“Chroming’s Stupid”

A Submission to the Drugs and Crime Prevention Committee’s Inquiry into the Inhalation of Volatile Substances

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Contents

EXECUTIVE SUMMARY 1

1. INTRODUCTION 2
   (a) MacKillop Family Services 3
   (b) Chroming 4

2. MEDICAL ISSUES 5
   (a) Damage caused by volatile substances 5
   (b) Death 7
   (c) Dependence 9
   (d) Caring for the health of young people 10

3. LEGAL ISSUES 10
   (a) Australian legislation 11
   (b) Overseas legislation 12
   (c) Recommendation 14

4. YOUTH ISSUES AND PRACTICE CONSIDERATIONS 14

5. PREVENTION STRATEGIES 16

6. RECOMMENDATIONS 17
   (a) Supply reduction 17
   (b) Demand reduction 17
   (c) Risk reduction 17
   (d) Placement prevention 17
   (e) Inclusive education 18

7. BIBLIOGRAPHY 18

APPENDIX: NARRATIVES ABOUT CHROMING 20
   1. Chroming and young people in care 20
   2. Problems with chroming 22
   3. Responses 24
   4. Proposals 25

ACKNOWLEDGEMENTS 27

Executive Summary

Chroming is prevalent among at-risk young people in Victoria. When these young people are in residential care, chroming leads to critical health and behavioural issues not only for the young people concerned, but also for other young people in contact with them and for their carers. There is real risk of death. There are hundreds of young people in Victoria in this predicament. Many of them are chronic chromers, chroming for hours all day, seven days a week. Their chroming is a response to a sense of hopelessness and isolation from caring adults, family or others. The hopelessness comes from educational, social and family marginalisation, and poor employment, training and general future prospects. Government carries a duty of care for these young people.

To reduce the harm done by chroming, two sets of strategies are proposed. First, there is need for a set of strategies to minimise the harm caused by chronic chroming among young people in care:

- (a) Inhalants are too readily available for purchase (or theft). Retailers must be made aware of the dangers of chroming and required to stock potential inhalants where products are out of reach of young people and always in view of staff. Current legislation prohibiting the sale of inhalants where it is suspected the product will be abused needs to be clearly communicated.
- (b) Peer pressure is highly influential. Agencies should not have to accept young people who are known to be chromers being placed with other young people who are innocent of chroming.
- (c) It is difficult to intervene when a young person in care is in the act of chroming. Police, Ambulance, Child Protection, Drug and Alcohol services, Mental Health services and agency staff need to have a coordinated and mutually supportive response. An extra staffing position should be funded when a chronic chromer is placed in care, particularly to ensure there is an active 24 hour staffing option available.
- (d) Young people who are chroming are at-risk of considerable self-harm, but lack appropriate support or placement because their activities are neither illegal nor seen to fall into the normal category of self-harm. Between ordinary residential units and secure welfare, there is need for a residential facility that offers security, informal therapy and education, perhaps in a rural context where access to substances is limited.
- (e) Where a young person is placed on bail, especially as a result of behaviour related to chroming, part of the bail condition might include imposition of a curfew and a prohibition on chroming.

Secondly, on the broader policy front, there is an urgent need for an increase in early intervention and placement prevention and for policies to address the underlying sense of hopelessness.

- (a) There is need for an increase in funding for services that support and strengthen families where young people are at-risk. While this seems obvious, in practice the funding of family support services has recently been reduced rather than increased, which raises the probability of young people coming into a dangerous chroming environment. This policy decision needs to be revisited urgently.
- (b) Public Education needs to include at-risk young people, particularly in early adolescence, by providing schools with adequate resources to support and socialise these young people.[1]

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[1] See MacKillop's submission to *Public Education – the Next Generation,* called "Inclusion and Equity" on www.mackillop.org.au, under "Publications".

1. INTRODUCTION

> *One of our young lads, "X", who had recently joined our program, had been a notorious chromer a year or so in the past. He has since changed his ways and no longer uses this or any other substances. One of the others who was in the program that day,* "Y"*, had been heavily chroming over the weekend and had sores around his nose & mouth from the paint.*
> *When "Y" got on the bus, "X" asked him, "What's that around your mouth?"*
> *"Y" "I've got some allergy or something"*
> *"X" "Nah, bullshit man, you've been chroming haven't ya?"*
> *"Y" "Nah, I've got this cream for it and all"*
> *"X" "Don't bullshit me, I used to chrome all the time and I'd always get that round my mouth. What are you chroming for anyway?"*
> *"Y" "It's cos of me mum and me worker won't let me go and see 'em and I can't see me little brother till next week, and how would you feel if you couldn't see your brother?"*
> *"X" "That's not a reason, man, chroming's stupid."*

MacKillop Family Services welcomes the inquiry into the inhalation of volatile substances. The 1998 National Drug Strategy Household Survey showed that 3.9% of Australians had used inhalants at some time in their life and that 0.9% of Australians reported they had used inhalants recently.[2] Recent use of inhalants had increased from 1.4% of the population in 1995 to 2.3% in 1998.[3] Recent studies report 26% of students aged 12-17 using inhalants with the youngest students (12 and 13 year olds) nearly ten times more likely than 17 year olds to report using in the last year.[4]

Young people in care, who generally have come into care through the Child Protection system and the Courts, are much more likely to use inhalants than these figures indicate. *It is possible that this particular segment of the population was not adequately covered by the 1998 National Drug Strategy Household Survey.* Our estimates are that around 30% to 50% of the at-risk young people we work with have used or are using inhalants, and some chronically so. In Victoria there are hundreds of young people who fall into this category. Not only Mackillop Family Services, but agencies like Berry Street, Anglicare and the Salvation Army also deal with these critical issues in care.

Little has changed on the legislative horizon since the Commonwealth Senate Select Committee on Volatile Substance Fumes issued its report on "Volatile Substance Abuse in Australia" in 1985. The Committee proposed that each State legislate to make it an offence for retailers knowingly to sell volatile substances to minors for the purpose of abuse.[5] The Committee judged volatile substance abuse to be a social problem rather than a product problem, and suggested that the issue would best be addressed by preventing abuse through broadly based education programs.[6] While the 1985 inquiry was more concerned with glue sniffing and petrol sniffing than with paint sniffing, the issues remain unresolved today.

[2] AIHW, *National Drug Strategy Household Survey,* 1998, p. 73.
[3] AIHW, *Australia's Young People, Their Health and Well-Being,* 1999, p. 129.
[4] 10.9% 12 years olds, and 9.1 % for 13 years olds compared to 1.6 % for 17 year olds. See T. Letcher and V. White, (1999) *Australian Secondary Students Use of Over-the-Counter and Illicit Substances in 1996*, Publications Production Unit, Commonwealth Department of Health and Aged Care, Canberra.
[5] Senate Select Committee on Volatile Substance Fumes, *Volatile Substance Abuse in Australia,* 1985, p. 143.
[6] *Volatile Substance Abuse in Australia,* p. 137.

Our concerns are twofold. First, there is the immediate issue of shaping a better response to the needs of the many young people in care who are chronic abusers of inhalants. Secondly, there is a critical need to ensure that appropriate resources are in place to support and strengthen families and to maintain inclusion in education in order to prevent young people falling into circumstances where they are almost certain to turn to substance abuse.

MacKillop Family Services provides educational, outreach, and residential services for some of Victoria's most marginalised young people. The increasing incidence of chroming (inhalation of vapours when canned paint is sprayed into a plastic bag – or sometimes directly into the throat), particularly among young at-risk adolescents, has had a major impact on these services and the well-being of all the young people involved in them. Chroming leads to serious health, emotional, and behavioural problems.

This submission begins with an overview of MacKillop's work with young people at-risk, followed by a discussion of the medical, legal and practice issues related to chroming. The submission concludes with a set of recommendations. Some reports from our workers have been included in these discussions as quotations in italics – as, for example, the narrative at the head of this section – and a complete collection of these narratives is in presented in the Appendix. These narratives illustrate the predicament of young people and carers in a very striking way, as well as outlining some practical ways of addressing the issues. *Readers familiar with medical and legal issues may find these reports from the front-line more telling and may prefer to begin reading this submission at the Appendix.*

This submission has been prepared by Suzanne Carmody, a public policy student at Melbourne University while on internship at MacKillop Family Services, and by John Honner, Coordinator of Mission and Social Policy at MacKillop Family Services. Contributions were received from more than twenty staff at MacKillop Family Services.

1(a) MacKillop Family Services

MacKillop Family Services began on 1 July 1997 as a refounding of the work of seven Catholic child welfare organisations whose origins in Victoria can be traced back to the 1850s. The refounded organisation is committed to both direct service provision and broader social change through advocacy and social policy. MacKillop is one of the largest providers of child and family services in Victoria.

MacKillop aims to build community, to reconnect families as much as possible, and to empower them to take control of their decision-making. It provides innovative responses to the most difficult demands of children, young people and families, with a focus on alternative care, education, and family support programs that link families to communities.

Among these programs, MacKillop provides specialist services for more than a hundred at-risk adolescents, many of whom engage in, or have engaged in, chroming. Our current work with young people includes:

- MacKillop Youth Services, Barwon
    - Residential Services
    - Group Homes
    - Youth Work
    - Reconnect Program

- St Joseph's Adolescent Services Flemington
    - Adolescent Services
    - Rostered Residential Units
    - Lead Tenant Houses
    - Group Homes
- Rice Education and Youth Services, South Melbourne
    - St Vincent's Special School
    - Cedar Works
    - TIERS Residential Services
    - School Focused Youth Service
    - Children in Residential Care Education Support Service
    - Behaviour Management Outreach Service
- St Augustine's Education and Training, Whittington
    - New Street School
    - St Helen's School
    - St Augustine's School
    - Education Support Work
    - Education Mobile Unit
    - Youth Ed-Venture Program
- McAuley Child and Youth Services, Black Rock
    - Group Homes
    - Lead Tenant House
    - Temporary Emergency Care Unit

In these services risk factors in the young person's life are assessed and addressed and case plans are established to reconnect the young person with their family where appropriate and to help the young person develop resilience to cope with the challenges they face in their disrupted lives.[7]

1(b) Chroming

Young people spray paint from an aerosol can into a plastic bag and then breathe in the vapours from the bag. They can do this for an hour or more at a time, often several times a day. Chrome paint is favoured for two reasons. First, it has least the unpleasant taste "of all the cans on the market"[8] including other paints and other aerosols such as fly spray. Secondly, some users have said that chrome paint contains a higher concentration of the substances that produce a high.

> *"It's called chroming because the chrome paint is meant to have less bad taste, but they use any paint. Lately the kids have been going through all the colours, and they have different colour days, and they say different colours give different effects."*

It is the immediacy of the effect of inhaling volatile substances that makes them desirable to the user. The inhalation of volatile solvents produces a "rapid high that resembles alcohol

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[7] Graeme Withers and Jean Russell, *Educating for Resilience: Prevention and Intervention Strategies for Young People at-risk,* Catholic Education Office/MacKillop Family Services/Victorian Department of Human Services, 1998.
[8] K. Morton, "Chroming", *Harmoniser: Lift Out report Number 5,* The St Kilda Project, 1995.

intoxication".[9] The immediate effects range from excitation, loss of inhibition, to unconsciousness. The effect of the drug may last from 5 to 45 minutes following inhalation.[10]

> *"Chroming is so easy. It gives a very quick high. It's said to be quicker than petrol and quicker than heroin. It's almost instant. When the heroin dried up older kids were using chrome when heroin wasn't available. Chroming has dropped away as heroin has increased."*

There are three broad categories of factors that contribute to the inhalation of volatile substances: the nature of the substance, availability, and individual risk factors.

> *"Some kids do it together, some do it alone. There is no general rule. By the time they're fifteen, they usually move on from chroming to marijuana or something. One difference in the community is that because chroming is not illegal the kids will not hide the fact that they have a can. They are a lot more blatant, whereas they won't show you their other drugs. This is quite a positive in one way, because you have an idea of what they are up to. But you can't intervene. Still, knowing about it helps."*

Because volatile substances are available from a number of retail outlets they are easy to obtain without arousing the suspicion of shop owners. The problem of accessibility is exacerbated by the fact that volatile substances are so readily available in homes, schools, industry, and community programs.

> *"We've had inhalants around for decades, but chroming has kicked in big time in the past few years. Chrome is cheap and accessible…. Kids don't need a network of streetwise people like they do to get illegal drugs. They can just go down to the hardware shop. Instant accessibility. It's too easy for the kids to steal it, and to steal rolls of plastic bags. There are five venues around here that a kid can steal a can of paint from."*

Chroming is popular because there is no law against doing it, chrome is easy to get, and the equipment is easy to hide.

2. MEDICAL ISSUES

Chronic chroming has serious consequences for a young person's health. Volatile substances are lipophilic and are therefore absorbed in organs high in fat. Unlike alcohol and some other drugs, volatile substances are rapidly transmitted through the lungs and distributed to the central nervous system and other parts of the body. Such rapid absorption results in the effects of the drug occurring within minutes.[11]

2 (a) Damage caused by volatile substances

Volatile substances are able to damage a number of organs of the body. While some of the damage can be reversed when volatile substances are no longer used, some damage is

[9] "Inhalant Abuse", National Institute on Drug Abuse (NIDA), 2000.
[10] New South Wales Department of Health, 1984.
[11] R. Tucker, "Volatile Situation", *dotPharmacy,* 1997.

irreversible.[12] There is much debate as to whether or not the abuse of volatile substances results in irreversible brain damage. Some studies have reported that brain damage does not occur, others report that it occurs in chronic users but reverses after a period of non-use, others again report cases of irreversible brain damage occurring in long term and chronic users.[13]

> *"There are two kids that I know of in this region that are permanently brain damaged as a result of chroming, one is fifteen, the other sixteen."*

According to the National Institute of Drug Abuse (NIDA) in the United States, chronic inhalant abuse can lead to damage to the protective sheath which surrounds many of the nerve fibres of the brain and also the peripheral nervous system. Damage to the brain can result in impaired cognition, changes in behaviour and personality, impaired movement, and loss or impairment of sight and hearing.[14] Others have reported brain atrophy where the brain's white matter shrinks.[15] Others again have linked volatile substance abuse to learning difficulties and memory loss.[16]

> *"We have a kid who's chromed so much he's now fifteen and on an invalid pension in a psychiatric unit."*

The lungs can be effected both temporarily and permanently by the abuse of volatile substances. In particular, the deliberate inhalation of hydrocarbon solvents, such as those used as propellants in aerosol paints, has been associated with damage to the lungs. Such damage includes chemical pneumonitis,[17] paracinar emphysema and the development of Goodpasture's syndrome.[18]

Chemical pneumonitis[19] occurs when the lungs swell and fluid builds up as a result of the inhalation of chemicals. It may cause breathing difficulties, scarring of the lung and in some cases death.[20] Paracinar emphysema is an irreversible condition[21] in which the alveolar walls thin and rupture[22] causing subsequent difficulty in breathing, particularly exhaling. Goodpasture's syndrome is a disorder which causes haemorrhaging of the basement membranes lining the lungs and also the kidneys, if this condition is undiagnosed and untreated it can be fatal in a relatively short space of time.[23]

Long term volatile solvent inhalation is also known to cause damage to the kidneys and liver. Long term use can result in problems in passing urine (including kidney stones),[24] can upset the acid-base balance of the body,[25] can cause Goodpasture's syndrome and can result in both kidney

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[12] "Inhalant Abuse", NIDA, 2000.
[13] S. W. Gorny, "Inhalant Abuse as an Adolescent Drug Problem: An Overview", *Child and Youth Care Forum* 23/3, 1994.
[14] "Inhalant Abuse", "Inhalant Abuse", NIDA 2000; J. M. Watson, *Solvent Abuse* 1986.
[15] Tucker, "Volatile Situation"; "Inhalant Abuse", NIDA 2000; J. M. Watson, *Solvent Abuse* 1986.
[16] "Solvents and Inhalants", http://www.woinfluence.yk.net/drugs/solvents.html.
[17] Tucker, "Volatile Situation".
[18] R. Marjot and A. McLeod, "Chronic Non-neurological Toxicity from Volatile Substance Abuse", *Human Toxology,* 8, 1989.
[19] Tucker, "Volatile Situation".
[20] University of Maryland Medicine, *Chemical Pneumonitis.*
[21] BreathFree.com, "Emphysema".
[22] R. T. Shepherd, "Mechanism of Sudden Death Associated with Volatile Substance Abuse", *Human Toxology,* 8, 1989.
[23] P. Avella and M. Walker, *Goodpasture's Syndrome,* 1999.
[24] National Inhalant Prevention Coalition, 1997.
[25] Watson, *Solvent Abuse.*

and liver failure.[26] However much of the damage to liver and kidneys appears to be reversible when inhalation of volatile substances ceases.[27]

2 (b) Death

The inhalation of volatile substances also causes death. Data has been collected in the United Kingdom since 1971 pertaining to deaths caused by the inhalation of volatile substances. In the period from 1971 to 1999 there were 1851 deaths from the age of 10 and up caused by the inhalation of volatile substances. Of these deaths, 55% were young people aged between 14 and 18.[28]

Deaths caused by volatile substance inhalation may be either direct or indirect. Deaths can be categorised into three main groups: acute indirect deaths, acute direct deaths, and delayed direct deaths.[29]

"There are four possible mechanisms [for acute direct deaths]… anoxia, vagal inhibition, respiratory depression and cardiac arrhythmia."[30] Anoxia is the absolute lack or deprivation of oxygen[31] and is quite rare as a direct cause of death (but occurs more often through suffocation via a plastic bag).[32] A related condition, hypoxia, which is a relative lack of oxygen,[33] occurs on some occasions, for example when continual inhalation resulting in a lowering of the levels of oxygen in the blood as it is replaced by the inhaled substance.[34] Some volatile substances also coat the lungs and make gas exchange difficult.[35]

Vagal inhibition results from the inhalation of cold gases such as those used as aerosol propellants. This usually occurs when the substance is sprayed directly into the mouth. The larynx is stimulated by the cold substance and leads to a reflex inhibition of the heart. The heart either slows or may stop completely causing death.[36] There have also been reports of deaths occurring via suffocation when the throat freezes due to the cold substance.[37]

> *"…when you get close to a kid who's been chroming, they get so cold, like ice, because they're breathing in this really cold gas."*

Volatile solvents depress the Central Nervous System, which includes the respiratory centre of the brain, and after prolonged use respiratory depression may progress to respiratory arrest where the person ceases breathing.[38] Theoretically, respiratory depression can lead to death.[39]

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[26] Marjot and A. McLeod, "Chronic Non-neurological Toxicity from Volatile Substance Abuse".
[27] Marjot and A. McLeod, "Chronic Non-neurological Toxicity from Volatile Substance Abuse".
[28] M. E. Field-Smith et.al., *Trends in Death Associated with Abuse of Volatile Substances 1971-1999,* (London: St Georges Hospital Medical School, 2001).
[29] Shepherd, "Mechanism of Sudden Death Associated with Volatile Substance Abuse".
[30] Shepherd, "Mechanism of Sudden Death Associated with Volatile Substance Abuse", p. 288.
[31] N. D. Zasler, "Ask the Doctor", *Brain Injury Source* 3.3.
[32] Shepherd, "Mechanism of Sudden Death Associated with Volatile Substance Abuse".
[33] Zasler, "Ask the Doctor".
[34] Gorny, "Inhalant Abuse as an Adolescent Drug Problem: An Overview".
[35] Gorny, "Inhalant Abuse as an Adolescent Drug Problem: An Overview".
[36] Shepherd, "Mechanism of Sudden Death Associated with Volatile Substance Abuse".
[37] Gorny, "Inhalant Abuse as an Adolescent Drug Problem: An Overview".
[38] Shepherd, "Mechanism of Sudden Death Associated with Volatile Substance Abuse".

Cardiac arrhythmia is thought to be the most common cause of acute direct deaths[40] and is most commonly associated with aerosols.[41] The effect of a volatile substance upon the heart is to sensitise the heart muscle to adrenaline. The combination of adrenaline and a volatile substance may result in an abnormal muscle contraction or arrhythmia, which may be fatal. It is important to note that the body produces adrenaline in response to a number of stimuli, with stress and fear being the most common[42]. Importantly, fear and stress may be created in volatile substances abusers by their hallucinations, or when being chased or confronted by an authority figure.[43] Because of this risk of death, carers are trained not to intervene with a chromer if there is a risk of producing fear or stress. It is also important to note that, in terms of risk of cardiac arrhythmia, each use of the substance is equally dangerous. There are no warning signs that an arrhythmia is about to occur. Stopping inhalation once an arrhythmia has begun will not necessarily make arrhythmia stop.[44]

> *"We have taken cans off kids when we've thought we could, but there is a risk of violence, and staff know when not to intervene. A young person on chrome can become violent. Sometimes the worker just has to sit and watch while the kid is chroming. That's tough: if you are here to help kids and you are watching a kid self-destruct: this is really challenging, and we have to refocus that watching and waiting in terms of the caring relationship."*

Delayed direct deaths are those deaths directly related to the inhalation of volatile substances, but which occur months or even years after exposure. Included in this category of deaths due to liver failure, kidney failure, liver tumours, bone marrow depression and diseases of the central nervous system.[45]

Acute indirect deaths are deaths, which are directly related to abuse of a volatile substance, but not directly caused by the action of the chemical on the body.[46] Acute indirect deaths include suffocating from the bag used to inhale the substance (chromers sometimes put a bag over their head to concentrate the effect of the vapours), aspiration of vomit, severe burns if the substance becomes ignited from a cigarette, or fatal injury from accidents.[47]

Fatal injury due to accidents associated with volatile substance abuse occurs in a variety of ways, such as road accidents, jumping off buildings or other structures,[48] falling or jumping in front of moving vehicles such as trains, or drowning.[49] The effects the chemicals produce upon the brain, and also the location and ways in which the substance is used, can lead to fatal injury from accidents. Young people often use volatile substances at train stations, near railway lines or

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[39] R. Meadows and A. Verghese, "Medical Complications of Glue Sniffing", *Southern Medical Journal* 89:5, 1996.
[40] Shepherd, "Mechanism of Sudden Death Associated with Volatile Substance Abuse".
[41] Gorny, "Inhalant Abuse as an Adolescent Drug Problem: An Overview".
[42] Shepherd, "Mechanism of Sudden Death Associated with Volatile Substance Abuse".
[43] Shepherd, "Mechanism of Sudden Death Associated with Volatile Substance Abuse".
[44] Shepherd, "Mechanism of Sudden Death Associated with Volatile Substance Abuse".
[45] National Inhalant Prevention Coalition, 1997.
[46] Shepherd, "Mechanism of Sudden Death Associated with Volatile Substance Abuse".
[47] Shepherd, "Mechanism of Sudden Death Associated with Volatile Substance Abuse".
[48] Kerner, 1988, quoted in Gorny, "Inhalant Abuse as an Adolescent Drug Problem: An Overview".
[49] J. S. Cameron, *Solvent Abuse: A Guide for the Carer* (London, Croom Helm, 1988).

freeways, or on the roofs of buildings. Such places may be appealing to young people because they are isolated and out of the way of authority.[50]

> *"There are other dangers associated with where they chrome: sometimes they do it on the roof or in train stations, and these are really dangerous places if they get spaced out."*

Volatile substances can produce hallucinations, feelings of self-confidence and ataxia (lack of muscular coordination).[51]

> *"One boy believed he got supernatural powers through chroming, that he could get under the white lines on the road and that if he looked at the moon and touched graffiti he became full of these powers and could do really frightening things."*

These can in turn lead to injuries or death to young people through falling off buildings, due to loss of coordination or hallucinating they can fly.[52] Some may wander across roads and railway lines wanting to investigate something they can 'see' on the other side.[53] Further to this, fatal injuries are also caused in road accidents involving drivers under the influence of volatile substances.[54]

> *"We had one person on the roof for four hours, up very high on the edge, and we had the fire brigade and police and it was very dangerous, and he was going to jump, and there was nothing we could do until he ran out of chrome and started to come to his senses."*

2 (c) Dependence

Volatile substances are generally not regarded as resulting in physical dependency.[55] In some cases there are minor withdrawal symptoms such as headaches and irritability,[56] but there are no symptoms on the same level as suffered when withdrawing from other drugs such as alcohol or heroin.[57] However, research has established that psychological dependence upon volatile substances is possible. Psychological dependence usually occurs among chronic users, but not experimental users.[58] This is likely to be linked to the chronic user's reasons for using inhalants, which are often long term emotional and family problems. Our workers report that volatile substances provide the user with a way of masking the reality of their problems and pain.[59]

> *"Chroming's addictive behaviour in the sense that a kid who wants to hide or run away from an emotional issue can do it instantly. They need it to mask the pain. It's not just social, like say marijuana."*

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[50] Cameron, *Solvent Abuse: A Guide for the Carer.*
[51] Tucker, "Volatile Situation".
[52] Tucker, "Volatile Situation".
[53] Personal Communication 26/9/01.
[54]NIDA, "Inhalant Abuse".
[55] Gorny, "Inhalant Abuse as an Adolescent Drug Problem: An Overview".
[56] NIDA, "Inhalant Abuse".
[57] Tucker, "Volatile Situation".
[58] Cameron, *Solvent Abuse: A Guide for the Carer.*
[59] See Appendix.

2 (d) Caring for the health of young people

It is very difficult to get young people who are chroming to see a doctor. Assessments usually only occur when they are taken to hospital by ambulance when their condition becomes critical. Given the potential for volatile substance abuse to cause serious physical harm, it would be a positive step if those in care had regular medical checkups. Our workers offered suggestions that would make it more likely for younger people to see a doctor more often.

> *"It'd be great if the gyms had a doctor who wasn't like a normal doctor. The kids understand that at a gym some sort of aerobic assessment comes in. Or someone to advise on healthy decisions about lifestyle and diet. In Perth they have a mobile health van, which goes to likely areas, with a doctor a nurse and a counsellor. Some of the community health centres have doctors who work almost as an outreach worker. We need medical people like that associated with a Drug and Alcohol Service."*

3. LEGAL ISSUES

The products used for chroming are legal substances in the State of Victoria and therefore it is easy for young people to obtain them. They can be purchased by young people and, at around $2.00 per can, are inexpensive.

> *"One of our young people was picked up by the police with a can of paint and accused of doing graffiti, which he wasn't doing, and he said he was chroming and they said OK, off you go buddy."*

Alternatively, many young people shoplift such items, which in most cases are not placed behind secure counters or up high. Many different kinds of shops – supermarkets, variety stores, hardware stores, two dollar shops, and craft shops –stock and display cans of paint.

> *"Most of our kids steal it, and there's excitement associated with having stolen property, and at times half of our kids have had charges pending for theft of a can from a shop."*

Even when shopkeepers or their employees are aware that someone is buying volatile substances in order to chrome they may not be aware of the existing legislation preventing them from selling volatile substances to someone who intends to inhale it.[60] At other times, shopkeepers choose not to intervene, even though they are aware a young person is stealing a can of paint for chroming.

> *"…when a kid comes in late at night into the supermarket and acts a bit wild, the staff know what he's up to and keep out of his way and let him do what he wants to do, which is steal a can of paint."*

Legislative measures can be divided into two areas, legislation pertaining directly to the abused substances, and legislation pertaining to those who are inhaling volatile substances. Legislation pertaining directly to the abused substance can be described as falling into three categories "product-based restrictions, supply-based restrictions and abuser-based restrictions"[61].

[60] Drug, Poisons and Controlled Substances Act, 1981.
[61] Senate Select Committee on Volatile Substance Fumes, *Volatile Substance Abuse in Australia*, p. 82.

3 (a) Australian legislation

The Victorian legislation which directly refers to the inhalation of volatile substances, is the Drugs, Poisons and Controlled Substances Act (1981). Section 58 of the Act deals with the sale of deleterious substances and states that:

> Except as otherwise expressly provided in this Act or the regulations, a person shall not sell a deleterious substance to another person if the first-mentioned person knows of reasonably ought to have known or has reasonable cause to believe that the other person intends—
>
> a) to use the substance by drinking, inhaling, administering or otherwise introducing it into his body; or
>
> b) to sell or supply the substance to a third person for use by that third person in a manner mentioned in paragraph (a).

Under the Act a deleterious substance refers to either methylated spirits or a volatile substance. The definition of a volatile substance includes "plastic solvent, adhesive cement, cleaning agent, glue, dope, nail polish remover, lighter fluid, gasoline, or any other volatile product derived from petroleum, paint thinner, lacquer thinner, aerosol propellent or anaesthetic gas".

The current Victorian legislation, however, does not prevent young people from procuring volatile substances to use for intoxication. There are several reasons for this. From the experience of our workers, shopkeepers are generally unaware of the current legislation and sometimes unaware of the signs that indicate that a young person intends to abuse a substance. There may also be issue around the complexity of policing the legislation. Further to this, many young people steal the substances they wish to inhale, or are able to obtain them from home or school.

Current legislation in Australia pertaining to the abuse of volatile substances comes under State jurisdiction. There is no uniform strategy throughout the country. Legislation in most Australian States is supply or product based. In some States, however, abuser-based legislation applies at a State or local government level.

South Australia and the Northern Territory have legislation almost identical to that of Victoria, restricting the sale of volatile substances when the retailer knows or reasonably ought to know that the buyer intends to inhale the substance.[62] Similarly, both New South Wales and Queensland use product-based legislation. In NSW warning labels are required on some substances,[63] while in Queensland "poisons regulations were amended in 1983, and require glues containing volatile solvents to be placed out of reach".[64]

In the Northern Territory the Community Welfare Act 1987 has an element which is abuser-based and which can be used to determine that a child who is abusing volatile solvents is in need of care. This is because the abuse of volatile substances has been found to constitute serious danger to both health and safety and the Act (Section I, part 4) states that

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[62] SA legislation, http://www.parliament.sa.gov.au:8080/ISYSquery/IRL4959.tmp/33/doc Controlled Substances Act (1984). NT Misuse of Drugs Act 1993. http://notes.nt.gov.au/dcm/legislat/legislat.nsf, 2000.

[63] Educari, "The World in Volatile Substance Abuse", http://vsa.educari.com/index2.htm

[64] Educari, "The World in Volatile Substance Abuse", http://vsa.educari.com/index2.htm

> (2) For the purposes of this Act, a child is in need of care, where… -
>
> > (d) he is not subject to effective control and is engaging in conduct which constitutes a serious danger to his health or safety[65]

In some areas of South Australia and Western Australia local governments have also passed by laws making the act of sniffing petrol an offence.[66]

3 (b) Overseas legislation

Overseas legislation can also be categorised as product-based, supply-based and abuser-based. Some offer innovations which are worth considering when addressing concerns about volatile substance abuse in Victoria.

Legislation in the USA varies from State to State. At least 38 States have legislation pertaining to volatile substances.[67] Most legislation is abuser-based and prohibits the inhalation of specified compounds for the purpose of intoxication[68]. Many States also have restrictions on the sale of compounds, including restricting the age at which such compounds can be purchased or making it an offence to sell such compounds for the purposes of inhalation.[69] In Massachusetts, for example, shops are required to keep a registry of minors, which is available to police for inspection, and in Nebraska a registry of sale is required.[70]

Two sets of legislation of particular interest are from Texas and Alaska. Texas has the most comprehensive legislation while Alaska explores treatment and prevention measures.

Texas developed a comprehensive legislative strategy in an effort to combat volatile substance abuse. Legislation in Texas prohibits the sale or delivery of volatile chemicals to minors (under 18 years of age). It also prohibits the use of volatile chemicals in a "manner designed to affect the central nervous system"[71] or the possession of such chemicals with the intent to inhale. Permits are required in order to sell aerosol paints, and the revenue from such permits is returned to the state government and allocated to the inhalant abuse prevention account where it is used to finance "statewide education projects concerning the hazards of abusable volatile chemicals and the prevention of inhalant abuse".[72] Shops must also put up display warning signs stating the following:

> It is unlawful for a person to sell or deliver abusable glue or aerosol paint to a person under 18 years of age. Except in limited situations, such an offence is a 3rd degree felony.

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[65] Community Welfare Act 1987 (Northern Territory) http://notes.nt.gov.au/dcm/legislat/legislat.nsf, 2000
[66] M. Smith, *Bush Book,* volume 2, Public Health Strategy Unit, Northern Territory, 2000. http://www.nt.gov.au/nths/healthdev/health_promotion/bushbook/volume1/foreword.html
[67] www.inhalants.org/laws.html
[68] www.inhalants.org/laws.html
[69] www.inhalants.org/laws.html
[70] www.inhalants.org/laws.html
[71] Chavez, (2000) 77(R) HB 2950 Introduced Version Bill Text, Effective from 1/9/01, Texas Legislature Online, http://www.capitol.state.tx.us/cgi-bin/cqcgi
[72] Chavez, (2000) 77(R) HB 2950 Introduced Version Bill Text, Effective from 1/9/01, Texas Legislature Online, http://www.capitol.state.tx.us/cgi-bin/cqcgi

> It is also unlawful for a person to abuse glue or aerosol paint by inhaling, ingesting, applying, using, or possessing with intent to inhale, ingest, apply, or use glue or aerosol paint in a manner designed to affect the central nervous system. Such an offence is a Class B misdemeanour.

There are also restrictions pertaining to the way aerosol paints are displayed. Aerosol paints must be displayed

1) in a place that is in the line of sight of a cashier or in the line of sight from a workstation normally continuously occupied during business hours;
2) in a manner that makes the pain accessible to a patron of the business establishment only with the assistance of an employee of the establishment; or
3) in an area electronically protected, or viewed by surveillance equipment that is monitored, during business hours.

The legislation also requires that additives be placed in glues and aerosols to discourage their abuse. The penalties for breaking Texas law with regard to volatile substances are either fines or jail terms. Treatment is not currently used as a corrective measure in the state of Texas.

Alaskan legislation concerning volatile substance abuse is abuser-based, but looks at the issue more from the perspective of treatment, prevention and education than in terms of punitive measures. Under the Welfare, Social Services and Institutions Statute the authorities are given the power to "plan, establish, and maintain programs for the prevention and treatment of alcoholism, drug abuse, and misuse of hazardous volatile materials and substances by inhalant abusers."[73]

Alaskan legislation also mandates treatment:

> An intoxicated person who (1) has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another unless committed, or (2) is incapacitated by alcohol or drugs, may be committed to an approved public treatment facility for emergency treatment. A refusal to undergo treatment does not constitute evidence for lack of judgement as to the need for treatment."[74]

Such committal is only permitted to last for a maximum of 48 hours, unless a district or superior court judge has reviewed and approved the commitment application and requires a physicians certificate[75].

Further legislation surrounds the establishment of adventure-based education to cater for juvenile delinquents and others selected by referral agencies, which could include volatile substance abusers. The program is designed to "remedy failure patterns and encourage development of self-esteem, self confidence, and social awareness".[76] The program has two phases:

- Phase I is Basic Skills Learning and includes physical condition, technical training, safety training, team training, solitary living for a short period, interpersonal skills training and culturally relevant activities.

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[73] Alaska Statutes Title 47: Welfare, Social Services and Institutions AS 47.37.030.
[74] Alaska Statutes Title 47: Welfare, Social Services and Institutions AS 47.37.180.
[75] Alaska Statutes Title 47: Welfare, Social Services and Institutions AS 47.37.180.
[76] Alaska Statutes Title 47: Welfare, Social Services and Institutions AS 47.21.020.

- Phase II is Skills Generalisation and includes vocational counselling and placement, family and interpersonal counselling and community systems utilisation.[77]

The Alaskan legislation offers an example of a creative method for treating abusers of volatile solvents similar to a proposal suggested by MacKillop's workers.

> *"What they most need is something beyond secure welfare, but running along that line between child protection and a lock up facility, where you can actually work with the child. You need a place where it's such an inbuilt thing in the service that the kids are getting therapy but don't know that they are getting it. If you tell them it's therapy they say 'I'm not mad, I'm not loopy, I don't need that stuff.' It can happen a bit in residential units, or when we go out on activities, but there is room for more professional skills, or you need exceptional workers."*

> *"A farm would be one huge step in the right direction if it's set up right: therapy and working with animals and growing things, and having something to love and feel pride in, really helps them to grow."*

British governments have been addressing the problem of volatile substance abuse since the 1970s.[78] Scottish legislation attempts to deal with some of the underlying factors contributing to inhalant abuse rather than just deal with the symptoms. The *Solvent Abuse* (*Scotland*) *Act* 1983 makes volatile substance abuse one of the conditions by which a young person may be referred to a "quasi-judicial Children's Hearing which has powers to take a young person into care or otherwise make recommendations for treatment".[79]

3 (c) Recomendation

We recommend that abuser-based legislation be enacted, not to criminalise the user, but to ensure that chronic chromers receive adequate support and treatment. Chronic chromers should not necessarily be placed in care, however, and certainly should not be placed with other young people who are innocent of chroming. These matters are taken up in the following section. Manufacturer's responsibilities in producing a dangerous product should also be considered.

4. Youth Issues and Practice Considerations

Personal factors contributing to chroming are difficult to determine and deal with. Anecdotal evidence compiled in our study indicates that young people turn to chrome partly under peer pressure and, when chronic users, to mask pain.

> *"You could look at a young person's file and see how deterioration in family history leads to placement changes and a sense of abandonment and exposure to other kids who are chroming and it's been a part of his life ever since. In residential care there's always an element of kids introducing behaviours to kids who haven't done it before. A real chronic chromer with a strong personality will get other kids doing it, and the kids will drop off when that person moves on."*

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[77] Alaska Statutes Title 47: Welfare, Social Services and Institutions AS 47.21.020.
[78] Watson, *Solvent Abuse.*
[79] Educari, "The World in Volatile Substance Abuse", http://vsa.educari.com/index2.htm

Practice issues around young people in care fall into two groups, one to do with the current difficulties in coping with young people who are chroming, and the other with the kinds of positive practices necessary to shape an environment in which young people are less likely to chrome.

While chroming has been a major cause of concern in work with young people in care, legislation and policy have made it very difficult to respond appropriately to their needs.

> *"The problem is that if you ring the police they'll say it's not illegal and it's not a police issue and then you ring child protection, and they say it's not really a protection issue, contact mental health, so then you contact mental health, and they say it's a protection issue, and then child protection says, have you tried the police? Workers have literally been on the phone all day from 10.00 am to 10.00 pm trying to get someone from these services or from drug and alcohol to do something, and absolutely nothing happened."*

Young people at-risk also have, as a result of legislation and policy, too many workers with a say in their lives, which only reinforces alienation and rejection issues.

> *"The young people come to us through child protection, and they come with a child protection worker and a drug and alcohol worker, and often a juvenile justice worker and a mental health worker and so on. We spend so much time after hours supporting kids who then chrome, run amok, trash their home, come back, abscond again… but the cost of chronic chroming must also be huge in after-hours contacts and extra workers. At one meeting there were at least twenty people in one room who were involved with care of one kid. Imagine what that costs and what you could do with that money in intervention."*

The main difficulty in current practice is getting a chronic chromer assessed for secure welfare, despite the great-risks of serious harm to self and others. A second difficulty is that there is no middle ground between secure welfare facilities and the current policies governing young people in residential care. Currently young people in care have few restrictions placed on their lives, and this is when they are at an age stage where they are unable to make good decisions or accept guidance from others.

> *"We can get medical assessment only when we take kids to hospital because they are in such bad shape. But it's not that simple. We had a kid who was chroming for days, with a lot of behaviour coming out and suicide notes, and we contacted "XYZ" (an adolescent mental health unit) and a psychiatrist came out and signed a paper for the boy to go to hospital, but the boy refused to go, he wouldn't go to hospital, and then the psychiatrist had to sign papers for the police to come, but when the police came the boy kicked up such a fuss and wouldn't go, and he ended up breaking a policewoman's leg, so she went off in the ambulance that had been called for him, and he went off in the police car."*

The young people need time out, to be kept away from the drug they are on, and given counselling. What is clearly needed is a place where access to chroming materials is minimal and where the young people can receive informal therapy and a strengthening in resilience through creative programs, possibly in a semi rural setting.

Without these changes, given the demands on carers caused by chroming, including the burdens of extra care and critical incident reporting as well as stress and abuse, there will not only be further harm to young people, but there will also be a loss of exceptional workers.

5. PREVENTION STRATEGIES

> *"As I understand the problem it is very much a response to a sense of hopelessness and isolation from caring adults, family or others. The hopelessness comes from educational, social and family marginalisation, poor employment, training and general future prospects come into this as well. To me it reflects an abandonment of children and young people by older generations who aren't able or don't care for the young.*"

Broader policy responses are required if young people are to be prevented from falling into the hopelessness that leads to chroming. Two key responses are family support and inclusive education.

Family support services work to strengthen and support families where there is risk of breakdown. Placement prevention services are a particular branch of family support services that work with families where a child has been brought to the notice of Child Protection workers. MacKillop Family Service offers specialised family support and placement prevention services through the program at St Anthony's Family Preservation Services at Footscray, with successful outcomes for the families concerned, and yet these services have suffered reduced funding for 2001-2002 and have had to be scaled down. A whole-of-government response to the problem of chroming should ensure funding for these early intervention and prevention services is increased rather than decreased.

Secondly, issues surrounding inclusion and exclusion in public education have been addressed in MacKillop's submission to the 2000 inquiry into Public Education in Victoria.[80] Some critical issues for marginalised young people were not taken up in the Ministerial Working Party report. Ms. Lyndsay Connors, chair of the Ministerial Working Party, noted in her Foreword that

> …it is clear that this report should be seen as the beginning of a continuing dialogue about directions in education in this State. The Review has not attempted to cover the full range of issues that affect the daily work of public schools. Rather, it has concentrated on the broader conditions that are necessary to allow this work to be carried out effectively and, in particular, on those conditions that fall within the responsibility of government. The report indicates where further work will be needed.[81]

The Report notes that panel discussions had "access to the views of specialists" which "confirmed that there are several areas in Victoria where significant aspects of social inequality and disadvantage coalesce" (p. 32). This issue is acknowledged as going "to the heart of one of the underlying problems faced by schools" but "generally beyond the scope of the Review" (p. 32). "there are no easy answers to this situation", the Report continues, noting that

[80] "Inclusion and Equity", a submission to the Ministerial Working Party *Public Education – the Next Generation,* on www.mackillop.org.au, under "Publications"

[81] *Public Education: The Next Generation,* Report of the Ministerial Working Party, Department of Education, Employment and Training, Victoria, 2000. Foreword, p. 5.

> In areas with this accumulation of social and educational problems, schools face an extremely difficult challenge. Their core tasks of teaching and looking after the welfare of the children in their care are more complex and they are often called upon to deal with family and social problems beyond their expertise and their responsibility.
>
> There are no easy answers to this situation. Schools are important community institutions and they work with the health and community service agencies in their local area to address issues as best as they can, but there are underlying structural inequalities which they cannot tackle. (p. 32)

While there may be no easy answers, Government has a responsibility to provide education for *all* children and young people, and we cannot allow at-risk young people to be further excluded and rejected because schools are insufficinetly resourced to meet their special educational needs.

6. Recommendations

6 (a) Supply reduction

1. Introduce legislation restricting the age at which volatile substances can be purchased to 18+
2. Educate shopkeepers and their employees as to their legal obligations and the relevant penalties and about the indicators that a young person may be using volatile substances as a drug.
3. Enact planning restriction on the number of retail outlets selling volatile substances within a given area
4. Place volatile substances behind the counter or in view of counter.
5. Require retailers of volatile substances to have electronic surveillance systems in place.

6 (b) Demand reduction

1. Prohibit the placement of chronic chromers with young people innocent of chroming.
2. Provide chronic chromers with appropriate placements and treatments to address underlying issues: these placements will entail informal security and therapy, the provision of challenge and support, a small team of workers with consistent practices, and distance from supply of substances.

6 (c) Risk reduction

1. Put in place a public education campaign that increases public awareness of the risks associated with chroming.
2. Provide appropriate staffing and staff training in residential units where known chromers are placed.
3. Place appropriate restrictions on the behaviour of chronic chromers as part of their conditions of placement.
4. Ensure chronic chroming is accepted as a category warranting attention from police, CAT teams, mental health, and child protection services.

6 (d) Placement prevention

1. Increase funding for early intervention and placement prevention services to support and strengthen families where young people are at risk.

6 (e) Inclusive education[82]

1. Review specialist services for children who experience difficulties in their schooling.
2. Deploy resources to allow for the inclusion of all.
3. Provide for the integration of teachers and family workers and youth workers.
4. Provide a continuum of systems to enable inclusion.
5. Reduce the negative impact of large school numbers.
6. Track and support children who experience impediments to education.
7. Make both curriculum and access to support more flexible.
8. Integrate school and community resources.

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[82] These and other recommendations are dealt with more fully in MacKillop's submission to *Public Education – the Next Generation,* called "Inclusion and Equity" on www.mackillop.org.au, under "Publications", pp. 10-11. Some of these recommendations were taken up in the PENG report.

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Appendix

NARRATIVES ABOUT CHROMING

The following comments come from transcripts of conversations with MacKillop's case managers, youth workers, residential workers and educators. They have been gathered under four headings: Chroming and Young People in Care, Problems, Responses, and Proposals.

1. Chroming and young people in care

"It's called chroming because the chrome paint is meant to have less bad taste, but they use any paint. Lately the kids have been going through all the colours, and they have different colour days, and they say different colours give different effects"

"We've had inhalants around for decades, but chroming has kicked in big time in the past few years. Chrome is cheap and accessible. Most of our kids steal it, and there's excitement associated with having stolen property, and at times half of our kids have had charges pending for theft of a can from a shop. Kids don't need a network of streetwise people like they do to get illegal drugs. They can just go down to the hardware shop. Instant accessibility. It's too easy for the kids to steal it, and to steal rolls of plastic bags. There are five venues around here that a kid can steal a can of paint from."

"Chroming is an issue that's becoming widespread in our community and there's no legislation to stop people chroming. Kids will buy it for two dollars or steal it, and it's hard to police. One of our young people was picked up by the police with a can of paint and accused of doing graffiti, which he wasn't doing, and he said he was chroming, and they said OK, off you go buddy."

"You could look at a young person's file and see how deterioration in family history leads to placement changes and a sense of abandonment and exposure to other kids who are chroming and it's been a part of his life ever since. In residential care there's always an element of kids introducing behaviours to kids who haven't done it before. A real chronic chromer with a strong personality will get other kids doing it, and the kids will drop off when that person moves on."

"Chroming is so easy. It gives a very quick high. It's said to be quicker than petrol and quicker than heroin. It's almost instant. When the heroin dried up older kids were using chrome when heroin wasn't available. Chroming has dropped away as heroin has increased."

"Chroming has an immediate impact on the mood you are in when you started chroming. It exacerbates and accentuates the mood. If you are sad you go down depressed. If you are angry you go up a tree. If you are happy you act bananas. When the chrome kicks in the kids become very angry or very low. We've had a kid chuck one of those metal water meters, they weigh about six or seven kilos, from the footpath through the front window of the house, maybe 35 feet away, and he couldn't have done that if he was sober."

"When they take the chrome, you can almost see what drives them. When they're going for it, and then they put the bag down, there is a look on their face that describes what they're feeling. If a kid is sad, you can literally see how sad he is, almost going mad with pain. It's as though the chrome opened it all up, or as if you said to someone, show me exactly how you feel, then chroming does it. All the anger and sadness comes out. And the more pain there is then the more they sit by themselves: one boy goes into the gardens and chromes all night. It's so sad. The difficulty is that they are chroming to mask their pain."

"You can remain relatively lucid. They stop for various reasons: they've had enough, run out of paint. We've had a kid chrome in the morning, lie around, chrome at lunchtime, go for a walk and shop, then chrome again. Life carries on. If they crash, it's only because they've been up and out all night."

"When they do chrome it makes a huge mess with paint everywhere over their faces and between their teeth and under their fingernails and on their clothes and on the furniture. It's a horrible sight and it stinks. Everything about it is really disgusting. It's a gutter drug, a kid's drug. It's mainly younger kids."

"The effects of chroming may not cause death directly, but it can cause brain damage, and kids can suffocate from covering their face with a bag. There are other dangers associated with where they chrome: sometimes they do it on the roof or in train stations, and these are really dangerous places if they get spaced out. We have a kid who's chromed so much he's now fifteen and on an invalid pension in a psychiatric unit. We tried to get him out and tried to get him working, but he had an insatiable desire to chrome."

"Not a lot is known about what happens to kids. But when you get close to a kid who's been chroming, they get so cold, like ice, because they're breathing in this really cold gas. It's not addictive, but the high is addictive. J was fine for a while, chroming a bit, but when a lot of stuff went on with his Mum and that, he started to chrome really heavily. Chroming's addictive behaviour in the sense that a kid who wants to hide or run away from an emotional issue can do it instantly. They need it to mask the pain. It's not just social, like say marijuana."

"In some programs about half our kids are chroming, some every day, some on weekends. In some others there is very little chroming. Earlier in the year in all programs there was a much more chroming. It goes in cycles."

"Boys do it much more than girls. Maybe a three or four to one ratio. The girls don't like getting their faces or their clothes dirty. Girls do chrome, but not if they think they're good looking. It's more the boys. Girls do more heroin than boys."

"A chronic chromer does it whenever there's stress, but usually will go outside by himself. Other kids come back to the house, where maybe they know they're a bit safer, but they can still be quite dangerous, bouncing off windows or running across the road, and we will call in the police to help us take the paint off them if we can."

"But then sometimes you'll take a can off a kid and he'll be off into town on a bus and come back with another can and start again."

"Sometimes your are on your own and you can't do much at all. I once sat for six hours watching a kid chrome and there was nothing else I could do, because there was no back up available at the time."

"Some kids do it together, some do it alone. There is no general rule. By the time they're fifteen, they usually move on from chroming to marijuana or something. One difference in the community is that because chroming is illegal the kids will not hide the fact that they have a can. They are a lot more blatant, whereas they won't show you their other drugs. This is quite a positive in one way, because you have an idea of what they are up to. But you can't intervene. Still, knowing about it helps."

"It's better if they chrome together, in terms of harm minimisation. When they do it alone you know there are really serious issues, and it's really sad. Chroming is a warning sign to intervene."

"At least chromers don't do much graffiti."

"One of our young lads, X, who had recently joined our program, had been a notorious chromer a year or so in the past. He has since changed his ways and no longer uses this or any other substances. One of the others who was in the program that day, Y, had been heavily chroming over the weekend and had sores around his nose & mouth from the paint.
When " got on the bus, X asked him, "What's that around your mouth?

Y I've got some allergy or something.
X Nah, bullshit man, you've been chroming haven't ya?
Y Nah, I've got this cream for it and all.
X Don't bullshit me, I used to chrome all the time and I'd always get that round my mouth. What are you chroming for anyway?
Y It's cos of me mum and me worker won't let me go and see 'em and I can't see me little brother till next week, and how would you feel if you couldn't see your brother?
X That's not a reason man, chroming's stupid."

"Schools suspect some chroming's going on, but it's a hidden thing and they can't say much about it."

2. Problems with chroming

"It can be hard to tell when a kid has been affected by chrome. But when they are, a kid will not surrender his can until it's empty, and so you just have to stay in the area and be vigilant and cop all the abuse while he's influenced. When his head is in the bag and he's on a high you can't do much, except make sure he's safe. But eventually they come down and then you can do their best contact work with them. You have to wait until he comes down. They could keep chroming for a couple of hours, or go all day. If you take a can off them they'll go and get another one and hide somewhere more dangerous. They often have a stash."

"They do crazy things when they're chroming, and then that puts staff at-risk."

"We had one person on the roof for four hours, up very high on the edge, and we had the fire brigade and police and it was very dangerous, and he was going to jump, and there was nothing we could do until he ran out of chrome and started to come to his senses."

"One boy believed he got supernatural powers through chroming, that he could get under the white lines on the road and that if he looked at the moon and touched graffiti he became full of these powers and could do really frightening things."

"It's pretty soul-destroying when you see young people so substance-affected and you can only sit there and watch and do nothing about it. You can take bags and cans off them, they'll have more stashed away, or go and get them. We have kids who are chroming for twenty hours a day for weeks on end. It's distressing for neighbours, seeing these kids in the gutter or hearing the language they use when they've lost control. Neighbours have been pretty understanding, but we do need to educate them. In our Lead Tenant houses it can be very confronting for volunteer lead tenants, who know little about chroming or drugs, to see the younger tenants in their household doing it."

"The worst I've seen is coming home one day with the others from school, and finding one boy, who'd been out all day, curled up in a fetal position on the mat with vomit around his mouth. We rang services and asked them to come out and assess him, and they said unless he is showing significant immediate self harm they can't do that."

"To get real action when chroming gets serious is very difficult. The law will only start to intervene when there is a risk of self-harm. We've had five kids put in secure welfare this year when they've been chroming to such a degree that they were at-risk. But that takes days or weeks of sustained chroming to such a degree that lives were at imminent risk. In one kid's case, for three nights in a row, ambulances were called. He was coughing up blood and his lungs were starting to collapse, and we were at the point of extreme response and hospitalisation, and eventually on the fourth day he got put in secure welfare for a week. Another kid put a bag over his head while he was chrome affected and lost consciousness and got put in secure welfare. To get to that stage seems to be ridiculously late, when you are at a point that the kid is already going to suffer brain damage. There are two kids that I know of in this region that are permanently brain damaged as a result of chroming, one is fifteen, the other sixteen."

"We can get medical assessment only when we take kids to hospital because they are in such bad shape. But it's not that simple. We had a kid who was chroming for days, with a lot of behaviour coming out and suicide notes, and we contacted ZZZZ (an adolescent mental health) and a psychiatrist came out and signed a paper for the boy to go to hospital, but the boy refused to go, he wouldn't go to hospital, and then the psychiatrist had to sign papers for the police to come, but when the police came the boy kicked up such a fuss and wouldn't go, and he ended up breaking a policewoman's leg, so she went off in the ambulance that had been called for him, and he went off in the police car."

"During the day you can contact mental health, but after hours it's virtually impossible to get support. You end up on the phone all night and in the morning the boy is still in the unit and nothing is done, because he is not clearly suicidal. They ask how often the boy is scratching his wrists, and how close the scratches are, and say no. Another time the CAT team and the mental health worker and the after hours child protection worker were asked to come, and none of them came, but only did assessments second hand over the phone. It's so hard to get these groups to talk to each other: is it a CAT issue or a mental health issue or a child protection issue, and they keep passing the buck. And this is quite a common thing. We can't get the response that we need to cover our duty of care: these support systems are unable to respond, and we end up in trouble with young people with serious problems. And in the meantime we have to document every single thing so closely, about time and events, and case note everything. And this adds to it being time consuming."

"The problem is that if you ring the police they'll say it's not illegal and it's not a police issue and then you ring child protection, and they say it's not really a protection issue, contact mental health, so then you contact mental health, and they say it's a protection issue, and then child protection says, have you tried the police? Workers have literally been on the phone all day from 10.00 am to 10.00 pm trying to get someone from these services or from drug and alcohol to do something, and absolutely nothing happened."

"The legal issue is a difficult one, but the more difficult issue for us is harm minimisation. I know of an agency that has a dedicated chroming area at the back of its house, so that harm can be minimised, but this can also give a wrong signal that it's OK to chrome. It's also really hard on other young people who are not chroming to have that happening in their house's yard."

"The young people come to us through child protection, and they come with a child protection worker and a drug and alcohol worker, and often a juvenile justice worker and a mental health worker and so on. We spend so much time after hours supporting kids who then chrome, run amok, trash their home, come back, abscond again… but the cost of chronic chroming must also be huge in after-hours contacts and extra workers. At one meeting there were at least twenty people in one room who were involved with care of one kid. Imagine what that costs and what you could do with that money in intervention."

"If the young person is not open to receiving these support services, nothing happens: he goes up a tree and chromes. We've had situations where a Drug and Alcohol agency is funded to provide a worker to see the child, and they come to see the young person, who tells them to f*** off, or they take them for a cup of coffee or to McDonalds and then they go again, and that's it. They are trying to build a relationship or rapport with the young person, but the issues are far deeper than this. This needs long term work. YSAS is more into harm minimisation than addressing the issues: there is huge baggage and huge pain."

"One of the issues we had was that a child was chroming badly. We needed to get him out of it, into secure welfare, but we couldn't get him into it because the Act didn't allow it because he wasn't talking suicide. He was acting as if at any moment he would jump off the roof and kill himself, but that wasn't enough. The government has to be accountable to the Act, and at the moment the Act doesn't allow for this sort of case. We can say that the kid needs secure welfare for his own sake, and we can say that he needs 21 days, and set up what he needs and give the people in secure advice on how to work with him and link him in… but four days later he's out again and chroming. A waste of time and effort."

"There is a huge emotional impact on staff and families, having to watch kids write themselves off."

"Sometimes our kids get neighborhood kids involved, and they all go chroming over in the park. And we're trying to do something about it, but it involves more kids than just ours."

"We don't have sufficient beds to be able to get to kids earlier, and enough outreach services, but a lot of funding got cut. We don't have enough places to get the kids engaged in healthy activity. There are some excellent small examples, but not a broad general philosophy that makes programs like YEP and TOE available to all, involving both counselling and the physical stuff. We need the youth workers to be where the kids are, and to get close to them."

"We have young people seeing a Drug and Alcohol worker fortnightly for an hour. But it means another new worker in their faces. It would be better if the worker was on tap or in house, because the kids know us and see us all the time. Making a referral is really complex: you have ring them up and then go through an intake process and fill out ten pages of application, have a meeting and talk it through and then make an appointment… and if the young person shifts to a new house that is in a different region you may have to start all over again. The young people don't even know the names of a lot of their workers."

"Intervention is so targeted now, and there is so little early intervention, that we get kids at the extreme end and the engagement process is much more difficult, with slow progress to family reunification."

"Brimbank Council sponsored some longitudinal research into chromers which shows that shows that nine out of ten kids who were chroming are now on heroin."

3. Responses

"As I understand the problem it is very much a response to a sense of hopelessness and isolation from caring adults, family or others. The hopelessness comes from educational, social and family marginalisation, poor employment, training and general future prospects come into this as well. To me it reflects an abandonment of children and young people by older generations who aren't able or don't care for the young."

"There's no regulated response to chroming. Some staff will intervene. We want on the one hand to keep an eye on the young people, but we don't want to establish chroming houses. Staff intervene if they feel confident. We have taken cans off kids when we've thought we could, but there is a risk of violence, and staff know when not to intervene. A young person on chrome can become violent. Sometimes the worker just has to sit and watch while the kid is chroming. That's tough: if you are here to help kids and you are watching a kid self-destruct: this is really challenging, and we have to refocus that watching and waiting in terms of the caring relationship."

"We don't let them chrome in the unit and, if we know they are chromers, we do that by checking their bags and clothes when they come in, after asking their permission, but they will usually still stash chrome outside."

"Carers just have to be there with the young person, and when the young person comes down the carer intervenes gently and distracts them. There is no special protocol from Drug and Alcohol services. You have to skill up workers for signs like loss of consciousness, blood flecks in sputum, kids becoming irrational or dizzy, losing use of limbs, reporting spasms. Carers need to keep fluids and food up because the young people forget to eat."

"We've had people in from YSAS and TIERS and got as much information as we can for developing strategies and response. There is a real skills base and experience base there now which we can draw on. Our workers are quite hard nosed and skilled in handling difficult kids, they've learnt a lot from experience. YSAS has a good handout on when to intervene: for example, you could tip a kid over the edge if you intervene at the wrong time."

"The only interventions that work are to take them away, give them attention as a distraction. We've taken two kids tobogganing, for example, in an adventure park for five hours, and they had a great time, ran themselves ragged, and on the way home they jumped out of the car at some traffic lights, whipped out a can and a bag and started again."

"We're lucky that the Drug and Alcohol Services treat chroming the same as heroin. The police at a local level have generally been good… if they see a kid chroming they'll take him back to where they have to be. The police can be very supportive and will often come on call and have sometimes brought chromers back, but they can't do anything else."

"Teams like YOT and YSAS will come, but the kid has to want the service and make the appointment, and our kids are at the age stage where they just won't do that sort of thing. There's a huge underlying emotional component, often to do with family, but it's hard to treat that through counselling. Some do, but most aren't ready. Counselling is often ad hoc. The counselling from YOT or YSAS will just be maintaining informal contact weekly. The key is not to abandon the kid but to keep contact. We've pulled one kid back from the brink. He used to chrome seven or eight times a day but now might chrome now four or five times a week. But there's probably brain damage."

"We can get medical assessments only if the kid agrees, and that's one in a hundred. Very few kids take it. When they do we can make a plan. We can make a care plan that includes things like making health checks through a gym membership."

"One problem is that it can be known that we have a chronic chromer in the unit, but the staff levels don't change. But if you have a chronic chromer you have to have more staff to deal with the situation. There are other kids involved too, and it's a safety issue for staff. We have had to close down a unit because of chronic chromers."

"Sometimes there is poor communication about where a kid is: we've had them taken away and been told they are secure, but then we see them chroming across the road and haven't been told: and this is because there are so many people involved: ambulance, police, DHS case manager. That could be really dangerous for the kid if there wasn't someone to keep an eye on him. It's interesting that they keep coming back here because we keep reinforcing the safety issues around chroming. One kid was an asthmatic and was chroming and I said to his mate "What are you going to do if he dies?" and he said, "that's why we do it around here."

"I do a lot of drug education with the kids and talked about chroming and a lot of them say they wouldn't go for it and they know how harmful it is. They might have had "a little sniff" in the past, but don't want to go o with it."

"It's when you get one person in who is chroming, then it will spread quickly through the group. The main thing is to prevent contamination. It seems to be more common in Melbourne than in Geelong"

4. Proposals

"Maybe we need a category of care to cover instances where the child can't protect himself from harm."

"We also need a containment capacity, not like secure welfare, but where the kids could be positively contained away from substances, but not locked up, but engaged in recreational and educational pursuits. And that's where the counselling works."

"But the issue goes beyond Drug and Alcohol issues and mental health issues as to why they are doing it."

"The ideal would be a therapeutic treatment, but young people are not always able to come to that, and in our service delivery in the State we've got young people who need, as part of the service, a holistic approach that includes group therapy. We can refer young people to counselling, but to get them there is another issue, whereas if it were actually part of the service to have a psychologist or psychiatrist, a lot

more young people's needs could be addressed, in their residential or school setting rather than through child protection."

"What they most need is something beyond secure welfare, but running along that line between child protection and a lock up facility, where you can actually work with the child. You need a place where it's such an inbuilt thing in the service that the kids are getting therapy but don't know that they are getting it. If you tell them it's therapy they say 'I'm not mad, I'm not loopy, I don't need that stuff.' It can happen a bit in residential units, or when we go out on activities, but there is room for more professional skills, or you need exceptional workers."

"A farm would be one huge step in the right direction if it's set up right: therapy and working with animals and growing things, and having something to love and feel pride in, really helps them to grow."

"Government is unwilling to lock kids up, but we do need a broader range of places."

"It would be great if we had a place to treat chromers, because when kids who haven't chromed come here they very quickly get contaminated, and that just adds to the problems. There are kids who knew nothing about chroming and then they've come here and started chroming because of other kids who are already chroming."

"We don't want chroming to become a police issue, but we do want a place where they can be kept safe, instead of being up on the roof or running at cars in the dark. We can't keep them as safe as we'd like to."

"Very little of what we say or do rubs off on them. When they're chroming they don't see the big picture at all. They don't care, they just keep chroming. They refuse to access outreach services or engage with medical services."

When they are put on bail, a lot more conditions should be put around their bail conditions: like a 10.00 pm curfew and they don't chrome, and breach of that would be breach of their bail. Especially if they've been assaulting people or thieving because of chroming."

"It'd be great if the gyms had a doctor who wasn't like a normal doctor. The kids understand that at a gym some sort of aerobic assessment comes in. Or someone to advise on healthy decisions about lifestyle and diet. In Perth they have a mobile health van, which goes to likely areas, with a doctor a nurse and a counsellor. Some of the community health centres have doctors who work almost as an outreach worker. We need medical people like that associated with a Drug and Alcohol Service."

"You need to make paint like cigarettes: restrict access for children under 18, making it a restricted substance… though kids will always find other inhalants."

"Another policy is corporate responsibility: there is no other drug that you can buy or pick up from the footpath outside the hardware store. Even tobacco and alcohol and pocketknives are shelved away from where kids can get them. Coles store in St Kilda put their paint up because we asked them to."

"We need to make shop-keepers aware."

"We do letter drops to all the local shops to let them know of the risks. But when a kid comes in late at night into the supermarket and acts a bit wild, the staff know what he's up to and keep out of his way and let him do what he wants to do, which is steal a can of paint."

"There's a lack of knowledge in the community about what chroming is and what it entails, and people need to know so that the kids can't get their hands on paint so easily. Kids will take it from shops or even from people's garages."

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