

volatile substance use



A guide to using the
**Incident Reporting and
Response Protocols**



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What are volatile substances?

Volatile substances are products that produce vapours or fumes that can be inhaled or sniffed, and can cause the user to feel high or intoxicated. Volatile substance use (VSU) is also referred to as *inhalant use*, *solvent use* or *sniffing*.

There are hundreds of products that can be inhaled, many of which can be found in the home or purchased at a wide range of retail outlets. Products that are more commonly inhaled include petrol, glue, spray paint, butane gas (cigarette lighter refills), toluene and other solvents and a wide range of aerosol sprays.

What are the effects of inhaling volatile substances?

VSU slows down the activity of the brain and nervous system and can cause the heart and breathing to slow down. VSU can also affect a person's thoughts, feelings and behaviour.

Effects from inhaling volatile substances depend upon a number of factors including who is using, what substance is used, the method of use and where the substance is being used.

The effects of VSU are similar to alcohol but usually occur within a few minutes of inhaling. VSU can cause the person to feel light-headed and relaxed, have slurred speech, double vision and feel drowsy. While sometimes people feel relaxed, happy or excited, others may feel agitated or uneasy. It can also cause dizziness, nausea and headaches.



What are the harms?

Harms from VSU can be associated with the method of use, the product used or the environment in which the volatile substance is used.

Some of the harms include the following:

Accidents

When a person is intoxicated on volatile substances they are less aware of what they are doing so are at risk of hurting themselves or others. They may have accidents from falling from high places, drowning, walking near cars or trains, or other risky behaviours. As volatile substances are flammable, there is also a high risk of burns and explosions.

If a person becomes unconscious, there is the risk of choking on their vomit or suffocating if they are using a plastic bag to inhale. Spraying some substances directly into the nose or mouth can be very dangerous as this can freeze the throat and airways and cause the person to suffocate.

Overdose

Inhaling too much of a substance can cause convulsions, seizures, loss of consciousness, respiratory depression and even death. Also, mixing volatile substances with other drugs increases the risk of overdose.

Other physical harms

Long-term use of volatile substances can cause damage to the brain and other organs such as the heart, lungs, kidney and liver. While some damage is reversible if the person stops using, long term/chronic use can cause permanent damage.

Sudden sniffing death

Some volatile substances such as aerosols and butane gas can cause what is known as *sudden sniffing death*. Inhaling these substances can cause heart failure if the person is stressed or frightened or does heavy exercise during, or soon after inhaling.

For this reason it is important not to chase or frighten anyone who may be using volatile substances.



Responding to volatile substance use

There is continuing concern about VSU in Western Australia, particularly among young people. Volatile substance use is a dangerous practice which can have devastating effects on the user, their families and communities.

VSU tends to be cyclical, episodic and highly localised in nature. As a result, the extent of VSU in your town or community can be difficult to determine. In regional and remote towns and communities the impact of even a small number of users can be significant.

The first step to responding to VSU is to collect information to build a picture of what is going on. Having this information collected in one central place can also help monitor trends, identify triggers and prevent future use. Receiving detailed information on VSU incidents soon after they happen means that a quick and coordinated response can be put in place.

Using the **Volatile Substance Use Incident Reporting and Response Protocols**, a range of actions can be put in place to respond to incidents of VSU. These include referring individuals to the appropriate health or alcohol and other drug service provider, engaging with and providing support to family members or informing and advising relevant stakeholders about the issue and what can be done to address it.



Using the VSU Incident Reporting and Response Protocols

The Volatile Substance Use Incident Reporting and Response Protocols are an interagency agreement for responding to VSU incidents in your town or region. They have been developed to assist local service providers to collect information about VSU incidents and ensure a timely and coordinated response.

The Protocols work best in conjunction with an interagency group of stakeholders that have a role in responding to VSU issues.

This may be a VSU Working Group or other already established group that includes some or all of the following agencies:

- Your local Community Alcohol and Drug Service (CADS)
- Health agencies/Aboriginal Community Controlled Health Organisations
- Local police
- Department for Child Protection and Family Support
- Department of Corrective Services
- Schools
- School Drug Education Road Aware
- Youth agencies
- Local Drug Action Groups
- Local Government
- Your local Regional Office of the Department of the Prime Minister and Cabinet
- Other relevant Commonwealth and State Government agencies
- Other relevant service providers, organisations or community members.

If there is no VSU Working Group in your town or region, you can contact the Volatile Substances Program at the Drug and Alcohol Office for support to establish one (see pages 8-9 for contact details).



The Protocols

The following steps outline how the process works from report to response.

Step 1 – Report

- **Incident**

If you (a local service provider or community member) witness or become aware of volatile substance use in the community, report it to the central coordinating agency (CCA). The CCA is the agreed agency with responsibility for receiving incident reports and coordinating a response to VSU incidents (see page 9 for contact details).

- **Document**

Using the VSU Incident Report Form (Report Form) included with this booklet, document all details of the incident. Include as much information as possible.

The Report Form can either be completed by the person who observed the incident or by someone who received information from a person who observed the incident.

Complete a Report Form even if only limited details are known; for example if empty cans or containers are found but no further information is available. This information is still important as it can trigger further investigation, monitoring, discussion with community members or the source of supply (i.e. retailers or industry).

Complete a Report Form for each incident. If there are five people sniffing together you do not need to submit five different reports. However, if the same five people sniff on three separate occasions that would be three separate incidents.

You can either note the number of incidents on the one form, or report the three incidents separately if the details differ significantly.

Including names on the Report Form is optional. You may choose to provide this information verbally when you are contacted by the CCA (**see Step 2 – Verification**).

- **Submit**

Submit the Report Form to the CCA via fax or email as per the details on the form.

Ensure that the Report Form is submitted as soon after the incident as possible, to ensure timeliness of the response.



Step 2 – Verification

- **Verify**

When a Report Form is received, the CCA may contact you to find out more about the incident. This may be to clarify the information received or to ensure that there is no duplication of reports of the same incident.

- **Record**

Once the incident has been verified, the CCA will record the incident on a confidential database. Where multiple reports are received about the same incident, only one incident will be recorded.

Note: only de-identified data will be used for State and National reporting.

- **Assess**

The CCA will then assess the response required for each incident.

Step 3 – Response

- **Acknowledge**

The CCA will provide acknowledgement of receipt of the Report Form to the reporter as soon as possible, preferably within 72 hours.


- **Coordinate**

The CCA will coordinate a response via local service providers where possible, and may call upon members of the VSU Working Group (Working Group) to assist. A local response may already be underway in which case the CCA will monitor, follow-up and record the outcome of the response, providing support where required.

If the incident/s involve large numbers of people, serious harms and/or the community feels it is uncontrollable, the CCA will inform the Chair of the Working Group so that a broader, coordinated response can be implemented.

- **Communicate**

The CCA will communicate with all relevant stakeholders and Working Group members as appropriate. Stakeholders to be notified will depend on each individual situation and detail should only be made available to those that require the information to inform their response. For example, this may include those who require the information at a local level as well as those Working Group members who are called upon to contribute to the response.



Where detail is not required, de-identified information should be used to ensure the confidentiality of the individuals involved as well as the community. Where a child is at risk of harm to themselves or others, duty of care will require that relevant services be informed.

An appropriate 'alert' system, which informs or alerts relevant stakeholders to VSU incidents, needs to be developed for each town/community with agreement from the Working Group.

Step 4 – Follow-up

- **Monitor**

The CCA will monitor the response and record outcomes. This is to ensure that all incidents are followed up either locally or at a broader level.

- **Inform**

Where appropriate, the reporter will be informed of the response that has been put in place as a result of the report, within the limits of confidentiality.

The CCA will provide a de-identified VSU incident summary at each Group meeting.

- **Review**

The CCA/Working Group will review coordinated responses as required. This is to learn from what worked well and what could be improved for next time.

Where a broader coordinated response was required, in some situations it may be appropriate to arrange a debriefing session. This would include Working Group members and be arranged by the Chair of the Working Group.



Support for using the VSU Incident Reporting and Response Protocols

With this Information booklet you should have also received:

- A VSU Incident Report Form for service providers and community members to report incidents of VSU
- A flowchart for service providers that outlines the reporting and response process

Distribute the Incident Report Form and the flowchart as widely as possible to service providers in your town/region. Making sure that everyone knows about the system and how and where to submit a report, will ensure its effectiveness.

If you wish to submit the Report Form electronically, please contact any of the agencies listed in the Contacts section below.

Contacts

If you have any questions about the Protocols or for additional copies of this booklet, the flowchart poster or the VSU Incident Report Form, you can contact:

Agency	Contact Name	Details
Central Coordinating Agency (CCA)		
Community Alcohol and Drug Service (CADS)		
Department of the Prime Minister and Cabinet Regional Office		
Drug and Alcohol Office Volatile Substances Program	Coordinator – Volatile Substances Program	(08) 9370 0333

Information workshops on volatile substance use and how to use the Protocols can also be arranged.



Information and support

For more information about volatile substances, visit the Drug and Alcohol Office VSU website – **Volatile Substance Use: A Resource for Professionals** at: www.dao.health.wa.gov.au/vsu/pages/home.htm

Support and help for people who are sniffing and their families

Alcohol and Drug Information Service (ADIS) is a free, professional, 24hr, 7 day a week confidential telephone counselling and referral service for anyone worried about their own or someone else's drug use.

9442 5000 or 1800 198 024 (country toll free)

Parent Drug Information Service (PDIS) is a free, professional, 24hr, 7 day a week confidential telephone counselling and referral service for parents and families concerned about a child's drug use. Callers can choose to be called back by a PDIS trained parent volunteer with personal experience of drug use in their family.

9442 5050 or 1800 653 203 (country toll free)

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