

Volatile substance abuse

The needs and opinions of parents, professionals, retailers and environmental health officers in Northern Ireland



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Authorship

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for Northern Ireland by Richard Ives of *educaRI*.



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Background

This report presents a summary of findings and recommendations of research carried out for the Health Promotion Agency in relation to volatile substance abuse (VSA). The full research report, which draws together existing and new research, and makes recommendations for action, will be made available on the HPA website later in 2002.

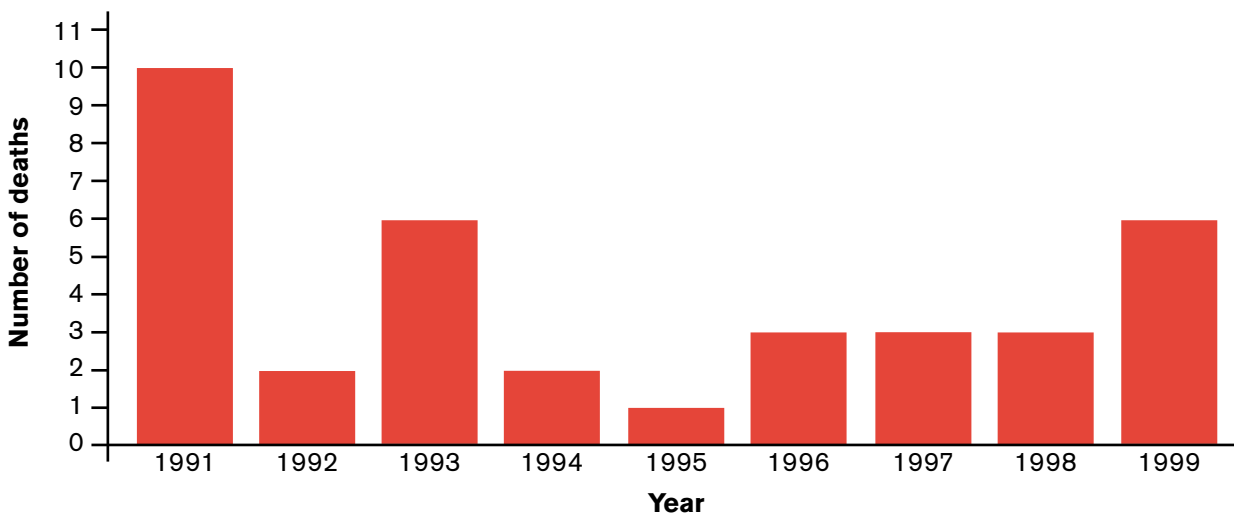
What is volatile substance abuse?

'Volatile substance abuse' (VSA) refers to the misuse of everyday products such as glues, gases and aerosols to achieve intoxication. It is sometimes called 'solvent abuse'. VSA is dangerous: where aerosols are used there is a significant risk of suffocation caused by the swelling of the larynx, and butane (lighter fuel) particularly has been associated with sudden death by heart failure.

VSA in Northern Ireland

A significant proportion of young people in Northern Ireland experiment with these products - almost a fifth of 14 to 17 year olds reported having tried VSA.¹ In the period between 1971 and 1999, 70 people in Northern Ireland have died as a result of misusing these products.²

Figure 1: Deaths in Northern Ireland associated with VSA 1991-1999



Young people's attitudes to VSA

The 2000 *Young People's Behaviour and Attitudes Survey* asked young people "How dangerous do you think it is for people to try solvents once or twice/take solvents regularly?".³ More than three quarters rated experimental sniffing as 'quite' or 'very' dangerous (see Table 1).

Table 1: How dangerous is it to use solvents?

per cent	not at all dangerous	a little dangerous	quite dangerous	very dangerous	don't know
'try solvents once or twice'	2.3	10.6	28.3	48.5	10.2
'take solvents regularly'	1.6	1.8	9.0	77.1	10.5

Base: all respondents who answered the question (Ns = 5951, 5970)

If they think it is so dangerous, why do they do it? Research carried out through interviews with 16 to 18 year olds highlighted that key reasons for starting to use solvents are the desire for the experience of being “high” and the relative accessibility and affordability of solvents compared to drugs or alcohol. Accessibility is a key issue underlying early use. Interviewees were quoted as saying:

- ‘Solvents are pretty dangerous - aye they’ll kill you boy if you take too much of it.’
- ‘I tried sniffing a couple of years ago, used to sniff gas and hairspray, but it’s for the younger ones..!’
- ‘They’re too young to get a drink, they wouldn’t have the money (so they use solvents)’.⁴

Substances being misused

Young people in Northern Ireland experiment with a range of products. Those listed by the *Health Behaviour of School Children survey* (HBSC) included: gas lighter fuel; glue; aerosols; petrol; nail varnish; and various branded products such as *Tipp-Ex*, *Damp Start*, and *Lynx*.⁵

Age

Table 2 shows the age young people were when they first misused a volatile substance, as reported in the HBSC survey. Only a few tried ‘sniffing’ before the age of 10, but more than a third of the misusers had tried VSA before 13 years of age.⁵

Table 2: Age of first misuse of a volatile substance⁵

Age of first misuse	Age 9 or less	Age 10 to 12	Age 13 to 16	Can't remember
% of misusers	5.2	31.3	24.6	38.9

Base: those who have tried VSA (N=886)

Volatile substance abuse: the adult perspective

Rationale for the research

Previous research by the Health Promotion Agency had already provided some information about young people's knowledge of and attitudes towards VSA. However there was little, if any, information available on the knowledge, views and attitudes of parents and other adults who work with young people and who may have to deal with volatile substance abuse.

Research objectives

The purpose of the research was to elicit adults' views and knowledge of, and attitudes towards, volatile substance abuse. Of particular interest were the opinions of:

- parents of children aged 8-14 years;
- retailers;
- environmental health officers (EHOs);
- professionals working with young people.

In order to assess their knowledge of and attitudes towards volatile substance abuse, they were asked if they had experience of volatile substance abuse among young people. In addition, questions were asked to explore their opinions about, and awareness of, legislation on the sale of volatile substances. A further aim of the research was to find out what information they needed about VSA.

Research methodology

The research was carried out in Spring 2001.

- Four group discussions and 20 face-to-face interviews were conducted with parents throughout Northern Ireland.
- Thirty face-to-face interviews were conducted with retailers from a variety of different retail outlets.
- Telephone interviews were conducted with environmental health officers from 25 of the 26 local councils.
- Twenty six telephone and eight face-to-face interviews were conducted with professionals working with young people from a range of professions.

Each interview or group discussion was guided by a well-defined set of topic areas.

Research findings

1. Parents

Parents tended to think that their own children would not be foolish enough to experiment with volatile substances. They were more concerned about drug misuse than volatile substance abuse. But they knew that VSA had potentially serious consequences and (on average) they rated 'solvents' as more dangerous than most illegal drugs, with the exception of cocaine/crack and heroin.

They had difficulties talking with their children about drugs, alcohol and volatile substances; very few parents had discussed VSA specifically.

2. Retailers

Retailers lacked awareness of the problem of VSA and didn't always know what the law on sales of volatile substances was.

Most didn't think that they could do much to prevent VSA; for example, whatever controls they had, older children could purchase products for younger children. But they did want more information on VSA, and they wanted advice on how to tackle the problem.

3. Environmental health officers (EHOs)

EHOs also lacked awareness of the problem of VSA and of the details of the law relating to the sale of volatile substances.

They thought that the law was 'too vague' and difficult to prove, therefore it was rarely enforced. They weren't sure of their responsibilities. They said that they didn't have enough resources to tackle the problem and that other issues had priority. But they knew that retailers needed information, and they were willing to help to distribute it.

4. Professionals

Professionals working with young people, such as teachers, youth workers, and the police recognised VSA as a problem, although not as big a problem as it was in the past.

They saw VSA as a part of the wider problem of drug misuse, but were aware of its special characteristics, such as the ready availability of products containing volatile substances and the different legal status of VSA.

Some didn't want campaigns that focused on VSA and raised its profile 'too much'. They felt that the context of any campaign was crucial; VSA should be included alongside other drugs, and that the focus should be on 'lifeskills'. Campaigns should support local workers and be implemented in different communities in ways that recognise their different needs.

Conclusions

The research highlighted the following conclusions:

- VSA remains a continuing problem; we only have to look at the number of deaths each year to see this.
- Surveys show that - despite the dangers - a large proportion of young people experiments with VSA.
- Surveys of both young people and parents show that most are not sufficiently aware of the dangers of these products.
- Parents were more concerned about drug misuse than VSA.
- Parents had difficulty talking with their children about drugs and related issues.
- Professionals were cautious about the impact of any campaign about VSA, although they were aware of its particular problems.
- Retailers were not well informed, but they were keen to receive more information; however, retailers didn't think that what they could do would have much effect on the problem.
- Environmental health officers were not well informed about the law and gave the problem of VSA a low priority; however, they recognised their need for information and were willing to help in getting appropriate information to retailers.

Recommendations

It was recommended that linked information campaigns on VSA should be run, aimed at different target groups. These campaigns should aim to raise awareness of the problem, to tackle supply issues, and increase people's capacity to address the problem.

The campaigns should have four key goals:

- to help parents and their children to talk with each other about the issues;
- to raise professionals' skills in tackling the issue;
- to increase retailers' abilities to recognise unlawful sales and to refuse such sales;
- to improve the response of environmental health officers and the police in enforcing the law.

Any campaigns need to avoid the danger of alerting young children to the possibilities of sniffing products that they may not have been aware of previously.

Three key recommendations

1. A campaign to inform retailers about the law on the sales of volatile products, modelled on the campaigns that have taken place in other parts of the UK.

This would increase awareness of the problem among retailers and EHOs, putting it higher on their list of priorities. It could lead to increased vigilance by retailers in monitoring underage sales and refusing such sales where there was suspicion of misuse (and, in the case of butane lighter refills, not selling to anyone under 18 years old).

2. A campaign aimed at professional workers with young people.

This would provide up-to-date information about the extent of VSA among young people, remind professionals that the problem had not gone away, and refresh their memories about the skills and techniques that could be used in working with young people.

In particular, the approach taken by the Health Education Board for Scotland (HEBS) in publishing and freely distributing a resource for professionals about VSA was recommended.

3. A campaign aimed at raising parental awareness of the issue.

This would help parents to make a more accurate assessment of the risk that their own child might misuse volatile substances, and provide them with assistance in talking with their children about VSA.

The information currently available to parents should be updated and it was also recommended that a new booklet for parents should be produced, giving basic information about drugs and volatile substances and advice on talking with children and young people about drugs and volatile substances. The booklet should focus on practical steps that parents could take to tackle substance-related issues.

What was not recommended

There were a number of possible courses of action, which the research indicated would be less appropriate to take forward at this time.

A TV campaign/leaflet

The research did not indicate that a TV campaign or a leaflet focusing solely on volatile substances would be useful at this point. It appeared that it would be better to integrate issues concerned with volatile substances alongside issues related to other drugs.

A campaign aimed at young people

A campaign aimed at young people was not recommended as a course of action. The research suggested that, for the moment at least, it would be more cost-effective to focus on the other target groups.

VSA in the school curriculum

The introduction of special 'VSA lessons' in schools was not recommended. It appeared more appropriate that VSA should be included alongside legal and illegal drugs and medicines, and there is already policy on this.

However, the research did suggest that it might be valuable to look at the school and youth service curriculum on VSA and examine how, in practice, VSA was included. More curriculum resources (or greater awareness of existing resources) on VSA that deal with it in the context of other drugs might be needed.

As a new curriculum is to be introduced in Northern Ireland schools in 2003, this could be seen as an opportunity to include VSA more centrally in the drugs part of the curriculum. It was therefore recommended that the HPA should ensure that it was involved in consultations regarding this new curriculum, and that VSA should have a place alongside other forms of drug misuse within the curriculum.

References

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