



Drug Alert Warning

Huffing: It Isn't Done Just by Kids

U . S . D E P A R T M E N T O F J U S T I C E

EWS Report 000012

October 25, 2011

This SENTRY Warning is based on source materials that have not been fully validated and/or researched by the National Drug Intelligence Center (NDIC). This warning is intended to serve as an immediate alert to law enforcement and public health officials of potential substance abuse.

The abuse of inhalants or “huffing,” may be more prevalent among the adult population than among adolescents in the United States; adults currently make up more than half of those who seek treatment for huffing. In March 2011, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported that in 2008 (the latest year for which statistics are available), of those individuals who sought treatment for abuse of inhalants, 54 percent involved adults aged 18 or older. Huffing can result in psychoactive effects similar to LSD and PCP. Glues, lighter fluids, nitrous oxide, shoe polishes, and spray paints are some of the most commonly huffed substances.



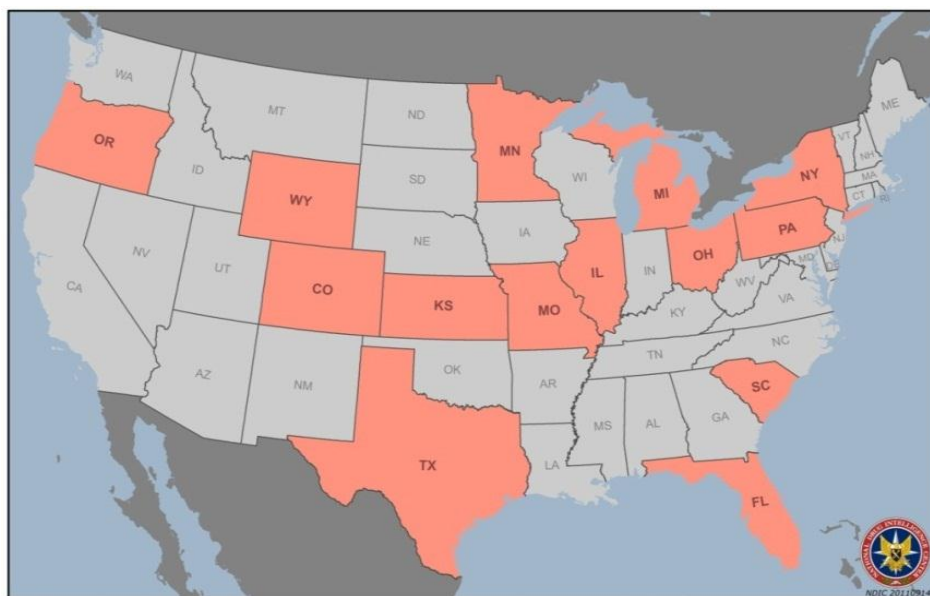
Huffing traditionally has been associated with adolescents; however, adults may compose the majority of inhalant abusers. It is estimated that each year more than 1 million adults abuse inhalants in the United States. Although inhalant use has not been studied to the same degree as other forms of substance abuse, a 2006 study, *Inhalant use and disorders among adults in the United States* (Wu, Ringwalt), concluded that adult patterns of abuse differ from those of adolescents. Adult users typically become abusers after age 18 rather than simply continuing the patterns of abuse from their teen years and, according to the study, adult abusers “use inhalants less frequently, use fewer inhalants, and are less likely to engage in criminal activities” than adolescent abusers of inhalants. However, the 2004 National Survey

on Drug Use and Health collected information on substance use initiation and sampled youth, aged 12 to 17, and young adults, aged 18 to 25. The report noted that an estimated 857,000 persons used inhalants for the first time within the past 12 months and 75 percent of recent initiates were under the age of 18 when they first used inhalants.¹

It is estimated that 1.1 million adults, 18 or older, used inhalants in 2008. In comparison, estimated adult 2008 use levels of crack (988,000), LSD (637,000), heroin (571,000) or PCP (75,000), were lower than the estimated number of adult abusers of inhalants. According to SAMHSA's Treatment Episode Data Set, inhalants were the primary, secondary, or tertiary substance of abuse for 3,273 individuals who were admitted for substance abuse treatment. Of those individuals who sought treatment for inhalant abuse in 2008, 54 percent (1,757) involved adults aged 18 or older, 72 percent were male, two-thirds had earned at least a high school diploma, and most were non-Hispanic whites.

To gain a better understanding of adult huffing, a ListServ question was posed to SENTRY users on July 26, 2011. This question resulted in 36 responses from SENTRY members² in 15 states³ who reported a cross-section of selected incidents of inhalant use by adults. Commercial products cited in these reports as typically abused by adults included butane lighter fluid, computer cleaner ("duster"), glue, nitrous oxide, propane, shoe polish, and spray paint.

Respondent Locations for SENTRY ListServ Question



¹ oas.samhsa.gov/NSDUH/2k4NSDUH/2k4results/2k4results.htm#ch2

² SENTRY members responding to the question included chemists, education providers, law enforcement authorities, medical providers, military personnel, and treatment professionals.

³ Reporting included SENTRY members in the following states – Colorado, Florida, Illinois, Kansas, Michigan, Minnesota, Missouri, New York, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, and Wyoming.

Inhalant abuse or huffing involves the deliberate or intentional inhaling of a chemical vapor or fumes, typically from common household products or readily available consumer goods. The resulting euphoria or “high” is caused by a temporary lack of oxygen to the brain. The signs of inhalant use include an intoxicated or disoriented appearance (stumbling, dazed, or confused demeanor), paint or other stains on the face, hands, or clothing, hidden empty spray paint or solvent containers, chemical-soaked rags or clothing, slurred speech, strong chemical odors on the abuser’s breath or clothing, nausea, loss of appetite, red or runny nose, and sores or a rash around the abuser’s nose or mouth. There are a variety of street names for substances used for huffing, including gluey (airplane model glue); laughing gas (nitrous oxide); poppers (amyl nitrate, found in video head cleaners); rush (spray deodorants); spray (spray paint, especially gold and silver); and whippets (whipped cream dispensers).

The effects of driving while impaired from huffing are similar to drunk driving. Much like alcohol, the signs of inhalant use include an intoxicated or disoriented appearance (stumbling, dazed, or confused demeanor). However, unlike alcohol, there is no field test that allows law enforcement officers to determine whether an individual is under the influence of an inhaled substance. In addition, laws and regulations vary state to state. For example, Georgia prosecutes inhalants under its current DUI law. Conversely, a June 2007 New York Supreme Court ruling found that New York’s current DUI law does not cover huffing because the legislature never included inhalants with alcohol and certain other drugs in the definition of intoxicated driving.

Law enforcement personnel also should be aware of the various substances typically used for huffing when investigating the scene of an accident. In addition, the adrenaline rush caused by inhalants can result in behavior that is unpredictable and erratic, including unusual physical strength that may result in a confrontational situation for law enforcement and emergency medical personnel.

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Photo Credit: National Drug Intelligence Center

POC: SENTRY Management Team, www.justice.gov/ndic/sentry or (814) 532-5888

If you would like to report an emerging drug issue in your area or have questions or comments about SENTRY,
please e-mail us at sentry@usdoj.gov or visit us at www.justice.gov/ndic/sentry