

"Huffing". WHAT EVERY PARENT SHOULD KNOW



Fast Facts About 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).
- **Huffing can kill the very first time children experiment with it.**
- Alarmingly, about 20% of eighth-graders report having done it (*International Journal of Addiction*, 1993; 28: 1613--1621).
- Besides sudden cardiac arrest (the most common cause of death from inhalants), huffing can kill quickly in a number of other ways. Motor vehicle accidents, [falls](#), and other traumatic injuries are common and horrible. Others die from suffocation, burns, suicide (from the [depression](#) that can follow the high), and from [choking](#)--on their own [vomit](#).
- About 22% of those who die from huffing do so the first time they try it (*Human Toxicology*, 1989; 8: 261--269).
- When huffing doesn't kill quickly, it damages the body each time--especially the brain. Huffing can cause memory loss, impaired concentration, [hearing loss](#), loss of coordination, and permanent brain damage. Chronic use can cause permanent heart, lung, liver, and kidney damage as well.
- Solvents (found in glues, paints, and polishes), fuels (such as butane), nitrites (found in deodorizers), and almost any kind of aerosol spray can be responsible.
- Most huffing takes place with friends (although kids who sniff correction fluid in class when their teachers turn away are not uncommon). Be observant of your child and his or her friends.
- Inhalants gradually leave the body for 2 weeks following huffing--mostly through exhaling. The [characteristic odor](#) is the biggest clue. Be on the lookout for breath or clothing that smells like chemicals. Look for clothing stains. 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 you 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 (2-year) program is very high.
- 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.

How are inhalants abused?

Inhalants are breathed in through the nose or mouth in a variety of ways. Abusers begin by inhaling deeply; they then take several more breaths. Abusers may inhale, by sniffing or snorting, chemical vapors directly from open containers or by huffing fumes from rags that are soaked in a chemical substance and then held to the face or stuffed in the mouth. Other methods include spraying aerosols directly into the nose or mouth or pouring inhalants onto the user's collar, sleeves, or cuffs and sniffing them over a period of time (such as during a class in school). In a practice known as bagging, fumes are inhaled from substances sprayed or deposited inside a paper or plastic bag. Alternatively, the fumes may be discharged into small containers such as soda cans and then inhaled from the can. Users may also inhale from balloons filled with nitrous oxide or other devices such as snappers and poppers in which inhalants are sold.