

NIPC FALL INHALANT UPDATE

Greetings everyone.

I would like to welcome all of the new members to this list and say hi to all of our old friends. Since our last **UPDATE** we have added hundreds of new people. The **UPDATE** serves to provide new inhalant information and resources. If you know of someone who would be interested in receiving the **NIPC INHALANT UPDATE**, please pass this along and encourage others to join this list. If you have something you would like to contribute to our next **UPDATE**, pass it along.

We have a number of important issues to discuss and highlight. On the top of the list is that **INHALANT USE IS ON THE RISE**. To help stem this tide we encourage as many of you as possible participate in the 12th annual **NATIONAL INHALANTS & POISONS AWARENESS WEEK (NIPAW)**.

We will cover a number of other issues in this **UPDATE** including **new inhalant resources** and the potential of developing a grassroots effort, “**Families & Friends of Inhalant Victims**,” for advocacy and family support (this is near the end of the **UPDATE** under the topic “Bits & Pieces”). We are asking for your **opinion on product labeling** – do warnings on labels on products deter experimentation? We discuss **early childhood inhalant prevention** through **Head Start Centers**. There is also a brief item on the **international aspects of inhalant or solvent abuse**. We cover several of NIPC’s current efforts including the development of **Inhalant Fatality Guidelines for Medical Examiners, Coroners, Pathologists and Toxicologists** (related to this, we unfortunately must draw your attention to **inhalant deaths** over the last two weeks). We note being honored by having a number of our posters selected for inclusion in the **National Library of Medicine’s**, “**Public Health Poster**” exhibit. We have also included a very **brief NIPC needs assessment**. We hope you will take a few minutes to respond to this so we can better serve you. We close with a reminder that each of you can assist us in continuing and expanding our work with a tax-deductible contribution.

I realize that we have tried to cover a lot of ground in this **UPDATE** but there is much to say. We hope you find this interesting & useful – I know you will find it long. Your feedback is always welcome.

INHALANT USE INCREASES:

The latest Substance Abuse & Mental Health Administration's (SAMHSA) **National Survey on Drug Use & Health**, NSDUH, (more information located at <http://www.samhsa.gov> then "click" on "Statistics & Data") indicates a rise in inhalant use. **Lifetime inhalant use** for 12 to 17 year olds (**Table 4.66B**) rose from 9.0% in 2001 to about 10.5% in 2002. In fact, the NSDUH indicates that lifetime use among 12 to 17 year olds almost doubled between 1999 and 2002 (5.4% to 10.5%)! When we compare inhalant use rates (10.5%) for those 12 to 17, with users of other substances we find, for the same age group, 3.3% had used **Ecstasy (Table 4.65B)** and 1.5% used **Methamphetamines (Table 4.70B)**. In 2002, there were (**Tables 1.1A & 1.2A**) almost 22.9 million lifetime inhalant users, over 2.6 million were ages 12 to 17; over 2 million past year users with over 1 million between 12 to 17; and 635,000 past month users, with 301,000 ages 12 to 17. In 2001, of the 1.125 million first time inhalant users (**Tables 4.9A, 4.28A & 4.47A**), 802,000 were 12 to 17; mean age of first time users declined to 15.7 years (males 16.3 years, females, 15.0 years) – not only is this the youngest mean age of inhalant initiation since 1963 but, in 2001, it is the youngest age of initiation of any substance in the current survey. Please note, the new National Survey on Drug Use & Health (NSDUH) replaces the old National Household Survey and data from the two surveys cannot be compared because of methodology changes – one of the reasons we took care to provide citations for all of the above statistics.

The latest **PRIDE Survey**, covering grades 6 through 12, indicated that inhalant use rose at a statistically significant rate for almost all grade levels, both yearly & monthly, in the past year. Monthly use rates are equal to or are their highest since 1998. The survey indicated that: use would most likely occur at home or at school on weekends or during school. At the 7th & 8th grade level, girls use almost as much as boys – at all other grades boys use more than girls. Only about 56% of 6th graders believe inhalants are very harmful. For more information visit <http://www.pridesurveys.com>.

Not only are national surveys painting a grim picture, but we are also seeing the same at the **state level**. State prevalence surveys that we have been able to look at have indicated statistically significant inhalant use increases in Florida, Indiana and Tennessee. These can be found at by going to the **National Association of State Alcohol & Drug Abuse Directors'** web site at <http://www.nasadad.org> and clicking on their "visit NASADAD Members." Also, press reports indicate: an

increase in Utah and a 20% past month inhalant usage rate among Helena, MT, 6th – 8th graders. Please let me know about the situation in your state.

Finally, the **Emergency Department Trends from the Drug Abuse Warning Network (DAWN) Final Estimates, 1995 - 2002**, which relies on a sample of hospitals providing 24-hour emergency departments (EDs) to capture on ED visits, stated that, “nationwide, ED mentions of inhalants increased 187% from 522 in 2001 to 1,496 in 2002.” “However,” the report went on to say, “estimates for inhalants have tended to fluctuate substantially from year to year, and no significant change is seen when the comparison is made between 1995 or 2000 or 2001.” For more information visit <http://DAWNinfo.samhsa.gov>.

Inhalant Deaths & Inhalant Related “Accidents” – continue their gruesome pace of previous years – 100 to 125 per year, as reported directly to us from friends or families of victims or from media reports. As recently as two weeks ago a 12 year old Abilene, TX, lad died from huffing Freon (see http://www.reporter-news.com/abil/nw_local/article/0,1874,ABIL_7959_2400554,00.html), last weekend three rural Wisconsin high school girls were severely burned when a lighter was lit in their closed car while they were huffing an air freshener (see http://www.gmtoday.com/news/local_stories/November_03/11192003_03.asp) and just last Thursday a 12 year old Longmont, CO, girl died from huffing spray paint (http://www.bouldernews.com/bdc/longmont_news/article/0,1713,BDC_2426_2448809,00.html). The NIPC has provided resources to these communities. As we always hear – these were good kids from good families. As so many of you know, some more intimately than others, we arrange for parents who have lost a child because of inhalants to provide support in these situations. At this moment ***I would like to say thank you to these wonderful and selfless people who make so much of difference in the lives of others going through the most extreme tragedy – the loss of a child.***

Comment: The inhalant use increases were, unfortunately, predictable! Last year, both the **National Monitoring the Future Survey** (go to NIDA’s web site at <http://www.drugabuse.gov> then to “trends and statistics”) and the **Partnership for a Drug-Free America’s Partnership Attitude Tracking Survey** (see <http://www.drugfreeamerica.org> and then go to the box “I am interested in,” then to “latest research”) indicated a decline in perceived dangers and harmfulness of inhalants among students. Historically, after such declines, there is a rise in inhalant use. The only sure way to reverse this frightening trend is through broad-based education and awareness coupled with strong and active media involvement. Adults, especially parents, must understand that it is *their* child that might

experiment with inhalants and tragic consequences can and do occur. Youngsters must understand the potential consequences of their choice to experiment and use inhalants – the unintended consequences could be fatal. The use of inhalants is a public health issue that should not be approached with a focus on a specific, single audience. A community response, surrounding the problem with information, resources and solutions, is an approach that works to influence attitudes and alter behavior patterns.

NIPAW:

March 21st to 27th, 2004, is the 12th annual **National Inhalants & Poisons Awareness Week (NIPAW)** campaign – mark your calendars, spread the word to colleagues and make sure that NIPAW is noted on calendars and in newsletters of associations you are involved with. Participation in this year's campaign is critical; working together we can change and reverse the current trend of increased inhalant use. Local coordinator's kits should be available in January. Next month we will go out with a promotional mailing to the approximately 70,000 people on our mailing list (this UPDATE goes out to 4,000 folks). As in the past, NIPAW will be kicked-off with a Washington, DC, **news conference** at the National Press Club on March 18th. This has always been a great opportunity for local groups to tie into a National event

The NIPAW campaign provides resources to support modest and large efforts to raise awareness and educate communities about the dangers of inhalants and potential consequences of using them. In the past, education & awareness efforts have ranged from a single classroom, faith group, scout group, extension service, etc. to system-wide, community-wide and state-wide efforts. All it takes is a single person to get this started. Now more than ever, each of us can and will make a difference.

RESOURCES:

INHALANT TESTING:

Everyday we are asked about inhalant testing. Inhalants are difficult to test for and tend not to show up on the usual tox screens. Kids as well as military personnel have figured this out (at the beginning of the year we heard from a Mom who lost her 22 year old Marine son from huffing butane – she is starting to speak out in her community). Several testing labs have told us they can test for inhalants. These

are **ToxTraps** at 800/677-8727; **AccuChem** at 972/234-5412; and **National Medical Services Lab** at 800/522-6671. If anyone knows of additional testing organizations, please let me know.

INHALANT SLIDE SHOW AVAILABLE:

Isabel Burk, the **Health Network**, developed an excellent inhalant slide show. You can view examples of the artwork at her website at <http://www.healthnetwork.org> Isabel is offering a discounted price for the show for those participating in NIPAW. Isabel has also written a school policy guide that includes inhalant policies.

HELIUM & NITROUS OXIDE INFORMATION:

Questions always come up about the abuse of two common gases, helium and nitrous oxide. To address these questions, the DC area based **Compressed Gas Association (CGA)** has developed excellent nitrous and helium information on their website. Check out CGA's model state nitrous legislation. Pay them a visit at <http://www.cganet.com>.

TEACHERS' GUIDE FOR INHALANTS:

The **Virginia Department of Education** has developed an excellent resource for all educators. It is a teachers' k – 12 inhalant resource guide (AKA curriculum). It can be downloaded: <http://www.pen.k12.va.us/VDOE/Instruction/Inhalantbook.pdf> (the resource guide can also be found on our home page at <http://www.inhalants.org> under the topic "new"). Hard copy is ONLY available to Virginia educators. This guide will prove useful to anyone needing to educate about inhalants. For further information, contact Arlene Cundiff at acundiff@mail.cak12ed.edu or by phone at 804/225-2871

HELP FOR DENTAL PROFESSIONALS:

Recently we have had the occasion to locate assistance for dental professionals who have taken to abusing nitrous oxide. There is quite a bit of help available in these situations, should you need to locate it. Most **State Dental Associations** have Wellbeing or Caring Dentists' committees. Contact your state's Dental Association and ask for their help. To find your state office you can go to <http://www.ada.org> . In the alternative, contact the American Dental Association

in Chicago. The contact person there is Linda Keating at 312/440-2500 or keatingl@ada.org.

“PARENTS’ GUIDE TO PREVENTING INHALANT ABUSE” BROCHURE:

Quantities of this brochure are available from the Consumer Product Safety Commission (CPSC) at no cost to health departments, schools & nonprofits. Contact Ken Giles at CPSC at kgiles@cpsc.gov. Please provide Ken with your name, organization, address and phone number

DEA’S REPORTS ON ILLICIT DRUG ACTIVITY:

The **Drug Enforcement Administration** (DEA), at it’s web site, has up-to-date fact sheet reports, by state, on illicit drug activity, including inhalants. Visit http://www.dea.gov/pubs/state_factsheets.html

“NEW YORK TIMES” SUBSTANCE ABUSE LESSON PLANS

Several years ago the **NY TIMES** covered the tragic deaths of 5 teenage PA girls who were huffing computer cleaner while driving. In conjunction with this, the **TIMES** is offering inhalant lesson plans. Visit: <http://nytimes.com/learning/teachers/NIE/anti-drug/article8.html>

THE NATIONAL LIBRARY OF MEDICINE:

The **National Library of Medicine** (NLM) is offering two very interesting items on their web site. “Welcome to **Tox Town**,” is an “introduction to toxic chemicals and environmental health encountered in everyday life, in everyday places.” This great for kids! Remember, inhalants are toxic, chemicals when misused – just like poisons. Visit: <http://toxtown.nlm.nih.gov>

Also from NLM is a **Household Products Database**. Find out what’s in common household products, potential health effects and other safety and handling information at <http://householdproducts.nlm.nih.gov>

See related item below about our posters in a NLM Public Health exhibit.

AMERICAN ASSOCIATION OF POISON CONTROL CENTERS:

In case you are not aware of it, a **local poison control center** can be reached directly with a call to 800/222-1222. Poison Control Centers are a valuable inhalant resource.

INHALANT TREATMENT:

Although SAMHSA/CSAT has an excellent on-line treatment locator (see <http://findtreatment.samhsa.gov>), it does not delineate inhalant specific treatment facilities. Recently we came across a web site that has a specific section for inhalant treatment. This can be found at <http://www.addictionresourceguide.com/specpop/inhalant.html>. We are trying to contact these facilities to learn more about their inhalant treatment protocols. After reviewing the list, if anyone has information about these programs, please forward on to us. If you know of programs to be added to this list, please let us know about them also.

Speaking of treatment, remember our web site includes **Inhalant Treatment Guidelines** and a **CSAT Inhalant Treatment Advisory**. We continue to get positive comments about both of these resources

BITS & PIECES:

ADVOCACY:

Over the years one constant we hear is that more needs to be done to stem this “**silent epidemic**,” especially from folks most intimately touched by inhalants – parents and friends of people who have died as a result of inhalants or have become addicted to them. Recently, in conversations with one of these parents, the idea came up to develop a grassroots advocacy group – “**Families & Friends of Inhalant Victims**.” This group would provide advocacy and family support in the inhalant arena. Let me know what you think about this idea. If you want to get involved – please let me know.

Speaking of inhalant abusers, many of you know about Megan Hakeman, she spoke at our news conference a couple of years ago and was featured in articles in various “Scholastic Magazines” as well as “Teen PEOPLE” magazine. I am happy to report that Megan is doing very well and I continue to be so very proud of her.

We decided to mention this because Megan's valor to go forward and tell her story saved a life. This also points out potential importance of media coverage of inhalants.

Shortly after Megan's story came out in "Teen PEOPLE," We received an email that was sent off of our web site so there seemed no way of identifying the sender or replying. The gist of the email, from a 14-year-old girl, was, "I am doing inhalants, I've taken pills and I am going to shoot myself." This was a Saturday morning – and we just knew that this was a real crisis. We contacted our Internet provider and explained the situation. They told us they are not supposed to track down anonymous mail – we forwarded them the message we had received. Our provider understood the situation and put us in touch with the girl's Internet provider. We explained the situation to them. They said they could not tell us who sent the email – but they would contact the suicide hotline in her area and the police. Several hours later we received a call from the girl's parents saying they were at a hospital, their daughter was in the ER and she would recover. It seems the police got in touch with the family, they went to the girl's room and found her unconscious, with the Dad's hunting rifle next to her. We did what anyone of us would have done – however, the point is, if Megan hadn't told her story and if a magazine had not covered her, the end result could have been one more tragic event. Moreover, we received hundreds of calls from young people (and parents) requesting help and resources.

NATIONAL LIBRARY OF MEDICINE (NLM) HONORS NIPC:

Recently the **NLM** initiated an on-line exhibit: "**Visual Culture and Public Health Posters.**" We were honored to have had several of our inhalant prevention posters selected for this exhibit. These can be viewed at <http://www.nlm.nih.gov/exhibition/visualculture/vchome.html> from this site click on "Environmental Health," then on to "Chemical Exposure." The introductory page has an important message about the significance of public health posters having the ability to influence attitudes and change behavior patterns. Once again I want to thank the extraordinary creative team at the Austin based ad agency **GSD&M** for creating these images for us.

TOYS 'R US:

Recently "**Toys 'R' Us**" ran a national ad featuring their mascot, Geoffrey, being exposed to helium with no apparent consequences other than a squeaky voice. Many folks felt that this was an inappropriate message to send kids. They

contacted the company and us. Besides feeling that the ad was offensive, people were frustrated with the responses they received from the company – there just seemed to be a lack of concern on the part of the people they voiced their opinion to (this is quite the opposite of the situation with **FedEx** several years ago after they ran the helium huffing munchkins ad during the Super Bowl when FedEx management got directly involved in discussions about their ad). Whether Toys ‘R US heard the voices of concern or it was some other reason – the ad stopped. For details visit <http://news.google.com> and search under inhalants and then sort by date and see the coverage this got from an AP article. During the course of this process we heard about other companies (such as Value Stores and McDonalds) using the helium gambit to attract attention to their messages. Hopefully companies and especially their ad agencies will learn there are better ways to get their message across.

INHALANT FATALITY GUIDELINES

Many **inhalant deaths go undetected** and thus, inhalant and inhalant related fatalities are unreported and under-reported (see NY TIMES article at <http://nytimes.com/learning/teachers/NIE/anti-drug/article8.html> and note, for example, a medical examiner’s quest to determine the cause of death). This necessarily leaves a hole in our understanding about the depth and the extent of the inhalant problem. To remedy this situation we have been working with medical examiners, toxicologists and pathologists to develop inhalant fatality guidelines for medical examiners, coroners, pathologists and toxicologists so that inhalant deaths can be accurately detected and reported. **If anyone with professional expertise would like to review, comment or contribute this document, please contact us.**

EMERGENCY MEDICAL PROFESSIONALS GUIDELINES:

Although we have general physician information on our web site developed by Dr. Richard Scatterday (see “index” on our site), we have decided that it is an imperative to advance our communications further. Of critical concern to all of us is how should **first responders** and other **emergency medical personnel** deal with a critical inhalant emergency. We are currently developing resources to create inhalant guidelines for emergency medical professionals. **If any qualified professional would like to contribute to this effort, please let us know.**

NATIONAL HEAD START ASSOCIATION AIRS THE “EDUCATE” VIDEO

Educating children about the dangers of inhalants at an early age is a critical part of the inhalant prevention process. We believe that when parents begin to talk with their children about poisons, in general, that would also be the point to begin talking about the dangers of misusing common household products by inhaling them. Thanks to the **National Head Start Association’s** (<http://www.nhsa.org>) **National HeadsUp** program, this message has been brought to about 2,500 Head Start Centers (with 19,000 staff that serve about 900,000 children). HeadsUp is a national satellite television network for the Head Start and early childhood community. In October and November, the HeadsUp network aired the SC Johnson Company developed video, “**EDUCATE**” and provided a link to our web site.

CA COUNTY DISTRICT ATTORNEY’S OFFICE SUES RETAILERS FOR INHALANT SALES TO MINORS:

Over the past several months the CA public interest group, JFK Center for Civil Rights, has filed suits against retailers who sell toluene-based products to minors, a violation of CA law. On November 10th, Assistant District Attorney Bill Atkinson, filed a suit against several Santa Cruz area retailers for illicit sales of these products to minors. Atkinson’s goal is work with companies to prevent such sales (see

<http://www.santacruzsentinel.com/archive/2003/November/19/local/stories/07local.htm>). It has been our experience that the larger chain retailers usually have systems in place to prevent this from happening. However, the problem generally occurs at the point of purchase when personnel do not respond appropriately to these safeguards. If your state has laws in place that prevent the sale misused products to minors and you see sales going on, bring this to the store manager’s attention and say you can help educate his or her staff; if this doesn’t work, contact the store’s home office. If all else fails, bring this to the attention of your local authorities and the **media**. If you are planning to join NIPAW, get your local retailers involved in your campaign.

CSAP AWARDS METH & INHALANT GRANTS

SAMHSA’S **Center for Substance Abuse Prevention** recently awarded several inhalant & meth grants. As soon as we hear more about what the grantees will be doing, we will report it in our next UPDATE (any grantee on this list, please contact us about your plans). The one grant we know about is a New England-

wide inhalant prevention infrastructure development program led by the **New England Institute for Addiction Studies**. If you are from this area, you can contact Howard Wolfe at hwolfe@wolfe411.org for more information about their project.

PRODUCT LABELING

Recently, NIPC staff has had discussions with an aerosol computer cleaner manufacturer. We were both concerned with the misuse of their product. Part of our discussions focused on **product labeling** – what type of warning should be placed on their product – does this work in deterring use – or – does this just incite curiosity that leads to experimentation? NIPC staff conducted research and asked for opinions from colleagues. What we found, however, were some divergent opinions. If you would like to participate in this discussion and/or have research on this topic, please let me know.

INTERNATIONAL ASPECTS OF INHALANT ABUSE

We had intended to devote more space to this issue, unfortunately we seem to have run a bit long in our writing --- so, there will be more in our next UPDATE. However, we will touch on a couple of issues. First of all, this email list includes several hundred people from beyond the US and several times a week we are contacted by new non-US folks wanting help and/or information. Reports and press coverage (visit the European Monitoring Centre for Drug & Drug Addiction at <http://www.emcdda.eu.int>) are indicating the problem of inhalants or solvent abuse is escalating (in the UK, for example, about 60 people a year die as a result of using solvents). The last National Inhalant Summit was attended by several people from beyond our shores – Warren Hawksley (director@re-solv.org), director of Re-Solv (<http://www.re-solv.org>), in the UK and two Humphrey Fellows (NIDA International Programs sponsored), Asad M. Sabr (Saudi Arabia) and Alaaeldin Elkoussi (Egypt). At the Summit meeting we discussed the issue of inhalant or solvent abuse as a problem without borders, which not only needs greater recognition, but also a mechanism to facilitate information and resource exchanges. Warren Hawksley has approached the World Health Organization to begin this process. The NIPC intends to play a roll in this effort. For those of you who are on the list and who wish to contribute to this effort, please contact us by return email so we can begin to set up a communication structure. If you know of others who would have an interested in joining an information and resource

exchange to assist others and bring more attention and focus to solvent abuse, have them contact me.

NEEDS ASSESSMENT

To improve our services and have a better understanding of your needs, we would appreciate it if you would answer a couple of questions and get back to us with your comments:

Have you found our web site useful and user friendly?

Suggestions for any changes?

For those of you who have received our materials and resources, have they met your needs?

How else can we better serve you?

Besides the NIPC, where else do you go for your inhalant information?

Considering all of the resources you have tapped, what gaps do you see?

What inhalant treatment facilities are you aware of?

Thank you for taking the time to respond so we can better meet your needs.

FINALLY, IN CLOSING:

I would like to thank each of you for all you have done for inhalant prevention and treatment. Each of you, individually and organizationally, play an important role in dealing with the insidious public health problems of inhalant use & abuse. This year, more than ever, we face enormous challenges – reversing the current trend in inhalant use. I know we can meet this challenge by working together. The slogan of our corporate organization, *SYNERGIES*, is “**Affecting Change Together.**” **Let us live these words together.**

I would like to end by taking a moment to thank the SAMHSA’s **Center for Substance Abuse Treatment** for all of their support – without them and their belief in the need for a program such as ours, we wouldn’t exist. I would also like

to thank the **National Institute on Drug Abuse** and the **Center for Substance Abuse Prevention** for all of their support in making sure that National Inhalants & Poisons Awareness Week has always been a reality.

As we move toward the end of the year, most of us start thinking about taxes and deductions. **Should you be considering year-end contributions, please consider us.** We are a 501(c)(3), nonprofit corporation. **If you would care to help us continue to help others, please make a contribution to *Synergies*.** Mail to: **NIPC/Synergies, 2904 Kerbey Lane, Austin, TX 78703**

To each of you go our wishes for a rich and joyous Thanksgiving and Holiday Season.

Harvey

<http://www.inhalants.org>

800/269-4237