

### **Inhalant or solvent abuse**

We're seeing an increase in inhalant use in this country and I recall at the Banff forum that a number of the young people talked about solvents being an issue, with street youth often sniffing glue so they wouldn't feel hunger or cold. The combination of use by very young people and very harmful effects is very scary. I wonder whether members are noticing any trends in their communities and whether they've done any specific prevention for inhalants.

### **What are inhalants (sometimes called solvents)**

Inhalants are household or industrial products that, when sniffed through the nose or "huffed" through the mouth, can give an almost immediate high. There are more than a thousand of these products. Examples include: glues, nail polish, cigarette lighter refills, hair sprays, paint thinners, gasoline/petrol, correcting fluids, and nitrite (sometimes called poppers).

### **Who abuses inhalants**

Inhalant abuse occurs in every region of the world with children and adolescents being more likely to use them than adults. Poor children, school drop-outs, those on the street, including those that begin working on the street at an early age, those with poor links with their families, those moving from rural areas to the city, and Aboriginal or Indigenous children are most likely to use these substances.

Inhalants are often the first substance used by children or adolescents. Some countries report that children as young as 5 or 6 use inhalants (in one Canadian community it was recently reported that children as young as 4 are putting solvent on teddy bears and huffing off the bears). Inhalants are the only substance used by young people where use typically peaks in pre-adolescence and goes down through the teen years. While continued inhalant abuse is in itself a serious concern, young inhalant abusers are at risk for getting involved in other harmful substance use (e.g., one US study found that those who had abused inhalants were over five times more likely to be injection drug users).

### **Why are inhalants used**

A primary reason for use is that they are so available and quite cheap. Also, the high happens very quickly. The effects are similar to getting drunk on alcohol but some experience something like hallucinations. Sniffing can be a social activity, allowing users to pool their money and in some cases, to present an anti-establishment image. On the other hand, for children on the street, inhalants are used to dull the pain of hunger, cold or abuse.

### **How many young people use inhalants**

It is difficult to estimate levels of use because the young people that most often use these substances tend not to be a part of typical household or school surveys.

Studies in all regions of the world show that less than 10% of the general youth population has used inhalants. There are no clear gender differences with some surveys showing more boys using, while in other surveys the reverse is true.

In some poorer communities and among Native Indian people, use can be much higher. For example, in Sao Paulo, Brazil nearly 24% of 9-18 year olds living in poverty had tried inhalants. Over 60% of youth were found to use inhalants in several Native communities in the US and Canada.

### **Effects**

Long-term effects include permanent organ damage (i.e., liver, kidneys, bone marrow, heart) and lead poisoning from gasoline sniffing. The possibility of brain damage is not clear from research. Heavy inhalant abuse during pregnancy can result in serious problems similar to fetal alcohol syndrome (i.e., brain damage, facial changes, and less growth). Risk of injury or death is great with inhalant abuse. When inexperienced children or young adolescents become intoxicated they may do rash and dangerous things. Deaths can also happen as a result of heart attack, choking on vomit after falling unconscious, suffocating on plastic bags, or by fire caused by the inhalant.

### **Implications for prevention programs**

In communities where inhalant abuse is greatest, there are large social, cultural and economic problems that need to change. Some prevention programs may see this kind of change to be beyond their work, while others see it as their most important work.

In at risk communities, inhalant abuse happens at a younger ages than other substance use, so it is important that prevention programs in schools and youth agencies begin their work when children are beginning school (around 6 years of age). For some young people in these communities, individual or family counselling may be more appropriate than prevention programming.

### **Source**

World Health Organization, Volatile solvents abuse: a global overview.  
Substance Abuse Department Geneva, Switzerland: World Health Organization,  
1999. iv, 54 p.