

THE VICTORIAN GOVERNMENT'S RESPONSE TO INHALANT ABUSE

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The Victorian Government Response

The Victorian Government response to solvent abuse has been shaped by four considerations:

- traditional responses to drug and alcohol issues, and their relevance to solvent abuse
- the nature of solvent abuse and its characteristics, it's differences from drug and alcohol abuse,
- current research and data, and
- what is it within Government's capacity to do.

Traditional Responses to Drug and Alcohol Abuse

Traditionally drug and alcohol abuse responses fall into three defined areas:

- Reduce supply (law enforcement)
- Reduce demand (prevention strategies)
- Reduce harm (counselling, treatment, rehabilitation and harm reduction/minimisation services)

They have translated into familiar action for legal drugs (alcohol and tobacco) and for illegal drugs (cannabis, ecstasy, amphetamines, heroin)

Table of Traditional Responses

| <i>Drug</i> | Supply Reduction (Law Enforcement) | Demand Reduction (Prevention) | Harm reduction service (Treatment Services) |
|--|---|---|--|
| Tobacco | Restricting the sale of cigarettes to minors Restricting advertising | Education Campaigns | Quit, Nicorettes (substitute therapy) |
| Alcohol | Restricting sales to minors | Education Campaigns Damage of alcohol Responsible sale of alcohol campaigns | Counselling services, Detox Drug treatment regimes |
| Illicit drugs Cannabis, Ecstasy, Heroin | Border controls, Policing | Education on harms, resilience campaigns | Counselling, rehabilitation, Needle and syringe programs, Education for drug users, Pharmacotherapies |

Solvent Abuse Differs from Drug and Alcohol Abuse

Solvent abuse differs in three critical ways from drug and alcohol abuse.

1. The age group of users
 - The users are often very young
2. The products being misused
 - They are legal products commonly available
3. The nature of solvent abuse
 - Sporadic use and mobility across communities

Patterns of Drug Use – Students

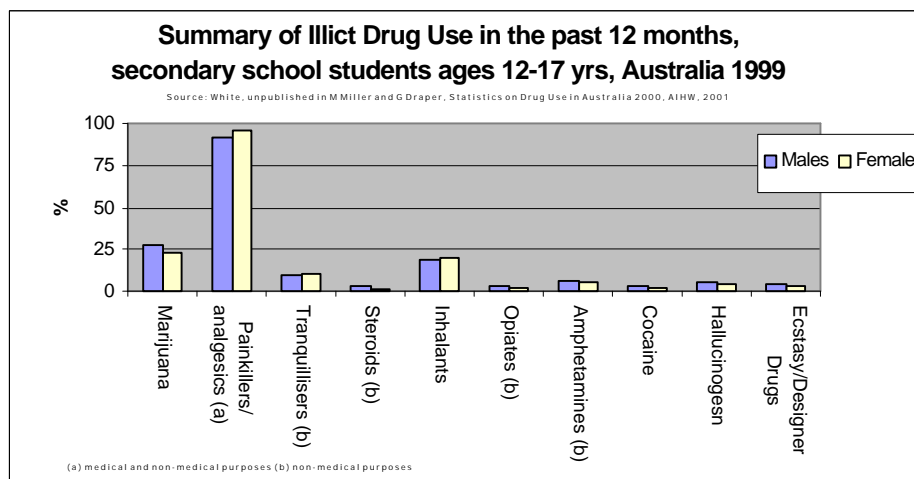
| Use of inhalants 2002 | 12-13 years | 14-15 years | 16-17 years | 12-17 years |
|-----------------------------|-------------|-------------|-------------|-------------|
| Used in month before survey | 12% | 8% | 3% | 8% |
| Used in year before survey | 17% | 14% | 7% | 13% |
| Ever used in lifetime | 22% | 20% | 13% | 19% |
| Use of inhalants 1999 | 12-13 years | 14-15 years | 16-17 years | 12-17 years |
| Used in month before survey | 17% | 10% | 4% | 11% |
| Used in year before survey | 25% | 19% | 12% | 19% |
| Ever used in lifetime | 34% | 27% | 18% | 27% |

Two main trends are revealed:

1. Use decreases with age with 12- 13 year olds significantly more likely to report using inhalants than 16-17 year olds.

2. Use has decreased between 1999 and 2002 in all age groups.

Source: Victorian Component of the Australian Secondary Schools Alcohol and Drug Survey, (ASSAD) 2002 (Unpublished)



Household products

The range of products include:

- Household aerosol sprays: paint, hairspray, fabric protectors.
- Gases; Butane cigarette lighter refills, refrigerant gases.
- Industrial and domestic cleaning products.
- Solvents, glues and correction fluid.
- Over 250 types of different products

Solvents are not drugs. They are legal products.

Nature of Solvent Abuse

Nature of Solvent Abuse

- It 'comes and goes' as an identified problem and is often 'contained' with particular geographic areas in communities-but then 'moves' often with individuals to new areas.
- Traditional responses to drug and alcohol abuse don't translate easily to solvent abuse, need to look to new and innovative responses.
- While we can obviously borrow from the 'traditional' response to drug and alcohol, we also need to respond to the "particular" nature and characteristics of solvent abuse.

Current Research

- The Victorian Government Response has also been informed by the findings of the Drugs and Crime Prevention Committee Inquiry into the Inhalation of Volatile Substances released in September 2002.
- The Inquiry made 16 recommendations across a broad range of areas, and importantly advised that responses need to be multifaceted, and involve partnerships with communities, drug and alcohol services, and the private sector.
- In the areas of: National coordination, State intervention, Law, Supply Reduction, Research & Evaluation, State-wide services, Local initiatives, Education, Information and training, Youth specific responses, Aboriginal & Torres Strait Islanders, Media, Product Development & modification, and Funding.

The Victorian Government Response is Multifaceted and Includes the Following:

- Product modification
- Working with Retailers
- Improved Service Responses
- Working with Communities
- New Legislation

Product Modification

CSIRO have been commissioned to undertake a feasibility study

- to determine whether it is possible to add bittering agents to solvents to make them less palatable to use, and/or
- to modify the products in some way to restrict use.

Working with Retailers

Responsible Sale of Solvents Kit

- The Drugs Policy and Services Branch worked with a range of retailers – Australian Retailers Association of Victoria, Paint-right, Mitre 10 Australia ltd, Hardware association of Victoria Timber Merchants Association, Aerosol Association of Australia Inc, Bunnings Warehouse, and Victoria Police, to develop a Responsible Sale of Solvents kit for Retailers – 3000 have been distributed across Victoria.

Improved Service Responses

Management Response to Inhalant Abuse Guidelines

- The Guidelines focus specifically on management strategies and interventions for regular and chronic inhalant users. They include advice on detection and assessment, deterrence and dealing with intoxication.

Working with Communities

About Inhalant Abuse for the Koori Community

- This booklet aims to provide people living in Aboriginal Communities (especially country and urban communities), with information to assist them to address the issue of chroming.

New Victorian Legislation

- June 2003: new provisions inserted in the Drugs, Poisons and Controlled Substances Act 1981 (Vic.).
- Enable police to act to help prevent the self-infliction of harm or further harm by young persons through volatile substance abuse (VSA).
- Provides seizure and limited civil detention powers.
- Not the solution to the problem of VSA; just one tool.
- Does not create new offences.
- In exercising powers, police are to have regard to the best interests of the child.
- The legislation commences 1 July 2004.
- Regulations, protocols, educational materials, etc. to be developed in meantime; will build on existing knowledge & practices, and take account of Indigenous issues, nature of VSA, etc.
- Legislation will sunset in 2 years.

Search and Seizure Powers

- Police may search a person for volatile substances and items used to inhale those substances.
- Police may seize the substances or items.
- Search & seizure to be subject of Regulations.
- First, police must reasonably suspect the person:
 - is under the age of 18 years and is inhaling or will inhale the volatile substance; or
 - is over the age of 18 years but will provide the volatile substance a person under the age of 18.
- Safeguards - police must :
 - explain to the person that it's not an offence;
 - ask person to produce volatile substance or item used to inhale;
 - ask for explanation of possession, if found.

Limited Civil Detention Powers

- Police may detain a person where they reasonably believe the person:
 - is under 18 years; and
 - has recently inhaled a volatile substance; and
 - is likely by act or neglect to cause immediate serious bodily harm to himself or herself or another person.
- Purpose of detention is to help avoid person harming themselves or others while intoxicated through VSA.
- Police must:
 - advise person they are not under arrest;
 - not ask detained person questions about any offences; and
 - not detain person in police cells.

Release of Person Detained

- As soon as practicable after person is detained, police must release them into the care of a person:
 - who the officer reasonably believes is capable of taking care of the young person (e.g. a parent or a guardian, ambulance officer, or health worker); and
 - who consents to taking care of the young person.
- Examples: parents, health care workers, etc.
- Detention can thus be a means by which a young person suffering from VSA can be connected to health services
- Detention power is not transferred to the person to whom the detained person is released.

Integrated Health Response

The new legislation allows for an integrated police and health response

- Police intervention will be in the best interests of the young person and can include the following:
 - Confiscate inhalant and take no further action
 - Call ambulance
 - Enact Children and Young Person's Act-notify DHS
 - Assist in connecting young person to:
 - Parent/ guardian
 - Local drug and alcohol service through 'on the spot' referral
 - Youth Drug and alcohol residential service.

Youth /Aboriginal Drug and Alcohol Service Response

- Drug and Alcohol and Youth Services will provide the following:
 - Risk assessment;
 - Respite care;
 - Access to treatment;
 - Information and education on risks associated with inhalant abuse;
 - Strategies for ongoing intervention
 - No powers of detention, young person free to leave.

Residential Care Services

- If inhalant abuse takes place in a residential service then the following applies:
 - Staff take action according to 'Inhalant Management Guidelines':
 - Assessment of risk
 - First level response
 - Second level response
 - Third level - call Police to confiscate inhalant or remove person to a different place, if appropriate.

In Conclusion

- No one answer to the problem of solvent abuse
- Responses need to be coordinated
- May involve a range of responses from police, youth and drug and alcohol services
- At the centre of this are the young people who need support and assistance

For copies of the Power Point presentation given at the Inhalant Use and Disorder Conference please contact Irene Tomaszewski through email: irene.tomaszewski@dhs.vic.gov.au