

# VSA & ADULTS

This is the **THIRD** 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.

VSA has historically been regarded as a young person's problem, and the principal actions of governments' policies on VSA have been targeted at work with children and adolescents.

There now needs to be a shift in focus to include adult misuse. An important trend within the declining number of VSA-related deaths (see Chapter 1: VSA & Mortality) has been a significant increase in the proportion of adults dying.

## 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

Prevalence data on VS-use is hard to come by. Based on 2009/10<sup>i</sup> figures and the population in England and Wales at that time, the British Crime Survey (BCS) estimated that 739,000 people had ever taken 'glues etc.'; 57,000 had used them in the past year; and 17,000 had used in the past month. It is likely that many of those in this last group will be problematic misusers.

**"...gas is the first thing that I do in the morning and the last thing I do at night. I eat less and will go without food to buy gas. ... It affects my social life. If I know I can't do it wherever I'm going then I won't go."**

(Adult butane misuser)

Experimental or 'recreational' VS misusers will be motivated differently to chronic misusers. It is likely that unfortunate life events, deprivation, or poor mental health may be important determinants of chronic misuse. Research carried out in the USA among chronic volatile substance misusers has shown that they are more likely to live in poverty, to experience social isolation and to have family histories of serious depression, alcoholism, and antisocial personality disorder.<sup>ii</sup>

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## KEY FINDINGS

- **Volatile substances are misused by a significant number of adults in the UK.**
- **There has been an increase in the age of those who die from VSA. The average age of death is now 30.**
- **Deaths among women have risen.**

Although the BCS figures do not demonstrate a large or an increasing problem with VSA (there is little change in the figures over the decade), they do show that there are significant numbers of people who are trying, and who are continuing to misuse, volatile substances.

Despite this, National Treatment Agency (now part of Public Health England) figures show us that only 119 adults were in treatment for VSA in 2010/11<sup>iii</sup>. If there are potentially 17,000 chronic VS-misusers in England and Wales alone, why are so few engaging with substance misuse support services? Possible reasons may include:

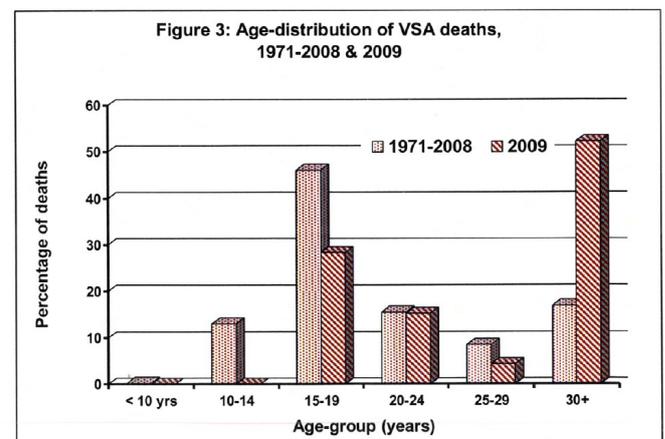
- a lack of service provision or treatment options for adult VS-misusers, particularly as there is no pharmacological treatment;
- VSA as the unacknowledged substance in a polydrug habit where the other drug is the primary treatment focus;
- a reluctance to admit VS-misuse, perhaps because of stigma (it's in some way 'dirty' or debasing, lacking the 'credibility' of illicit drugs, or its perception as a 'kid's problem');
- the misuse of legal consumer products not being recognised as a 'drug' problem.

And as well as 'problematic' VS-misusers, volatile substances are also commonly used as recreational drugs. In Dr Russell Newcombe's words: **"The most popular legal highs aren't the ones that the papers go on about. They're poppers and nitrous oxide."**<sup>iv</sup>

The 2012 Mixmag/ Guardian Drugs Survey<sup>v</sup>, focusing on club drug use, found that 13.1% of their UK respondents had misused poppers in the past year (56.9% had ever used them) and 27.2% had misused nitrous oxide (49.6 ever). The following table shows how this compares to other drugs commonly in the media:

	% Used in the past year	% Ever used
Alcohol	95.2	99.2
MDMA (Ecstasy)	53.7	75
<b>NITROUS OXIDE</b>	<b>27.2</b>	<b>49.6</b>
Mephedrone	19.5	42.7
Ketamine	24.5	47.8
<b>POPPERS</b>	<b>13.1</b>	<b>56.9</b>
Heroin	1.1	7
<b>SOLVENTS</b>	<b>0.4</b>	<b>7.9</b>

In terms of mortality, the proportion of adult deaths (aged 20 years and over) has increased significantly since 2005. Between 1990-1999, the average age of death from VSA was 15 years of age. Today, it is 30. This table illustrates a statistically significant shift in the distribution of VSA-related deaths away from young people and towards higher age-groups.<sup>vi</sup>



We have no clear answer as to why there has been this shift upwards in age but it could be:

- that VSA has become less common for young people and more common among adults (or that people start their misuse at a later age);
- that people who misuse volatile substances are doing it over a longer period and therefore become older before (some of them) suffer a fatal consequence;
- that adults who had previously tried VSA have returned to it;
- that adults are misusing in more dangerous ways

## Why might the proportion of adults dying of VSA have increased?

In the course of this research, a focus group was conducted with drug users in a recovery-oriented drug treatment centre. None of the twelve members of the focus group were in treatment because of volatile substances, but all had used them in the past – most of them over a two-year period. The general view of the group about why they stopped VSA was that ‘proper drugs’ were better – and they thought that the decline in young people using VSs was largely due to the increased availability of such drugs (including ‘legal highs’). Asked for their theories about why the proportion of adults dying was greater nowadays, they suggested:

- people may be trying a ‘blast from the past’;
- drug users may be having difficulty in sourcing their drugs of choice and using VSs as an alternative;
- people may be misusing VSs during drug-testing regimes as they are less detectable;
- people want a buzz when they are ‘proper skint’.

It is also likely that poly-drug use (the use of drugs in combination) may also be an important part of adult VS misuse. Mortality data shows that other psychoactive substances were present in 54% of VS-attributed deaths in 2009, including methadone and hypnotics (such as benzodiazepines), alcohol and illegal drugs. “Combining use of psychoactive substances increases the risk of overdose and death.”<sup>vii</sup>

(such as with other substances in a poly-drug use pattern), or using more dangerous substances.

Finally, as discussed in Chapter 1: VSA & Mortality, there has been a steady rise in the number of women (aged 18 and over) dying of VSA, from 6 in 1983-1987 to 45 in 2003-2007. This is in direct contrast to the overall downwards trend in the total number of VSA and, indeed, all drug deaths.

## RECOMMENDATIONS

- Adult VS-users need equality of access to substance misuse and therapeutic treatment services.
- Both initial and comprehensive assessments need to identify all past and present VS-use and the client’s likelihood of misusing VS-products at any time in the future (due to the unpredictable risk of death).
- Substance misuse professionals need to be appropriately trained and confident to work with VS-users.

## FIND OUT MORE

See also Chapter 5: Assessment & Intervention for guidance and best practice advice.

Re-Solv is funded by the BIG Lottery Fund to provide free professional training to substance misuse services in England as part of our ‘Community for Recovery’ programme. Please contact [nicola.jones@re-solv.org](mailto:nicola.jones@re-solv.org).

A free introductory VSA training programme is available at [www.re-solv.org/training](http://www.re-solv.org/training).

[www.re-solv.org](http://www.re-solv.org) offers online support and counselling for those whose lives are affected by VSA.

## 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

<sup>i</sup> Home Office, 2010, Crime in England and Wales 2009/10. The question about VSA was dropped in 2011 in favour of a question about recently classified drugs (mephedrone, GBL/ GHB, BZP, Spice) and khat ([www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/116347/hosb1210.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116347/hosb1210.pdf)).

<sup>ii</sup> Wu, L., Howard, M.O., 2007, *Psychiatric disorders in inhalant users: results from the National Epidemiologic Survey on alcohol and related conditions*, *Drug Alcohol Depend*, 88(2-3):146-55 ([www.ncbi.nlm.nih.gov/pubmed/17129683](http://www.ncbi.nlm.nih.gov/pubmed/17129683)) and Wu, L., Ringwalt, C.L., 2006, *Inhalant use and disorders among adults in the United State*, *Drug Alcohol Depend*, 85(1):1-11 ([www.ncbi.nlm.nih.gov/pubmed/16581202](http://www.ncbi.nlm.nih.gov/pubmed/16581202)).

<sup>iii</sup> Office for National Statistics, 2011, Statistics from the National Drug Treatment Monitoring System ([www.nta.nhs.uk/statistics.aspx](http://www.nta.nhs.uk/statistics.aspx)).

<sup>iv</sup> Dr Russell Newcombe, citing the 2009 and 2010 Mixmag Survey ([www.mixmag.net](http://www.mixmag.net)) in a presentation for HIT Hot Topics, May 2012 (<https://hit.org.uk/index.php/events/hot-topics-seminars/previous-seminars/120-legal-highs>).

<sup>v</sup> 2012 Mixmag/Guardian Drugs Survey, conducted by Global Drug Survey (<https://www.globaldrugsurvey.com/>).

<sup>vi</sup> Mortality data and table from Ghodse, H., Corkery J., Ahmed K., Schifano F., 2011, *Trends in UK deaths associated with abuse of volatile substances, 1971-2009*, International Centre for Drug Policy (ICDP), St George's, University of London (<http://www.re-solv.org/wp-content/uploads/2016/02/VSA-annual-report-no24.pdf>).

<sup>vii</sup> See Ghodse et al, as above.



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