



In the May issue of *Education and Health*, we included a review of *Solvent Abuse: A Training Manual for Professionals*, published by the HEC and developed and compiled by Val Rowell and Peter Lewenz.

Val Rowell (District Health Education Officer, Leeds Western Health Authority) has now sent us a brief account of the background to the development of these materials. — Ed.

Solvent misuse is a classic case of the need for community co-operation. Teachers and parents, together with others who normally work with teenagers in a voluntary or statutory capacity, need to work together to help reduce or contain the problem.

It has been argued¹ that a city-wide policy on solvent misuse is a useful basis for action. In Leeds, a Solvent Misuse Committee was formed in 1980 from an *ad hoc* group of concerned senior professionals from the Education Authority, NHS, Social Services, police, Probation Service, Child Health Service, and the Departments of Education and Welfare, Child Psychology, and Health Education. This group decided to concentrate initially upon solvent misuse education for those professionals who work with teenagers, and to encourage the media and other important influences to take a balanced view of the problem.

Since its formation, the Committee has:

- Produced notes for the guidance of professionals;
- Initiated a recording system by the Child Health Service to monitor the size and distribution of the problem;
- Produced a tape-slide presentation on solvent misuse for professionals;
- Published a leaflet for parents (1985);
- Co-ordinated requests for help through the voluntary Family Care Line;
- Supported training for those who work with children;
- Co-ordinated information for the media and others;
- Initiated a community self-help group on teenage problems, with professional support (1985). A further pilot scheme is in progress.

The Committee works with the Civic Hall Drug Abuse Working Party to provide liaison over all parts of the city.

The problems which have had to be faced by the Committee include the following:

1. *Demands for a professional, or agency, to 'deal with the problem' of solvent misuse* are still made by parents and professionals alike. However, we believe that the best person to understand the reasons for a youngster misusing solvents, and to discover the best strategy for dealing with the problem, is likely to be the person who has most rapport with the young person. This fact appears to have escaped those who ask for a person or an agency to remove the problem! Lack of confidence in dealing with an unfamiliar situation can be exacerbated by the 'shock-horror' approach to the subject encouraged by the popular media, whereas it is quite likely that the majority of individuals would be able to cope adequately with problems of anger or even of drunkenness. Training courses for professionals, run by the Leeds Health Education Service, have helped to increase their confidence and knowledge of the subject, and the outcome has been the *Solvent Abuse* pack.

2. *Collecting information on the extent of the misuse of solvents* in the city was also difficult. A system for the collection of data was established, but some people, particularly teachers and social workers, were worried about confidentiality. The number of reported incidents therefore declined, so that trends could not realistically be interpreted from the data. The system has been discontinued.

3. *A counselling service* was difficult to provide until the Family Care Line representative joined the Committee in 1984. She involved her fifty volunteers in acting as a listening service and referral agency for worried parents concerning family problems. The Child Psychiatry Service has consistently provided support for those who would come to them, but instant and often long-term help was expected, which presented some difficulties. The situation has now improved.

4. *Whether or not to talk openly about solvent misuse* with school-children and teenagers is a dilemma for the Education Authority. The Committee recommends that teachers and youth leaders should become more knowledgeable about the subject, so that they can deal with it as part of a programme concerned with the choices facing teenagers today.

These experiences led a Health Education Officer colleague (Peter Lewenz) and myself to compile and develop a manual for professional training (the *Solvent Abuse* pack), which has proved to be adaptable to the needs of course members. Together with psychology and psychiatry colleagues we have run nine courses, which have been shown markedly to increase the confidence and knowledge level of course participants, who have come from a wide variety of backgrounds.

The Leeds Health Education Service has been closely involved with the setting-up of the pilot self-help schemes and the co-ordination of support by other professional groups, which include priests, police, probation officers, voluntary agency representatives, counsellors, social workers, youth workers, health workers, and teachers. Whereas professional groups used to be the target for information and

support, the emphasis has now changed in order to provide for the needs of the larger community. Professionals in Leeds are now more knowledgeable about the subject, but the current target for action is the need to help parents and teenagers to help themselves.

Reference

1. Rowell, V. R. and Wood, P. J. W., A Health Education Approach to Solvent Abuse. *Health Education Journal*, 1981, 40, 41-45.