

## Fact file

### Service User Groups

This issue: Robin Earle from **Service User Group for Action (SUGA)** in Loughborough

#### When and why did you start your group?

Founded June 2005, I started the group because I found it so hard to get information and help with my own alcoholism. We as a group want to make the pathway to finding information and support much easier.

#### How many members do you have?

We have a core group committee of five people and hold regular meetings which attract around 20-30.

#### How did you obtain funding?

We have a small amount of ongoing funding from the Drugs and Alcohol Action Team (DAAT) for Leicestershire and Rutland, which covers meeting rooms etc. Our time is given on a voluntary basis and we are also obtaining help from Charnwood CVS with free training courses. Also, we are in the process of applying for funding from Lottery Grants for Local Groups.

#### Where, and how regularly, do you hold meetings?

We hold bi-weekly core group meetings at Turning Point in Loughborough and monthly public meetings at The Spectrum Centre, St Peter's Community Centre, Storer Road, Loughborough.

#### What do you hope members get from attending?

The Group's Vision is 'Help people come "Out of the Darkness" of their Addiction'.

#### How do you keep it going?

A great team which is eager to help people; and support from the DAAT, Turning Point Loughborough, the Voluntary Sector Partnership for Mental Health and Charnwood CVS.

#### What have been your highlights so far?

The group was very proud to receive the backing of Andy Reed MP in a recent press release from his office. We as a group believe it is very important to be recognised by important local figures such as Mr Reed, and hope we can develop these contacts to benefit the group's goals.

#### How do you communicate with your members?

At present we have a mailing list of both snail and e-mail and meeting posters are placed around the town eg Police Station, Library, Court, Loughborough College. Also, we are putting together both a newsletter and a website.

#### Have you any tips for others starting a service user group?

Go out and ask for help. There may not be lots of money around but there are lots of people willing to help. We also are very willing to help other groups.

## Book review

### Dangerous Highs: Children and young people calling ChildLine about volatile substance abuse

Reviewed by Richard Ives, educari ([www.educari.com](http://www.educari.com))

Price £11.95 (£9.95 to NCB members).

ISBN: 1 904787 51 7.

Order from [www.ncb-books.org.uk](http://www.ncb-books.org.uk) or call the order line on 020 7843 6029.



This 38 page book from the National Children's Bureau (NCB) and ChildLine presents information based on 356 calls made to ChildLine from 1999 to 2003 that (wholly or partly) concerned volatile substance abuse (VSA).

NCB has been concerned with VSA for many years, commencing in the early 1980s when I was employed there on a DH-funded project on VSA. A continuing task has been to keep VSA on professionals' agendas – although VSA is associated with more teenage deaths than illegal drugs, it tends to be neglected.

Therefore anything that draws professional's attention to this problem is welcome; the annual reports on VSA-related deaths produced by St George's Hospital Medical School (see [www.vsareports.org](http://www.vsareports.org)) have helped to keep the issue on the agenda as well as demonstrating the worrying extent of the problem and providing useful details (such as the range of products associated with deaths) and careful scientific analysis.

The extent of VSA use has been researched as part of the European-wide ESPAD study on alcohol and drugs, and data on use within the UK are also available from the DH/NFER Surveys of 11- to 15-year-olds and from the British Crime Survey (for over-16s). (*Dangerous Highs* refers to these studies, although it is a pity data from the 1999 ESPAD survey are referred to, which are quite different from the figures in the current [2003] survey.)

This NCB Report helps to personalise this survey data through case study detail of some of the 356 calls to ChildLine. They make harrowing reading.

The analysis is less useful because it is careless in, for example, using the term 'solvents' instead of volatile substances (not all volatile substances are 'solvents'), and lacking clarity about the difference between those 'sniffers' who call ChildLine and those (the majority) who don't. This results in misleading statements, such as: '...solvents are mostly not used for fun or "the

buzz"' (page 2) – while this is true of most of callers to ChildLine, it is probably not true of the majority of sniffers. By definition, these people haven't got problems with VSA so they won't be calling ChildLine; an uninformed reader of this report might therefore be led only to look for VSA among children with other problems. But a key message from the research on VSA-related deaths is that a proportion of the deaths occur to experimental users, and survey evidence shows experimentation is not confined to marginalised young people, so that parents and professionals need to be aware of the possibility of VSA by any young person.

Another drawback of this report is its tendency to take what young people say at face value rather than subjecting it to scrutiny. For example, the report highlights the fact that female callers say that they are getting high with (or even 'addicted to') nail varnish or nail varnish remover. While it is true that young people attempt to misuse these products, chemical evidence and evidence from field work with sniffers indicate that no 'high' is produced from sniffing them.

By not distinguishing sufficiently between experimental VSA and the kind of VSA reported by ChildLine callers, the book's call for VSA-related education focuses on that suited to those with chronic problems. But it is more important to get right the primary prevention and education aimed at all children and young people – we can't predict who will experiment with VSA so every child needs basic VSA-related education. But while this 'must take account of the uniqueness of VSA' (page 29), it must also be in the context of the misuse of other substances. This is fundamental – and is emphasised in the 2004 DfES guidelines on drug education, but is nowhere mentioned in this book. The unfortunate effect of prioritising VSA but not contextualising it correctly is that its neglect is more likely to continue.