Frequently Asked Questions

Q. What is inhalant abuse?
   A. Inhalant abuse is the deliberate breathing in or sniffing of fumes, vapors, or gases of everyday products found in homes and schools with the purpose of “getting high”.

Q. How should I talk to my children about inhalant abuse?
   A. Some examples of ways to talk to children and adolescents are included in the brochure and presentation. In general, when talking with young children it is best to focus on the poisonous effect that some things that can be smelled can have on the body and to differentiate good smells from bad. With older children, a parent can be more direct in talking about inhalants and products that might be abused. The dangers of using inhalants even once need to be communicated as well as the message that just because someone has done it before without serious consequences doesn’t mean that the next time could not be fatal.

Q. Will I be giving my child ideas if I tell them about inhalants?
   A. This is a frequent concern expressed by parents and adults working with children. While we don’t want to communicate a shopping list of products that can be abused, it is important that children are forewarned that smelling some things on purpose can be harmful. That knowledge better equips them to resist offers by peers that might otherwise seem harmless.

Q. Where can I get more information?
   A. Websites of organizations with more in-depth information are included in the brochure and the presentation. These include the National Inhalant Prevention Coalition (www.inhalants.org), the National Institute on Drug Abuse (www.nida.nih.gov), the Alliance for Consumer Education (www.inhalant.org), and the Partnership for a Drug Free America (www.drugfree.org).
Q: What products are abused?
A: There are more than 1000 household, garage, office, and industrial products that can be used as inhalants. Items abused include common products such as:

- correction fluid
- rubber cement
- glue
- refrigerants
- gasoline
- propane
- butane
- permanent markers
- spray paint
- nitrous oxide
- hair spray
- air fresheners
- many other volatile substances including products in aerosol cans

Q: How do inhalants act in the body?
A: Most inhalants are central nervous system depressants. The effects are quick acting (within seconds) and usually of short duration (15 to 45 minutes). Inhalants are poisons to the body and can cause death the first time of use or any time thereafter. After inhaling abusable products, the heart begins to beat rapidly and unevenly which can lead to cardiac arrest. Inhalants can also cause death from suffocation because oxygen is displaced in the lungs, and then in the central nervous system, causing breathing to stop.

Q: What are the risks of inhalant abuse?
A: Inhalant abuse can severely damage many parts of the body, including the brain, heart, liver, kidneys, lungs, and bone marrow. Inhalant abuse can cause suffocation, burns or explosions, and even sudden death by heart arrhythmia (Sudden Sniffing Death). Users are at risk for both physical and psychological dependence.

Q: Are inhalants addictive?
A: Yes. It takes more and more each time to get high. Once a child starts using inhalants regularly, they find it hard to stop.

Q: Are inhalants a gateway to other drugs?
A: Children who use inhalants may look for other ways to get high.

Q: Why do children and teens abuse inhalants?
A: Reasons why children and teens may be attracted to inhalants include:

- Inhalants are cheap or free and readily available.
- Because products used as inhalants are legal for their intended purposes, children and teens may mistakenly believe that inhalant use is also legal.
- Many children and teens may start using because they feel these common products can't hurt them or because they do not understand the serious dangers of inhalant abuse.
- Teens may believe that because many adults don't know about inhalants, their use is more likely to go undetected.
- Pressure from peers may encourage inhalant experimentation and use.
- Often children and teens are looking for an escape.
Q: How predominant is inhalant use among children and teens?
   A: In 2006, the Monitoring the Future study sponsored by the National Institute on Drug Abuse reported that about one in six American teens had used inhalants to get high by the 8th grade.

Q: What are the signs that a child or teen is using inhalants?
   A: Some or all of these signs may be evident:

   • Drunk, dazed or dizzy appearance
   • Slurred or disoriented speech
   • Uncoordinated physical movement
   • Red or runny eyes and nose
   • Spots and/or sores around the mouth
   • Unusual breath odor or chemical odor on clothing
   • Signs of paint or other products where they wouldn’t normally be, such as on the face, lips, nose or fingers
   • Nausea and/or loss of appetite
   • Chronic inhalant abusers may have symptoms such as hallucinations, extreme anxiety, excitability, disorientation or belligerence

Q: What are the observable behaviors of inhalant abuse?
   A: Some or all of these behaviors may be observed:

   • Painting fingernails with permanent markers or correction fluid
   • Placing pens or markers by the nose
   • Constantly smelling clothing sleeves
   • Having paint or stain marks on face, fingers, or clothing
   • Having numerous butane lighters and refills in their room, backpack or locker (when the child does not smoke) or having unusual quantities of containers from abusable products in their closets, under their bed, in the garage, etc.
   • Hiding rags or clothes that have a chemical smell
   • Disappearance of a volatile product at a rapid rate