CHROMING

In late January, a Herald Sun journalist read the Victorian Parliamentary Drugs and Crime Prevention Committee's discussion paper on the inhalation of volatile substances. The Committee had been working for seven months on the problem caused by people who inhale 'volatile substances,' mostly kids sniffing glue, petrol, butane or paint but with a nod, too, to dentists and midwives partying with nitrous oxide and gays with 'poppers'. The committee was to report on how well existing strategies were working; and make 'best practice' recommendations to reduce its incidence and prevent first-time use.

The result was a 'shock\horror' media storm about Berry Street, an end-of-the-line residential service for very damaged children, 'condoning chroming.' It had a policy that permitted workers to monitor the safety of severely alienated children by letting them sniff paint fumes on the premises.

Premier Bracks reacted authoritatively: stop it. He apparently didn't consult the Parliamentary Committee. Berry Street pointed out that its policy was part of a harm minimisation strategy known to the government. Community Services Minister Campbell demanded to know why her department hadn't informed her. The ka-ka then hit the can. It had.

Berry Street received a departmental 'best practice' award in May 2001, launched by Campbell. Berry Street Director Sandy de Wolff had discussed the 'monitoring chroming' part of its policy on Virginia Trioli's 3LO talkback program. There had been no public or governmental reaction. Moreover, Campbell's office had received at least one letter complaining about 'monitored' chroming. Her staff had referred it to the Health Minister.

The opposition scented its first ministerial blood in the water. The Premier threatened to cease Berry Street's departmental funding forthwith if the policy

wasn't dumped at once. Two children had to be evicted that very day. They got high, got into a car and hurt in a serious traffic accident, exactly as Berry Street predicted.

Quickly, the truth emerged. Virtually all Victorian agencies 'supervise' chroming, as a last resort, to minimise harm and as part of their duty of care to severely damaged children. Every relevant minister knew about this, and so, it is obvious, must his or her political predecessors have known.

The policy panic had another immediate effect. Children who had 'chromed' on the premises now did it in the street. One neighbour ran up and down outside a children's home she hadn't known was one after seeing a youngster with his head in a plastic bag on the street. 'Do something!' she shouted, 'For God's sake, someone do something!'

But what?

Every politician's media adviser seems to agree that it would be good to make sniffing illegal. The experts and children's workers don't. Ironically, the parliamentary committee's discussion paper highlighted the media's propensity to exaggerate, misrepresent and inaccurately report solvent abuse.

Most people believe

- that experimental solvent abuse causes immediate, severe brain damage
- the first use creates immediate, serious addiction, and
- that it makes young people uncontrollable, dangerous or violent.

The facts are these.

- 'Chroming' is just one kind of inhalant substance abuse: spraying paint into a plastic bag and inhaling the fumes. Officially, 'sniffing' prevalence is relatively low (3.9% of children aged 14 or more: Australian National Drug Strategy Household Survey (1998)). However, 18% -19% of all students aged 12-16, surveyed in 1996, said they had used inhalants in the

previous year, and 26% had tried it at least once. There is anecdotal evidence of a recent rise in usage (e.g., Victorian drug treatment agencies worked with 61 clients in 1999, 134 in 2001: ambulances have treated hundreds of solvent abuse cases in Melbourne alone between 1998-2001).

- Most sniffers are probably aged 10-16, peaking between 12-14 (Year 7 kids are 9 times more likely than Year 12 to report having used in the last month.) Usage drops off with age, perhaps when they get access to booze or cannabis, or just mature.

- Usage tends to be localised: done in groups and in public. Poor kids are more likely to use, as are adults from troubled backgrounds, but there is no evidence that Victorian Aboriginal kids misuse inhalants more than others (data about petrol sniffing in other parts of Australia are irrelevant). Aboriginals are more likely to use more intensively and for longer than non-indigenous urban young people (according to a WA study). However, most people who sniff, experiment for a short time, then stop completely

- Kids in care are much more likely to use. Victoria has about 3,500 children in care, about 400 with substance abuse problems in general (not chroming in particular). About 7 of Berry Street's looked-after children chrome: almost all are state wards, out of education, without family ties and very damaged. The Department funds services for such children. These are 'end of the line' services, with only criminal options if they fail. There are virtually no therapeutic secure facilities for unsentenced boys and girls: just 8 secure beds in Victoria, for just 21 days. Those beds are not appropriate for chronic chromers.

- 'Chroming' and other inhalant products are cheap and readily available and interchangeable. The high lasts from 5 to 45 minutes. Inhalant substances are toxic, may cause 'sudden sniffing death' through cardiac arrhythmia, 'freezing' the throat or larynx, or because people do mad acts when they're high, accidents, fatal role-playing or acting out intoxication

induced fantasies ('I can fly!). Yet Victoria had just 44 inhalant-related deaths between 1991-2000, 17 of them suicides, and the 13 'toxicity' deaths were mostly butane, not paint, the rest accidents. Intoxicated kids are likely to be sexually and otherwise exploited.

- Chroming is not addictive, public perception notwithstanding. Nor are Australian researchers convinced by 'controversial' claims that solvent abuse per se causes immediate and serious brain or neurological damage. Some solvents do more harm to tissue and organs because of components, such as lead in petrol.

- Why do children 'chrome? Most are just experimenting. Chronic users tend to have the usual problems of unhappy children: rotten family environments, low self-esteem, suicidal thoughts and educational failure. Chroming may be 'to rebel', to dull emotional pain, or just to relieve boredom. There is no necessary link between chroming and offending or anti social behaviour. For some, chroming is part of a repertoire of drug-usage and an angry, detached, risk-taking life style. For such children, harm-minimisation is essential: they may survive to change, through relationships with reliable and caring adults.

So what should we do?

Most volatile substances inhaled are 'legal.' We already have laws dealing with intoxication-related offences, child welfare, labeling and restricting the sale of dangerous substances. Misusing them is a child welfare, not criminal, concern. Virtually all those who work with these sad kids don't want a new 'inhaling offence'. Many chroming children already use illegal substances such as cannabis, so adding another won't change much. Criminalising chroming would ensure children wouldn't seek medical help and burden them with a criminal record.

Legally restricting supplies and distribution – as in the UK – has resulted in children simply sniffing other substances. Some, such as Western Australia

and Victoria's City of Wyndham, have tried a collaborative approach, engaging with distributors and traders to limit the sale of abusable products to children voluntarily. However lack of consistency and suspicions that these programs just 'move the problem along' haunt them.

Scheduling and labeling dangerous products is also not likely to help: some children would be delighted to read, if they could read (chronic users are likely to be illiterate), that they are confronting death (i.e. inhaling butane). Asking manufacturers to change the products so a 'high' is unobtainable is probably also quite useless, as the kids move on to another. There will always be another.

The answer seems to be prevention – which means helping to create resilient children – and taking our duty of care seriously. The kind of containment that Berry Street and other 'end of line' agencies implement aims to reduce supply, demand and harm: clear messages about disapproval and risk, removal of opportunity and, at the end of the line, if we cannot stop children 'chroming', reducing the dangers by seeing that they use less hazardous substances, in less dangerous places, in 'safer' ways (i.e. not spraying directly into the face, or smoking cigarettes at the same time).

Workers with these children say they do not need prohibition or moralising, but a therapeutic capacity to hold/help self-harming kids above and beyond Victoria's 8 secure beds for 21 days, that does not depend on new crimes, police crackdowns, or adult-oriented drug and psychiatric services. Every child needs a different answer, but each answer requires time, intensive work to build relationships and save lives long enough to work through some of the children's issues. Berry Street Director Sandy de Wolff says that the critical part is keeping the connections open. 'The best way is to keep them close to us, not push them away.'

The first human right of a child is to life. Media advisers should not be writing this policy, nor parties using it to discredit 'the other side.' Only connect.