substance misuse patterns should also be mirrored within intervention and responses to VSA, which can no longer be confined in terms of the ‘adolescent’ activity it has (historically) been presented as.

• Given the current focus upon joined up service delivery, there is a clear scope for specialist VSA services such as those of Re-Solv, to explore new ways of working alongside other substance misuse agencies to ensure that the Government’s 10 year anti-drugs target is realised.

• In the context of looked after young people, ‘fitting into’ a particular identity may be especially important and given the importance of peers in both the initiation and maintenance of VSA, further research is needed to explore this, particularly in the context of residential settings.

• The implications of VSA being considered by users (and some practitioners) to be at the low end of the drug abuse pecking order would warrant further exploration, especially in relation to perceptions of ‘risk’.

• Within the NIH Guide (1993) it is also argued that there is a need for further research into the basis for initiation of inhalant dependency; in relation to family support, family violence, lack of role models, poor parental supervision, parental drug use, family breakdown, socio-economic status and ethnicity.

• Melrose (2000: 45) argues that it is important to examine to what extent substance misuse is a contributory factor for a young person becoming ‘vulnerable’, and in this context, becoming looked after. Further research could be important in developing a greater understanding of the route towards ‘vulnerability’ in relation to volatile substance misuse.

• There is also a need for clearer guidance and training for social services on the implications of volatile substance abuse in terms of the legislative framework.
Looked after young people and volatile substance abuse

![Diagram showing the relationship between Legislation, Practice, Intervention, Guidance, Substance Misuse, Volatile Substance Misuse, Looked after young people, and Young people.](diagram.png)
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