

VSA EDUCATION & PREVENTION

This is the **FOURTH** 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.

There are two main approaches to the prevention of drug misuse – prevention and education. Legislation tends to be used to control the supply of drugs. In the UK it is illegal to possess or supply drugs controlled under the 1971 Misuse of Drugs Act. However, with VSA, the products misused are legitimate consumer goods that we all have in our homes, so it is controlling demand, not supply that is vital. Re-Solv has always believed that the key to VSA prevention is education - this is also becoming true for an increasing range of other drugs dubbed 'legal highs' which are complex to control. Giving young people the information and the skills they need to resist and avoid the risks associated with substance misuse, and to make healthier life choices in general is key.

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

Substance misuse education is a statutory part of school curricula in Northern Irelandⁱ, Scotlandⁱⁱ and Walesⁱⁱⁱ. In Northern Ireland and Wales there is a requirement for both "legal and illegal substances" to be included; in Scotland the curriculum covers "a variety of substances including over-the-counter and prescribed medicines, alcohol, drugs, tobacco and solvents".

In England, the Science curriculum now covers the effects on the human body of tobacco, alcohol and other drugs, and how these relate to personal health. However, the depth in which these topics are covered and the wider issues around resilience, resisting peer pressure and consequences are not specified - these issues may be covered in PSHE lessons, but there is no statutory requirement to do so^{iv}.

Department for Education guidance^v published in 2004 advised that VSA be "addressed at an early point in the drug education curriculum because of the potential for early onset experimentation, the availability of products open to abuse within the home and school, and the particular dangers posed by VSA or 'sniffing'. These include the high risk of sudden death, even for first-time and occasional users."

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KEY MESSAGES

- ***The right messages can change attitudes around VSA.***
- ***Some schools are reluctant to teach about VSA. This needs to be overcome.***
- ***Parents can be educators too.***

In the light of current research, and through our own work in schools, Re-Solv explored possible education and prevention solutions to the problem neatly summarised in Campaign magazine: “how to get young people to ‘just say no’ when they may know others who said ‘yes’ to drugs and liked it.”^{vi}

Reservations about drugs education were expressed by the Advisory Council on Misuse of Drugs to a House of Commons Home Affairs Committee: “the evidence showed that drug education did not necessarily affect drug-taking decisions but did improve people's knowledge about substances.”^{vii} Similarly, American research into the ‘Just Say No’ campaign of the early 2000s suggests that the campaign “had no favourable effects on youths’ behaviour and that it may even have had an unintended and undesirable effect on drug cognitions and use”.^{viii}

On the other hand, since the UK government ran its highly successful VSA prevention campaign between 1992-4 aimed at parents (see Chapter 5: Policy) and Re-Solv simultaneously began delivering sessions in schools and providing resources to deliver preventative education, we have seen a significant downward trend in the number of deaths of young people from VSA. (In 1983-1987 59% of deaths were of young people, falling to 18% between 2003-2007.) Of course this does not *prove* the effectiveness of the prevention work that has taken place. Many factors have been involved, including changes to the misused products themselves. But, as the House of Commons Home Affairs Committee found: “classroom interventions which can be delivered effectively at very little cost need only to be effective in a few cases to repay their cost many times over.”^{ix}

And the delivery of appropriate educational messages can change attitudes around VSA. While a ‘just say no’ approach may not be effective, a more

balanced approach that recognises both the advantages and disadvantages of substance misuse, such as that outlined here in the Scottish Curriculum for Excellence, may be more credible with young people: **“I understand the positive effect that some substances can have on the mind and body but I am also aware of the negative and serious physical, mental, emotional, social and legal consequences of the misuse of substances.”**^x

Some teachers are frank about their reluctance to incorporate VSA teaching into the syllabus. They worry that the products misused are legal, cheap and accessible – many students will have an aerosol immediately to hand in their PE bag, for example. Why raise this potentially dangerous topic? Is there evidence that it is even on the children’s ‘radar’?

Re-Solv’s experience is that when the topic is discussed openly, young people do show that they are already aware that certain consumer products could be misused to ‘get high’.

However, students are *not* necessarily aware of the risks involved in such behaviour, so VSA education is also important both in preventing the spread of misinformation among peers, and in providing a fact-based alternative to some of the more ‘celebratory’ aspects of substance misuse to be found in popular media such as *YouTube*: “the digital equivalent of the popular ‘knowledge’ about drugs that has always circulated through social networks”.^{xi}

It’s also key to remember that “Drug education mustn’t be a subject just for schools or the youth service”^{xii}; “evidence suggests that parents and carers who talk to their children regularly about drugs, alcohol and tobacco have a beneficial effect.”

A recent National Children’s Bureau survey revealed that, among young people, “the vast majority (62%) get most of their health advice and information from parents.”^{xiii} The same would appear to be true of drug-specific information: among 11 to 15-year-olds at school: “Pupils were most likely to get helpful information about drugs from teachers (69%), parents (66%) and TV (64%).”^{xiv}

Parents are seen by young people as a trusted

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The right message can change attitudes

Re-Solv's school sessions, carried out by its Youth Officer, give young people factual information in a fun and engaging way to help them make informed decisions, rather than delivering a 'just say no' message. These sessions do lead to short-term positive changes in pupils' understanding and in their attitudes. A

	Before session	After session	3 months later
Boys	44%	4%	17%
Girls	21%	3%	6%

study carried out among 76 Year 7 pupils compared VSA attitudes both before and after a school session, and then again 3 months later. This table below shows the percentage of boys and girls who thought it was OK for someone their age to try VSA.

At the three-month follow-up, the change in attitude is not quite as pronounced as immediately post-session (and this is to be expected as there would have been a 'decay' in any impact the session had over time). However, the results indicate that the Youth Officer's Sessions had a lasting impact and that a significant and sustained change in attitude has taken place.

source of information: but most parents are either not informed enough, or not confident, to talk with their children about VSA.

“With the benefit of hindsight all the signs were there, but I was unaware of them.” (Mother of a 15-year-old who died from VSA.)

This is perhaps where well-thought-out and well-designed public campaigns can be effective (see Chapter 6: VSA Policy). However, in an economy where, in England, “broader spending on drugs education has fallen from £3.9m in 2009-10 to £0.5m in 2010-11”^{xv}, parents may prove hard to reach with relevant information and support.

RECOMMENDATIONS

- VSA education should be available to all school pupils; it should start early, and should be intensive and sustained enough to make a difference. It should be a part of broad substance misuse education; but there are particular features that require some specific teaching – for example, on the immediate risk of death from VSA.
- Teacher confidence is the key to overcoming a reluctance to address VSA in the school curriculum, most effectively achieved by “the introduction of professionally-trained PSHE

teachers, rather than having the curriculum delivered by a teacher who is a specialist in another subject.”^{xvi}

- Re-Solv advocates support for parents in talking with their children about all substances – including volatile substances.

FIND OUT MORE

Re-Solv.org/education provides guidance for schools, teaching resources and information about school sessions on VSA and 'teen drugs'. For schools in Scotland, the teaching resource and short film, **Buzzin'**, developed in consultation with teachers and pupils nationwide and with Learn Teach Scotland, is freely available within GLOW, the national schools' education intranet.

Mentor-ADEPIS has produced six down-loadable papers for schools and others involved in drug education or informal drug prevention on: the principles of good drug education, supporting drug education in schools, Drug prevention and early intervention, engaging parents, learning from life skills programmes, and addressing legal highs. www.mentor-adepis.org/the-principles-of-good-drug-education/

Re-Solv.org offers online information, support and counselling for those whose lives are affected by VSA, including families and friends.

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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.

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 Within the statutory Personal Development and Mutual Understanding (KS2) area of learning, and then within the Personal Development module of the statutory 'Learning for Life and Work' (LLW) curriculum (<http://ccea.org.uk/curriculum/>).

ⁱⁱ Within the Curriculum for Excellence, Health and Wellbeing area (www.education.gov.scot/).

ⁱⁱⁱ Within the Personal and Social Education (PSE) curriculum (<http://learning.gov.wales/splash?orig=/resources/improvementareas/curriculum/programmes-of-study/personal-and-social-education/>).

^{iv} See the PSHE Association (www.pshe-association.org.uk).

^v Department for Education, 2004, *Drugs: Guidance for Schools* (<http://mentor-adepis.org/wp-content/uploads/2013/07/2004-Drugs-Guidance-for-Schools.pdf>).

^{vi} Jonathan Akwue, *Campaign*, January 9 2012.

^{vii} House of Commons Home Affairs Committee, 10/12/12, *Drugs: Breaking the Cycle* (www.publications.parliament.uk/pa/cm201213/cmselect/cmhaff/184/184.pdf).

^{viii} Hornik, R.; Jacobsohn, L.; Orwin, R.; Piesse, A.; Kalton, G., 2008, Effects of the National Youth Anti-Drug Media Campaign on Youths, *Am J Public Health*. December; 98(12): 2229–2236 (www.ncbi.nlm.nih.gov/pmc/articles/PMC2636541/).

^{ix} House of Commons Home Affairs Committee, as above.

^x Curriculum for Excellence, Health and Wellbeing: experiences and outcomes (<https://education.gov.scot/Documents/hwb-across-learning-eo.pdf>).

^{xi} Manning, P., 2013, 'YouTube, 'drug videos' and drugs education', *Drugs: education, prevention and policy*, Vol. 20, No. 2, pp 120–130 (<http://www.tandfonline.com/doi/abs/10.3109/09687637.2012.704435>).

^{xii} Mentor-ADEPIS (<http://mentor-adepis.org/>).

^{xiii} National Children's Bureau, 12/4/12 (www.ncb.org.uk).

^{xiv} NHS, 2012, *Smoking, drinking and drug use among young people in England, 2011* (https://data.gov.uk/dataset/smoking_drinking_and_drug_use_among_young_people_in_england).

^{xv} Department of Health, 2011, *United Kingdom Drug Situation*, p37 (<http://www.cph.org.uk/wp-content/uploads/2012/08/uk-drug-situation---2011-edition-uk-focal-point-on-drugs.pdf>).

^{xvi} Mentor-ADEPIS, House of Commons Home Affairs Committee, as above.

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