



Reaching Out

Norristown Area Communities That Care for Youth

Keeping Youth Safe & Drug Free

SPRING 2006

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Inhalant Abuse: Danger Under the Kitchen Sink

Drug abuse among the nation's young people declined substantially in the past three years, with 600,000 fewer teens abusing drugs, according to the most recent National Institute on Drug Abuse-University of Michigan Monitoring the Future (MTF) survey. Abuse of inhalants, however, is an exception. The percentage of eighth-graders who have at least once sought

intoxication by inhaling spray paints, nail polish remover, lighter fluid, glue, marking pens, aerosols, cleaning fluid, or other volatile substances



has increased two years in a row and now stands at 17.3 percent. This trend is alarming and unacceptable.

Why would anyone empty a container of lighter fluid into a cup and inhale the fumes, or repeatedly sniff marking pens? Inhalant abusers breathe in a substance's vapors for effects resembling alcohol inebriation, including mild stimulation, loss of inhibition, and distorted perceptions. Inhalants generally affect the same areas of the brain as alcohol
(Inhalant Abuse continued on page 2)

Norristown Area Inhalant Usage

5.9% of sixth graders have used inhalants in their lifetime.

10.2% of eighth graders have used inhalants in their lifetime.

What Are Inhalants?

Inhalants are substances whose vapors can be inhaled to produce a mind-altering effect. Inhalants can be categorized as:

- Volatile solvents, such as paint thinners, degreasers and glues

- Aerosols, such as hair sprays and vegetable oil sprays for cooking
- Gases, including ether, nitrous oxide and propane
- Nitrites, including cyclohexyl nitrite, amyl nitrite and butyl nitrite.

Inhalants as a class of drugs share one main characteristic: They are rarely, if ever, taken by any route other than inhalation.

Materials for this article taken from www.drugabuse.gov

(Inhalant Abuse continued from page 1)

and other addictive drugs, so it is not surprising that abusers experience intoxication in addition to nausea, vomiting, slurred speech, and loss of coordination. Older children and young adolescents may seek out inhalants as an easily obtainable substitute for alcohol. Intoxication occurs quickly and usually lasts only a few minutes, making abuse of inhalants easier to conceal than abuse of alcohol or marijuana.

We cannot take lightly even one-time experimentation with these toxic chemicals. For some unlucky children, just a single session of repeated inhalations has caused permanent organ damage or death. Organs at risk from inhalant abuse include the lungs, brain,

liver, heart, and kidneys. From 2001 to 2002, the nation's emergency departments reported a near tripling of the number of people requiring medical treatment after inhalant abuse (from 522 to 1,496). Some

“Why would anyone empty a container of lighter fluid into a cup and inhale the fumes?”

abusers experience restlessness, nausea, sweating, anxiety, and other symptoms of withdrawal when they stop taking the drug. Like any other drug when abused, inhalants can also lead to accidents and injuries.

Parents of teenagers may be unaware of the risks of inhalant abuse. Even those who are

watchful for signs of alcohol or drug abuse may not realize the risk associated with products found under the kitchen sink and in the garage. For this reason, NIDA is offering science-based information on inhalant abuse to

today's parents and young people at a new website, <http://inhalants.drugabuse.gov>.

Adults don't have to clear out cabinets, utility closets and garage shelves to keep young people safe from inhalant abuse. Rather, they should be aware of the problem, learn the facts and communicate with children in a way that guides them toward healthy life choices.

Materials for this article taken from www.drugabuse.gov

How Is Inhalant Abuse Recognized?

Early identification and intervention are the best ways to stop inhalant abuse before it causes serious health consequences. Parents, educators, family physicians, and other health care practitioners should be alert to the following signs of a serious inhalant abuse problem:

- Chemical odors on breath or clothing
- Paint or other stains on face, hands or clothes
- Hidden empty spray paint or solvent containers and chemical-soaked rags or clothing
- Drunk or disoriented appearance
- Slurred speech
- Nausea or loss of appetite
- Inattentiveness, lack of coordination, irritability, and depression



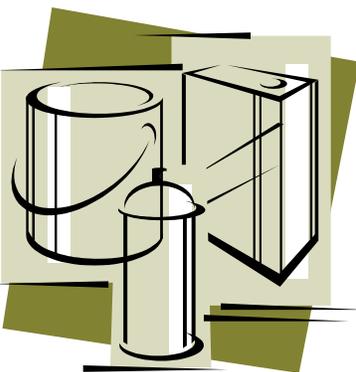
Materials for this article taken from www.drugabuse.gov

What Are the Effects of Inhalant Use?

Most inhalants act directly on the central nervous system (CNS) to produce psychoactive, or mind-altering, effects. They have short-term effects similar to anesthetics, which slow the body's functions.

- Nearly all abused inhalants, other than nitrites, produce a pleasurable effect by depressing the CNS.
- Nitrites make the heart beat faster and produce a sensation of heat and excitement.
- Inhaled chemicals are rapidly absorbed through the lungs into the bloodstream and are quickly distributed to the brain and other organs.
- Within minutes of inhaling, the user experiences intoxication along with other effects similar to those produced by alcohol. Alcohol-like effects include slurred speech, muscle weakness, belligerence, apathy,

impaired judgment, euphoria, and dizziness. In addition, users may experience lightheadedness, hallucinations and delusions.



- Toluene can produce headache, euphoria, giddy feelings, and an inability to coordinate movements. Exposure to high doses can cause confusion and delirium. Nausea and vomiting are other common side effects.
- Successive inhalations may make users feel less inhibited and less in control.

Continued use of inhalants in sufficient amounts can produce anesthesia, a loss of sensation and unconsciousness. After using inhalants heavily, abusers may feel drowsy for several hours and experience a lingering headache.

- Many individuals who abuse inhalants for prolonged periods over many days report a strong need to continue using them. Compulsive use and a mild withdrawal syndrome can occur with long-term inhalant abuse. Long-term inhalant abusers may exhibit other symptoms, including weight loss, muscle weakness, disorientation, inattentiveness, lack of coordination irritability, and depression.

Materials for this article taken from www.drugabuse.gov

Who Abuses Inhalants?

Inhalants are often among the first drugs that young children use. About six percent of children in the United States have tried inhalants by the



time they reach fourth grade. In 1999, the National Institute on Drug Abuse's Monitoring the Future survey showed that 19.7 percent of eighth

graders, 17 percent of tenth graders and 15.4 percent of twelfth graders said they have tried inhalants at least once.

Materials for this article taken from www.drugabuse.gov



KEEPING YOUTH
SAFE
&
DRUG FREE

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Communities That Care (CTC) is a risk-focused approach to reducing adolescent problem behaviors through community mobilization and planning. Local citizens and community leaders work together to identify the risk factors that increase the likelihood of problem behaviors developing, and enhance the protective factors that can shield youngsters from problems. The risk and protective factors are used to implement a comprehensive plan to step ahead of the problems with far-reaching and long-lasting solutions.

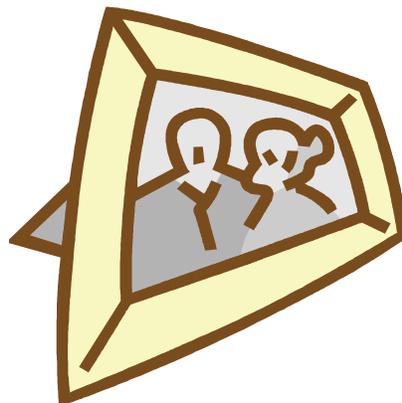
www.fsmontco.org/community.htm

My Drug Problem

My generation just might have been lucky. I had a drug problem when I was young, but I turned out all right.

I was “drug” to church. I was “drug” to family reunions. I was “drug” to the bus stop to go to school. I was “drug” by the ears when I was disrespectful.

Those “drugs” are still in my veins, and they affect my behavior in everything I do,



everything I say, and everything I think.

They are stronger than cocaine, crack or heroin. If today’s children had this kind of “drug” problem, the world just might be a better place.

—Unattributed social commentator