

Inhalants Roundtable – Summary

This paper has been developed to provide a summary to the public and other interested parties on the key themes and considerations of the Inhalants Roundtable of 10 December 2019 and to identify potential future opportunities to address inhalant misuse in Queensland.

The Inhalants Roundtable, chaired by Dr Jeannette Young, Chief Health Officer, had nearly 40 participants from across industry, individual retailers and manufacturers, several Queensland Government departments, a federal government agency, Queensland peak bodies and commissions and local Queensland Police, youth and health service representatives.

The Roundtable focused on two areas – 1. discussing the issue of inhalant misuse and considering the issue from a range of expert perspectives and 2. identifying areas for further consideration to enhance existing actions and initiatives.

Terminology – *Inhalant misuse is used to describe a range of practices also known as volatile substance misuse and also colloquially referred to as chroming, sniffing, huffing, etc.*

Inhalant Misuse

Inhalant misuse is a complex social problem. Levels of inhalant use often fluctuate with stressors in the lives of young people, with a main motivator for use stemming from the urge to escape stress associated with relationships, family and/or accommodation problems. Practitioners report high levels of complex trauma among many young people who use inhalants regularly. The reasons for inhalant use are heavily socially influenced, with young people using inhalants to become “high” and favouring inhalants due to their cheap, accessible nature. Misuse is also influenced by peers, particularly those seen as leading the group, who sometimes recruit others into the practice of misusing inhalants. Likewise, as these peers cease using inhalants or move to different regions, inhalant use levels have been reported to recede.

While most young people who use inhalants do so experimentally and probably only use inhalants once or twice, a small number of young people become regular or chronic users of inhalants. This small number are frequently from low socio-economic backgrounds with little or no involvement in the education system and have high representation in the youth justice, public housing and child protection systems

This is further validated by the Youth Needs Census Queensland (2019) of Queensland’s young people (aged 12 -25 years) utilising youth AOD treatment services on a nominal day in 2017. The snapshot found that young people accessing services had high rates of family conflict, unemployment and school disengagement, trauma and concurrent mental health problems.

The snapshot also showed that while inhalant misuse was low compared to cannabis and alcohol, children aged 12-15 years were using inhalants at a much higher rate than any other age group.

Inhalant misuse affects not only the young person directly involved, but also family and broader community, with inhalant use often associated with theft, vandalism and high-risk behaviour resulting in severe personal injury. Inhalant misuse on public transport and the resulting behaviours was also identified as a substantial safety issue for public transport employees and the broader community.

Episodic outbreaks emerge and different locations and can last across a 3-5-year timeframe, thought to be linked to young people “ageing out” of the inhalant misuse behaviour and potentially shifting to other forms of substance use. Inhalant misuse can sometimes mimic a contagion-like spread throughout an area.

Current Responses

Industry: manufacture, marketing and retail

Industry bodies and manufacturers continue to test approaches for chemical reformulation of products, alternative product delivery mechanisms such as the release function for propellant and place high priority around further research and development. Testing and formulation considers consumer needs and preferences, the safety of the product and formula stability. Improved packaging design and warning labels have also been implemented as a response to inhalant misuse.

Some manufacturers support retailers by providing theft-reduction shelving in stores. Short-term removal of a product being misused can bring results in managing an outbreak, but widespread distribution of aerosol deodorants means removal of one product line, or products from one area may not be a long-term measure, as young people may substitute and use a different product.

Coordinated multi-agency responses

A range of local initiatives and community programs exist in Queensland to respond to inhalant misuse. What they all have in common is the establishment of local, coordinated responses that have been developed to meet community need.

Some programs, such as the Coordinated Care Panel in Cairns involve local health and community service agencies working closely together and sharing information to support identified vulnerable young people at risk of or involved in inhalant misuse.

Other programs, such as those led by Queensland Police, work with services in areas impacted by inhalant misuse by responding in a three-tier approach of:

- retailer engagement,
- face-to-face street outreach and follow up by officers and police liaisons, and
- training to build local capacity of police to response to the issue.

Other programs seek to build capacity of the community to respond by supporting youth workers and other professionals who work with vulnerable young people, as well as strengthening the community through capacity development, education, supply reduction and retailer education.

Importantly, all existing effective programs respond to the underlying causes of inhalant misuse, seek to provide the appropriate health and social supports to vulnerable young people and ensure there are focused case management approaches.

Key themes for responding to inhalant misuse

The Roundtable experts identified three key themes for enhancing responses to inhalant misuse:

- utilise and build on existing services and multi-agency responses that have demonstrated positive outcomes;
- be developed with the local community and build the capacity of the various workforces that support young people to prevent and respond to outbreaks; and
- ensuring models are evidence based but are flexible to respond to local needs and context to optimize positive outcomes for young people, their families and communities.

The participating agencies were supportive of further consideration being given to the following:

- **Locally coordinated responses:** Involving and supporting community-based services in consultation and engagement and collaborative mapping of pathways for response.
- **Supply reduction workers and coordination:** Embedding skills in each community strengthens their ability to develop and implement sustainable responses.
- **State-wide specialist advice and support:** Specialist advice and support to multiple locations and communities when responding to inhalant misuse.
- **Prevention and Youth Engagement Programs:** Youth empowerment and engagement programs that respond to the multiple needs of vulnerable young people, offering diversionary activities, vocational programs and opportunities for education.
- **Pattern tracking and data sharing:** Collaboration between retailers, police and other agencies to identify and map impacted areas and track and report stock loss in stores and other trend data to guide coordinated responses.
- **Engaging young people:** Engagement with young people involved in, or at risk of becoming involved in, inhalant misuse is an important aspect of developing and implementing effective responses.
- **Responsible media reporting and public awareness:** Continue to promote responsible reporting of inhalant misuse to ensure the public is accurately informed about the risks to young people and does not further exacerbate outbreaks.