

# Inhalants: What You Need to Know

Young people today can face strong peer pressure to try drugs, including a group of substances called *inhalants*. Inhalant abuse is particularly a problem with younger teens, but even children as young as 5 or 6 years may try inhalants.

Inhalants have the special risk of being deadly any time they are used—even the first time.

As a parent, you are your child's first and best protection against drug use. The following is information from the American Academy of Pediatrics about inhalants and how to prevent their use, especially since this form of substance abuse is difficult to treat. (*Child* refers to child or teen in this publication.)

## Types of inhalants

More than 1,000 products typically found around the house can be misused as inhalants to get *high*. Because these products are commonly found in homes, offices, and classrooms, they are legal, cheap, easy to get, and easy to hide. Nearly 1 in 10 eighth graders have tried inhalants.

There are 3 general types of inhalants: solvents and fuels, nitrous oxide, and volatile nitrites.

- 1. Solvents** are household or industrial products that contain liquid or aerosol, including glues and adhesives, correction fluid, paints, felt-tip markers, polishes, oven cleaners, and disinfectants. This means nearly all products in pressurized spray cans can be abused, including hair spray, deodorants, computer cleaners, and spray paint. **Fuels** inhaled for abuse include butane, propane, gasoline, octane boosters, and refrigerants.
- 2. Nitrous oxide** or laughing gas is usually diverted from medical use or is found in whipping cream chargers (steel cylinder or cartridge filled with nitrous oxide used with whipping cream dispenser).
- 3. Volatile nitrites** found in air fresheners are mostly tried by older teens who believe this drug will enhance sexual function.

## How inhalants are used

Inhalant abuse is also called solvent abuse, huffing, sniffing, glue sniffing, or volatile substance abuse.

Users will

- Sniff, *huff* (breathe in fumes from a rag soaked with chemicals), or inhale directly from product cans or other containers that hold inhalants.
- Spray inhalants into a bag or an empty container like a soda can and inhale them. Medical gases like nitrous oxide are often put into balloons.
- Spray or pour inhalants onto a cloth or piece of clothing, then inhale deeply from the fabric.

## Signs of inhalant abuse

Parents and teachers should be aware of signs of inhalant abuse, but some signs are very general, such as worsening appearance, grades, or attitude. Usual activities and friends tend to change.

Other warning signs might include the following:

- Breath or clothing smells like chemicals
- Spots or sores around the mouth
- Paint or stains on body or clothing
- Drunk, dazed, glassy-eyed look
- Nausea, loss of appetite
- Anxiety, excitability, irritability
- A hoard of spray cans or volatile liquids

## How inhalant use affects health

One thing that all inhalants have in common is that they contain chemicals that were never meant for people to inhale. The scariest thing about inhalants is that even the first use can result in death. The heart is particularly sensitive to inhalant effects, leading to abnormal heart rhythms and sudden death.

Inhalant use can cause permanent damage to the brain.

The high from inhalants happens fast and usually lasts only a few seconds to minutes, unless the user inhales repeatedly. At first, inhalant users feel stimulated, but very soon they begin to feel dizzy and may slur their speech and stumble. Sometimes users think they see things that are not there.

Short-term effects include

- Excitement, no inhibition, impulsive behavior
- Double vision, dizziness, unsteady walking
- Sneezing, coughing, runny nose, red eyes
- Slurred speech, nausea, vomiting
- Sleepiness, headache, passing out
- Death

Long-term effects from brain and nerve damage include

- Trouble with attention, poor problem-solving
- Muscle weakness and tremor
- Balance problems
- Poor memory, mood changes, dementia

*Adolescents who use inhalants to get high are at very high risk of trying other drugs.*

## What you can do

Take these steps to help prevent your child from becoming interested in using inhalants or other drugs.

- **Set high expectations and clear limits. Instill strong values.** Let your child know that you expect her *not* to use drugs. Teach her healthy values that are important to your family and to use these values when deciding what is right and wrong.

- **Talk with your child about the dangers of drug use, including inhalants.** Young people who do not know the facts may try drugs just to see what they are like. Start talking with your child at an early age about the dangers of drug use. Encourage him to ask questions and tell you about his concerns. Be sure to really listen. Do not lecture or do all the talking. Ask what he thinks about drug use and its risks.
- **Help your child handle peer pressure.** Peers and others can strongly influence young people to try drugs. As a parent, your influence can be even stronger in helping your child learn to be confident, make healthy choices, and resist unhealthy peer pressure. Tell her that it is OK to say “No!” to risky behaviors and mean what she says. Help her find and spend time enjoying positive interests that build self-esteem.
- **Help your child deal with emotions.** There are normal, healthy ways to express the strong emotions that everyone has at times. Children need to learn to recognize their feelings and talk about them. It is important for each person to learn how to express his feelings, cope with them, and face stressors in healthy ways that can help prevent or resolve problems.
- **Set a good example.** Avoid using tobacco and illicit drugs. Minimize alcohol use, and always avoid drinking and driving. Be a good role model in the ways you express, control, and relieve stress, pain, or tension. Actions do speak louder than words!
- **Get a professional evaluation.** If you think your child is using drugs, tell your child’s doctor your exact concerns. Your child’s doctor can help.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

## From your doctor

