

About inhalant abuse



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Koori Education Unit, Department of Education and Training

Koori Liaison Unit, Victoria Police

Indigenous Issues Unit, Department of Justice, Victoria

About inhalant abuse



For health and community workers

introduction



This booklet was developed for **community drug and alcohol workers**, and health professionals, who are working with young people who are engaged in chroming or other inhalant abuse. Inhalants are a range of products, many of which are familiar household items, including glue, paint thinner, deodorants and petrol, that when inhaled may cause a person to feel 'high' (Australian Drug Foundation, 1999). Regular use of inhalants can lead to dependence and a range of associated health problems.

Young people often choose inhalants over alcohol or other types of drugs because they are easy to get, cheap, and legal and provide a quick high.

This booklet is concerned primarily with the inhalation of solvents, namely chrome paint. Chroming is the practice of spraying chrome paint from an aerosol can into a plastic or paper bag and breathing in the contents.

In addition to this booklet, there are four other resources that are available for your use. These are:

- *Inhalant abuse: a booklet for families and communities*
- *Inhalant abuse: a poster for families and communities*
- *About inhalant abuse: a manual for community development*
- *Management response to inhalant use: guidelines for the community care and drug and alcohol sectors*

When working with young people who use inhalants, parents, health workers and educators must be mindful of the type of information they distribute. Information about products that can be sniffed and methods of inhalation can lead to experimentation. Care should be exercised to ensure that information and education are appropriate for the target audience.

What's in this booklet?

Page

2 Introduction

4 About inhalants

- What are inhalants?
- Methods of use

5 Effects of inhalants

- Physical effects
- Short-term (immediate) effects
- Long-term effects
- Pregnancy
- Dependence/addiction
- Withdrawal
- Inhalant deaths

9 Who are the kids that sniff?

- How old are the kids who sniff?
- Reasons for sniffing inhalants

10 Patterns of inhalant use

- The sometimes mob
- Most of the time mob
- The sick mob

11 Detecting inhalant use

- Signs of chroming or solvent use

12 What can you do about sniffing?

- Harm reduction

13 How do you look after a kid who has been sniffing?

- Emergency situations
- If they are conscious
- If they are unconscious
- Call an ambulance when
- If they are aggressive, angry or hard to manage
- Dealing with a group of inhalers
- Should you call the police?
- After the crisis

16 Interventions/how to help

- Brief interventions
- Long-term interventions

19 A&D services for people who use inhalants

- Individual counselling
- Group counselling
- Family counselling/support
- Rehabilitation or out-of-home care

22 Community responses to inhalant use

- Youth activities
- Information/education
- Community action
- Family education and support
- Community education and support
- Reducing availability

25 Useful resources

- Resources for workers
- Resources for clients
- Libraries
- Videos
- School education
- Manuals
- Other resources
- Books and articles

28 Koorie community alcohol and drug workers

About Inhalants

What are inhalants?

Inhalants are chemicals (usually liquids or gases) that give off fumes. These fumes have mind-altering qualities that can result in intoxication. Inhalants fit into four groups: volatile solvents, aerosols, gases and nitrates.

Inhalant

1. Volatile Solvents	There are many common household products that contain volatile solvents. These include correction and cleaning fluids and felt-tip markers, petrol, glue, or paint thinner.
2. Aerosols	Solvents contained in spray cans are known as aerosols. This includes products such as spray paints, deodorants and hairsprays, insect sprays and air-fresheners.
3. Gases	Household or commercial gases that are often used for inhalation purposes include butane cigarette lighters, gas bottles and whipped cream bulbs.
4. Nitrates	Nitrates include video head cleaners and 'room deodorisers'.

Methods of Use

The most common techniques for using inhalants are:

1. Squeezing contents of glue tube into a plastic or paper bag and breathing in the contents
2. Saturating a cloth with a substance and holding over the face or putting directly into the mouth
3. Sniffing directly from a container or gas tank
4. Spraying aerosol propellant directly into mouth or into a balloon and allowing the balloon to implode inside the mouth
5. Spraying chrome paint into a plastic or paper bag and breathing in the contents. This is also known as chroming.

Apart from 'chroming' other terms used to describe the practice of inhaling solvents include:

- 'bagging': inhaling fumes from a plastic bag
- 'huffing': stuffing an inhalant soaked rag into the mouth
- 'sniffing' or 'snorting': inhaling through the nose

People use inhalants for the same reasons they use other drugs like grog, heroin or marijuana. The two types of inhalants that are most commonly used are:

- spray paints - kids sometimes call this 'chroming'; and
- glues.

Effects of Inhalants

The specific effects of an inhalant will depend on:

- the type of substance used (glue, paint, etc.)
- the method of use (for example, using a plastic bag, or directly into the mouth)
- the amount inhaled
- the age and gender of the person
- how long they have been doing it for
- how fit and healthy the person is
- where they have inhaled the substance.

However, we can make some general comments about the usual effects solvents have when they are sniffed.

Physical effects

The fumes from an inhalant contain chemicals. When a person breathes in these fumes, the chemicals go from the air into their lungs. These chemicals are then absorbed from the lungs into the person's bloodstream.

The blood then carries the chemical to the brain where it changes the way the brain works - sometimes putting parts of the brain to sleep, and often causing strange feelings, thoughts or movements.

The blood also carries the chemicals to other parts of the body where it can cause permanent damage to the liver, kidneys and nerves.

When a person breathes in an inhalant, they experience effects similar to drinking alcohol. The person will start to feel relaxed, as though nothing much worries them, then they may feel more intoxicated, they may not talk properly, walk properly, or care what happens to them. The more the person inhales, the worse these symptoms will get.

Short-term (immediate) effects

Inhalants are depressants, that is, they slow down or depress some of the body's functions, especially the ability of the heart to beat, as it should, and for the lungs to breathe properly.

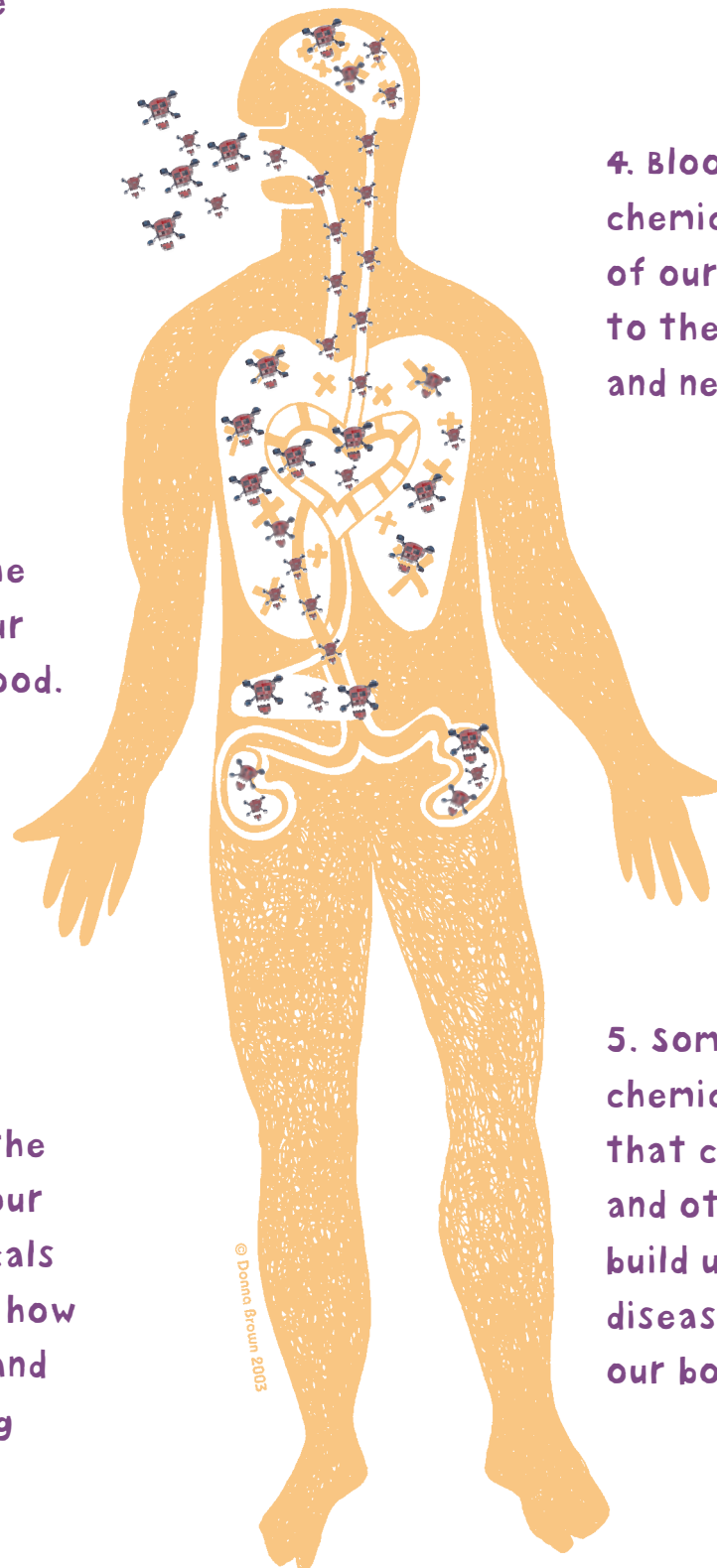
- **Inhaling small amounts** of solvents can cause similar effects to being drunk. The person may feel good at first, laughing and feeling on top of everything, then they may become disoriented (not knowing quite where they are or what is going on around them). The person may also experience slurred speech and be unsteady on their feet.
- **Inhaling larger amounts** of solvents can cause the person to feel like someone who is very drunk. The person may lose their coordination and fall over; they may be unaware of where they are or what's going on around them.
- **Inhaling too much, too quickly** may cause the person to experience convulsions (fits), or hallucinations (seeing or hearing things that aren't actually there). If a person inhales too much, too quickly, they may 'overdose', that is lose consciousness or blackout. This can be very dangerous for the person and could result in an accidental death, especially if they are near a river or lake, walking along a road or driving a car.

The effects that have been described can happen quickly (within a few minutes), but they also recede quickly once the person stops inhaling. Like someone who has drunk a lot of grog, a young person can experience after effects that can be similar to a hangover (such as headache or feeling sick).

1. Fumes from the substances go into our lungs.

2. chemicals in the fumes go from our lungs into our blood.

3. Blood carries the chemicals up to our brain. The chemicals cause changes in how our brain works and this is the feeling sniffers like.



4. Blood also carries the chemicals to other parts of our body, especially to the liver, kidneys and nerves.

5. Some of these chemicals are poisons that collect in our brain and other places and build up to cause diseases and damage our body.

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Long-term effects

People who are regular or heavy sniffers (sniff a lot and often) can find it difficult to concentrate on everyday activities, even when they are not inhaling. They may experience nose bleeds, have blood-shot eyes, a frequent cough, constant tiredness, bad breath and sores on or in their nose and mouth.

Often the person is very weak, they are unable to think clearly, they lose weight and may become aggressive, or feel paranoid (as though everyone is out to get them). Occasionally, regular or heavy inhalers may suffer some muscle fatigue (some of their muscles won't work).

Heavy use for a long time, such as chroming over long periods (up to 10 years), has been known to cause some permanent brain damage. Some long-term inhalers also suffer kidney, liver and nerve damage.

Pregnancy

The chemicals in inhalants can pass through the bloodstream of the mother and enter the bloodstream of an unborn baby.

There has not been a lot of research into how inhalants may affect an unborn baby. However, there is no doubt that drugs have some effects on an unborn child and using inhalants may harm the baby.

Dependence/addiction

Many people believe that sniffing inhalants is not 'addictive' like heroin is. By addictive, they mean that the person needs the drug regularly or they will become physically sick. When someone is addicted to a drug, his or her body gets used to having the drug. If they then decide to stop using the drug, they go through 'withdrawal'.

Withdrawal

Withdrawal is when the body is readjusting to being without the drug. With drugs, like heroin and alcohol, people can feel very sick when they are withdrawing (another name some people use for this process is 'detoxification'). Often, people withdrawing from heroin or alcohol need medical help to do it safely. Long-term inhalers usually don't need any medical help for the withdrawal process when they decide to stop. However, they may need medical help for other reasons, so it is always important to get them to a doctor for a check up.



Inhalant deaths

There is no safe level of inhalant use. There are two main causes of death in people who use inhalants.

1. **Sudden Sniffing Death (SSD):** SSD occurs when a person sniffs a lot of a solvent very quickly and then does strenuous exercise – like running away. Death occurs because the person's heart cannot cope with the stress placed on it. This is why it is not a good idea to chase a sniffer.
2. **Accidental Injury:** The risk of death from accidental injury increases if a person has been sniffing. Examples of accidental injury causing death include:
 - Suffocation (death through lack of air): Suffocation may occur when a person puts a plastic bag over their head to chrome, or sprays the solvent directly into their throat.
 - Falling: If a person was sniffing in a dangerous environment, for example, on the edge of a cliff or on the roof of a house, their intoxication may increase their chances of falling to their death.
 - Fire or explosion: Many inhalants burn very easily and inhalers have died or have been very badly injured when their solvent has exploded into flames.
3. **Other Accidental Deaths**
 - Inhalers have also died or have been badly injured as a result of accidental drowning, walking in front of cars or in fights.



Who are the kids that sniff?



Chroming and inhaling other solvents affects both Aboriginal and non-Aboriginal kids. Some of the things that may cause a kid to sniff include:

- violence at home
- living with someone who is an alcoholic or substance abuser
- extreme poverty
- dropping out of school
- moving from relative to relative or in and out of foster homes.

How old are the kids who sniff?

Kids who sniff inhalants are usually under 18 years. Once kids get a bit older they usually stop sniffing. This is because older kids often see inhalants as 'dirty' drugs or 'kids stuff', and their peer group starts to use other drugs like marijuana and alcohol. This sort of peer pressure is often a reason why sniffers stop. However, some kids may just change from one drug to another, that is, go from sniffing to marijuana, alcohol or speed (amphetamines).

Reasons for Sniffing inhalants

When we ask kids why they sniff paint or other inhalants, the reasons they give are no different to the reasons people give for using other drugs. The most common are:

1. to have fun
2. to get high
3. to be part of a group (peer pressure)
4. to deal with problems.

It is important to find out why kids are sniffing because this will guide us in how to respond. For example, if the reason relates to having fun, one way to address the issue would be to provide alternative fun activities for the kids.

Patterns of inhalent abuse

There isn't just one type of chromer. Patterns of solvent abuse can be classified into three types:

1. The sometimes mob/experimental inhalers
2. The most of the time mob/regular inhalers
3. The sick mob/chronic inhalers

The Sometimes mob

Experimental inhalant use is caused through curiosity. For most kids, sniffing paints and glues is just a brief stage in their lives and one that they quickly grow out of. Most kids who sniff inhalants fall into this group.

Some kids stop experimenting with inhalants when their families or teachers find out about it and punish them or persuade them not to, or they decide after a couple of tries that they don't really like the feelings sniffing gives them.

Most of the time mob

Regular inhalers are kids who have got into a habit of sniffing. It may be that they sniff on weekends, or at school with their friends. In most instances sniffing is an activity associated with being part of a group. They are likely to be starting to experience some of the physical effects of sniffing inhalants, such as constant tiredness, sores to the throat and mouth, depression and anxiety.

The sick mob

Chronic or problematic inhalant use occurs in only a small number of kids. These kids are usually older and will tend to use alone or with other long-term users. These kids are in danger of causing long-term physical and mental damage to themselves. They are also at risk of upsetting the lives of their families and communities and of influencing other young people to sniff paint or other inhalants.

Help needs to be given to all the mobs that sniff, but we also need to try and prevent the problem from happening in the first place.

Detecting inhalent use

Signs of chroming or solvent use

Some signs are apparent shortly after a person has inhaled something, for example, the smell. Other signs are subtle changes in their behaviour that only someone close to them may see over a period of weeks or months. The **physical** signs are the more immediate ones, while the changes in the way the person **behaves** can take a while to become obvious.

Physical signs:

- Paint stains on their skin (especially around their mouth or nose) and on their clothes
- You find empty solvent containers (glues, spray paints) and plastic bags in places where they have been
- Sores around their mouth and/or nose
- Red or runny nose or eyes
- Strong chemical smells on their breath or clothes
- Appearing to be drunk, dazed, staggering
- Complaining of lots of headaches
- Speedy, aggressive.

Changes in behaviour, which may be associated with sniffing:

- Wagging school, doing badly at school
- Generally lazy and often tired
- Loss of appetite
- Being secretive about what they are doing, where they are going, who they are with
- Getting into petty crime - thefts
- Graffiti painting
- Anxiety, depression, anger
- Big mood swings - going from really happy to depressed very quickly.

Remember, these could be signs of something else. Don't jump to conclusions - ask them, don't accuse them. Listen carefully to what the person is saying and remember that only a very small percentage of kids get into chroming or solvent sniffing and of these only a small number do more than experiment for a short time.

The easiest way to distinguish between inhalant use and other drug use is by the smell. Inhalants generally leave a bad smell on the breath and clothes. People who inhale paint may also have paint on their face and clothes.

What can you do about sniffing?

It is important to remain calm, open and honest when talking to someone about his or her drug use. Your focus needs to be on the 'whole person', that is, their physical health, mental health and family situation. Some strategies to assist with this include:

1. Assume use: Ask questions like 'How often do you inhale lighter fluid?' rather than 'Do you use lighter fluid?' or 'You aren't using lighter fluid are you?'. This shows the person that you expect them to be using and are open to them speaking to you about their drug use.
2. Don't be judgemental: When speaking to a person about their inhalant abuse don't show surprise, raise your eyebrows or say things like 'that's heavy use' when the kid tells you how much they are using.
3. Don't press the person if they don't want to talk: If there are some things that the person is avoiding telling you right now, don't push them, you can talk to them again later. It is important that you develop and maintain a good relationship with the person in order to help them.

Just knowing that someone is inhaling isn't a lot of help if, in the process of finding out, you damage the relationship you have with that person. Harboring suspicions, making accusations, spying, getting angry and shouting are all likely to hurt your relationship with the person. You may find out what they are doing, but if they never come near you again, that knowledge isn't much use.

Harm reduction

The Department of Human Services has a clear policy that does not permit the passive observation/supervision of clients using inhalants. Harm reduction methods are often very controversial because some people see it as being 'soft on drugs' or encouraging drug use. One way to help your community understand the benefits of harm reduction is to make sure it is only one part of a strategy addressing sniffing and that a major aim is to encourage kids to stop sniffing altogether. Harm reduction methods can be taught to parents, the police and the community. Part of a community awareness campaign about solvent sniffing can include information about ways of reducing the dangers associated with sniffing.

It is not always possible to make a young person stop sniffing straight away. However, while they continue to inhale, they are at risk of causing themselves serious injury or death. It is important for you to try to assist the young person to reduce this risk. You may want to:

- Tell them that inhalant use, particularly chroming, is dangerous
- Tell them not to spray chrome paint directly into their throat as this can 'freeze' their airways and cause suffocation
- Tell them not to place a plastic bag over their entire head to chrome as this can lead to suffocation and death and that you can overdose from inhalant abuse
- Tell them that they should not inhale alone or in small places such as a toilet cubicle.

How do you look after a kid who has been sniffing?



Occasionally, you may get involved with a chromer because of some sort of emergency situation. If a kid appears intoxicated, decide if they need immediate medical attention. Their safety should be your number one concern.

Emergency Situations

If they are *conscious/awake*, breathing OK and don't need first aid or to see a doctor:

- Take away the inhalant if it is safe to do so
- If you are in an enclosed space, open doors and windows
- Remove matches and do not smoke
- Keep the person still and quiet
- Keep person calm, don't chase or shout at them
- Seek medical help if they are not recovering after the inhalants have been removed
- Don't try and counsel them when they are intoxicated
- Think about what you will do next - get further medical help, take the person home, take them to a residential support centre, etc.

If they are *unconscious/won't wake up*:

- Call an ambulance
- Put the person on their side, tilt their head and check their airway is open, so that if they vomit they won't choke
- If they are not breathing begin CPR if you know how to.
- If necessary move the person to a safe place
- Take away the inhalant - the hospital may need it for identification purposes later on.
- Keep calm

- Reduce any immediate risks to the young person, yourself or others:
 - open windows if in an enclosed space
 - remove matches and do not smoke
- Stay with the person until all the effects have worn off.
- When they have recovered, check and ask: What happened? Which drugs have you taken? How did you take them? How long ago? Do you know of anyone else who may need help?

Call an ambulance when:

1. The person

- **Is unconscious/won't wake up**
- **Has trouble breathing (wheeze)**
- **Is not breathing**
- **Is unresponsive**
- **Has blue skin, hot red or dry skin**
- **Has no pulse**

If they are aggressive, angry or hard to manage:

- Keep calm
- Make sure you are safe
- Make sure there is plenty of fresh air
- Try and calm the young person down
- Talk slowly and repeat things if necessary - reassure them
- Don't try and grab their inhalants away - try to persuade them to stop taking sniffs, then try to persuade them to give you their inhalants - this may take some time - if they won't, just try to keep them from actively sniffing
- Don't crowd them or excite them
- Don't chase after them (sudden exercise can lead to sudden sniffing death)
- Don't try and counsel them when they are intoxicated
- As things calm down more, think about what you will do next - getting medical help, taking them home, taking them to a shelter, etc.

When you are dealing with a group of inhalers:

- **Identify the group leaders and talk directly with them**
- **Identify those who are more likely to want to do something and follow up later with them individually**
- **Take extra care of your own safety**
- **Keep calm**
- **Make sure you are safe**
- **Make sure there is plenty of fresh air**
- **Talk slowly and repeat things if necessary - reassure them**
- **Don't try and grab their inhalants away - try to persuade them to stop inhaling, then try to persuade them to give you their inhalants**
- **Don't crowd them or excite them**
- **Don't chase after them (sudden exercise can lead to sudden sniffing death).**



Should you call the police?

Call the police if you have no other option and if the person is in danger of harming themselves or others. As of 1 July 2004, police will be given the power to seize and remove the products that a person is sniffing if:

- the person is found sniffing or inhaling
- the person has recently sniffed or inhaled
- the person is likely to cause harm to themselves or someone else

If the person is under 18, the police officer must release the person into the care of a suitable person who is able to take care of the kid and who wants to take care of the kid.

It is important to note that the person is not under arrest.

Police interventions can also include family conferences or warnings given to inhalers.

Family conferences can be formal or informal interventions. Formal conferences occur when the young person and family members are called for an interview with local police officers - other workers such as a youth worker can also be involved. Some police jurisdictions use a more informal approach where police will talk with inhalers and family members in the course of their duties such as when they drop a young person off at home after finding them sniffing in public. Conferences aim to use a range of tactics to bring pressure to bear on the young person - police, other services and families work together to monitor and encourage behaviour change.

Warnings or cautions are similar. Again, these can be formal or informal procedures but both aim to bring pressure to bear on the young person to change their behaviour. Police have a role in providing information and education to inhalers and this can be done during conferences and warnings.

After the crisis

Once you have dealt with the immediate situation, or have got an opening to explore the problem further, what do you do next?

There is no right way to deal with all situations. However, we have listed below all the different options that have been tried, and discuss the strengths of each method. The most successful ways of helping inhalers have involved a combination of a number of these approaches.

Interventions/how to help

When putting in place ways to stop inhalant use, we should try to remember that:

- Inhalant use is dangerous and should be treated as seriously as other drug use issues.
- Every kid is different and needs help that is specific to their individual situation. You may have to work with the person on their inhalant use over and over again before they start to get better.

Brief interventions

Brief interventions are often the best approach to take when a person's sniffing is experimental and low-risk to their health (the sometimes mob).

You might try educating the kids about the dangers of sniffing. Or you might have a talk with their parents or their school about the possibility of arranging some fun activities for them to be involved in.

A brief intervention is often the best way to start with an experimental young person, because we know that most kids only experiment for a short time, then stop. By not making a big issue of it and diverting them into other activities, you may help them to short cut their experimentation phase.

The steps below outline a brief intervention. Step one is suitable for either first time inhalers or kids who inhale more often, and should be repeated a number of times unless the inhalant use increases.

- 1. Remove the inhalant:** Ask the young person to give you what they are using to inhale.
- 2. Express concern.**
- 3. Educate:** Tell the young person about the physical harms that they may experience from their inhalant use.
- 4. Distract:** Try and get the person to take part in another activity, for example eating or games.
- 5. Assess the physical state of the person:** Are they in need of medical attention?
- 6. Seek other advice:** Contact a drug and alcohol agency to discuss how to manage the person, including potential residential options if the sniffing increases.
- 7. Repeat these steps if inhalant use continues.**

Long-term interventions

If you find that the sniffing is a bit more frequent or that the way the kids are doing it is particularly dangerous, you will need to try other ways to respond.

Long-term interventions should address the underlying reasons for the inhalant use. The following interventions form part of long-term plan and are designed for people who are regular or chronic inhalers (most of the time and all of the time mobs).

1. **Outline harms:** Most young people are not aware of the physical and mental damage that can be caused by inhalant use.
2. **Support and listen:** Listening to the young person and talking to them about sniffing is important.
3. **Show how to say no:** Many young people need help to develop skills that will help them to say 'no' to inhalant use. They may also need help to express their emotions, for instance anger and sadness.
4. **Understand them:** Why is the person abusing inhalants?
 - What causes the person to inhale/chrome (family history of drug use, a traumatic experience, family history of drug use)?
 - What keeps the person inhaling/chroming (friends offering or boredom)?
5. **Offer alternatives to inhalant use:** Encourage them to take part in activities other than inhalant use. You may be able to develop a fun activity program that distracts them from sniffing.
6. **Family interventions:** You could get the person's family involved and help them to talk to and support each other better. This can be done with a family counsellor or alcohol and drug agency.
7. **The community approach:** Try and link the person into local health and welfare agencies that can help with other aspects of their lives. You may also like to run a local inhalant awareness group amongst businesses, the police, local council or the elders in your town. Outline the benefits to traders of being involved in reducing drug related harm in the area. Provide them with the guidelines that are available in the Department of Human Services retailers kit.

The Retailers kit assists retailers with the responsible sale of inhalants. The kit has been distributed to traders who sell inhalants, in particular, those who sell the more commonly used products such as spray paints.

Koori A&D workers

There isn't a one-size fits all approach when dealing with inhalant use. Working with young people often requires flexibility in how you reach them. However, there are several different methods that have been used for dealing with this issue in the past.

Youth workers often 'work on the streets' meeting and talking (counselling) with kids in shopping centres, parks or at home. Telephone services like the Kids Helpline and Lifeline are sometimes the preferred ways for kids to access information relating to drug and alcohol services.



Youth help lines

Kids Helpline (free call) 1800 551 800

Lifeline 13 1114

Youth help on the Net

www.reachout.asn.au - Reach Out

www.dotu.wa.gov.au/drugs/index.html - WA government youth info website

www.youth.nsw.gov.au/links/drughelp/ - NSW government youth info website

www.kidhelp.com.au - Kids Helpline website

The logo for DirectLine features the word "DirectLine" in a bold, sans-serif font. "Direct" is in orange and "Line" is in blue. Below it, the number "1800 888 236" is written in blue, followed by "24 HOURS" and "7 DAYS" in orange. At the bottom, in a smaller blue font, it reads "CONFIDENTIAL ALCOHOL AND DRUG COUNSELLING AND REFERRAL LINE".
DirectLine
1800 888 236 24 HOURS
7 DAYS
CONFIDENTIAL ALCOHOL AND DRUG COUNSELLING AND REFERRAL LINE

A&D services for people who use inhalants



Individual counselling

For some young people there may be a number of underlying issues that influence their inhalant use. A common approach that many alcohol and drug (A&D) agencies use is to provide individual counselling for the young person, which will explore these issues in depth.

As we know, the problem can also involve the family, peer groups or the community in which the kid lives.

Therefore, while sniffing may be the immediate reason the person comes for help, the counselling usually targets the underlying problem(s), deals with current problems or helps the person learn new ways to think and behave.

Group counselling

In some cases where the sniffing is a gang activity, workers find that working with the whole group is a more effective strategy. After building up rapport with the group, workers are able to initiate discussions about sniffing, explore harm reduction strategies and look at alternative activities.

Some successful intensive and highly structured programs have been run in the UK targeting chronic inhalers who were also involved in the juvenile justice system. These programs involved some **family therapy and 'adventure-type' activities** as well as group sessions concentrating on specific subjects.

Other group activities have involved elements of **'activity substitution'** with group techniques. Workers have used activities such as sport or photography to attract inhalers and once a cohesive group has been formed, some group discussions and exploration of problems and issues has been possible.

Self-help groups of inhalers have also been tried. In self-help programs, ex-inhalers (or 'recovered' inhalers) meet with current inhalers and help them to talk about sniffing and strategies to change their behaviour. Self-help methods rely on ex-inhalers telling their stories, identification with success stories and encouragement through example.



Family counselling/support

We have talked earlier about the need for family involvement. As we know, this is especially important with Aboriginal families. Families may need support and education to understand what is going on and how they can help.

There may be things happening within the family that are **contributing** to the person's sniffing. A common family dynamic that can make a sniffing problem worse is where there is a lot of conflict (arguments and fights). Some form of family counselling may be needed to help members of the family change these contributing factors.

In some instances, the family may be the only way to get access to the young person; they can be educated about sniffing and pass this on to the young person.

Rehabilitation or out-of-home care

Residential rehabilitation or out-of-home (OHC) care for inhalers is sometimes a controversial topic. Often parents and workers see residential rehabilitation or OHC as highly desirable for chronic inhalers. It is a way to break the cycle and get them off the streets.

Decisions about residential rehabilitation for inhalers (indeed all young drug users) need to be considered carefully. For some inhalers with very difficult home situations or whose behaviour is a danger to themselves or others.



Some form of residential program or OHC may be necessary to provide some stability in their lifestyle while they are getting help. In some instances, a short residential or OHC program is effective in breaking a pattern of behaviour, giving the young person (and their family) a break and a chance to think about what they have been doing and a chance to get healthy.

Community responses to inhalent Use

Organisations, communities and governments can also work to try to reduce the amount of solvent misuse and the impact it has on their community. In this next section, we will look at the various ways communities have responded to chroming or solvent misuse. Many of these are steps in the prevention of solvent misuse that can apply to the specific problem of chroming.

If we look at what it takes for kids to get involved in solvent sniffing, we can identify a number of likely 'triggers':

- They need some knowledge of what products to sniff and how to do it (**information**).
- They need some way to get hold of these products (**access**).
- Usually, they need someone to show them what to do (**teach**) and encourage them (**peer pressure**).
- They are seeking relief or escape from an impoverished family or community situation (**environment**).
- They need some reason to try it out (**motivation**).

For most kids, unless they have friends or relatives (a peer group) who are involved in sniffing, it's unlikely they will ever be faced with situations where they have the opportunity to access solvents and have others show them how they are used.

They may have heard about sniffing but as they don't know anyone who who does it, they are kept away from it by lack of knowledge, lack of opportunity and lack of motivation. As it is often younger kids who are vulnerable to sniffing solvents, it is important not to arouse their curiosity.

One prevention strategy is to try and keep it this way. In some cases our efforts to make sure no solvent sniffing starts actually encourages young people to start experimenting. Where there are just a few isolated cases of sniffing, the services and community can decide that highlighting the issue may just increase the problem. The better approach may be to deal with isolated cases individually and just continue to monitor solvent use to make sure it is not increasing.

Youth activities

Boredom is often a major factor contributing to solvent misuse, as it is to many other problem behaviours by kids, such as graffiti, truancy, other drug use, petty crime and bullying. Many efforts to reduce all these problem behaviours have focussed on providing interesting and challenging alternative activities for kids to get into.

A whole range of activities have been successful including discos and music, outdoor adventure activities, sport and recreation activities, education and training opportunities, work experience, cultural activities, youth clubs, etc. Providing youth activities is a successful **prevention** strategy. A community as a whole can make a decision to provide positive activities for its young people knowing that it is a sound investment leading to reduced individual, family and community costs associated with all sorts of problem behaviours.

The ingredients of a successful youth activity program include having the young people **actively involved** in developing and running the program, having **sufficient resources** to enable the activities to be run and having the **right sort of people** assisting the young people.

This doesn't mean that elders can't get involved because often they have knowledge and stories that are important to pass on. Rather, the organising and decision-making should involve young people, including the young people you are trying to target. Some very successful youth activity programs for urban Aboriginal kids have involved teaching cultural skills and taking the kids on camps with community leaders and elders.

Information/education

If we tell kids which products not to sniff and how you shouldn't sniff we might actually be giving them all the information they need to experiment. If we say nothing the vast majority of kids won't even think about doing it.

Any education program around sniffing therefore needs to be **carefully targeted**. Blanket education programs are not recommended for the reasons given above. If, however, there is a group of kids experimenting with sniffing, a low-key education program **just for them** and their friends may be appropriate. School drug education programs need to follow the principles laid down in the 'National School Drug Education Strategy'. These are available on the Internet at www.detya.gov.au/schools/publication/drugstrategy.htm

Community action

In terms of the provision of **youth activities** for all young people, community action has sometimes been successful in putting pressure on schools, government services, politicians and others to provide good facilities for young people.

Youth services with youth workers who can help steer young people into positive and creative activities contribute to the prevention of a range of problems - juvenile crime, truancy, drug and alcohol misuse, violence, even mental health problems such as depression.

Other successful community strategies have involved getting rid of places where inhalers hang out - derelict buildings, for example, and replacing them with recreational areas.

Communities have successfully tackled solvent use through community development strategies - local communities have identified problems, planned community actions (for example awareness campaigns, activity programs, family support programs), and put those plans into action (refer to the Community Development booklet for further information).

Family education and support

Education programs for parents can help them to understand the issues around solvent sniffing, to become aware of the signs to look for, and to identify the best ways of helping their kids.

These education programs should not involve scare tactics for either parents or kids, but should concentrate on factual information and on strategies to reduce the likelihood of experimentation. Aboriginal health workers can assist families with advice and support to deal with a young person.

Often the family is the best way to get information and assistance to a young person. If they are young, getting them involved with a substance misuse service may not be a good idea. A better option could be for the substance misuse service to work with the family to help family members gain the knowledge and strength to deal with the problem.

Reducing availability

It is not illegal for shopkeepers to sell products like spray paints, glues and correction fluids to young people. However, there is a moral and community obligation on shopkeepers to restrict access to these products where they should have a good idea that the products are being sold for sniffing and not for the purpose they are intended. It is not hard for a hardware shop manager to work out that if they are selling ten times the amount of silver spray paint and almost always to young people that they are likely to be sniffing the paint rather than spraying their bikes silver. Many shopkeepers have voluntarily taken steps to reduce access to potentially dangerous products once the problem has come to their attention.

The steps a responsible shopkeeper can take include:

- Developing a policy on products that contain volatile substances likely to be sniffed.
- Reducing access by placing such products behind the serving counter so that purchasers have to ask a shop assistant for it.
- Educating staff about the products that are likely to be in demand for sniffing.
- Monitoring the purchase of such products and who is purchasing them.
- Cooperating with police, community organisations and health workers in programs to reduce sniffing.

Retailers have a vested interest in cooperating in efforts to reduce access to volatile substances as many inhalers shoplift these products rather than pay for them.

Useful resources

Resources for workers

Addy, D., & Ritter, A. (2000). *Clinical treatment guidelines for alcohol and drug clinicians. No 2: Motivational interviewing*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre Inc.

Biven, A. (2000). *Petrol sniffing and other solvents: A resource kit for Aboriginal communities*. Adelaide, South Australia: Aboriginal Drug and Alcohol Council SA Inc. (ADAC)/Department of Human Services, South Australia.

Central Australian Rural Practitioners Association (CARPA). (1997). *Standard treatment manual, 3rd Edition*. Alice Springs, Northern Territory: CARPA.

Department of Human Services. (2002). *Responsible sale of solvents - a retailers' kit*. DHS. Available: www.drugs.vic.gov.au/solvents

Drugs and Crime Prevention Committee. (2002). *Inquiry into the inhalation of volatile substances [Discussion Paper]*. Melbourne, Victoria: Victorian Government Printer.

Keenan, M., Lang, E., Brooke, T., Lynch, J., & Welsh, M. (2000). *Community partnership kit: supporting local community action on illicit drug issues*. Melbourne, Victoria: Turning Point Drug and Alcohol Centre Inc./Commonwealth Department of Health and Aged Care.

Limbrick, S. (2001). *Managing client substance misuse, policy development: information, training and resource manual*. Melbourne, Victoria: Berry Street Victoria.

National Inhalant Prevention Coalition. (2002). National Institute on Drug Abuse (NIDA). (2000). *Research report series – Inhalant abuse*. Maryland, USA: NIDA. Available: www.inhalants.org

Re-Solv The Society for the Prevention of Solvent and Volatile Substance Abuse. (2002). Available: www.re-solv.org/uk

Sunshine Chroming Awareness Program (SCAP). (2001). *Traders' resource kit*. Melbourne, Victoria: Galaxy Project.

Swan, A., Hocking, S., & Ritter, A. (2002). *Clinical treatment guidelines for alcohol and drug clinicians. No 8: Assertive follow-up*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre Inc.

Swan, A., & Ritter, A. (2001). *Clinical treatment guidelines for alcohol and drug clinicians. No. 7: Working with polydrug users*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre Inc.

Western Australian Drug Abuse Strategy Office (WADASO). (2001). *Retailers acting against solvent use - resource kit*. WADASO. Available: www.wa.vic.gov.au/drugwestaus/

Youth Substance Abuse Service (YSAS). *The chroming wheel*. Melbourne, Victoria: YSAS.

Resources for clients

Australian Drug Foundation. (2002). *Inhalants*. Available: www.adf.org.au/drughit/facts/inhalants.html

Family Drug Support. (2002). *Inhalants*. Available: www.fds.org.au/main_facts.html

Youth Substance Abuse Service (YSAS). (2002). Available: www.ysas.org.au/drugs/chroming

Libraries

Contact your local drug and alcohol service (see contacts list below) - ask if their library service has any videos or pamphlets about paint sniffing that you can borrow.

Videos

(Note that videos are generally not recommended for young audiences - the target audience is parents and/or health workers). Videos may be available from your state drug and alcohol service library, the ADF library in Victoria (phone 03 9278 8100), or the ADCA library in Canberra (phone 02 6281 1002).

The brain story - Bigfat Productions, Alice Springs (phone 08 8953 0284)

Too much trouble/the chroming game - Next Step, WA. 1997.

Karnanyjarra - Doing good things together, WA. 1988.

Painta wanti: paint story - Yalata Maralinga Health Service. 1994.

The sniffing bear (From Canada) available from Educational Media Australia (phone 02 9699 7144) email: www.ema.com.au

A bombshell: what parents should know about solvent abuse - UK. 1988.
(available from Educational Media Australia, see above)

Illusions - a film on solvent abuse - UK. 1983.

Inhalants: sniffing your way to addiction - USA. 1991.
(available from Educational Media Australia, see above)

School education

The Victorian Department of Education and Training is committed to providing relevant drug education resources for use by schools. In December 2000 they released a booklet titled *Volatile solvents: a resource for schools*. For further information please contact the Victorian Dept of Education on 03 9637 2000

This resource is available by contacting:

on the net

The brain story is available on the Internet at the website:

www.adac.org.au

www.inhalants.org

www.re-solv.org

www.ceida.net.au

www.adca.org.au - National Inhalants Prevention Coalition (USA)

- ReSolv (UK)

- CEIDA (NSW)

- Alcohol & Other Drug Council of Australia (ACT)

Manuals

Department of Human Services (2003), *Management response to inhalant use: guidelines for the community care and drug and alcohol sector*. Available:

http://www.dhs.vic.gov.au/phd/dts/downloads/guidelines_inhalants.pdf

Department of Human Services. (2002). *Responsible sale of solvents - a retailers' kit*. DHS. Available: www.drugs.vic.gov.au/solvents

Other resources

The petrol sniffing problem - a series of overheads for use with adults. Office of Aboriginal Health, Western Australia. 1987.

The brain story - a series of flipcharts using Aboriginal artworks to show the effects of sniffing on the brain, Aboriginal culture, and stories. Produced by Paint Link UP project. 1994.

Inhalants: a resource guide for health and welfare professionals - a booklet from the Australian Government Publishing Service, Canberra. 1985.

How drugs affect you: inhalants - pamphlet from the Australian Drug Foundation. 1999.

Volatile substances - CEIDA Fact Sheet No. 12, handout produced by CEIDA. 1998.

Glue sniffing: information for parents - pamphlet produced by the WA Drug and Alcohol Authority (now called Next Step). 1993.

Books and articles

Anangu way - book with stories and paintings about sniffing, alcohol and other health issues, Nganampa Health Council, Alice Springs. 1991.

Petrol sniffing in Aboriginal communities: a review of interventions - written by Peter d'Abbs and Sarah MacLean, CRC Darwin. 2000 (Included in this boxed set)

A demonstration project which shows how one community dealt with petrol sniffing - booklet by Xavia Almeida, about Mimili community in South Australia. Australian Government Publishing Service, Canberra. 1994.

Heavy metal: the social meaning of petrol sniffing in Australia - book by Maggie Brady, Aboriginal Studies Press, Canberra. 1992.

The grog book - by Maggie Brady, Dept of Health and Family Services, Canberra. 1998.

'Petrol sniffing down the track' - journal article by Maggie Brady & Dr Paul Torzillo, *The Medical Journal of Australia*, 160, 176-177. 1994.

'Patterns of petrol sniffing and other drug use in young men from an Aboriginal community in Arnhem Land' - journal article by Chris Burns and others, in the *Drug and Alcohol Review*, 14, 159-169. 1995.

Volatile substance abuse in Australia - report from Senate Select Committee on Volatile Substance Fumes, Commonwealth of Australia, AGPPS, Canberra. 1985.

Story about Intjartnama: a healing place - booklet by Barry and Elva Cook and Craig San Roque, National Drug Strategy Innovative Projects Occasional Series, Canberra.

Petrol sniffing among Aboriginal Australians: a resource manual - Morice, R.D., Swift, H. & Brady, M. (1981). Alcohol and Drug Foundation, Canberra.

'Out of the spotlight' - article by Jane Mundy, in *Connexions*, 15 (4), 269-274. 1995.

Moving on: a report on petrol sniffing and the introduction of AVGAS on the Anangu Pitjantjatjara lands - by Stewart Roper and Gill Shaw, Nganampa Health Council, Department of Human Services and Health. 1996.

Koori community alcohol and drug workers

Barwon South
Western Region

Wathaurong Aboriginal Co-operative

Morgan Street, Lot 62
(PO Box 402)
North Geelong 3215
Phone 5277 0044
Fax 5278 4123

Barwon South

Gunditjmara Aboriginal Co-operative

Harris Street Reserve
Warrnambool 3280
Phone 5561 4181 or 5562 9729
Fax 5561 1650

Grampians Region

Ballarat and District Aboriginal Co-operative

5 Market Street
Ballarat 3353
(PO Box 643)
Phone 5331 5344
Fax 5331 1637

Loddon Mallee Region

Bendigo Community Health Service

47 High Street
Bendigo 3550
Phone 5441 9800
Fax 5441 9888

Mildura Aboriginal Corporation

120 Madden Avenue
Mildura 3500
Phone 5022 1852
Fax 5023 7852

Njernda Aboriginal Co-operative

84 Hare Street
Echuca 3564
Phone 5482 3075
Fax 5482 5104

Swan Hill Hospital

79 Chapman Street
Swan Hill 3585
Phone 5033 2154

Maya Healing Centre (Minin Jalku)

7-11 Rossmoyne Street
Thornbury 3071
Phone 03 9827 5724
Fax 03 9484 7574

Hume Region

Rumbalara Aboriginal Co-operative

Tooloomba Rd
Mooroopna 3629
(PO Box 180)
Phone 5825 2111
Fax 5825 4493

Gippsland Region

**Central Gippsland Aboriginal
Co-operative Ltd\Mobile**

Cnr Collins and Buckley Streets
Morwell 3840
Phone 5136 5100
Fax 51337973

**Gippsland and East Gippsland
Aboriginal Co-operative**

37 Dalmahoy Street
Bairnsdale 3875
(PO Box 634)
Phone 5153 1593
Fax 5152 3115

Northern Metropolitan
Region

Victorian Aboriginal Health Service

186 Nicholson Street
Fitzroy 3065
Phone 03 9419 3000
Fax 03 9417 3897

Eastern Metropolitan
Region

Ngwala Willumbong Co-operative

93 Wellington Street
Windsor 3181
Phone 03 9510 3233
Fax 03 9510 6288

Koori community Alcohol and Drug Resource centres

All Metro Regions	Koori Community A&D Resource Centre 150 Separation St Northcote Phone 03 9481 2666 Fax 03 9486 3034
Barwon South West Region	Koori Community A&D Resource Centre 33 Wilkins St Corio 3214 Phone 5274 2390 Fax 5274 2390
Gippsland Region	Tanderra House, Koori Community A&D Resource Centre 37 Dalmahoy Street Bairnsdale 3875 Phone 5153 0125 Fax 5152 3115
Gippsland Region	Bendin House, Koori Community A&D Resource Centre 7-9 Buckley Street Morwell 3840 Phone 5133 7969 Fax 5134 4881
Loddon Mallee Region	Bacchus House Koori Community A&D Resource Centre 120 Madden Avenue, Mildura 3500 Phone 5022 1852 Fax 5023 7852
Hume Region	Gower House Koori Community A&D Resource Centre 69 Numurkah Rd Shepparton 3630 Phone 5831 3871 Fax 5825 4493

Aboriginal co-operatives

Gunditjmara Aboriginal Co-operative

Harris Street Reserve
Warrnambool 3280
Phone 5562 9729
Fax 5561 1650

Goolum Goolum Aboriginal Co-operative

143-145 Baillee Street
Horsham 3400
Phone 5382 5033
Fax 5381 1563

Murray Valley Aboriginal Co-operative

Lot 2 Latje Road
Robinvale 3549
Phone 5026 4329
Fax 5026 4332

Ramahyuck Aboriginal Co-operative

117-121 Forster Street
(PO Box 1240)
Sale 3850
Phone 5143 1644
Fax 5143 3436

Gippsland and East Gippsland Aboriginal Co-operative

37 Dalmahoy Street,
Barinsdale 3875
Phone 5152 1922
Fax 5152 3115

Lake Tyers Aboriginal Trust

Rules Rd
Lakes Entrance 3909
(Post Office Box 11)
Phone 5156 5554
Fax 5156 5482

Winda Mara Aboriginal Cooperative

21 Scott St
(PO Box 215)
Heywood 3304
Phone 5527 2053
Fax 5527 2052

Aboriginal A&D workers in mainstream services

Moreland Hall

26 Jessie Street
Moreland
Phone 9386 2876

South Eastern Alcohol and Drug Service (SEADS)

2nd Floor
229 Thomas St
(PO Box 208)
Dandenong 3175
Phone 03 8792 2330

Frankston Intergrated Health Service (Pen DAP)

8-10 Hastings Rd
Frankston 3199
(PO Box 52)
Phone 03 9785 3806

Tabor House Uniting Care

105 Dana St
(PO Box 608)
Ballarat 3353
Fax 5331 8365

