

# Whatever happened to 'glue-sniffing?'

Although technically incorrect, the expression gained traction with the media when the practice was at its height back in the 1980s. But whatever you call it, the misuse of solvents has dropped off the radar. By **Richard Ives** and **Nicola Morgan**

It may come as a surprise to many people to reveal that volatile solvent abuse (VSA) (including adhesives and butane lighter fuel) has killed more young people under the age of 16, over the past twenty years, than all the Class A drugs put together. They were in fact, the first legal highs.

Prevalence statistics for VSA are essentially limited to surveys of young people. The NHS Information Centre's *Smoking, drinking and drug use among young people in England* report shows that VSA has declined among young people aged 11 to 15 years over the last 10 years. In 2001, 7.1% of young people reported misusing a volatile substance in the last year, compared to 3.5% in 2011. It is worth noting that volatile substances are reported as second only to cannabis for this group, and in the younger age groups (11, 12 and 13-years-olds) solvents still have the highest percentage of misuse. Statistics for adult misuse of solvents had been collected in the Home Office's Drug misuse declared (part of the British Crime Survey) but were dropped in 2011 because of the need to collect data on new psychoactive substances. The percentage of adults aged 16 to 59 years old reporting previous year use of 'glues' was consistently at 0.1% or 0.2% since 1996.

One of the reasons that we don't hear

much about this these days, (although nitrous oxide has become fashionable accompanied by the tragic death of a seventeen year old in October) has been the steep decline in the number of deaths; they have fallen from an average of just over 100 per year in the early 1990s to an average of 48 per year in the last five years on record (2004 to 2008). And indeed, the decline in deaths can be construed as a prevention success story – a range of different organisations have undertaken activities to address the problem: and, it seems, with some success.

But the statistics tell a more complex story; while deaths among young people have declined, the proportion of adults has increased significantly since 2005. In the period 1971- 2005, just over half of all deaths were attributable to those aged 18 and over, during 2006-2007, the percentage had jumped to nearly 90%.

The recorded history of volatile substance abuse (VSA) in the UK started in the 1970s, although before then there were sniffers – for example, 1950s army draftees sniffing button cleaning fluid, and even further back, in the nineteenth century the use of 'laughing gas' (nitrous oxide) to achieve intoxication by such scientific luminaries as Humphry Davy, which as I have noted, has made something of a comeback through the

use of whipped cream canisters.

But it wasn't until the 1980s that there was considerable public and political concern about the issue; then, the Department of Health funded a research project to identify the deaths related to VSA. This was necessary as VSA-related deaths were not always identified in drug-related deaths statistics. That research project, *Trends in UK deaths associated with abuse of volatile substances*, continued until 2009, producing an annual report which received wide-spread media coverage and helped ensure that the issue was kept on the agenda. It is a big loss and a disappointment that the work is no longer funded.

Also back in the 1980s, in response to the misuse of glues, the British Adhesives and Sealants Association, with a Director seconded from Staffordshire glue manufacturer, Evode, established a charity to tackle the problem. From their head office, still based in Staffordshire today, Re-Solv continues to take action across a wide spectrum, aiming to support those affected by VSA, campaign for more effective services and better information, undertake and encourage research to identify the issues more clearly, and generally to ensure that there is a response to the problem.

Re-Solv is currently running one

major research project supported by the Big Lottery through a funding stream aimed to help charities make better use of research data. Re-Solv's project is in two parts. Firstly, a 'secondary analysis' of the data on VSA-related deaths gathered by the mortality research project at St George's University for over 25 years. This unparalleled dataset has been interrogated to identify some features of the deaths and their connection with changes in the legislation and with a major prevention campaign of the 1990s. A report of this work will be given in a peer-reviewed paper to be published shortly in the journal, *Addiction*. As previous studies have shown, it is possible that the 1990s prevention campaign aimed largely at parents may have been an important factor in the reduction in under-18 year old deaths. This contrasts with the lack of evidence showing a positive correlation between legislation and reduced mortality.

The second part of the research includes a variety of research activities to better understand current and emerging trends so that Re-Solv can anticipate and respond to changing needs.

The project's findings will also inform government policies at regional, national and international levels. For example, one significant activity has involved working with the Welsh Assembly Government (WAG) to publicise their new volatile substance abuse guidelines (see <http://tinyurl.com/9nhnd6a>) and to encourage the WAG to ensure that the guidelines are implemented. Finding appropriate treatment modalities is complex, and Re-Solv contributed to a consultation by the Australian Government on VSA treatment – although in Australia major problems with VSA are associated with some Aboriginal communities, and treatment in this context is very different to the approaches in the UK.

One issue for the UK is the way that VSA is recorded in the National Treatment Agency's data set and the limited data collection about VSA – we do not have an accurate picture of how many people present for treatment with VSA-related problems, nor if treatment is effective in helping them to tackle their difficulties. This is especially important if the age of VS misusers is increasing and it is becoming more of an issue for adults. Re-Solv is working with the NTA to explore ways of improving data collection.

Much of the prevention work that Re-Solv participates in is based in schools and other youth settings. The research



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has explored the effectiveness of some of the school-based interventions that Re-Solv undertakes. Findings from a small survey indicate positive and lasting changes in pupil attitudes associated with this educational work.

Another strand of the work is to pull out more VSA information from existing surveys. We are building on a paper that analysed published VSA data from the European School Project on Alcohol and Drugs (ESPAD) surveys of 2007 and 2011, and hope to publish these findings in 2013. We are also working with the Schools Health Education Unit (SHEU) to explore some of the correlates of VSA in their large national samples and again intend to publish findings from this study. In some studies, VSA has been associated with other substance use and with 'risky' behaviours and is perhaps connected with being bullied, and other potentially negative childhood experiences, such as being 'looked after' by the local authority.

Re-Solv recently commenced a new project in conjunction with the other charity in this field, Solve-It.

Solve-It ([www.solveitonline.co.uk](http://www.solveitonline.co.uk)) was established by a mother whose son died from inhaling aerosols, and has provided help for those misusing VSAs and for those affected, as well as supporting training and running prevention projects. The new joint three-year project, entitled 'Community for Recovery', is funded by the Department of Health's Innovation, Excellence and Strategic Development Fund, and will help drug users dependent on volatile substances access equality of treatment and support. A Web-Hub will provide direct access to information, professional advice, counselling and peer support, without stigma, for VS users and those close to them. The Hub will also connect users with local services whose staff have been specifically trained to effectively address VSA, enabling services to support users and their families, and help them along recovery pathways.

Finally, we would like to hear from you if you are working on VS-related issues – we are especially interested in identifying good professional practice with VS users. Please contact Steve Ream at Re-Solv on 01785 817885, or email [director@re-solv.org](mailto:director@re-solv.org)

■ **Richard Ives** is CEO of *educari* ltd, and is working with Re-Solv on the Big Lottery-funded project.

■ **Nicola Morgan** is the Research Project Co-ordinator for Re-Solv.