

TACKLING VOLATILE SUBSTANCE ABUSE IN SCOTLAND

a training programme for the social care workforce



group learning activities book

www.iriss.ac.uk/vsatraining

1. INTRODUCTION

Objectives

To welcome participants and provide them with the information they need about the course.

Activity

Step 1 – Introductions

1. Be positive. First impressions are important.
2. Make everyone welcome. Greet people before the start of the session. If you have a registration list ask people to sign it as they arrive.
3. Outline the situation re breaks, refreshments, toilets, any health and safety issues and fire exits.
4. Personal introductions:
 - Introduce yourself, your role and any directly relevant experience you have.
 - Ask participants to introduce themselves and to provide brief information about their roles. You could also ask people to outline what they want to achieve from the course.

Step 2 – Learning outcomes

5. Hand out the learning outcomes sheet.
6. Discuss the learning outcomes. Ask if there are any other issues or topics that people want to cover during the course. Record any interesting comments on the flip-chart.

Step 3 – The course outline

7. Outline your skills and limitations — as a trainer you don't have to be an expert on the issue, but a conduit of the information.
8. Set a few ground rules:
 - Respect other people's views; everyone has views that are valid.
 - Provide constructive and non-judgemental feedback.
 - Confidentiality should be maintained within the group.
 - Everyone should be given a chance to participate.
 - Participants should be provided with clarification of issues they do not understand, or be able to raise issues they want covering.
 - Participants should avoid any offensive, discriminatory behaviour and communication.
9. Inform the participants that full handouts will be provided at the end of the course.
10. Give a full outline of the course, detailing the schedule of activities.

Preparation & materials

- Refreshments
- Toilets
- Health and safety (e.g. smoking policy) and fire exits
- Registration list
- Schedule
- Flip-chart
- Copies of learning outcomes for each participant.

Timing

15 minutes

2. PRODUCTS, RECOGNITION & METHODS OF USE

Objectives

To explore different products and come to conclusions about how they are misused. To update participants' knowledge about the range of substances that may be misused and the possible indications of substance misuse. Participants will also have the opportunity to identify sources of current information.

Activity

Step 1

1. Split the group into pairs.
2. Give each pair a product worksheet and ask them to take one product each. Inform them to take care with the products.
3. Ask them to complete the questionnaire sheet quickly and briefly using just a few words for each section.
4. When they have completed making notes on one product exchange it for another.
5. Monitor the progress of the groups and deal with any problems that arise.
6. After all groups have completed the questionnaire, re-form the group.

Step 2

7. Ask one pair at a time to come to the front, review the first product and record their answers on the flip-chart.
8. Discuss their response with the group. Ask if there is agreement over the answers. Explore any direct experience of methods of use. Review the facts.
9. Repeat with other pairs and products.

Step 3

10. Open the discussion:
 - Are there any discrepancies or patterns?
 - Are some products of greater concern?
 - Are they all readily available?
 - Are any of the prevention actions feasible or are any of them being implemented?
11. What questions arise from the exercise?

Step 4

If the group require more statistics or facts about VSA at this stage, it could be helpful to show the movie entitled **The Loaded Gun** (<http://www.iriss.ac.uk/vsatraining/materials.html>).

Preparation & materials

- Products worksheet (one copy per person)
- Flip-chart
- A selection of the following products should be set out on the low table prior to the start of the activity (nb. you will need at least half as many items as there are participants):
 - Aerosol deodorant
 - Aerosol furniture polish (nb. for this exercise it would be advantageous, although not essential to buy an air propelled product such as Pledge by Johnson Wax)
 - Cigarette lighter refill
 - Solvent based adhesive (unopened as this will avoid accidents)
 - Typewriter correction fluid
 - Articles associated with VSA such as a towel and a plastic bag

Timing

40-60 minutes

2. PRODUCTS, RECOGNITION & METHODS OF USE (CONTINUED)

In summary

Participants have been able to:

- Examine the products that young people use to sniff and discuss the various methods of use
- Know how to identify most products of concern
- Identify evidence of product misuse
- Understand more about how products are misused

2. PRODUCTS, RECOGNITION & METHODS OF USE – TRAINER NOTES

List of products

Further information is available from the **course content** section of the website that accompanies these materials (http://www.iriss.ac.uk/vsatraining/course_toc.html).

Identification of products of concern

Product containers may provide evidence that the product could be misused. In particular, warnings about breathing fumes from the product.

Evidence of misuse

Possible evidence of misuse could be:

- Teeth marks or other damage to the nozzle of a butane gas cigarette lighter refill, or an aerosol
- Debris found in secluded places or dens
- Cans found under beds
- Products noted as having gone missing
- Reports of theft from local retailers

Methods of use

The towel can be used to demonstrate how products are used, and the white rings resulting from spraying antiperspirant into a towel. Try spraying antiperspirant on the skin for a demonstration of the cooling temperature of an aerosol.

Obviously, great care should be taken:

- The products should not be sprayed near a point of ignition
- They should not be deliberately inhaled
- There should be adequate ventilation and a plastic bag should not be placed over the mouth and nose.

The plastic carrier bag can be used to demonstrate how glue is sniffed. In use the bag is filled with glue and held over the face and the contents palpitated with the other hand.

Again obviously great care should be taken:

- For the purpose of the demonstration glue should not be used
- The bag should not be placed too near the face
- Glue should not be deliberately inhaled
- There should be adequate ventilation and a plastic bag should not be placed over the mouth and nose.

2. PRODUCTS, RECOGNITION & METHODS OF USE – TRAINER NOTES (CONTINUED)

Effects

Solvents produce intoxication through an effect on the cell membrane in a similar way to alcohol. They are rapidly absorbed into the bloodstream through the lungs and reach the brain very quickly.

Short-term effects (lasting 20-60 minutes)

- Euphoria
- 'High'
- Dizziness
- Ringing noise in ears
- Loss of coordination
- Hallucinations
- Impaired judgement
- Nausea or vomiting

Note: Further intensive exposure can lead to central nervous system depression, coma and death.

Residual effects (lasting 0-7 days)

Can be classified as either physical or behavioural. Possible physical effects include:

- Irritation of skin or mucosa in contact with fumes – hence sore eyes, runny nose, sore throat, redness/cracking of the skin around the nose or mouth, coughing and headaches.
- Abdominal pain (irritation of the stomach)
- Pins-and-needles of the hands and feet

Possible behavioural effects can include:

- Sleep disturbance – late sleeping followed by periods of disturbed sleep, then difficulty in waking in mornings.
- Appetite may be decreased or increased
- Moodiness and aggression with family, friends and teachers
- Apathetic attitude, leading to dropping out of social interests

Not surprisingly, VSA leads to problems with behaviour at home, at school and in the wider community.

3. RISK

Objectives

To work through scenarios to assess the risk to individuals which may result from substance misuse and take prompt action appropriate to the assessment of risk.

Activity

Step 1

1. Hand out the case study and provide an overview of the activity.
2. Read the case study to the group. Inform them that the same case will be developed upon throughout the course.
3. Ask one participant to rate the risk to James by posting a Post-it note on the risk line:

HIGH-RISK

LOW-RISK



4. Ask the group if they agree (nb. there is a possibility of group conformity that may affect people's decisions).

Step 2

5. Ask a second person if they would place the risk as higher or lower if the person had been using alcohol instead.
6. Ask the group if they agree.
7. Ask a third person if they would place the risk as higher or lower if the person had been using heroin instead.
8. Use the flip-chart to quick-think different risks to the individual. Refer back to the risk line for each type of risk. Discuss each risk and categorise as a health risk, social risk or a legal risk.

In summary

Review that risk is not absolute; there are many factors that contribute to risk. There are also different types of risk. These can be categorised into health risks, social risks, and legal risks.

Preparation & materials

- Background case study
- Risk case study
- Risk line (see trainer's notes)
- Post-it notes (in three different colours)

Timing

20 minutes

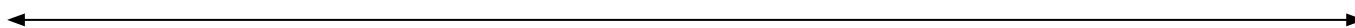
3. RISK – TRAINER NOTES

The risk line

The risk line is simply a line that has a clear label marked high risk at one end and low risk at the other. It could be drawn vertically on a flipchart, or horizontally on a longer sheet of paper. An alternative is to draw the line on the floor and ask participants to stand on the appropriate point.

HIGH-RISK

LOW-RISK



Types of risk

Health risks

- Death (see www.vsareport.org for more information)
- Chronic medical effects
- Intoxication
- Other medical effects

Social risks

- Acceptance

Legal risks

- Acquisition crimes
- Crimes following the misuse of solvents

Reducing the risk

The discussion could look at the range of risks and what advice could be provided to an individual to reduce the risks.

You will need to review the evidence relating to each suggestion. In principle, it may be possible to address some exceptional hazards relating to dangers that are in addition to the activity itself, such as the use of plastic bags. Unfortunately there is very little evidence about the relative risks of different products or methods of use and therefore any advice in this area is based upon conjecture.

The Advisory Council on the Misuse of Drugs (ACMD) report on volatile substance abuse recommended the unambiguous message that “VSA is too dangerous – don’t do it.”

4. COMMUNICATION

Objectives

To identify potential barriers to communication and to identify possible strategies for overcoming these barriers.

Activity

1. Split the group into pairs and provide them with a pen and a piece of flip-chart paper.
2. Hand out the case study and ask the pairs to list the factors that the worker can introduce to enhance communication, and the factors that may inhibit communication for James.
3. Ask each pair to write their ideas on the sheet.
4. Ask one pair to present their findings - they could use the flip-chart. Invite others to add any additional ideas of their own.
5. Ask the group to discuss the question, 'what if James will not discuss this issue?'
6. Record the key points on the flip-chart.
7. Ask the group to discuss the question, 'what if James is concerned that you will discuss the issue with his mother?'
8. Record the key points on the flip-chart.

In summary

Participants have been able to develop a strategy for communication, looking at building upon factors that enhance communication and reducing factors that inhibit communication.

Preparation & materials

- Confidentiality policy
- Equal opportunities policy
- Communication case study (one copy per pair)
- Communications handout sheet (one copy per pair)
- Flip-chart

Timing

40 minutes

4. COMMUNICATION – TRAINER NOTES

Encouraging a positive approach

Young people are generally reticent about talking to adults about this issue and this will be all the more so if they feel threatened by the situation, that it is not in their interests or that you are prying or unsympathetic to their needs. You need to consider how your client will perceive the professional relationship and how this impacts upon how forthcoming and open they will be in their responses.

You can encourage a positive approach by:

- Listening
- Being attentive and accepting
- Avoiding categorising or labelling the individual
- Moving the interview forward

Factors affecting communication are discussed in the **course content** (http://www.iriss.ac.uk/vsatraining/course_toc.html) under the following headings:

- Who you are
- Being available and accessible
- Listening skills
- Understanding of their perspective
- Clear communication
- Building a rapport
- Location and setting
- Relationship
- Mutual respect and honesty
- Consent and confidentiality

5. INDICATIONS OF SOLVENT ABUSE

Objectives

To look at your practice so that you are alert to possible indications of substance misuse by those with whom you come into contact.

Activity

Step 1

1. Split the group into pairs.
2. Ask them to review case study 3.
3. Ask each pair to discuss.
4. Ask one pair to outline their thoughts and record the key points on the flip-chart.
5. Discuss with the group (see bullet points on trainer's notes)

Step 2

6. Ask each pair to discuss: What if a discarded can of cigarette lighter gas is found in James room?
7. Ask one pair to come to outline their thoughts and record the key points on the flip-chart.
8. Discuss with the group (see bullet points on trainer's notes)

Step 3

9. Ask the each pair to discuss: What if your enquiries suggest that others may have been involved?
10. Ask one pair to come to outline their thoughts and record the key points on the flip-chart.
11. Discuss with the group (see bullet points on trainer's notes)

In summary

Participants have been able to:

- Consider ways of investigating solvent abuse
- Make a reasonable judgement of whether an individual is misusing solvents
- Understand the reality that VSA is difficult to identify from physical symptoms and the limitations of looking for such

Preparation & materials

- Policies relating to accessibility of products such as aerosols, cigarette lighter refills etc.
- Case study
- Flip-chart

Timing

40 minutes

5. INDICATIONS OF SOLVENT ABUSE – TRAINER NOTES

Suggested discussion points

Investigating VSA

- Research. Who do you ask about the incident? Are they the children in the report?
- Monitoring missing products and litter.
- Information and training for all staff and foster parents.
- Taking preventative actions with young people.

On finding VSA related debris

- What was the location of the can? Public or private place, how long has it been there
- What rights to privacy do young people have? What products are they allowed?
- Is there evidence of misuse? Teeth marks, deliberate damage, evidence of burning, large numbers of cans.
- What is the access to this product locally? In the home or at local shops, purchased or stolen. See Course Content about the Law.
- What do you do with the can now? Recording the evidence and disposal of cans.

Investigating a wider issue

- How do you raise the issue with young people?
- What evidence can you collect about the group? Is the evidence direct, circumstantial or hearsay
- What would happen if your assumptions were wrong?

6. RISK ASSESSMENT, CHILD PROTECTION

Objectives

To have worked through a scenario where you have had to investigate situations sufficiently to allow you to make a reasonable judgment about whether individuals are misusing substances.

To review actions open to you and recording procedures in line with the legal and your organisational requirements.

Activity

1. Split the group into pairs.
2. Ask them to review case study 4.
3. Ask each pair to select one of the cards and discuss for 10 minutes how they think the character on the card would contribute to the assessment.
4. Ask one of the pair to present a summary of their views.
5. List the key points on the flip-chart.
6. Ask the group to identify what information is missing and who else could contribute to the assessment.
7. Ask the group how they would gather information and discuss the recording procedure for this process.

In summary

Participants will have had the opportunity to look at the assessment process and gained some understanding of the perspective of other agencies. They will have also looked at the practices and procedures of the organization.

Preparation & materials

- Your organisation's assessment policies and guidelines
- Assessment charts – one copy per person (only if these fit within your organisations guidelines)
- Your organisation's recording procedures
- Assessment case study – one copy per pair
- Flip-chart
- Printed A4 cards/paper with the name of the different roles (eg James, social worker, foster carer, police, teacher, housing officer)

Timing

50 minutes

6. RISK ASSESSMENT, CHILD PROTECTION – TRAINER NOTES

Assessment is a central and statutory function of Social Work Departments. Further background information about assessment is included within the **course content** (http://www.iriss.ac.uk/vsatraining/course_toc.html). These aim to provide information to support existing procedures. It is important to identify the relevant contacts within your social work department.

The assessment framework

The Integrated Assessment Planning and Recording Framework (IAF)

- Requires every worker and every agency to be accountable and acknowledge their responsibilities for the development and wellbeing of children and young people;
- Applies to everyone working with children and young people, whether they are part of a universal service such as education, primary health care or the police, or whether they are in a more specialist, targeted service, such as social work, school care accommodation service or secure accommodation services, acute/tertiary health services or the psychological services;
- Will be used by all those working in both the voluntary and statutory agencies;
- Requires agencies to share information in order to promote the best interests and welfare of all children. Trust, shared ownership and commitment are essential;
- Will support the integration of a range of information and assessment from different professionals and agencies into a coherent view of a child's experiences, strengths and needs; and
- Will improve the consistency and quality of assessments for all children.



VSA can impact upon many of these areas of developmental needs and it is therefore an important factor to be included within an assessment.

7. INTERVENTION AND REFERRAL

Objectives

To review the process of obtaining specialist assistance where you are unable to make a reasonable judgment about whether individuals are misusing substances. To provide information about situations and actions taken only to those entitled to have it.

Activity

Stage 1

1. Split the group into pairs.
2. Ask them to review Case Study 5.
3. Ask each pair to discuss any possible interventions for James. This should take no more than five minutes.
4. Using a flip-chart list all possible courses of intervention that they can suggest.
5. Talk with the group about the criteria they could use when choosing an intervention, including levels of expertise, and professional boundaries.

Stage 2

1. Split the group into pairs.
2. Ask each pair to identify sources of support within their service and externally. Talk about any referral procedures. This should take no more than five minutes.
3. Using a flip-chart list all possible contact points that they can suggest.
4. Ask the group to talk about how they would make a referral to one agency. What information would they need to collect? What are the issues of confidentiality?

In summary

Participants will have identified possible interventions and other sources of support. Participants should have reviewed the procedures for referral to external organisations taking into account the information needs and the implications for confidentiality.

Preparation & materials

- Your organisation's assessment policies and guidelines
- Assessment sheets (one copy per person, only if these fit within your organisation's guidelines)
- Your organisation's recording procedures
- Case study (one copy per pair)
- Flip-chart
- Information about internal sources of support including any referral procedures
- Information about external sources of support, including any referral procedures

Timing

40 minutes

7. INTERVENTION AND REFERRAL – TRAINER NOTES

Discussion topics could take account of:

- Is the young person responsible for their behaviour?
- What actions can be taken where a young person is trying to harm themselves?
- What support can be given to the family?
- What is the wider context in which the behaviour occurs and can these issues be addressed?
- Which other professionals can help and what other services are available?
- How do you assess whether the service is appropriate?
- What information do they need?
- What confidentiality issues arise?

Forms of intervention could include:

- **Drugs counselling**
- **Local young people's drugs treatment services**
- **Generic counselling services**

This may be appropriate where the person can identify the reasons why they are using.

- **Bereavement counselling**

Bereavement may be a possible precursor to the behaviour.

- **Advocacy**

For example if the individual is homeless.

- **Diversions activities**

Anything which builds a feeling of self worth.

- **Education**

If they have limited social skills or are not aware of the facts.

- **Mentoring**

There are a number of schemes currently being run by CSV (Community Service Volunteers), eg Glasgow Care Leavers Mentoring and Befriending Project, North Lanarkshire Befriending Project.

- **Community action**

It may be important to provide a warning for other agencies and the wider community.

8. PREVENTION

Objectives

To plan the development and dissemination of information and advice about VSA, health and well-being.

Activity

1. Split into 2-4 groups.
2. Hand out a briefing sheet to each group; inform them that they have 15 minutes to complete the form. Ask each group to nominate a spokesperson who will make a presentation about their ideas and provide each group with a few sheets of the flip-chart.
3. Participants may wish to draft a design of their materials as a part of the presentation.
4. Let each group complete the table and prepare their presentation.
5. Ask each group to deliver their presentation
6. Ask the whole group for their views and start a discussion about the aims of the material and explore the issues covered in the trainer's notes.

In summary

Participants will have had the opportunity to look at the relevance of providing appropriate information about VSA to young people.

Preparation & materials

- Prevention Handout sheet and table
- Flip-chart

Timing

60 minutes

8. PREVENTION – TRAINER NOTES

Taking Care with Drugs, Drugscope (2002) states:

In a residential unit or foster home, staff may engage young people in a range of activities to cover the knowledge base, for example:

- *Planned discussion using prompts (eg written or video material)*
- *Talks by local workers (e.g. a pharmacist, police officer), subject to departmental approval (DATs may hold a list of suitable professionals)*
- *Ad hoc discussion when the subject of substance taking is raised, such as during a television programme or by a topical news report*
- *Modelling; it is important that a worker/carer's behaviour is consistent with the 'message' of the curriculum*

When engaging in providing substance education professionals should be aware of the following:

- *The professionals should facilitate contributions from all participants if a group discussion ensues*
- *Use language and vocabulary that is appropriate to the young person's age and ability*

There should be consistency in the professional's behaviour, attitudes and values. Hawkins (2000), for example, found that young people had been told not to smoke by carers who were smoking all the time. Substance education should be factual, not based on scare tactics.

The following discussion list includes features of appropriate prevention activities:

- **Accurate information**

Accurate information is important

- **Sensitive guidance**

This may include offering positive suggestions

- **Open honest environment**

- **Neither condone or condemn**

- **Encourage personal responsibility**

Substance misuse is not an acceptable excuse for unacceptable behaviour

- **Staff are operating within their professional boundaries**

They are able to address issues which may arise

- **An appropriate time and place**

- **Accessibility**

Using language appropriate to their age and literacy levels, translation if required

- **What is the purpose of the intervention and what is the expected outcome**

- **Openness and honesty**

- **Peer Education**

May provide an alternative approach to prevention. Its advantages are that it has a high credibility with young people. Further information about peer education can be obtained from the Scottish Peer Education Network (SPEN), see www.fastforward.org.uk for details.

9. ACTION AND EVALUATION

Objectives

To identify actions to build upon the course and implement changes in practice. To feedback information about the course.

Activity

1. Ask pairs to discuss the range of actions possible following the course.
Open the discussion about the range of options.
2. Ask individuals to complete their action sheet.
3. Ask the group if there is anything further that they needed from the course. Make a list on a flip-chart of further information needs.
4. Summarise the activities and main learning outcomes from the day.
Ask individuals to complete their evaluation form.
5. Course completion and summing up

Preparation & materials

- Action sheet (one copy per person)
Evaluation sheet (one copy per person)
- Learning outcomes sheet
- Flip-chart

Timing

15 minutes

Trainer notes

Practicality is very important. It is better to implement a few small changes than to have great ideas that are unrealistic for people to achieve.

Ensure that the objectives are SMART :

- Specific
- Measurable
- Achievable
- Realistic
- Timebound

Completion of event: It can be useful to provide refreshments at this stage as this facilitates informal discussion. If this is the case ensure that you finish the event in ample time.