# VSA ASSESSMENT & INTERVENTION

**This is the FIFTH 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.**

**Unlike illegal drugs which have a high profile and for which help is available through a range of treatment pathways, VSA is predominantly 'hidden' and those affected can feel extremely isolated. Community awareness of VSA is low, those misusing volatile substances can be geographically and socially isolated (VSA can be an indicator of social isolation as well as a cause) and there is stigma associated with VSA that often engenders a sense of shame.**

**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

Since VSA has historically been regarded primarily as a young people's problem, support and treatment services for adult VS-misusers are not as well established as for the misuse of other, illicit drugs. However, although there is no pharmacological treatment for VSA, VS-misusers can benefit from therapeutic treatments and are entitled to equality of access to such services.

The most recent statistics on VSA prevalence come from the 2010 British Crime Survey[i] which reported that 57,000 16-59 year-olds had misused volatile substances in the past year. Over the same period, 45,355 individual visitors accessed talktofrank.com's informational Glues Gases & Aerosols page – and yet, whatever the motivation for these visits, they were not translating into positive action for recovery. Only 119 adult VS-misusers and 263 young people were recorded by the National Treatment Agency as being in treatment for 'solvents' as a primary substance[ii].

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## KEY FINDINGS

- ***We need to improve access into treatment for volatile substance misusers.***
- ***We need to ensure that assessments of VSA are comprehensive and consistent.***
- ***There needs to be advice on best professional practices for working with VSA.***

In the consultation process carried out prior to this research project, it was found that "where practitioners were working with VS-misusers, they appear to be doing so confidently, and in a supporting institutional context, such as a young person's substance misuse service. But professional workers were aware that they might be missing many cases of VSA, perhaps because:

- of VSA's young age profile (which may be changing);
- of VSA's perceived episodic nature;
- the issue is not given priority by commissioners – so few services are focused on it;
- commissioners do not know what effective practice with VS misusers should be"[iii].

And, historically, there has been no local support network for VS-misusers (or, indeed, their supportive others). One key factor is simply that:

**"I don't know anybody in the same situation as me. If I could talk to somebody, somebody who understood – they might be on gas for a different reason but at least they would know what I was feeling." (33-year old butane misuser.)**

Simultaneously, there may also be a reluctance among misusers to admit to VSA, perhaps because:

- There is a stigma attached to it (i.e. it's for kids, it's in some way 'dirty', it's not a 'proper' drug),
- Misusers may not view it as 'drug use' per se
- Misusers may not mention it as they only want treatment for their 'problematic' drug use and may see product misuse as 'part of their lifestyle'
- Misusers may not see the point in highlighting their VSA as there are no clinical interventions.

'How' a question about VSA is asked can also determine whether or not it identifies use e.g.:

- Asking about 'the first drug ever taken' is unlikely to identify previous VSA. Many misusers do not view it as 'drug use' – especially if they were a teenager at the time. 'Recanting' can also be a problem: when younger, a person may be more likely to define some behaviours as VSA; when older, they may redefine (or forget) their younger experimentation.
- Asking about 'solvent abuse' often makes people think of 'glue-sniffing'. If glue was not the product the person abused they may be more likely to answer 'no'.

A more direct approach such as 'have you ever used a household product, as a drug, to achieve a high …?' is likely to be more effective. Re-Solv has developed an Assessment Tool and Guidance (see recommendations below for more information).

As for any other form of substance misuse, VSA should be included on all data reported via Treatment Outcomes Profile (TOPS) forms.

The National Drug Treatment Monitoring System (**NDTMS**) categories for volatile substances are as follows:

| | | | |
|---|---|---|---|
| **6000** | Solvent (unspecified) | **6001** | Glue |
| **6002** | Gas (butane/propane) | **6003** | Volatile nitrite |
| **6004** | Acetone | **6005** | Hydro-fluorocarbons |
| **6006** | Trichloroethylene | **6007** | Aerosols |
| **6008** | Nitrous Oxide | **6009** | Petrol |

In summary, the need for 'building recovery in communities' (Drug Strategy 2010[iv]) is particularly critical for VSA:

**"You can't do it by yourself. You need the help of your friends, you need the help of your family, you need the help of professional counsellors, you need the help of others who have been down this path before and understand how hard it is." (Mother of a 16-year-old who died from VSA.)**

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## Intervention and treatment

In 2011, Re-Solv contributed to an initiative by the Australian government to research and publish a 'Consensus-Based Clinical Practice Guideline for the Management of Volatile Substance Use in Australia'[v]. This comprehensive, evidence-based document gives clear and detailed advice that can also be useful in the UK, for example, on the need for:

1. **Brief intervention**: Brief intervention should include giving the person clear, factual information about the health risks of VSA and the benefits of quitting. All healthcare workers who have contact with people who misuse volatile substances should provide brief intervention whenever there is an opportunity to do so (if they have the appropriate training and skills).
2. **Targeted education** for misusers of inhaled volatile substances, those at risk, and their families and peers.
3. **Psychological therapy** for all volatile substance misusers (occasional, regular or chronic misusers), in conjunction with other treatment. Consider one or more of the following:
    - person-centred counselling
    - family-inclusive practice
    - cognitive–behavioural therapy
    - motivational interviewing
    - narrative therapy (e.g. storytelling)
    - group therapy
    - peer mentoring
    - therapeutic community
4. **Activity and youth development programs**: For all volatile substance misusers (occasional, regular or chronic misusers), consider referral to an appropriate activity programme/ youth development programme.
5. **Management of co-existing health conditions**: Arrange a full physical and mental health assessment by the person's general practitioner or other appropriately trained health worker to determine what treatment is needed.

The guidelines also recognise the importance of aftercare provision as a key element in recovery.

## RECOMMENDATIONS

- More VSA support is needed for professionals: research suggested that some professionals feel a lack of confidence in working with VS-misusing clients. Re-Solv is funded to provide free professional training for substance misuse agencies in England until 2015 (tel 01785 817885 or email information@re-solv.org for details) and provides a free Online Training programme at http://training.re-solv.org/.
- Assessment for VSA needs to be integrated into standard procedures. To help this process, Re-Solv has developed a VSA Guidance and Assessment tool which can be downloaded from re-solv.org/vsa-professional-services.
- A national support network is needed for VS-misusers and concerned others. Www.re-solv.org provides advice, support and online counselling for VS-misusers and those who support them.

## FIND OUT MORE

Answers to all the most frequently asked questions about VSA are available at www.re-solv.org/faqs-volatile-substance-abuse

Re-Solv has produced guidance for schools in relation to VSA. Please contact information@re-solv.org to find out more information.

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## 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.



## NOTES AND REFERENCES

[i] The most recent to include figures for VSA is the 2009/10 *British Crime Survey England and Wales* (www.gov.uk/government/uploads/system/uploads/attachment_data/file/116347/hosb1210.pdf).

[ii] Office for National Statistics, 2011, *Statistics from the National Drug Treatment Monitoring System* and (2011) *Statistics Relating to Young People* (www.nta.nhs.uk/statistics.aspx).

[iii] An internal report by Ives, R., 'Tackling VSA more effectively by meeting professionals' needs', later revised and published as 'Meeting Professionals' Needs in the United Kingdom for Effective VSM Intervention' in *Substance Use and Misuse*, Informa Healthcare, 2011, 46, No. s1: 134–139 (http://informahealthcare.com/doi/abs/10.3109/10826084.2011.580235).

[iv] Home Office, Drug Strategy 2010, *Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life* (https://www.gov.uk/government/publications/drug-strategy-2010).

[v] Australian Government National Health and Medical Research Council (NHMRC), 2011, *Consensus-Based Clinical Practice Guideline for the Management of Volatile Substance Use in Australia*, (www.nhmrc.gov.au/guidelines/publications/cp136-and-cp136a).


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