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Out-of-Home Care As an Institutional Risk Environment for Volatile Substance Use

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The exploratory study of meanings of volatile substance use (VSU) on which this article draws (involving 28 young people living in Melbourne, Victoria, Australa, aged from 13 to 24 years, each with experience of VSU, and 14 expert workers) was not designed to investigate any relationship between VSU and living in out-of-home care while subject to protective orders. However, when asked about their lives at the time they commenced or intensified VSU, 8 participants were adamant that living in out-of-home care was a significant factor. Two narratives reiterated by these young people are identified in the article: first that VSU is part of life in out-of-home care, and second that VSU ceases to be appropriate after leaving care. Young people who are living in out-of-home care report substantially higher levels of VSU than occur across the general population. This article shows how narrative accounts (even when expressed by small numbers of participants) provide insight into how VSU and other drug use may become embedded in particular institutional settings through assuming meanings and utility for users that are specific to these environments. While previous literature on the aetiology of VSU generally emphasises individual or familial risk factors, this article argues that out-of-home care may function, at least in some instances, as an institutional 'risk environment' for VSU and that this should be further explored through future research. Adjusting models of care may offer new strategies for responding to this form of drug use.

Keywords: volatile substance, solvent, inhalant, child protection, out-of-home care, foster care, risk environment

Compared with other forms of drug use, the prevalence of volatile substance use (VSU) (also known as inhalant or solvent use) peaks early, at around 12 to 14 years of age in Australia (White & Hayman, 2004), with similar age-related patterns reported in England (Clemens, Jotangia, Nicholson, & Pigott, 2008) and the United States (US; Johnston, O'Malley, Bachman, & Schulenberg, 2006). Inhalation of aerosol paint fumes, sometimes called 'chroming', is the most common form of VSU in Australian cities and towns, although other cheap and easily accessed products such as petrol, butane, glues and deodorants are also involved (d'Abbs & MacLean, 2008).

This article draws on a study of social meanings of VSU in Melbourne, Australia (MacLean, 2006), based on interviews with 28 young people (each with VSU experience) and 14 expert workers. The study was not designed to investigate a link between VSU and experiences of protective out-of-home care. However, when asked to talk about their lives at the time they commenced or intensified VSU, eight young people participating in the research were adamant that their experiences of living in out-of-home care facilities while subject to care and protection orders was strongly implicated in their VSU. In making this argument, young people spoke of VSU as enmeshed in the cultures shared among young people in out-of-home care. They argued that VSU enabled them to enjoy themselves, to escape boredom and sadness and also to express resentment at living with paid carers. These accounts are characterised in this article as a narrative of social practice (De Fina & Georgakopoulou, 2008) for living in out-of-home care. The logic of these narratives deteriorated and VSU became no longer strategic once young people left care, as participants also expressed when they insisted that people should cease VSU by this point. Narratives are, as this article argues, intimately connected to social practices shared within communities in particular settings. These narratives flag that out-of-home care may function, at least in some instances, as an institutional 'risk environment' (Rhodes et al., 2002) for VSU.

VSU, Out-of-Home Care and Risk Factor Research

Much of the VSU literature is concerned with identifying psychosocial factors that indicate increased risk of VSU. Risk factors for VSU include various mental health disorders, involvement in crime, mixing with a deviant or drug using peer group, poor schooling achievement, family drug use or conflict, abuse, minority group membership or low socio-economic status (Kurtzman, Otsuka, & Wahl, 2001; National Institute on Drug Abuse, 2005; Oetting, Edwards, & Beauvais, 1988; Sakai, Hall, Mikulich-Gilberts, & Crowley, 2004). Other literature identifies VSU as an indicator of a broad range of individual and familial problems and vulnerabilities (McGarvey, Canterbury, & Waite, 1996; Wu, Pilowsky, & Schlenger, 2004). While individual and familial risk factors for VSU are explored in some depth through the literature, and associations with both ethnicity and socioeconomic disadvantage have also been observed (Beauvais, Wayman, Jumper-Thurman, Plested, & Helm, 2002; National Institute on Drug Abuse, 2005), the impact of protective out-of-home care on VSU has received little attention.

Like VSU, protective involvement is also strongly associated with increased risk of negative life outcomes. Young people in care are understood to be at increased risk of poor schooling achievement, physical and mental health disorders, homelessness, sex work, involvement with the criminal justice system and early parenthood (Mendes & Moslehuddin, 2003; Ward, 1998). Additionally, young people in care and transitioning from care report high levels of substance use and associated problems. For example, a Victorian study found that 35% of care leavers had accessed a drug and alcohol service during the prior year (Raman, Inder, & Forbes, 2005). In comparison, approximately one in 1000 (i.e., 0.001%) of all young people aged 12 to 25 in Victoria accessed drug and alcohol treatment services during 2005–2006 (Department of Education and Early Childhood Development and Department of Planning and Community Development, 2007). The findings of research suggest complex reasons for substance use by young people with protective involvement, including trauma prior to entering care, a lack of consistent relationships and negative care experiences (Baidawi & Mendes, 2010).

Models for out-of-home care are diverse, but little is known about whether these models are differentially associated with substance use. In Australia, models for out-of-home care include foster care (care in the home of a substitute family), kinship care (placement with a person already known to the child) and residential care in a facility with rostered staff (Bromfield, Higgins, Osborn, Panozzo, & Richardson, 2005).

Risk focused studies provide valuable foundations for the development of interventions that seek to prevent potentially harmful practices such as drug use by mitigating precipitating factors (Hawkins, Catalano, & Miller, 1992). Nonetheless, risk factor research has a tendency to focus on individual level factors, while underplaying the influence of social or environmental influences in health disparities (Israel, Schultz, & Parker, 1998; Rhodes et al., 2003). Drug research informed by Rhodes' (2002) 'risk environment' framework (Moore & Dietze, 2005; Rehm et al., 2004; Rhodes et al., 2006; Rhodes et al., 2003) has sought to de-individualise notions of risk through seeking to understand how risk becomes embedded in environments. This entails a 'focus on the *social situations*, *structures* and *places* in which risk is produced ... ' and which might be altered to produce 'enabling environments' for harm reduction (Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005, p. 1027).

The term 'risk environment' did not initially explicitly encompass institutions such as schools, residential units or prisons, although a growing body of research addresses how risk may be understood as produced within these settings, rather than as an attribute of 'at risk' individuals (i.e., Bruce & Mendes, 2008; O'Brien, 2001; Sarang et al., 2006). A few studies have explored how the notion of 'risk environment' might be applied to social institutions where substance use and related harm are prevalent, often using small research samples (Fletcher, Bonell, Sorhaindo, & Rhodes, 2008; Sarang et al., 2006). Fletcher and colleagues (2008), for instance, interviewed 15 young people and showed how young people's feelings of insecurity, in sometimes violent London inner-city school environments, prompted them to use cannabis to promote a desired sense of self-identity and to affirm bonds within friendship groups.

Can Out-of-Home Care Be Considered a 'Risk Environment' For VSU?

In Victoria, at least, there is some evidence that out-of-home care is an environment where risk of VSU is exacerbated (if not also harms associated with any volume of use of these substances). In the study on which this article reports, research participants (including workers and young people who had not been in protective care) frequently associated VSU strongly with out-of-home care. Tim, a welfare worker, observed of his volatile substance misusing clients 'they're real classic statutory young people'. Bruce and Mendes (2008, p. 35) describe how the 'unnatural physical and cultural environment of residential care' contribute to young people's engagement in drug use and prostitution.

Statistical evidence on the protective status of young people who use volatile substances is scant and some years old. That which does exist suggests that VSU is far more prevalent among young people in care than the general youth population. For instance, a study conducted in Victoria found that, in 2001, 23% of people aged 13 to 17 years on protective care orders were current users of inhalants (Parliament of Victoria Drugs and Crime Prevention Committee, 2002). Current use was not defined here, but this statistic may be

contrasted with the 0.6% of Victorian 16 to 17 year olds interviewed in 2003 who identified inhalant use during the previous 12 months (Premier's Drug Prevention Council, 2004), or the 1% of Australian 14 to 19 year olds who stated that they had used an inhalant at some point during 2004 (Australian Institute of Health and Welfare, 2005).

Research from the United Kingdom (UK) and the United States (US) provide additional evidence of elevated VSU prevalence among young people in care, and particularly those in out-of-home care. In the UK, alcohol and solvents appear to be the drugs most commonly used by 'looked after' young people and especially prevalent among those accommodated in residential children's homes (Ward, 1998; Worley, 2001). A qualitative study of young VSU users in the UK noted that young people currently living in children's homes were less concerned than other young people interviewed about being found using volatile substances (Market & Opinion Research International, 2005).

In the US household drug abuse survey data have been analysed to isolate factors associated with progression from inhalant abuse to dependence (Wu et al., 2004). Young people who had been placed in 'foster care' at some point were found to be five times more likely to subsequently become dependent on inhalants (as defined by DSM-IV criteria)[1] than those who had never been removed from the family home. The authors of this study argue that the relationship between foster care and VSU holds because foster care is a likely indicator of abuse and neglect, as well as frequently co-occurring with 'multiple adverse outcomes, including homelessness' (Wu et al., 2004, p. 1213). Wu and colleagues' conclusion here illustrates the particular difficulty of attributing causality in a complex practice such as VSU. Should we assume, as they do, that VSU and dependence occur among young people in foster and other out-of-home care simply because identified risk factors for VSU are already evident among this group? Or rather, as some participants in the current research argue, might protective care, in some instances, constitute an institutional environment within which risk of VSU becomes exacerbated?

Research Method

This article is drawn from a larger study of the social meanings of VSU in Melbourne, Australia (MacLean, 2006). Twenty-eight young people aged from 13 to 24 with past or current experience of VSU participated in the study, the majority of whom (21) were of Anglo or European backgrounds, with others of Asian or Indigenous heritage. Each young person was interviewed between one and three times. Fourteen youth and drug treatment workers recommended by at least one other person each were also interviewed. Pseudonyms are used to disguise the identities of all participants.

The research protocol was approved by a university research ethics committee and all interviewees provided informed consent to participate. For potential participants who were 16 or 17 consent from a parent, guardian or, where such person was not available, a responsible worker was also obtained. The ethics committee required parental or guardian consent for young people aged 13 to 15 years.

In Victoria, the Department of Human Services (DHS) determines whether children and young people subject to guardianship and custody protective orders may participate in research. In some instances parental consent is also required. DHS rejected a request to permit young people with protective involvement to participate in the study, so the eventual sample could not include any young people with protective involvement or who were living in out-of-home care at the time of interview. A purposive sample of young people *without* current protective involvement was then recruited through drug and alcohol services. Each participant had either recent (within the previous six months) or significant (use of more than six months duration) experience of VSU. As part of a brief demographic survey administered at the conclusion of interviews, participants were asked whether they had *previously* been subject to a care and protection order, with 14 participants (including the 8 claiming a nexus between VSU and out-of- home care) indicating some form of past protective involvement.

Research interviews were semistructured (Sarantakos, 1998) around five main themes, one of which concerned participants' life situations when commencing and (if relevant) ceasing VSU. Participants were asked to identify factors that they believed had impacted on their drug use at this time. As it was not an initial focus of the research, participants who did not mention any connection between protective care and VSU were not questioned about a possible link; in these interviews other factors raised by participants themselves were explored.

Narrative approaches to research analysis offer insights into the meanings and contexts of cultural and social practices (De Fina & Georgakopoulou, 2008) and, as such, have become increasingly established within the repertoire of analytic tools used by drug researchers (Davis & Rhodes, 2004; Fitzgerald, Louie, Rosenthal, & Crofts, 2000; MacLean, 2008; Pilkington, 2007). Analysis for this article is grounded in the theoretical assumption that stories people make to explain their lives both shape and are reciprocally shaped by lived experience (see Ezzy, 1998, p. 244). De Fina and Georgakopolou (2008) write of narrative genres as a form of social practice or, drawing on Bourdieu (1977) part of the habitus, a set of dispositions which generate practices and perceptions. They explain narrative genres as 'a mode of action . . . that comprises the routine and repeated ways of acting and expressing particular orders of knowledge and experience' and describe how each individual participates in multiple overlapping 'communities of practice' (De Fina & Georgakopolou, 2008, p. 383). Within each of these communities particular sets of narratives function as shared resources that people draw to explain and enact in their lives:

> [narratives] can be inflected, nuanced reworked and strategically adapted to perform acts of group identity, to reaffirm roles and group-related goals, expertise, shared interests, etc. At the same time, they are also potentially contestable resources, prone to recontextualisation, transposition across contexts and recycling ... (De Fina & Georgakopolou, 2008, p. 383)

Thus, accounts of VSU made through research interviews by participants with experience of out-of-home care may be regarded as particular versions of stories that circulated and were enacted by young people who had been members of the 'community of practice' living in out-of-home care during the interview period.

All research interviews were taped, transcribed and coded using the qualitative software package NVivo. Using this software enabled arrangement of data as new narratives were identified and clarified through an iterative analytic process (Bazeley & Richards, 2000; Loxley, 2001). Two narratives frequently reiterated by those who claimed an association between VSU and living in out-of-home care were identified. These have been termed 'VSU as part of life in out-of-home care' and 'VSU as no longer appropriate after leaving care'.

VSU as Part of Life in Out-of-Home Care

The eight young people who claimed an association between VSU and protective out-of-home care spoke of this practice (which they referred to as 'chroming') as part of what people did in out-of home care to affirm group identity, to have fun, to alleviate boredom and also, in some instances, to register dissatisfaction at living in out-of-home care.

VSU is a highly stigmatising activity and adult users frequently report abuse and derision. Nonetheless, young people spoke of having felt little shame about VSU with others in out-of-home care. Marissa (24 years when interviewed), for instance, said that she had felt no compunction about chroming when she was 15 and living in out-of-home care, as all her friends used with her. Michelle (15 years old when interviewed) had moved into out-of-home care a year or so before participating in an interview. She told me that chroming was 'the thing to do when you're there'. Another interviewee, Phil, (17 when interviewed) saw chroming (along with absconding from out-of- home care) as normal behaviour for young people living in residential out-of-home care:

> When you walk into one of those places the peer pressure will beat you down eventually. Everyone's using ... Chroming is like a DHS run-away thing. You run away from your DHS house. It's just something you do there ... Every single one [person] I've met in one of those houses has chromed.

Pedros was 19 years of age when he first participated in an interview for the study. Pedros claimed he was coerced into initiating VSU when he was 12, shortly after moving into a residential unit shared with young people who inhaled spray paint:

> When I started chroming I was living in a residential unit, a hostel. I was living with some other kids. I was the youngest one in the hostel. I didn't like doing it but all the other kids were chroming. I used to hang around with them because, who else can I hang around with? I was only young. I was living with them. So I hang around with them and they started putting pressure on me to chrome. If I said 'no' I got my head punched in.

In contrast to these accounts, one young woman, Star (21 years), stated that growing up in care had helped her resist VSU because of the strong and supportive relationships she had enjoyed with staff. Regrettably Star did not elaborate on how these relationships had assisted her.

Filling time was a problem that all young people participating in this research faced regardless of whether they had experienced any form of protective involvement. Young people spoke repeatedly of the utility of VSU when they had nothing else to do. Ann (21 years at interview), for instance, related that she started chroming while in care at the age of 15 years to fill time when her out-of home care residential unit was closed: 'because they kick you out at certain times and you wouldn't get back until late in the afternoon or something'. VSU appeared attractive for young people in out-of-home care at least in part because similar aged peers were often on hand to use substances with them. Ann chromed with a friend also living in her residential care unit.

While VSU is often denigrated as a drug of desperation and poverty, some users report intensely pleasurable experiences of VSU-associated intoxication and hallucination (Brady, 1992; Evans & Raistrick, 1987; MacLean, 2007, 2008). Ann explained that during her first chroming experience she hallucinated that she was part of a film called *The Bodyguard*:

> We decided to go to the shop and buy some chrome [spray paint] and we went down to [suburb] behind the church and had a chrome. I blanked out and then when I woke up I thought we were in *The Bodyguard* sort of thing.

Ann's enjoyment of VSU-induced hallucinations was very similar to that reported by other young people participating in the research. Nonetheless, young people living in out-of-home care often spoke particularly of VSU to alleviate feelings of sadness and loneliness about living away from family. As Ann reflected: 'I thought it would take my problems away but it didn't'. Jake (18 when interviewed) had chromed heavily before and after entering out-of-home-care at the age of 14 years. Of this he said; 'It just made me more happier. Just like no problems; doing me own thing'. Despite employing a range of strategies, workers had been unable to stop him and his brother chroming, as Jake acknowledged: 'They tried to stop me chroming. But they couldn't. We were just too far gone. They tried their best.'

Brady (1992) has shown how some Australian Indigenous young people use petrol sniffing (another form of VSU) to provoke reactions of outrage among members of their own communities and non-Indigenous staff. Like petrol sniffing, chroming is also highly symbolically charged and, therefore, may similarly be used to shock and disturb other people (Ogwang, Cox, & Saldanha, 2006). Dom (17 years when first interviewed), a participant in the wider research project on which this article draws, had discovered chroming in front of his mother to be the optimal means of provoking a reaction from her.

VSU was described by a few young people as a way of dealing with or expressing distress at living in institutionalised care. Manual (17 when interviewed) identified that his previously irregular VSU intensified when he moved into out-of-home care at the age of 14 years 'I was using before [moving into care] but not heavy'. Manual claimed that this was because he didn't feel good in out-of-home care: 'Cause I wasn't comfortable. It wasn't like home'. Manual said that DHS workers were unable to stop him using volatile substances because, unlike family members, they were not people with whom he had an ongoing significant relationship. VSU appears to have provided a means for Manual to demonstrate his workers' incapacity to control him, thus underlining his resentment at being cared for by workers rather than family:

> They didn't really care. They said something every now and again. But I wasn't listening to them. They never like had the authority.

Michelle told me that she started chroming when she moved into out-of-home care a year or so before our interview. Most of my interviews were conducted after intense media publicity erupted in early 2002 over Berry Street's[2] policy to allow young people in their care, who could not be persuaded to desist from chroming, to do so under observation where they could be monitored by staff; and before the introduction of new legislation in mid-2004 in Victoria that empowered police to intervene in VSU involving minors. DHS issued new guidelines in 2003 instructing DHS funded agencies, including Berry Street, to 'do everything reasonable and consistent within safe work practices to stop young people using non-prescribed inhalants' (DHS, 2003, p. i). Nonetheless, Michelle was well aware of how difficult out-of-home care workers found responding to VSU and what little they could do (at the time) to intervene. VSU enabled Michelle to signal her contempt for a constantly changing roster of workers. She was careful, however, not to wield this symbolic power in the presence of staff members whom she liked:

> Some workers I do like to see me chrome for some reason. Because I know it bugs them. They don't want you to do it. But if I have respect for someone I wouldn't chrome in front of them. I usually go somewhere where no one can see me.

The salience of VSU as a means of expressing defiance was not lost on workers interviewed for the study. Workers noted that young people are much more likely to become angry and aggressive while affected by volatile substances than by other drugs such as heroin, marijuana or ecstasy. Nina, a drug worker previously employed in out-of-home care, regarded chroming as a deliberate strategy to provoke staff:

> When they come back to the unit [intoxicated from VSU] there's a lot of anger. Just the young people smashing things and really acting up. It's really confrontational because the energy in them is so high. They're not having a hit and enjoying the buzz, they're breathing in and breathing in and breathing in. They're wanting the confrontation with you. They're wanting the reaction.

VSU as No Longer Appropriate on Leaving Care

Central to the understanding of narratives, outlined earlier, is that they are time and context dependent (De Fina & Georgakopoulou, 2008). A narrative that made sense or performed certain functions in one setting may no longer work in another. If VSU enables some young people to reinforce group identity as a person living in care and to express resistance at carers, its usefulness in this regard declines when young people assume legal responsibility for themselves. This difficult transition (Mendes, 2009) occurs at some point before they reach 18 years of age.

Participants spoke of an expectation among young people generally that they should finish with chroming by the time they turn 17 or 18, perhaps moving onto other drug use. Both young people and workers observed that those still chroming after reaching 18 were in some way failing to grow up.

Jake ceased VSU soon after leaving state care upon reaching 18 years of age (a few months before participating in an interview). He explained his belief that turning 18 and leaving care required him to take responsibility for his life and his drug use:

> Like I've been through a hard time, but life on me own is a totally different story. Then I was a kid getting looked after. And now I have to look after meself.

Phil had used volatile substances heavily while living in out-of-home care. Since leaving care and moving into a subsidised supported accommodation property he had managed to reduce his VSU significantly, although continuing to use other drugs. At the time of interview Phil said he generally only used spray paint when he could not get heroin. Phil told me 'when I dropped DHS I dropped chroming'. Phil identified having his own flat as critical in his ability to reduce VSU. Phil's flat appears to have provided him with tangible evidence of his independence and responsibility to manage his own drug use:

> These days when I want to use [volatile substances] I just go home and turn on the TV or go and do some housework. You

> know you've got you own place, because whatever time you come home or whatever state you're in, you can let yourself in the front door because you've got your own key.

In Bourdieu's (1977) theorisation the habitus is a construct that predisposes people to think, speak and act in particular ways and which is intrinsic to any individual's sense of self or identity. As part of a habitus, narratives and the social practices they animate cannot always be dropped or altered at will, and at least three participants continued VSU after transitioning from out-of-home care, even while wanting to stop. Among these was Pedros who had lived in various forms of out-of-home care for most of his life. Pedros continued to chrome most days, something that he deeply regretted. Pedros observed that, in his social world, people who inhale spray paints are 'the lowest people on earth, the lowest drug category ... that's how we all feel'. He attributed his ongoing VSU to the legacy of his upbringing. The following quote suggests that VSU had seeped into his very sense of self-identity as a person raised in the protective service system: 'Chroming's my drug because that's the way I been brought up, my drug'.

Limitations and Conclusions

As observed earlier, this study was not designed to investigate a link between VSU and out-of-home care. Alongside its explorative design, the study's small sample size limits the confidence with which conclusions can be drawn. Research participants were only questioned about a relationship between out-of-home care and VSU where they themselves raised this issue. Hence, the study produced little data on how young people who did not attribute their VSU, at least in part to out-of-home care, understood any possible connection between this experience and their drug use. Within the narrative approach that informs this article we must acknowledge the inherent dynamism of stories that frame social practices. This research was conducted during 2003–2004 and the narratives that frame VSU are unlikely to have remained static during the intervening years.

Notwithstanding the challenges of conducting research concerning child protection (Cashmore, Higgins, Bromfield, & Scott, 2006), the potential function of out-of-home care as a risk environment for VSU merits further consideration. Future epidemiological studies could usefully investigate the association between protective care and VSU and whether any model of out-of-home or protective care is associated with greater prevalence of VSU and other substance use. Qualitative studies could consider how VSU narratives and practices might mediate risk in protective settings, and whether these risks can be influenced through working with young people to develop new narrative accounts about life in care. The effect of heightened media attention to VSU, and of subsequent legislation empowering police to intervene in VSU on the extent to which the practice is understood by young people in care as a signifier of resistance is also worth further thought. Specific interventions such as allowing young people to stay in residential units during the day when not attending school could be evaluated to determine any impact on VSU.

It is hard to imagine a more difficult and challenging role than caring for young people who cannot live safely with family. The purpose of any such research should not be to allocate blame for VSU on the protective system, but rather to assess whether adjusting the settings in which out-of-home care is provided might present additional means to reduce its prevalence and associated harms.

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Endnotes

1 (American Psychiatric Association, 2000).
2 Berry Street is a nongovernment agency contracted to provide residential care for young people.

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