

VSA POLICY

This is the **SIXTH** of **SIX** chapters that summarise the key findings of a three-year research project into volatile substance abuse ('VSA') in the UK, carried out by Re-Solv with funding from the Big Lottery.

Re-Solv has worked for over 25 years to influence national UK policy on VSA and to raise public awareness of the issue.

The research project examined the effects of key policy initiatives that have taken place over the past three decades, thereby enabling Re-Solv to make recommendations for the future, based on these findings. Critically, the lessons learned from tackling the misuse of volatile substances – the original 'legal highs' – are also now found to be relevant when thinking about approaches to the problems posed by new psychoactive substances (NPSs).

Volatile Substance Abuse

is the deliberate inhalation of chemicals from consumer products found in all our homes and high streets. The most commonly misused products are butane gas from cigarette lighter refills, aerosols (such as deodorants or hair sprays) and petrol. Nitrous oxide (laughing gas) and 'poppers' are also volatile substances. These substances readily evaporate at room temperature, giving off a 'sniffable' vapour.

Because VSA is not illegal there is a mistaken idea that using them to get high is safer than using illegal drugs. In fact, when inhaled deliberately, volatile substances can kill instantly and there is no way to avoid this risk.

On average, VSA causes the death of 54 people each year in the UK

BACKGROUND

In 1984, Re-Solv was founded by the adhesives company, Evode, in order to try and halt the growing number of deaths – particularly among young people – from the misuse of glue. A Department of Health sponsored 'Stakeholder Group' brought Re-Solv together with key government and industry representatives to work together to tackle the problem and an All Party Parliamentary Group on VSA kept the issue on the political agenda. Since its foundation, Re-Solv has also sourced funding to run on-the-ground projects in all four UK countries, focusing on education and prevention among young people.

As the number of VS-related deaths has fallen, public awareness of and political concern for VSA has simultaneously ebbed away. The success in tackling VSA mortality and in reducing the number of deaths has perhaps created the false impression that VSA has become uncommon, and no longer a priority for policy makers – either locally or nationally.

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POLICY TIMELINE

	Policy	Effect
1985	The Intoxicating Substances (Supply) Act 1985 (in England, Wales and Northern Ireland ⁱ) made it illegal for a person to sell or supply a substance to anyone believed to be under the age of 18 or anyone acting on behalf of someone under that age, if he or she has reasonable cause to believe that the substance may be inhaled for the purpose of intoxication.	"... the introduction of legislation may have restricted the availability of glue and solvent based products but has had no effect on the availability of products such as butane gas lighter refills." (Esmail et al 1993) ⁱⁱ
1991	Parliamentary All-Party Group on VSA formed.	Set up to raise awareness of the issue within Parliament and lead policy / legislative agenda .
1992-4	Department of Health-led prevention campaign targeting parents. This aimed to get parents talking with their children about substances and was a well-funded campaign based on research.	"Coincident with the 1992 Department of Health Advertising Campaign, VSA deaths in boys and girls (<18 years of age) fell by an estimated 56% (95% CI*: 36%-70%) and 64% (20%-84%) respectively, from the underlying trend." (Butland et al, 2012) ⁱⁱⁱ
1995	The Home Office publishes the ACMD Report, Volatile Substance Abuse .	"VSA is a rather common but complex, socially embedded problem, affecting many different young people for different reasons and in varying degrees. Only that vision of complexity will serve society well when designing response." ^{iv}
1999	The Cigarette Lighter Refill (Safety) Regulations 1999 made it illegal to supply cigarette lighter refills containing butane to anyone under the age of 18.	Butland et al conclude that there is no evidence of a 'step change' in the VSA-related deaths of under-18s following the 1999 regulations.
2004	Department for Education publish Drugs: Guidance for Schools .	"VSA needs to be addressed at an early point in the drug education curriculum because of the potential for early onset of experimentation, the availability of products open to abuse within the home and school, and the particular dangers posed by VSA." ^v
2005	Department of Health publishes a Framework for Volatile Substance Abuse entitled Out of Sight? ... not out of mind , targeted at children and young people.	Stated aims to: <ul style="list-style-type: none"> • Provide effective education on VSA to all young people • Provide targeted interventions for young people • Reduce availability and accessibility of VSs • Build the capacity of parents, carers and practitioners
2008	Scotland publishes The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem .	"An appropriate range of drug treatment and rehabilitation services to promote recovery, from all types of substance use, not just opiate dependency, which is based on local needs and circumstances, must be available in each part of Scotland." ^{vi}
2011	Wales publishes a new module in the Substance Misuse Treatment Framework (SMTF): Prevention and Education of Volatile Substance Abuse (VSA)	The module "seeks to improve the response to VSA in Wales by: setting out the facts about VSA; describing the issues related to it; recommending actions to address it." ^{vii}
2011	Northern Ireland publishes New Strategic Direction for Alcohol and Drugs, Phase 2, 2011-2016	"Volatile substances and alcohol are often the first substances tried by many young people; this should be recognised and addressed." ^{viii}
2012	Parliamentary All-Party Group on VSA reconvened.	See www.publications.parliament.uk/pa/cm/cmallparty/register/volatile-substance-abuse.htm

*The abbreviation 'CI' is the 'Confidence Interval', see footnote 1 on the following page.

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KEY FINDINGS

- **Legislation is not necessarily effective**
- **Sensible and targeted harm reduction advice can be effective**
- **Use of intoxicating volatile substances changes over time**

England, Northern Ireland, Scotland and Wales all have separate policies relating to VSA, and each pursue different strategies for tackling the problem, whether through legislation, education and prevention or on-the-ground support. And there is no one solution to the problem. As the 1995 Advisory Council on the Misuse of Drugs report on VSA stressed: “Given the emphasis which we have already put on the varied nature of the problem, it must be evident that ‘good practice’ will constitute a layered series of alternative or multiple strategies rather than by any one master stroke.”^{ix}

Although deaths from glue-sniffing are now rare, the number of deaths from butane and other volatile substances continue to outstrip those of the new, headline-grabbing ‘legal highs’. The 2004 Department of Health *Framework for Volatile Substance Abuse*, recognised VSA as “a significant public health concern” and, just last year, Scottish research published by online medical journal BMJ Open ranked volatile solvents fifth among the top 10 drugs considered most dangerous in terms of harm to both individual misusers and society.^x

Legislation has not necessarily been effective in preventing the misuse of volatile substances. The Intoxicating Substances (Supply) Act 1985^{xi} “... may have restricted the availability of glue and solvent based products but has had no effect on the availability of products such as butane gas lighter refills” concluded Esmail et al in 1993^{xii}. Market stall sales, supermarket self-checkouts and the move to online shopping complicate the issue still further. As a result, the number of prosecutions has remained low and the number of convictions even lower.

The Cigarette Lighter Refill (Safety) Regulations 1999 made it illegal to supply cigarette lighter refills containing butane to anyone under the age of 18. However, in their 2012 research, Butland et al^{xiii} found there to be no evidence of a ‘step change’ in the VS-related deaths of under-18s following the

1999 legislation. It remains the case that over half (52% between 2000-2009) of under-18s dying of VSA continue to die from age-restricted butane products. What *may* have had a positive effect on prevention was a £1.2 million campaign carried out by the Department of Health in the early 1990s. This was a well-funded, well-designed campaign, based on research, that aimed to get parents talking with their children about drugs:

“Coincident with the 1992 Department of Health Advertising Campaign, VSA deaths in boys and girls (<18 years of age) fell by an estimated 56% (95% CI: 36%-70%) and 64% (20%-84%) respectively, from the underlying trend.” (Butland et al, 2012)^{xiv}

Although it cannot be said with certainty that the fall in under-18 deaths was *caused by* the campaign, it is a finding based on solid, thorough research and is significant for two reasons: firstly, it indicates that large-scale, adequately-funded prevention campaigns can have an impact; secondly, it indicates that targeting parents can have an impact on what their children do.

Examples of proactive government policy in recent years include:

- The Welsh Executive’s consultation and 2011 publication of specific guidelines on the *Prevention and Education of Volatile Substance Abuse* as part of their Substance Misuse Treatment Framework.^{xv}
- The Scottish Parliament’s funding of a VSA Development Manager who provides capacity building within partner and stakeholder organisations, school support and a referral service for VSA misusers and/or their significant others.
- England’s Department of Health Voluntary Sector Investment Programme funding the first national support network and referral service for VS-misusers and their significant others (see

¹The ‘CI’ (Confidence Interval) gives a range around the estimate, e.g. the estimated fall in deaths of under-18-year-old males is 56% but it is an estimate – it has an element of uncertainty about it. The CI tells you how uncertain – in this case it could range from 36% to 70%, but it is very certain that the fall in young male deaths was at least a third, and might have been as much as seven-tenths. The fall in girls’ deaths was possibly even bigger.

Applying the lessons of VSA to ‘legal highs’

The current focus of public and political attention has moved on from VSA – the original ‘legal high’ – to new psychoactive substances (NPSs). And here, the lessons learned from tackling the misuse of volatile substances are relevant:

- Banning substances or making their sale or use illegal is generally not effective. The current response to NPSs has included making them illegal but, as was seen with mephedrone, this does not stem misuse. And, with substances such as GBL, there are (as with many volatile substances) legitimate uses which make illegality a difficult route to follow.
- Intoxicating substances are replaceable. If one is banned – or chemically or physically altered to make it difficult to use to achieve intoxication – then people who seek a ‘high’ will find other substances. Glue gave way to butane; temporary class drug orders on NPSs struggle to keep up when notifications of new psychoactive substances have risen from an average of 5 per year between 2000-05, to 41 in 2010 and 49 in 2011.
- This also suggests that, in the fast moving ‘marketplace’ of NPSs, there is little point trying to educate people about the detail. Schools, for example, should not be asked to focus on the latest drugs scare, but be enabled to educate young people in appropriate attitudes towards substance misuse (such as respecting their bodies), being aware of risks (in a broad sense) and developing the life-skills to deal with substance-related situations.
- It is possible to reduce the harm from substance misuse by providing sensible and targeted harm reduction advice. Today, in the rush to condemn all NPS as ‘deadly’ it is easy to forget that some of these substances are more dangerous than others. As with VSA in the 1980s, the science is uncertain, but we can use what little knowledge we have to provide tentative advice to committed misusers.
- Prevention can work and glimpses of successful practice help us know what to aim for.

communityforrecovery.org below).

RECOMMENDATIONS

- Efforts to tackle VSA have historically focused on prevention for young people, with little emphasis on treatment. The rise in the proportion of adult deaths alerts us to the likelihood of increased chronic misuse among adults and the need for substance misuse services to offer comprehensive assessment and treatment services for VSA, just as they do for any other form of substance misuse.
- Appropriate VSA training is needed for all those working with young people, particularly young people living in local authority care.
- More research is needed into why men are more

likely to die than women both with a view to reducing the number of male deaths, and improving understanding of what activities heighten the risk of death more generally (i.e. methods of inhalation, exercise, etc).

RESOURCES

- Re-Solv is funded by the Department of Health’s Innovation, Excellence and Strategic Development Fund to provide free professional training to substance misuse services in England as part of our ‘Community for Recovery’ programme. Please contact nicola.morgan@re-solv.org.
- A free introductory VSA training programme is available at www.re-solv.org/training.
- Communityforrecovery.org offers online support and counselling for those whose lives are affected by VSA.

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FIND OUT MORE

- Re-Solv.org has comprehensive information about VSA and a free online training programme.
- www.sgul.ac.uk/research/projects/icdp/our-work-programmes/substance-abuse-deaths/ has links to the latest St George's, University of London annual VSA reports.
- 'Twenty-five years of volatile substance abuse mortality: a national mortality surveillance programme' by Butland et al is published in *Addiction*, Volume 108, Issue 2, pages 385–393, (February 2013) and online at <http://onlinelibrary.wiley.com>.

About This Research Project

Re-Solv is the UK agency working to end volatile substance abuse ('VSA') and support all those whose lives are affected by it. These research findings, published as 6 chapters, are the results of a 3-year project, funded by the Big Lottery, and carried out in partnership with St. George's, University of London and *educari*, with support from the Clinical Toxicology Service at Guys and St. Thomas's NHS Foundation Trust, London, and the British Aerosol Manufacturers' Association.

Chapter 1: VSA & MORTALITY

Chapter 2: VSA & YOUNG PEOPLE

Chapter 3: VSA & ADULTS

Chapter 4: VSA EDUCATION & PREVENTION

Chapter 5: VSA ASSESSMENT & INTERVENTION

Chapter 6: VSA POLICY

NOTES AND REFERENCES

ⁱ In Scotland similar prosecutions are brought under Scottish Common Law.

ⁱⁱ Esmail A., Anderson R., Ramsey, J., Taylor J., Pottier A., 1992, 'Controlling deaths from volatile substance abuse in under-18s: the effects of legislation', *BMJ* 305: 692 (www.bmj.com/content/305/6855/692).

ⁱⁱⁱ Butland B., Field-Smith, M., Ramsey, J., Anderson, R., 2013, 'Twenty-five years of volatile substance abuse mortality: a national mortality surveillance programme', *Addiction* 108, 2, pp 385-393, (www.ncbi.nlm.nih.gov/pubmed/22882771).

^{iv} HMSO, 1995, *Volatile Substance Abuse: A Report by the Advisory Council on the Misuse of Drugs*, p3.

^v Department for Education and Skills, 2004, *Drugs: Guidance for Schools*, p26 (www.mentoruk.org.uk/wp-content/uploads/2012/12/2004-schools-guidance.pdf).

^{vi} Scottish Government 2008, *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem*, p71 (see www.scotland.gov.uk/Resource/Doc/224480/0060586.pdf).

^{vii} Welsh Government, 2011, *Substance Misuse Treatment Framework (SMTF) Prevention and Education of Volatile Substance Abuse (VSA)*, p3 (wales.gov.uk/docs/dsjlg/publications/commsafety/110518vsaen.pdf).

^{viii} Department of Health, Social Services and Public Safety, 2011, *New Strategic Direction for Alcohol and Drugs, Phase 2, 2011-2016*, p31 (www.dhsspsni.gov.uk/new_strategic_direction_for_alcohol_and_drugs_phase_2_2011-2016_).

^{ix} See HMSO, as above.

^x Taylor M., Mackay K., Murphy J., McIntosh A., McIntosh C., Anderson S., Welch K., 2012, 'Quantifying the RR of harm to self and others from substance misuse: results from a survey of clinical experts across Scotland', *BMJ Open*;2:e000774 (<http://bmjopen.bmj.com/content/2/4/e000774.full>).

^{xi} For England, Northern Ireland and Wales. In Scotland similar prosecutions are brought under Scottish Common Law.

^{xii} Esmail A., Anderson R., Ramsey, J., Taylor J., Pottier A., 1992, 'Controlling deaths from volatile substance abuse in under-18s: the effects of legislation', *BMJ* 305: 692 (see <http://www.bmj.com/content/305/6855/692>).

^{xiii} See Butland et al, as above.

^{xiv} See Butland et al, as above.

^{xv} This is one module of the Substance Misuse Treatment Framework for Wales (SMTF), which underpins the *Working Together to Reduce Harm Substance Misuse Strategy for Wales 2008-2018*.

Published: April 2014

Review Date: April 2015



LOTTERY FUNDED



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