

Inhalants

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The term 'inhalant' refers to a household, industrial or medical product which, when inhaled, is capable of producing a mind altering high, and specifically to those substances that are never consumed in any other way other than by inhalation (National Institute on Drug Abuse, 2009) 'Inhalant misuse' refers to the intentional rather than accidental inhalation of these products. Other terms used to describe inhalant misuse include volatile substance abuse (VSA), volatile solvent misuse (VSM), chroming, sniffing, and huffing. In Australia, there are approximately 250 legally acquirable products found in supermarkets, hardware stores, service stations, and newsagents that could potentially be used as an inhalant (Drugs and Crime Prevention Committee, 2002). A commonly used classification system divides inhalants into four categories: volatile solvents, aerosols, gases, and nitrites (National Institute on Drug Abuse, 2009).

The majority of inhalants depress the central nervous system (CNS), resulting in feelings of euphoria and well-being. These feelings are usually felt within moments of inhalation and are relatively short-lived, resulting in the user re-dosing to maintain the high. As CNS depression increases, more severe effects are likely, including drowsiness, nausea, headaches, slurred speech, blurred vision, hallucinations, seizures, loss of consciousness and possibly death. Inhalants can also irritate the skin, nose, and throat. Many inhalants increase the sense of invincibility in users which can result in accidents. Some inhalants, such as butane, also cause cardiac arrhythmias and make the heart hypersensitive to adrenaline. Nitrites work differently; they act to dilate blood vessels and relax smooth muscle rather than depress the CNS.

There is a deficit of comprehensive data regarding inhalant misuse. It is suggested the data is incomplete due to the large number and variety of products under the inhalants category, and that many inhalant users may fall outside of the demographic covered by the surveys, e.g. they are not attending school, are younger than the target age, or not living at home. This should be taken into account when considering the data presented in general drug surveys.

The 2007 National Drug Strategy Household Survey found that 3.1% of the Australian population over the age of 14 have ever used inhalants, with 0.4% using inhalants in the twelve months preceding the survey. Of those who used inhalants, 40% purchased the product at a shop, and 46% used inhalants in combination with alcohol (Australian Institute of Health and Welfare, 2008).

A 2005 survey of Australian high school students found that 20.8% of 12 year olds and 9.9 % of 17 year olds had used inhalants at some stage in their lifetime, with 12.9 % of 12-17 year olds having used inhalants in the preceding 12 months. There is minimal difference in inhalant misuse by males and females (White & Hayman, 2006).

Anecdotally, paint and aerosol sniffing is more common in urban areas, while petrol sniffing is more widespread in remote Indigenous communities (d'Abbs & MacLean, 2008). Individuals choose and use inhalants for a wide range of reasons including ease of access (price, availability, legal, easily stolen); experimentation; peer group pressure; enjoyment; and escapism from a wide range of complex social issues including family and personal dysfunction, low socioeconomic status, physical / sexual abuse, depression, unemployment, boredom, and hunger. Inhalant misuse has an effect not only on the individual but also on the families, carers and the extended community.

Governments at the federal and state/territory level have acknowledged the issue of inhalant misuse as an important one and have provided a range of responses, including the establishment of a Taskforce to address the issue at a national level (National Inhalant Abuse Taskforce. (2006). Recommendations from the Taskforce are being implemented by the National Inhalant Abuse Coordinating Group under the direction of the Intergovernmental Committee on Drugs, and have

already resulted in the creation of the National Inhalants Information Service and the current development of clinical practice guidelines. Substantial efforts have been made to address the issue of petrol sniffing in Indigenous communities with the implementation of the Petrol Sniffing Strategy 8 Point Plan (Standing Committee on Community Affairs, 2009).

It has been established that the complex nature of inhalant misuse requires a range of interventions that address individual and community health, family, and socioeconomic issues (MacLean, 2008). It is noted that the age and cultural background of people who use inhalants need to be considered when implementing intervention strategies. Successful strategies include the reformulation of petrol and spray paint; changes to legislation providing direction for law enforcement and health and community care providers; education and support for retailers; community-based diversion programs; and user rehabilitation and education (d'Abbs & MacLean, 2008).

Further research into inhalant misuse and the collection of comprehensive statistics requires attention as a matter of priority to help inform the evidence base for future policy and responses.

ADCA recommends that:

- the work of the National Inhalant Abuse Coordinating Group be supported and advanced to ensure the *National framework for addressing inhalant abuse in Australia* is fully implemented
- quantitative and qualitative research and evaluations be undertaken to inform further policy and intervention programs
- commonwealth, state and local governments support a range of interventions to address inhalant misuse, both financially and through legislation
- professionals dealing with inhalant users and their families be fully trained and supported to provide appropriate responses and referrals;
- communities dealing with inhalant misuse share their stories and resources through the National Inhalants Information Service for the benefit of the wider community.

References:

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This is a summary of an ADCA policy position paper on inhalant misuse in Australia. A full copy of ADCA's policy position is available on the ADCA website www.adca.org.au.