



Government of Western Australia  
Drug and Alcohol Office

# INHALANT USE

A GUIDE FOR PARENTS AND FAMILIES



## **Are you concerned about inhalant use?**

This booklet has been designed for parents, family members and other carers who are concerned that their young person could be using inhalants. It discusses what inhalants are, the effects and harms and why people choose to use them. It also discusses what could be helpful and places to go for more information and assistance.

To gain a good understanding of the issue it is best to read the entire booklet. It has been designed to help you understand inhalant use. In the booklet is information that will help you talk with young people about inhalants.

**This resource is not intended for young people.**

**Evidence suggests that providing young people with information about inhalants can have the undesirable effect of stimulating interest in the use of these substances.**

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### **DISCLAIMER**

**Research in the area of inhalant use continues to evolve. While this publication reflects current and well considered views, no guarantees can be made against the accuracy of the information presented. This booklet is offered for general purposes and should not be considered a substitute for specific, professional advice.**

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## What are inhalants?

Inhalants are products that produce vapours or fumes that can be inhaled or 'sniffed' and can cause the user to feel 'high' or intoxicated. There are hundreds of products that can be inhaled. Many of these can be found around the house. Products that are more commonly inhaled include:

- glue
- aerosol sprays
- paint and spray paints
- petrol
- butane gas (cigarette lighter refills)
- nitrous oxide (in whipping cream gas bulbs)
- toluene/other solvents (i.e.: paint removers/thinners etc)
- liquid paper

Inhalant use is also sometimes called 'volatile substance use' (VSU) or 'solvent use'. Slang terms include 'sniffing' and 'chroming' (which refers to inhaling chrome/metallic spray paints).

## How are inhalants used?

Some inhalant products are inhaled from a container, bag or bottle. Others are sprayed or poured onto a cloth and held over the nose. Some products are sprayed directly into the nose or mouth. This is very dangerous as it can paralyse the person's airways, freeze the throat and cause suffocation.

## How common is inhalant use?

Most young people will never use inhalants. Of the small number of young people that do, most will only try it once or twice. Inhalant use most commonly occurs between 12 and 15 years of age. A very small number of people use inhalants more often and beyond these ages. However, using only once can cause significant problems.

The 2008 Australian School Students Alcohol and Drug Survey showed that less than one in six 12–17 year old school students in WA had ever used inhalants, and less than one in 25 had used in the week before being surveyed.

The 2007 National Drug Strategy Household Survey showed that 3.6% of the WA population over the age of 14 years had ever used inhalants and 0.1% had used in the past month.

## Why do people use inhalants?

Taking risks and experimenting with different things are a normal part of being a teenager. During this time teenagers may also experiment with inhalants or other drugs. Each person's reasons for trying or using inhalants are different. There is often more than one reason for a person choosing to use.

These reasons can include:

- to experiment/out of curiosity
- to have fun
- to block out problems
- peer pressure or to create a sense of belonging to a peer group
- boredom
- they are cheap and easy to get
- if they cannot get alcohol

Inhalant use is commonly used in either an experimental, social or a dependent way:

### Experimental use

Most people use inhalants as an experiment only. They try it once or twice and stop because of the unpleasant effects. People usually try it out of curiosity or due to peer pressure to try it. Even people using once or twice are at risk of harm, so it's a good idea to talk about the risks of inhalant use with anyone experimenting or thinking of trying it.

## **Social use**

Some people use inhalants to be part of a group. It generally depends on what else is going on in their lives or if their friends are using inhalants. They will usually grow out of it within a few months when their friends or interests change. However, there are still risks of serious harm, even if they only use every now and then.

## **Long-term or dependent use**

A very small number of people use inhalants regularly and over a long period of time. This use is known as 'chronic' or 'dependent' use. Generally chronic or dependent users have problems in their lives, find it hard to cope and have fewer supports to help them deal with problems. They may inhale alone or with other long-term users and may also be using other drugs. They may not feel good about using, but find it difficult to stop.

## **What are the effects of inhalant use?**

Inhalants are depressant drugs. This does not mean that they make a person depressed. It means they slow down the activity of the brain and nervous system and can cause the heart and breathing to slow down. They also affect the person's thoughts, feelings and judgement.

The effects of inhalants usually occur within 3 – 5 minutes. Inhaling will cause the person to feel light-headed and relaxed, very similar to the feeling of being drunk. The user may giggle, have slurred speech, double vision and feel drowsy. While sometimes people feel relaxed, happy or excited, others may feel agitated or uneasy.

An ongoing 'high' can be achieved through repeated sniffing but can also cause the person to black-out or hallucinate (see or hear things that are not really there).

A range of other effects can occur including:

- flu-like symptoms, such as sneezing, coughing and a runny nose
- headaches
- nausea, vomiting, diarrhoea
- bloodshot eyes
- pimples around the mouth/lips
- changes in thinking, and feeling less shy which can lead to risky or dangerous behaviour

Headaches and feeling 'hung-over' are also common and can last for several days.

Long-term or regular users may also have difficulty thinking and remembering things, mood swings, paranoia (are fearful and suspicious), chronic headache and cough, weight loss, muscle weakness and feel tired a lot.

First time users may feel sick or become confused and frightened by the experience, which can put them off using again.

## **What are the harms?**

Harms from inhalant use depend upon a number of factors. These include: who is using; what substances are used; how they are used and where the drug is being used.

With short-term use, it is rare for most inhalants to cause much damage to the body, but there are other serious risks (see below). Long-term use can cause health problems but most of these should disappear once the person stops using. However inhalant use can still be very dangerous and can cause death the first time someone uses, or after using many times. This is mainly from the use of aerosols and butane gas.

The main harms to be aware of include:

## **Accidents**

When a person is 'high' on inhalants they are less aware of what they are doing and may hurt either themselves or others. Accidents can occur from: falling from high places, walking near traffic, drowning, or other risky behaviours. As most inhalant products are flammable, there is also a high risk of burns and explosions.

If a person becomes unconscious, there is the risk of choking on their vomit or suffocating if they are using a plastic bag to inhale. Spraying some substances directly into the nose or mouth can be very dangerous as this can freeze the throat and airways and cause the person to suffocate.

## **Overdose**

As the person will feel the effects of inhalants very quickly, it is difficult for the person to know when they have had too much. Also, mixing with other drugs increases the risk of overdose.

## **Sudden sniffing death**

This is very rare but important to know about. Some inhalants, particularly aerosols and butane gas can cause what is known as 'sudden sniffing death'. The chemicals in these products can cause heart failure if the person is stressed or does heavy exercise during, or soon after using.

***For this reason it is important not to chase or frighten anyone who may be using inhalants.***

## **Other physical harms**

Permanent damage to the brain and other organs such as the heart, lungs, liver and kidneys is possible, but rare. Most damage is not permanent and reversible when the person stops using, particularly if they have been using for only a short while. However, some very long term, chronic use has caused irreversible damage.



## **Inhalants and the law**

Using and possessing inhalants is not illegal as the products themselves, such as paint, glue and aerosols are not illegal. However, there are still laws which relate to inhalant use:

The Protective Custody Act 2000 allows Police to place an intoxicated person into protective custody in an approved facility until a parent, guardian or responsible person is found. It also allows Police to confiscate intoxicating substances from juveniles.

Under Section 206 of the WA Criminal Code, it is illegal to sell or supply inhalants to someone where it is reasonable to suspect that they will be used for the purposes of intoxication. Efforts have been made to advise retailers of this legal obligation.

## **Common questions about inhalant use**

### **Will inhalant use always lead to further drug use?**

Because experimentation often starts at an early age (12-15 years) some people think inhalants are a drug that will lead to other drug use. The majority of young people who try inhalants usually stop and will not necessarily go on to use other drugs.

### **Will inhalant use cause brain damage?**

The majority of people who use inhalants will not develop brain damage. For a small number of long-term or heavy users, there may be some damage, but this is uncommon. Brain damage and/or other organ damage can occur from the regular use of some substances. However, there is very little evidence that this will always happen.

### **Is all damage from inhalant use permanent?**

Most physical damage from inhalant use appears to be reversible once use stops. Some damage may be permanent but is dependent on a number of factors: the type and strength of the substance; how long and how often a person uses; how it is used; and characteristics (physical, psychological and emotional) of the user.

## Am I to blame if my young person is using inhalants?

There are many reasons a young person may try inhalants. For most young people being a teenager is a time when experimentation and risk-taking is more likely. Regardless of your parenting style, many young people will experiment with new experiences. It is normal to feel responsible for them using inhalants and a good idea to ask for support. There is information about where you can get help at the end of this booklet.

## Common reactions to inhalant use

Being a parent of a young person can be hard. It can be difficult to achieve the balance between allowing them to mature and gain independence, while at the same time maintaining a level of protection and control.

When parents suspect their young person may be using inhalants, the first reaction may be to panic, followed by anger and worry. This is a normal response.

**Remember:** For most young people inhalant use will not continue. Most who try inhalants only do so a few times and very few become dependent.

## What are the signs to look for?

There is no list of signs or symptoms to say that someone is definitely using inhalants. Many of the signs could also be changes in behaviour that are normal for teenagers. These may include changes in mood and attitude, problems at school and changing friends. Any obvious changes in behaviour should be talked about. However, it is important that you do not jump to conclusions.

Some signs that may be related to inhalant use include:

- finding unusual amounts of glues, cigarette lighter refill, solvents or aerosols in your young person's possession
- chemical smells on their clothes or breath
- 'drunken' behaviour
- loss of appetite
- anxiety and irritability or excitability
- sores around their mouth and nose

## As a parent how can I help?

If you think or find out that your young person is using inhalants, it is best not to talk to them about it when you are feeling upset or angry. This may make them not want to talk to you about it.

The following suggestions may be helpful to you:

- When things are calm and they are not intoxicated, try to talk with them. But remember that they may choose not to talk to you about this.
- Listen to what they have to say and respect their point of view. Talk less and listen more. Try to understand them. This will help them to share their thoughts and feelings. Young people need to talk through the consequences of their actions and make their own decisions.
- Show your concern by offering your support. Let them know you have some information about inhalant use that may be helpful to share. Try not to provide all the answers or focus only on what *you* are worried about.
- Talk about their reasons for using. Be prepared to listen to both the positives and the negatives of using. Make sure they are aware of the effect it is having on their life and those around them.
- Don't be afraid to be honest about your values and be open about your concerns. This way they will understand that you care about them. Explain that it's the behaviour of sniffing that you don't approve of and not them.
- Try to include the following in your parenting approach: negotiation, positive role modelling and being consistent. This will create opportunities for respect and understanding. Knowing who your young person is with and what they are doing, and by having contact with the parents of their friends is also helpful.
- Be aware of your own alcohol/drug use when talking about their use. They may not want to listen to you and your suggestions if you use drugs or alcohol yourself.
- Take care of yourself and ask for help if you need it. There are services listed at the end of this booklet that can help.

## Talking about inhalant use

Talking about drug use with young people can be hard.

One way you might want to bring up the topic is to ask your young person if they are using inhalants by saying what you have noticed and what your worries are. Using an “I” statement will help you say your own feelings about the situation by linking it to the behaviour and the possible consequences of that behaviour. For example:

*“John, I see you have a lot of glue in your room and I have noticed a chemical smell on you recently. I’m worried that you might be sniffing glue and that this may affect your health.”*

## How NOT to

There are a lot of ways that we can talk with young people that may not be helpful. Some examples of these might include:

- **Warning** – “you had better stop using or else...” or “if you don’t stop using...”
- **Ordering** – “you must...” or “you should...” or “you have to...”
- **Moralising** – “you should just do what is right...”
- **Lecturing** – “do you realise what the facts are...”
- **Interrogating** – “why...?” “what...?” “where...?” “when...?” “how...?” “who...?”
- **Judging** – “you’re being stupid...”
- **Put downs** – “you might think you know it all but you don’t ...” or “you’re just so stupid...”

## How to reduce risks

It may not be possible for you to stop your young person from using inhalants, as some young people will always want to experiment.

While it is fair enough to ask them to stop using inhalants, this may not happen. Understanding and finding a way to talk about the risks can help them stay safe. This is not saying that it is ok, but is a way of helping to protect them if they are going to use anyway, even though you want them to stop.

A good way to start is to ask them to tell you what risks they know about and what they can do to reduce them. If they cannot think of any, the following may help you to explain it to them.

RISKS	WAYS TO REDUCE RISKS
Accidents	Do not sniff in dangerous places (such as near roads, near water, or in small/confined areas).
Suffocation	Do not put plastic bags over the head or lie down when inhaling. Do not spray substances directly into the mouth – sniff through a cloth or from a container.
Burns/ explosions	Do not sniff near fire or open flames (such as cigarette lighters or campfires etc).
Overdose	Do not mix with other drugs (such as alcohol or medications). Do not sniff alone, ensure someone else is there in case something goes wrong, that person can help or call for help.
Death	Avoid aerosols and butane gas as they can kill. Do not exercise after using. Call an ambulance if someone is unconscious or when something doesn't seem right. Learn first aid.

***However, the safest way to avoid risks from inhalant use is for them not to use at all.***

## If you find your young person using inhalants

- Although you may be feeling angry, upset or frightened, try to keep calm
- Make sure the environment is safe and offer help
- Reassure them and stay with them until they have sobered up
- Do not talk to them about their inhalant use straight away
- Where possible, try to find out what they have been using as this will help you to talk to them later about the harms
- Never chase or frighten them as this may lead to 'sudden sniffing death'

## How to help in an emergency

If the person is unconscious:

- **DANGER** – remove anything dangerous near them and make sure there is plenty of fresh air
- **RESPONSE** – check for a response, if no response **call an ambulance on 000**
- **AIRWAY** – roll them onto their side and clear their airway
- **BREATHING** – check for breathing, if not breathing commence CPR
- **CPR** – 30 chest compressions to 2 breaths until medical help arrives

## Help for long-term users

It can be hard for a long-term user to stop inhalant use. Stopping suddenly may cause withdrawal symptoms including depression, anxiety, headaches, dizziness, fatigue, tremors, nausea, loss of appetite and muscle cramps.

There are many alcohol and drug services that can help people to control or stop their use of inhalants or other drugs. Help is also available for parents and other carers. For information on services that can help, call the **Parent Drug Information Service (PDIS)** on **9442 5050** or **1800 198 024** (toll-free for country callers).

## What about community action?

You can get involved in community action by sharing your experiences and concerns with other people. Inhalant use is best tackled at the community level with other concerned parents, schools, police, health and welfare workers. It is important to do this in a way that does not increase young people's awareness of inhalant use. There are many young people who do not know about inhalant use and telling them about it may make them want to try it.

Local Drug Action Groups (LDAGs) are a state-wide network of people who have a role in helping to prevent alcohol and other drug-related harm in their local community. LDAGs engage and empower youth, families and the community to respond to identified issues through the delivery of information, programs and activities. **Phone 9370 0364** for more information about a group near you, or go to [www.localdrugaction.com.au](http://www.localdrugaction.com.au) to find out more about LDAGs.

## Where you can get help and further information

**Parent Drug Information Service (PDIS)**

**9442 5050 or**

**1800 653 203 (toll-free for country callers)**

PDIS is a free, confidential, state-wide alcohol/drug telephone counselling and referral service for **PARENTS** and **FAMILIES**, which is available 24 hours, 7 days a week. You can choose to speak to a professional counsellor or a trained parent volunteer with personal experience of drug use in their family.

**Alcohol and Drug Information Service (ADIS)**

**9442 5000 or**

**1800 198 024 (toll-free for country callers)**

ADIS is a free, confidential, state-wide alcohol/drug telephone counselling, information and referral service for anyone concerned about their own or someone else's drug use.

