



Playing “Russian Roulette” with Inhalants, Part II

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As we wrap up our two-part series in inhalant abuse, let’s recap what we learned last month.

Worse than regular drug abuse and contrary to the abuser’s all-too-common belief, inhalant abuse can kill and has proven fatal to more first-time users; thus, our reference to playing Russian roulette. The problem manifests itself almost exclusively in our children. In the National Institute on Drug Abuse’s 2003 *Monitoring the Future* study, 17.3 percent of eighth graders, 12.7 percent of 10th graders and 11.2 percent of 12th graders said they had abused inhalants at least once – those figures are down for older students but up for the second year in a row for younger teens.

The abused substances are common household products and therefore tough to regulate. It’s also tough to catch: inhalant abuse is undetectable in drug screens. The damage to the brain, heart, liver and bone marrow is insidious and often irreversible. Perhaps the worst thing about inhalant abuse is that most adults don’t realize how serious the problem can be.

Abusers are represented in both sexes and all socioeconomic groups; while predominantly white, there is some involvement by Native American and Hispanic youths; it’s not unusual to see elementary and middle-school age youths involved with inhalants. Nationally, Tennessee ranks seventh for the incidence of inhalant abuse among adolescents.

How can a parent or doctor tell if their child or patient is sniffing inhalants? The National Inhalant Prevention Coalition gives these symptoms or signs:

- Drunk, dazed or dizzy appearance lacking explanation
- Slurred or disoriented speech
- Anxiety, excitability, irritability, restlessness
- Red or runny eyes or nose
- Spots, sores or rash around the mouth or nose
- Chemical odor on breath or clothing
- Nausea, loss of appetite, drooling
- Sitting with pen or marker near nose
- Constantly smelling clothing sleeves
- Paint or stains on body or clothing, especially face and hands
- Presence of chemical-soaked rags, plastic or bags, socks or clothing
- Hiding rags, clothes or empty containers of potentially abused products in closets and other places

If you suspect or confirm inhalant abuse, address it in a frank but not accusatory way and act immediately to seek professional help through a school nurse, counselor, doctor or other healthcare worker. If you catch someone in the act of “huffing,” follow these guidelines:

- Remain calm
- Do not excite or argue with the abuser when they are under the influence
- Call for help if abuser is unconscious or not breathing

- If conscious, keep them calm and in a well-ventilated room
- Do not leave the person alone
- Excitement or stimulation may cause hallucinations and violence
- Activity or stress may cause heart problems which may lead to “sudden sniffing death”
- Talk with others present or check the area for clues to the abused substance
- Once recovered, seek professional help

For outright prevention, talk with your children, young patients and their parents about the facts. Let them know inhalants are not drugs; they are deadly chemicals and poisons. Talk to your children’s teachers, guidance counselors and coaches about inhalant abuse as well. Doctors need to obtain brochures and materials and incorporate these materials into their routine well visits, as well as watch for signs of potential abuse.

For more information, utilize the resources offered by various national organizations, including the National Institute on Drug Abuse (NIDA) at www.nida.nih.gov, and the National Inhalant Prevention Coalition (NPIC) at www.inhalants.org. The American Association of Family Physicians also offers an excellent clinical article on preventing and recognizing inhalant abuse on its website at www.aafp.org/afp/20030901/869.html.

To make a tax deductible contribution to the Physician’s Health Program (PHP), contact TMF Administrator Michael Todd at (615) 467-6411, or write to the Tennessee Medical Foundation, 216 Centerview Drive, Suite 304, Brentwood, TN 37027. For more information on the TMF or the PHP, log on to www.e-tmf.org.