



HUFFING - What is it?

Abuse of Inhalants (Huffing)

"Huffing," or inhaling volatile substances, is becoming increasingly popular among children, especially among 12- to 14-year-olds (Archives of Pediatric and Adolescent Medicine, 1998;152(8):781--786).

The abuse of inhalants is widespread across the United States; however, it may be underreported because law enforcement officials and healthcare providers are often unfamiliar with the signs of inhalant abuse. Abusers, primarily adolescents, inhale chemical vapors from a variety of substances, many of which are common household products. These young people abuse inhalants in order to obtain a euphoric effect and are often unaware of the potential risks, which include brain damage and death.

What are the effects?

Chronic inhalant abuse may result in serious and sometimes irreversible damage to the user's heart, liver, kidneys, lungs and brain. Brain damage may result in personality changes, diminished cognitive functioning, memory impairment and slurred speech.

Death from inhalant abuse can occur after a single use or after prolonged use. Sudden sniffing death (SSD) may result within minutes of inhalant abuse from irregular heart rhythm leading to heart failure. Other causes of death include asphyxiation, aspiration or suffocation. A user who is suffering from impaired judgment may also experience fatal injuries from motor vehicle accidents or sudden falls.

According to Drug Abuse Warning Network (DAWN) Medical Examiner data, inhalants were a factor in over 500 deaths in the United States from 1996 to 1999. Medical examiner data provided by DAWN covered only 40 metropolitan areas in the United States; thus, many inhalant-related deaths across the country are not reflected in DAWN data.

How can you tell if your child might be huffing?

Most huffing takes place with friends. Be observant of your child and his or her friends. Inhalants gradually leave the body for two weeks following huffing--mostly through exhaling. The characteristic odor is the biggest clue. Be on the lookout for breath or clothing that smell like chemicals. Look for clothing stains, hidden empty spray paint or solvent containers and chemical-soaked rags. Watch for spots or sores around the mouth. Nausea, lack of appetite, weight loss, nervousness, restlessness and outbursts of anger can all be signs of inhalant abuse. A drunk, dazed or glassy-eyed

appearance might mean your child is abusing inhalants right now.

If you suspect or discover that your child is huffing, get professional help. Treating inhalant abuse is very difficult and requires expert intervention. Withdrawal symptoms may last for weeks. The relapse rate without a long-term (two-year) program is very high.

What can you do to prevent your child from huffing?

Preventing huffing is far better than trying to treat an inhalant addiction. Talking with your child about it is more powerful than anything else (*NIDA Research Monograph*, 1988;85:8--29). Start talking with your child about it now. Although huffing peaks between the ages of 12 and 15 years, it often starts "innocently" in children only 6 to 8 years old (*Pediatrics*, 1996;97:3). Literally thousands of easily available substances can be inhaled, so you can't keep your child away from them. You can, however, educate and inspire. Begin talking with your child about inhalants by the time he or she is in kindergarten. This is also an important age to set an example in your own use of intoxicating substances. Talk and role-play often about the important skill of being able to resist peer pressure.

Street Terms for Inhalants

Amys	Bang
Bolt	Boppers
Bullet	Climax
Glading	Gluey
Hardware	Head cleaner
Hippie crack	Kick
Locker room	Poor man's pot
Poppers	Rush
Snappers	Toncho (octane booster)

Source: Office of National Drug Control Policy (ONDCP), *Drug Policy Information Clearinghouse Fact Sheet--Inhalants*, June 2001.