

# A PROFESSIONAL GUIDE ON THE ABUSE OF VOLATILE SUBSTANCES

1. SUMMARY OF THE INVESTIGATION
2. NEEDS DETECTED
3. EVERYTHING ABOUT DISSOLVENTS  
OR VOLATILE SUBSTANCES



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## Introduction

This guide is specifically aimed at those professionals that through their job, interact and work with groups of minors and young immigrants that have no family support and are in a precarious and vulnerable situation. Some of these young people are regular dissolvent or volatile substance consumers, and the others, even if not consumers, are in danger or at least susceptible in becoming users.

This guide seeks to reflect the essential aspects to consider when working with these underage immigrants who are in risky situations. Because of their difficult social circumstances they are potentially vulnerable to consume dissolvents or other drugs.

Although this guide is specifically designed for a group of professionals and their work with the group of minors already mentioned, the recommendations suggested might provide useful ideas to other professionals, who are also in contact with youths in other vulnerable situations.

This guide was created to cover the lack of specific planning on how to handle the prevention and how to reduce the consumption of dissolvents amongst these youths. It was also created as an answer to the lack of information regarding dissolvents as such, where they are consumed, and how to confront this problem using the different educational installations of the community.

This problem is closely associated to the new social phenomena of underage immigrants coming from North Africa, principally Morocco and Algeria, without family support.

Such a phenomenon is not only found in the city of Barcelona, but also in its metropolitan area, as well as in other cities in Spain and other points in Europe.

This guide is divided into three principal blocks:

1. First, we shall present the **results of the investigation** on which this document is based and we shall describe in detail the actual situation of the consumption of dissolvents and other drugs observed in the population of underage Moroccans without family support. This study was made investigating the population that live and frequent the Raval neighbourhood in Barcelona. This first block emphasises the causes, the consequences and all the aspects related to the consumption.
2. The second block states and describes **steps to take in the prevention of dissolvent consumption amongst these youths**. Professionals and youth workers that have been interacting with these young people have thought these measures as necessary and have helped to accomplish the study with a thorough analysis of the situation.
3. The third block contains useful **theoretical and practical information from the prevention point of view and on ways to tackle the problem** of dissolvent abuse amongst minors. In this block we approach such aspects as the

definition of the substances, their effects and consequences, as well as factors motivating the consumption, what to do when facing doubts and problems. It also proposes a series of activities of preventive-educational character that professionals can include in the program they carry out on a day to day basis.

This guide was made possible thanks to the collaboration of professionals in the field of prevention and all subjects related to immigration. To accomplish this study we have looked for information related to dissolvent consumption, information regarding already existing programs on prevention and treatment, and we have established contact and received information from several South-American organisations with years of experience regarding dissolvent abuse and treatment amongst street children. Some of the information obtained comes from the “Master of Drug Dependency of Barcelona”-program carried out by professors from the “Fundación de Salud y Comunidad”. Other sources of information are cited in the bibliography and proceed from countries where such consumption is mostly found (Guatemala, Honduras, Costa Rica, Mexico, Peru, Nicaragua, and Argentina).

## 1. Results of the investigation prior to this guide

### 1.1. Introduction

The information that we are subsequently going to present is the result of a series of studies made by the “Fundación de Salud y Comunidad” (in the Raval neighbourhood of Barcelona) on drug consumption amongst immigrants in a vulnerable situation. This study was concretely focused on a group of underage immigrants that live or frequent this neighbourhood: immigrants coming from Morocco without any family support.

Following are the results obtained:

### 1.2. Description of the group identified as vulnerable

This group is mostly composed of young male immigrants with no documentation, most of them underage (principally between 14 and 17 years of age), living without family support on the streets in the Raval neighbourhood of Barcelona. This group is mostly made up of youths that have not entered any organisation dedicated to helping minors, or those that, having been attended by such organisations, have returned to living on the streets. In this group there has been detected, apart from other drugs, a problematic consumption of dissolvents. Even if this group is mostly made up of minors, we do sometimes observe young

people that even though having reached the majority of age are still in this problematic situation.

### **1.3. Substances identified as of problematic consumption in the group of underage immigrants**

Amongst these youths we observe a general poly-consumption of drugs. Principally we can identify an inhalation of **dissolvents** from paint and, in some cases, from glue. In the beginning, the consumption of dissolvents is mostly carried out once in a while and “just for fun”, but as a consequence to hard living conditions it starts to augment little by little. Then it tends to turn into an abusive consumption and has to be considered as problematic.

This consumption is frequently alternated with **tranquilizers**. The election of both these substances is mostly due to the low cost factor and the also low or non-existing purchasing power of these minors.

Parallel, we identify a regular standardised consumption of **hashish** when they do have money at their disposal. The **consumption of alcohol** is not so important, not because of any religious factors but for economical reasons. The smoking of **tobacco** as a habit is generalised. **Synthetic drugs** and **cocaine** are consumed on very concrete occasions and mostly by older youths that have been longer on the street.



#### **1.4. What is the reason for the vulnerability of immigrant minors of Moroccan descent?**

The minors arrive wishing to behave like adults, looking for a job and a way to make money to send back to their families, but instead, they are treated like children (what they are) who by law, are not allowed to work. The reason why most of them do not participate in any specific programs is because, amongst other reasons, it prevents them in fulfilling the main objective of their coming here, which is to work and make money. Even if some of them do achieve this and still abide the law, generally most of these young people live on the street, in bad conditions, whiling time until they achieve majority of age, which only worsens their living conditions. The result of this is that these minors grow up and waste their time mostly on the street and are in contact with other people. This means they live in social exclusion like drug dealers, organised street gangs given to robbery and other youths that, just like them, having arrived some time ago are now dissolvent users.

In conclusion, if we consider the legal system of our country, the youths are in a society in which **they cannot integrate, with objectives they cannot accomplish, which leads them to survive in an illegal situation.**

#### **1.5 What problems does dissolvent consumption convey?**

In order of importance, the principal problems associated with the abuse of dissolvents are the following:

- behaviour disorders: irritability, aggressiveness, loss of daily habits (hygiene, eating, time), concentration problems, hallucinations, loss of memory, exhaustion, somnolence, disorientation, disconnection from reality, speech problems, loss of appetite, loss of self-control, depression, etc.
- pathologies of all kinds: breathing difficulties, skin and eye allergies, weakening of the body immune defence system, nose bleeding and itching, mucous secretions, strong headaches, walking difficulties, loss of weight, etc.
- social problems: rejection in the neighbourhood and in the community, peer pressure by regular inhalers and street gangs, consumption as a response to cold, hunger, loneliness, etc.
- legal and economical conflicts because of the illegality of the consumption and its consequences (robbery, theft, etc.).

### **1.6. What are the main causes of the problematic dissolvent consumption amongst minors in the target group?**

One of the reasons that make the consumption of dissolvents easy is the facility with which **one can acquire them and their availability** in the neighbourhood.

The consumption of dissolvents has **two clear goals** that depend on the stage that these youths are going through at the moment.

On the one hand, we can identify **the consumption done “just for fun”** by those that have just arrived and whose main objective is the integration in the peer group. On the other hand, **we observe an abuse carried out as a measure to combat situations of anxiety, and as a way to gain courage** to be able to commit theft and robbery and to confront the police. These last two reasons to abuse dissolvents are usually done by those minors that have not been able to continue with the youth care circuit and have returned to living on the streets, or by those that even having acquired the majority of age, still continue on the street, in the same situation and same dynamic.

The cultural differences between Morocco and Barcelona seem to influence dissolvent abuse greatly. There is qualitative evidence that, although in home country most of these youths also lived on the street or in broken homes, in their new country their lifestyle is totally disconnected from any family or social support, which makes their situation even worse.

Another reason that influences this behaviour is the increasing **pressure** and consequently the **frustration and anxiety caused by not being able to accomplish the goals set**, plus the fact that they live in a situation of continuous uncertainty regarding their immediate future. All this worsens the abuse of dissolvents and that of other substances.

Up to now we made a brief summary concerning the situation of problematic dissolvent consumption amongst minors. If you would like more detail or information regarding the investigation please apply for it through the e-mail address from the Fundación Salud y Comunidad: [fsyc@fsyc.org](mailto:fsyc@fsyc.org)

## 2. Needs detected

We shall now present the measures that have been considered as essential by those professionals we have contacted in order to carry out this study. These measures, even if they do require certain economic means that we do not have, still need to be mentioned so that all those involved in the problem can use their position and obtain the information needed to learn which action should be taken to confront the situation. This information is especially focused on all those questions related to dissolvent abuse and those of other drugs, plus the questions that derive regarding the problems associated to it.

Some of these suggestions refer to solving problems related to the basic living conditions of these youths, problems that are not directly related to the consumption of dissolvents, but are certainly causes that foment this behaviour.

In order of importance these needs are:

### 2.1. How to cover basic needs

It is necessary to cover such basic needs like giving them shelter, food, attention, certain orientation of the area, information on their rights and duties, their possibilities and the resources available, ensure minimum hygienic conditions for them, etc. so as to reduce the constant stress the young people go through.

It is also important to deal with such aspects as the possibility of an education, possibilities to work as a trainee, periods of apprenticeship, etc. All these aspects are directly related to the reason why they left their country of origin in the first place which was to work and make money.

## **2.2. Personalised treatment program**

In those cases where a consumption of dissolvents is considered as problematic, it is fundamental to channel and direct these to the out-door and in-door program so as to begin with a personalised treatment.

The “*Òrgan tècnic de Drogodependències de la Generalitat de Catalunya*” has recently initiated a service specialised in the treatment of dissolvent addiction that seems to answer to the existing problem.

A personalised treatment is necessary in those cases that a regular, serious and chronic consumption has been detected. There are different opinions regarding addiction, as several professionals assert that physical addiction to dissolvents does not exist. In spite of that, they do recognise a psychological addiction and tolerance to the substance, which is proven by the difficulty observed in abandoning it because of the permanent difficult living conditions.

## **2.3. Rapid detection of newly arrived minors**

At the same time, it is essential to continue working on a rapid detection of newly arrived minors without family support so as

to introduce them as soon as possible to an in-door treatment and prevent them coming into contact with the situation on the street and the consumers in their peer-group. On the whole it is necessary to avoid them coming in contact with inhalables. Based on this argument, the professionals believe in offering an **immediate in-door emergency program**. Amongst these proposals we do observe differences of opinion regarding the adequate regulations and character of these programs, more open ore closed.

In spite of it all, most suggestions do indicate the convenience of carrying these programs out in an urban surrounding, because living in the city is one of the main objectives of these kids on the first place.

We would like to point out that since the beginning of 1998, the ***“Circuit d’Atenció al Menor de la Generalitat de Catalunya”*** has already been working on a project, aimed at reaching these objectives already mentioned. In spite of that, professionals and youth workers involved in the situation point out the necessity of amplifying the resources and services needed to reach such objectives.

#### **2.4. Workshops and activities aimed at health promotion**

We are also aware of the necessity for creating workshops and promoting activities in the centres and other neighbourhood places these young people frequent. These workshops and program activities are directed at health promotion amongst youths, especially regarding their daily habits of nutrition and personal hygiene. Other activities are aimed at **prevention of**

**dissolvent and drug abuse.** These programs try to offer information about the substance they consume, the risks involved and the consequences of their behaviour. In any case the majority of the professionals and youth workers questioned suggest that these interventions should have a complementary character in regard to the rest of the activities carried out by these youths.

Once we have taken care of the measures proposed regarding the basic needs, we shall point out other measures to take into consideration in order to approach other perspectives that also affect the problem.

### **2.5. Considering the possibility of returning home and how to improve their self-esteem**

The idea of returning home is a difficult one because, in spite of it all, the minors claim leading a better life here than in their own countries, and are unwilling to return, under any circumstances.

The question of returning home is the principal subject the youth workers deal with, but mostly unsuccessfully. These youths can generally not accept the idea of failure in face of their families. For this reason they tend to make up a story about their situation in Barcelona, lying and saying that everything is going fine and that the money they are sending comes from working. In this case the challenge consists in destroying that lie and changing it into a situation that can be considered acceptable, for both, the minor and their families.

***Example:** The youth tells his family that the money he is sending is the salary for his job. In reality he is stealing. In this case, one would have to try to get this minor to stop stealing, even if it means stopping the sending of money, a situation that he could only explain if, for example, starting an apprenticeship to qualify for a concrete job in a near future.*

## **2.6. Ways to raise awareness in the community**

We also point out the importance of raising the awareness of the population in the area of the Raval neighbourhood and the people of **their own community**. The objective of this task is to break with the myth that the consumption of drugs is irreversible and that these kids cannot be brought back on the right path, a myth that only contributes to the stigmatisation and unacceptability of these minors.

Without trying to victimise these youths, the study is aimed at understanding the reasons that cause the situation. This is an important aspect to work on, because the rejection coming from their own people creates in them a great anxiety that only worsens the abuse of dissolvents and other drugs.

## **2.7. Information and specific training about dissolvents for youth workers and other professionals:**

This guide is designed to offer information about drugs, and more specifically about volatile substances and give specific training for the youth workers and professionals that interact with these minors. It is necessary that these professionals (especially the youth workers) have sufficient knowledge about



dissolvents (substances, causes of consumption, effects, etc.) so as to be able to better handle the situation of intoxication, a situation with which they are relatively often confronted with. At the same time it is necessary to offer certain guidelines about adequate reactions when confronting a minor in such a situation.

## **2.8. Prevention of dissolvent abuse through everyday activities.**

The objective of this activity is to demonstrate how dissolvent consumption is practically incompatible with all sorts of interesting and attractive activities like, in example, a football-match.

This is an indirect and practical way of health promotion and drug prevention, based on the consequences of long and short termed risks and carrying out the activities in a daily and non-institutionalised context.

This suggestion is explained and can be consulted in the last part of the third block of this guide.

As a result of these suggestions this guide has been created to:

- **Raise the awareness** of all those professionals dealing with this situation, of the necessity of a co-ordinated and coherent intervention when confronted with this problem.

- **Inform and train** these professionals on all questions regarding dissolvent consumption and prevention.
- **Introduce all sorts of activities** aimed at the prevention of dissolvent and other drug abuse in the programs of these centres.

### 3. Introduction of the abuse of dissolvents or volatile substances

#### 3.1. About dissolvents or volatile substances also called inhalables:

##### *Definition*

We consider as dissolvents all volatile substance in form of gas, liquid or solid with psychoactive character, mostly flammable or very flammable and generally with an intense and pleasant smell. With the exception of nitrous oxide that has an inorganic compound, we are talking about organic substances with a simple chemical compound. We exclude all those pulverised liquids like aerosols and all those that have to be lighted up before consumed (all drugs that are smoked). (*Alarcón, C. and Massons, T. (1984) Aspectos de la prevención, detección precoz y tratamiento de las drogodependencias por disolventes*).

These dissolvents include a varied group of chemical substances with a very volatile character that turn into gas when at room temperature, releasing psychoactive vapours.

It is impossible to list all the substances that are inhalable for constantly new substances appear to experiment with. Any product with following chemical substance can be subject of abuse:

*Tolueno, Xileno, Acetato de Etilo, Hexano, Cloruro de Metileno, Metil-etil-ketona, Metil-butil-ketona, Tricloroetileno, Gas*

*Butano, Propano, Fluoroclorocarbones, otros Hidrocarburos, Oxido Nitroso*

*Halotano, Enflurano, Cloruro de Etilo, Tetracloroetileno, Tricloroetano, Acetona, Metanol, Metanol, Metano, Etano, Bromoclorodifluorometano (Charles Sharpe, Ph.d., and Neil Rosenberg M.D.).*

The majority of these products are able to dissolve grease. When inhaled they are quickly incorporated in our circulatory system, being distributed fast to all those organs with maximum blood-flow like brain and liver.

These substances can be generally found in many products of domestic and industrial use:

- Instant glue
- Paints, varnish, paint and plaster remover, liquids to correct printing errors (Tippex) and its related dissolvents
- All products derived from petroleum, liquid for cigarette-lighters (including butane), antifreeze products, liquids needed for dry-cleaning, hair spray, acetone for the nail-varnish remover
- Gases found in aerosols, including deodorants, air purifiers, insecticides, paint spray, fire extinguishers
- Alcohol for medical purposes, metal cleaners, detergents, shoe polish, shoe dye

### ***Different ways to consume dissolvents and other volatile substances***

Basically these substances are inhaled, that means that the product is sniffed. Liquid dissolvents are normally sniffed through a rag, a sock, pullover sleeve, etc. that has been previously impregnated with the substance.

To increase the effect of the vapours and its concentration, the glue or the product of similar characteristics is sniffed from a plastic bag, so as to augment the effect of the vapours when inhaled. The open end of the plastic bag is placed in front of the face and its contents deeply inhaled so as to reach a state of intoxication. Sometimes they use an ethylene bag like the normal garbage bags to cover head and shoulders.

### **3.2. Information regarding dissolvent consumption:**

#### ***Detection of the consumption***

Following we shall offer a series of indicators or signs that might help the professionals to detect a possible case of dissolvent consumption amongst minors:

#### **A) When to suspect an abuse**

##### **1. Changes in the psychometric behaviour**

- a) *Stimulating effects*: irritability, aggressiveness, violent behaviour, hyperactivity, and moodiness.

- b) *Depressing effect*: sleepiness during the day, sleeplessness during the night, difficulties in concentration, apathy, pensiveness and loss of appetite.

## 2. Changes in the social behaviour

- a) *Disorder* in social relationships, aggressiveness, petty thefts, a concealing character, isolation, and paranoid distrust.
- b) *Loss of interest* and low performance concerning all activities of educational character, as well as absenteeism and not being punctual.
- c) *Changes* concerning the circle of friends, tending to the company of those that also consume these and similar substances.

## B) External signs of consumption

- a) *Physical signs in the person*: a very characteristic smell of the breath, redness around the eyes, irritation of the throat, a swollen and pale face, chapped lips, bleeding nose, facial blemishes, pupil dilatation, shivers and visual distortions.
- b) *Traces of the dissolvent* in the places they hang out and in their personal belongings: the characteristic smell of their clothes and the places they live in, the stains on their clothes and beds, residue of stain remover on the cuffs of their sleeves, stains on the carpets and floors.
- c) *Utensils needed for the consumption*: empty containers like tubes, cans, aerosols, tubes of glue, plastic bags, rags and soggy socks.

### C) Confirmation of the consumption

One can guess that consumption exists when certain changes occur like the ones mentioned in points 1 and 2 and when a temporary or acute state of intoxication is observed. We also point out that from a medical point of view, with a blood and urine analysis plus other complementary medical explorations one could confirm this diagnostic, if it is considered necessary to do so.

We cannot establish a point of reference regarding the dosage so as to determine to which degree this person is affected. This shall depend on the percentage of the volatile substance in the compound of the inhaled product, as well as the method used when inhaled, and the experience of the person with the substance.

We do point out that it is possible to reach a state of acute intoxication having only consumed the substance once or in an isolated case but in excessive quantity.

It would be advisable to pay attention to any signs of consumption, because even if it has not happened frequently, a case of sudden death is possible because of an extreme intoxication.

Following we shall describe the basic signs that might help to identify a case of intoxication.

***What is to be considered as INTOXICATION due to inhalables?***

1. An intoxication because of inhalants is similar to the sensation of getting drunk with alcohol, with similar symptoms like an exaltation of moods, euphoria and happiness, sensation of well-being, confused and unclear speech, blurred vision, disorientation, mental clumsiness, sleepiness, etc.
2. Just like alcohol these are substances with a depressing effect on the central nervous system that initially permit the consumer an inhibited behaviour to progressively pass on to a state of depression like confusion, sleepiness, stupor or coma.
3. The principal physical symptoms caused by the consumption are irritation of the eyes and superior respiratory tract, tearing of the eyes, cough, gastritis, loss of appetite, headaches, nausea.
4. The principal symptoms of psychomotor character are a lack of motor co-ordination, unstable movements, lethargy, loss of reflexes and general muscular weakness etc..

***What are the secondary effects of inhalable consumption?***

Most of the time, we are talking about substances that work as a depressor on the central nervous system and the peripheral nervous system. An acute intoxication happens swiftly and



during the first moments there is an apparent stimulation because of a cortical depression like in the case of alcohol.

The intoxication is like being drunk and goes through different stages that vary in their duration. First comes the stage of being drunk as such, then one starts to hallucinate, and last of all the person falls into coma. All this depends, like mentioned before, on the intensity and the duration of the inhalation. From the psychiatric point of view, the clinical pattern is that of a “delirium tremens”, observing in this case mental confusion, motor awkwardness, vertigo, sleepiness, hallucinations, etc.

The possible euphoria often arises with a sensation of omnipotence and aggressiveness towards people and things, as well as physical violence. Often distortions regarding time, space and visual perception (dreams, hallucinations) can be observed. It is not infrequent either that because of its euphoric effects people practice group-sex or autoeroticism. More often than not all these experiences finish in a deep dream followed by amnesia regarding certain periods.

The periods of intoxication begin nearly instantly and their duration varies from a couple of minutes to one or two hours. The hallucinations are normally vivid and colourful.

Depending on the frequency and intensity with which these dissolvents are consumed, we can make a difference between an acute and chronic intoxication.

We shall now describe it in more detail:

**a) An acute intoxication is the case as a consequence of voluntary consumption of the substance:**

To verify if we have a case of acute intoxication we have to analyse the symptoms mentioned in chapter 3.2.2

**b) Chronic intoxication is the case when the consumption of the substance is repeated and following symptoms observed.**

When the consumption is regular and goes back already some time, it is most probable that the central nervous system has been affected and this can be diagnosed through a convulsive pattern in the behaviour. Most probably there also exists kidney problems, anomalies of the liver, lung and heart, neuropathy, etc. Amongst the most physical signs is the loss of memory and concentration, depression, mental disorders or strange behaviour like certain belligerent attitudes, violence, irritation, aggressive conducts, apathy, loss of judgement, deterioration of social and professional activities.

***When do we consider that inhalable abuse exists?***

We consider that an abuse exists when the consumption has a regular character and is harming or threatening the physical or mental health of the person or its social well being.

When the consumption is abusive it is easy that the daily activities turn into potentially dangerous situations (crossing a street, using public transportation, danger of causing fire when smoking, etc.).

***When do we consider that the inhaler is in a situation of dependency?***

The question of physical addiction amongst dissolvent consumers is a subject of discussion without a clear consensus. It is agreed that a physical dependency exists but it is still subject to discussion about its severity and development. There is no proof of a significant physical dependency, but a psychological dependency does develop and for some, it is a habit extremely difficult to break.

Psychological dependency

People consuming these substances may find it difficult to stop or reduce this consumption. The inhalants are not expensive and are easy to get so it is not probable that the consumers spend a lot of time trying to get hold of them. On the other hand, it might take a lot of time to recover from their effect. The regular consumer may reduce or stop all important social, professional or recreational activities and persist with the consumption even when knowing of the physical and psychological harm it causes. (DSM-IV).

Physical dependency

Possible withdrawal symptoms have been observed starting 24 to 48 hours after interruption of the consumption and lasting from 2 to 5 days. These symptoms include an alteration in sleeping habits, shivers, irritation, profuse sweating, nausea and temporary illusions. After a brusque elimination of the drug in chronic cases, a certain pattern can be observed that include

migraine, vomiting, muscular contractions and cramps. In any case this syndrome has not yet been thoroughly studied.

### **3.3. Risks and damage associated with inhalants**

A chronic consumption of these drugs normally generate following health problems:

- Gastrointestinal disorders (nausea, vomiting, anorexia)
- Kidney and liver problems
- Heart anomalies
- Respiratory problems (chronic bronchitis, lung oedema)
- Chronic conjunctivitis
- Death because of cardiac failure, choking on vomit or ventricular arrhythmia

Other frequent symptoms are irritation, loss of concentration, low performance regarding the studies, missing school, etc.

All the symptoms we have described plus all those pointed out in other chapters can harm the vital organs and leave a permanent damage in the user that will affect its health and ability to socialise with other people.

#### ***Aspects to be considered in a critical situation***

The treatment of an acute intoxication may need urgent medical assistance, depending on the severity of the intoxication, even though the user or his friends rarely ask for help.

1. If the regular consumer is in a “drunken” state without depression, no specific action is needed. The measures recommended are:
  - To throw out what is left of the substance.
  - To ventilate the room and loosen the user clothes.
  - To calm the user down.
  - To make him breathe slowly and deeply.
  - To stay by him until the user has recovered.
  - To try to find out what product he has inhaled.
2. If the user has problems in remembering, or has a cardiac-respiratory collapse or convulsions, it is necessary to get immediate medical assistance. Meanwhile we recommend:
  - To eliminate all residues of the dissolvent from the clothes, his belongings or from his own person.
  - To ventilate the room.
  - To lay the user with his head on one side to prevent choking on his own vomit.
  - To keep the user warm by covering him.
  - To try reanimation of the user (mouth to mouth respiration, heart massage).
  - To try to get a sample of the substance to analyse it.

Depending on the quality of the programs and the relationship between the minor and the youth workers, who in large measure are responsible for the basic necessities of these minors, will a sentiment of security be established that will help these minors continue a development of their personality in face of better circumstances.

To make the most of the problem, the circumstances, the critical situations, the new opportunities and the positive aspects of daily life will be a crucial aspect for these minors.

It is necessary to talk openly with these minors about the problem of dissolvent abuse, without condoning and without accepting it. This way we can open doors so as to communicate about the subject and create a feeling of trust between the minor and the professional regarding the use of these drugs and the problems it carries. This way, through the youth worker the minor has an option to reach out for help when in a critical situation, out of curiosity or in need of information, or simply because he needs help for himself or a friend.

### **3.4. Should we play-down the harm that dissolvents cause?**

When we interact with these minors, we should proceed with our work without denying the existence of dissolvent consumption. Regarding the abuse of dissolvents, there does exist different options to reduce the harm done, but it is not advisable to be so explicit about it with these minors, because of their young age they might think incorrectly that this means a certain acceptance of the consumption on the side of the teachers, youth workers and professionals that interact with them.

#### ***How to minimise the risks in daily life***

These young people that abuse inhalants can consume these in dangerous situations. The challenge is to recognise the situations that might be related to dissolvent abuse so as to prevent it.

Following we shall list some of the situations we think important that professionals interacting with these minors should recognise and take into consideration. We also believe that the minors should be warned of these situations.

- The abuse of these substances may cause acute cardiac problems that may even lead to death. This risk is even higher if the user makes a physical effort during or immediately after consuming the drug. For this reason it is important to watch out that these substances are not consumed right before or after any physical activity as in example a police chase after committing robbery.
- It is certainly worthwhile to inform how dangerous these inhalable substances are, especially emphasising the fact that the manufacturer often change the chemical compound of the product, including in some cases, more toxic substances. This implies that even those products used with certain continuity may provoke an unexpected reaction due to the changes made in the chemical compound of the product.
- The combination of dissolvent abuse with other drugs, like alcohol, may enormously increase the danger.
- Sometimes the users warm the product up on a fire or other means of heating, to increase the concentration of the vapours. Some users even smoke when using this product. In any case, a danger of burnings is high, for most of these products are highly inflammable.

Often the consumption of these substances is carried out in lonely places and dangerous surroundings. This increases the risk, for an intoxicated person has fewer possibilities in asking for help in case the situation gets dangerous.

It is advisable for that matter to avoid following situations:

- Inhaling in places that might be dangerous, dark or lonely in case one loses control, falls down and gets hurt, etc.
- On the street as a pedestrian when under influence of these substances because of the high risk of losing control and provoking an accident. A repeated use of these substances over a period of time might cause a loss of hearing (a loss especially caused by the substance called toluene). This puts these kids even on a higher risk when walking intoxicated down the street.
- Use of plastic bags because of suffocation caused by a lack of oxygen. These plastic bags can stick to the nose or mouth causing suffocation, or choking on their vomit.
- Avoid physical effort in stress situations for these might worsen a laryngeal spasm that might lead to heart failure and respiratory collapse.



### ***Current information about the legislation and the reduction of risks***

**On one hand, according to the legislation, it is not possible to sell inhalants to minors.** According to the DOGC 1445 from 22/5/91 it is forbidden to sell glue and other inhalable industrial substances or products to minors, though even if sold legally, might harm or create a dependency or have an euphoric effect or act as a depressor.

On the other hand, there does exist a history on the possible **control of the chemical compound of the inhalants**. One of the propositions is to modify the products. Experts on the question suggest that these products can be improved by using certain additives in the process of fabrication, or, better yet, replaced with a non-toxic substance. This is a fact taken into consideration by some companies that do want to collaborate in improving the situation.

In countries such as Guatemala or Costa Rica, they try to enact certain laws that control the sale of products that are liable to be abused, including demanding of the producers and importers the addition of mustard oil or other repulsive substances to their product, dissuading that way the kids to inhale them.

Concretely, it is the mustard oil that causes the kids to reject the inhalation. It has irritating effects and induces vomiting. It has an effect like tear gas, causing a rejection to the drug.

It is evident that eliminating these substances does not solve the problem we are confronting; for we know that this problem is a

direct consequence to a concrete life style with many hardships. If we could eliminate the dissolvents, these minors would look for other alternatives and other products that would cause the same effect and the only thing that would happen is that the problem would be connected to another substance. In this case, because of the severe damage that dissolvents do to the human body, it certainly remains a challenge to avoid the consumption of these substances.

### **3.5 What is the future of the inhalers?**

Looking at the patterns of consumption of these inhalers, we are witnessing changes that we will only understand and evaluate in a couple of years. Actually, what happens most frequently is that an inhaler that has started out at a very young age, with time turns to different patterns of drug abuse. But just like many marginal heroin addicts start their dependency with dissolvents, we do observe the phenomena the other way around: heroin addicts that stop using heroin, turning to great quantities of alcohol. Others consume alcohol alternating with glue or consume only glue. This is generally due to economic reasons and a question of availability, for dissolvents are normally cheap and easy to come by.

Because dissolvents are a substance that are generally associated with situations of poverty and social exclusion, it is generally a drug that carries certain negative connotations and is absolutely not a drug of “prestige”. It is linked to marginality and extreme poverty.

### **3.6. Description of in-door programs and street activities, with minors regarding dissolvent prevention.**

Following we shall mention a series of suggestions centred on activities that have been created thinking of the minors and the fact that these activities should be carried out by them. These activities are carried out under what is considered prevention of dissolvent abuse based on the protection of these minors.

These suggestions have been created to be carried out in all those different centres the minors frequent, including those still on the street and in the community of the Raval neighbourhood.

These activities should not be too organised or structured but with a low threshold so that these youths can participate at the level they wish and so make the acceptance of these activities easier.

These programs should be simple, easy to handle and attractive from the minors point of view. All in all, it should be focused this way to avoid the feeling of being under pressure and to make most of their receptivity and encourage their participation.

These programs should make the most of the situation, the circumstances and critical moments of the daily life and use these changes as an opportunity to learn. Carrying out these activities we try to point out how incompatible is the consumption of dissolvents with attractive and interesting happenings (football match). This would be an indirect way of health promotion by accomplishing activities on a daily base and in a non-institutionalised context.

***Different aspects to be considered when planning and carrying out these activities.***

It is important to understand the influence the peer group can have on the minors so that the youth workers can identify and get to know the different aspects of their social network, to find out where they get their support and where they are rejected. The majority of the kids identify themselves with the gang, and compensate the necessity of belonging by imitating the conduct of the gang and in doing so they obtain an identity. For these kids, like any adolescent their age, it is preferable to have a negative identity than none at all. The consumption of dissolvents, besides being a fictitious way of covering basic lacks and needs, it is a way of creating relationships, a way of identification and belonging, and also a way of showing a defiant commitment to the group. This way the minor covers his need for security, protection, fraternity and friendship that he sorely lacks and needs to satisfy.

This is the reason why it is necessary to suggest activities through which these young people can meet others of their kind that are not users and create new relationships inside the group. These relationships are based on a healthy life style and are not continually on the verge of turning into a situation of risk.

These activities should be aimed at underlining and demonstrating the different aspects of their personality, as well as their specific talents and knowledge, with the final objective of getting these youths to feel special, needed, useful, appreciated, important and capable of affronting new challenges.

To carry out these activities and win over these minors (who are on the street or frequent these centres) **it is necessary to identify and get into contact with their leaders and other youths that were in the same situation.** These leaders and the youths that are now out of the situation of dependency can help the youth workers by leading and motivating the minors in participating in the activities.

These activities should be aimed at strengthening the sense of **protection of these youths as well as their resilience:** stimulate them to take care of themselves, strengthen the responsibility they have towards themselves and others regarding their health, and promote a life style that permits each person to develop his own potential. These activities should also aim at improving different personal aspects, their surrounding inside the community and the centres they frequent, as well as their behaviour and attitude regarding consumption of different products, including those with addictive substances.

These activities will deal with the consequences and the risks regarding dissolvent consumption on a long and short time base, dealing with it in an informal and subtle way and using situations found in daily life. This promotes on a practical scale and takes into consideration the different life skills needed to better adapt in the new country, find solutions when in a conflictive situation, making of decisions, tolerate frustration and acquire a better self-esteem.

### ***Description of preventive activities***

Following we shall suggest a couple of activities to carry out with the minors.

#### **1. A place where to socialise and receive consulting about drugs:**

We suggest to establish an informal place where the minors can get together and talk about all these questions related to drugs. The atmosphere should be friendly and the relationships between the minors and the youth workers should be one of trust and confidence. The principal objective is creating a place to encourage these minors to help themselves mutually, to promote interactive discussions and decide which possible activities to carry out as an alternative to drug consumption. These alternatives should be brought forth by the minors in collaboration with the youth workers.

To create and use this space is the first step in establishing concrete communication on drug abuse, dissolvent consumption, channel petitions, detect needs, foresee future problems, etc.

The youth workers should do their consulting aiming at following goals:

- Encouraging the minor to talk about his problems and listen to him.
- Working out a daily routine as an alternative to drug consumption.

- Supporting the minor in questions regarding how to direct and modify his own behaviour.
- Advising on how to gradually give up the dependency on drugs, without pushing for an immediate abstinence or creating fear of reprisal.
- Looking for alternatives to dissolvent abuse, especially if this is done out of boredom, frustration or anxiety. Focus these activities in such a way that the drug consumption does not turn into the only way of understanding and bearing life.
- Organising these groups of discussion in a way that the users can listen to others that have successfully resolved a problem similar to their own.
- Informing the user about the different withdrawal, depression and anxiety symptoms prior to the treatment.

All the activities we suggest are some of the possible ideas to carry out. The objective is that the professionals can **create parallel activities with the same preventive goal**, using **peer-to-peer education** and including in their work the experience of other minors that were in a situation of dependency and have considerably improved their situation. These should act like a role model, as an objective to follow.

## **2. The world through the lenses of a camera:**

This activity consists in that the minors take pictures of their colleagues, their immediate surroundings, develop the pictures and work on the pictures made. The work consists in appreciating oneself from the outside, from an external point of view, imagining one does not know the person in the picture, thinking about possible descriptions for the person and the surroundings. During this activity we recommend to introduce such aspects like evaluating the different interests of the kids in the picture, evaluate the different relationships amongst the kids, evaluate the physical aspects and health, evaluate the consumption of the drugs through any evidence that might exist in the picture and introduce photography as a method of work.

### **Goals**

- . Promoting thinking about themselves and their surroundings, so as to foster an initiative and interest for their own improvement.
- . Trying to detect the interests and needs of these minors through their conversation.
- . Starting talking about health, physical conditions and dissolvent consumption.

## **3. Telling positive histories:**

Encouraging the youths to tell stories about their home culture and tradition to other youths and people from the neighbourhood



(in the centre *Centre Civic del Raval*, in the *Asociacion IBN Batuta*, etc.)

**Goals:**

- Promoting interaction and exchange of experiences among the youths.
- Showing that dissolvent consumption is not widely practised and can be replaced with other leisure activities.
- Proving them that they have a useful role to play in the community and that they have knowledge and capacities that others do not have.

**4. Getting involved in activities for the community:**

Getting the youths involved in works, useful and necessary activities for the community (the Raval community and their own), in order to give them responsibilities in organising events, and thus improving their self-esteem.

**Goals:**

- Promoting the relationships between the youths and the community.
- Making it clear that the youths have an important function in the community.

- Promoting concrete work interests for their future work integration.
- Giving them responsibilities and offer them other leisure activities options, apart from dissolvent consumption.

#### **5. Sport as a leisure activity and a way to create new relationships:**

Organization of a football championship between various youth groups from the neighbourhood, involving immigrant youths and youths from the neighbourhood. The activities must be organized and led by the youths.

##### **Goals:**

- Using the youths that are already leaders and youths who used to be in the same situation and changed it, in order to lead and motivate the other youths in the activities.
- Before and after carrying out the physical activity one should talk about the necessity of avoiding dissolvent consumption, warning about the risks of chronic heart diseases and sudden death.
- Evaluating the advantages of a healthy diet and life style to carry out all physical activities and sports.

### **3.7. Importance of getting to know and use the resources of the neighbourhood**

The youth worker, independent of the community he works for, figures as a bridge between these minors and the resources of the neighbourhood in which they interact. Normally these minors do not know about these resources and how to get to them. It is very important that the work of the youth worker is that of offering information, support and orientation in the community and channel the possible needs.

This way, in case a treatment does take place the youth worker can accompany the minor in the process, support him in his reintegration into other surroundings with other resources. Until this moment there is no service specialised in treating addiction to dissolvent, and dealing with inhalers' marginality, their young age and their difficulties in understanding the language.

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## **HELP US MAKE THIS GUIDE BETTER**

### **EVALUATION OF THE GUIDE**

We sincerely hope that this guide has been of practical help and has been able to resolve general questions on the consumption and abuse of volatile substances and how to handle this consumption. Like you might know, this is the first version of the guide, but our objective is to better its practical use in the near future. For this, it is especially interesting for us to know your opinion regarding the quality, capacity of prevention and practical use of this guide, once consulted. **For this we would like you to answer following questions** as sincerely as possible so that your opinion and criticism will help us change this guide to its definitive version. To get this information we shall contact you in **five months** and collect this evaluation sheet, so as to have your opinion concerning the questions and with that change the guide considering your opinions and necessities.

The majority of the following questions should be answered with a cross on the score that closest reflects your answer. As in example:

**I do not like my job      0 1 2 3 4 5 6 7 8 9 10      I like my job**

If you like your job a lot you should cross those numbers closest to ten or the number ten itself. If you do not like your job at all you should cross those numbers closest to the sentence (I do not like my job). If you like your job sometimes you should cross those numbers in the middle (4,5 or 6). This questionnaire consists in expressing to what degree one agrees with the statement.

**1. The practical use of the guide (cross the number that reflects your opinion)**

In practice this guide is <b>not at all</b> useful	0 1 2 3 4 3 4 5 6 7 8 9 10	In practice this guide is <b>very useful</b>
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**2. What should be added to the guide? (write suggestions)**

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**3. What should be omitted in the guide? (write suggestions)**

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**4. To what degree has this guide helped clear your doubts regarding volatile substances (mark the number that closest reflects your opinion)**

This guide <b>has not cleared any</b> of my doubts regarding volatile substances	0 1 2 3 4 3 4 5 6 7 8 9 10	This guide <b>has cleared all</b> my doubts regarding volatile substances.
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**5. Name three positive aspects to this guide (if you think there are any)**

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**6. Name three negative aspects to this guide (if you think there are any).**

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**7. What do you think of the preventive capabilities of this guide (mark the score that closest reflects your opinion)**

The activities suggested at the end of the guide are <b>not at all useful in the prevention of dissolvent abuse.</b>	0 1 2 3 4 3 4 5 6 7 8 9 10	The activities suggested at the end of the guide are <b>very useful in the prevention of dissolvent abuse.</b>
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**8. How efficient is this guide in creating a common line of work between the different professionals( mark the score that closest reflects your opinion)**

<p>This guide <b>does not help</b> creating a common line of work among the different professionals.</p>	<p>0 1 2 3 4 3 4 5 6 7 8 9 10</p>	<p>This guide <b>does help</b> creating a common line of work between the different professionals.</p>
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**9. Name 3 situations in which you think you have made use of any knowledge acquired in this guide:**

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**10. Any commentary or suggestions you would like to tell us:**

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