

Understanding Clients Who Sniff

CYMHS inservice

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Prevalence

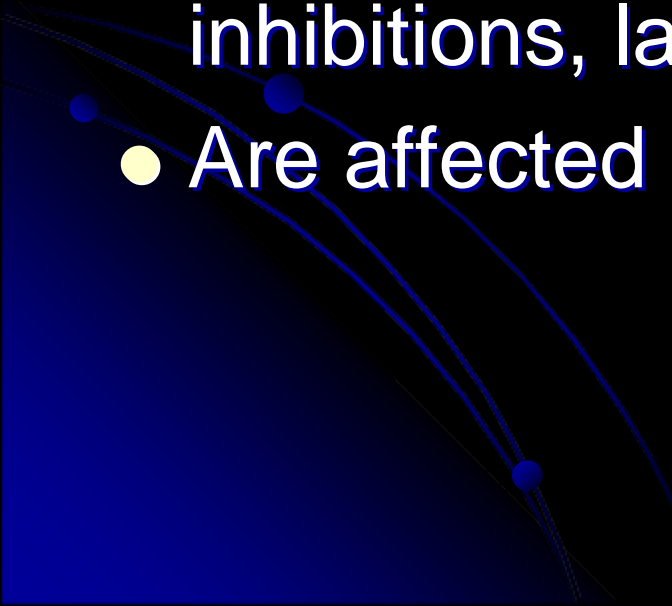
- WHO data suggest Australia has one of the highest rates of inhalant abuse in the world
- NSW and Vic schools (Commonwealth dept human services and health 1994) suggest that 25% of school children had deliberately inhaled; 8 % in past month
- WA (Rose, 1999) 15% in past year,
- In general conclude that 1/5th of school children (aged 12 to 15 years) have experimented.

Common Inhalants

- **Nitrates** – ‘poppers’, videohead cleaner, room deodorisers, rush, (vasodilators) – usually used in conjunction with ‘party drugs’ or sexual enhancer.
- **Aerosols** – cooking oil, deodorant, hairspray, spray paint, insect repellent
- **Household Solvents** – liquid paper, paint thinner, paint stripper, markers, nail polish remover, glue, resin
- **Fuels** – lighter fluid (butane), petrol, rocket fuel, autostart

Most commonly used substances are spray paint, kwik grip, butane, deodorant.

Immediate Effects

- Symptom onset occurs within seconds
 - Peak blood levels occur around 15 mins
 - Inhalants are CNS depressants
 - Experiential: bit like being drunk; fewer inhibitions, laughter, getting excited
 - Are affected by expectancies
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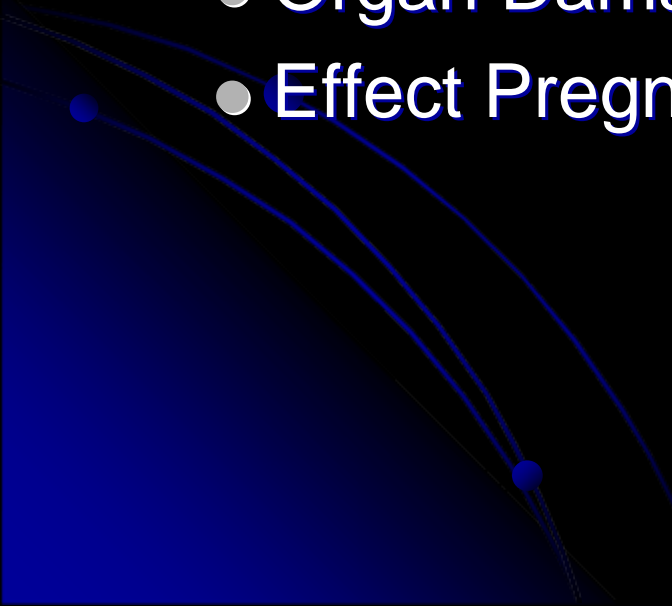
Immediate Risks...

- Sudden Sniffing Death – cardiac arrest
- Too much, too quickly (fits, hallucinations, blackouts)
- Accidents
- Suffocation
- Throat damage
- Fire / explosion
- Allergies

Delayed Effects

- Continued CNS depression
 - Irregular heartbeat
 - Feeling down
 - Throat and nose complaints
 - Facial marks
 - Headaches
 - Ineffecient respiratory responses
 - Impaired memory and concentration
 - Taste
 - Diarrhoea
 - Hangover

Long Term Effects

- Research not conclusive...
 - Complex and abstract reasoning
 - Structural brain damage cerebellum, cortex and thalamus –leading to possible dementia
 - Organ Damage
 - Effect Pregnancy
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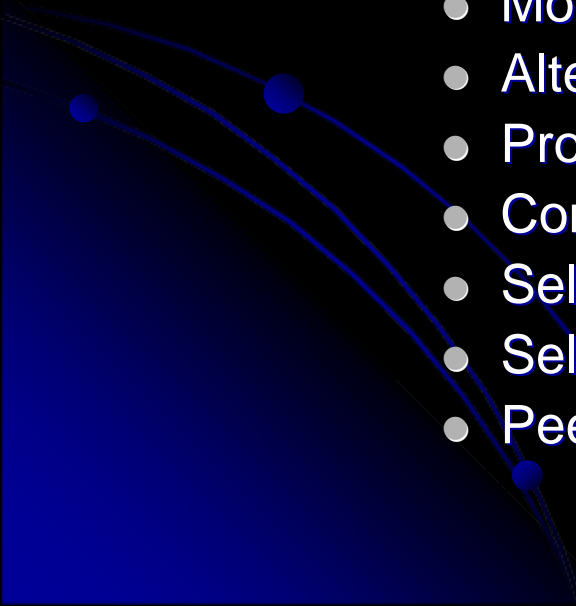
Long Term Effects

- A long term user may present with
 - Pale complexion
 - Have tremors
 - Be underweight
 - Feel tired
 - Unusually thirsty
 - Chronic breathing complications

Clinical Presentation

- Odour of solvents on clothing or breath
- Presence of paint on hands or clothes
- Dried, cracking skin around mouth and nose
- Wheezing coughing
- Lethargy
- Isolation
- Disorientation, memory difficulties
- Ataxia and gait
- Defensiveness

Effective Treatment Components

- Experimenters
 - Education
 - Be aware of labeling - considering the demographic
 - Awareness of 'policy of silence' issues
 - Harmful Use
 - Stages of change approach
 - Motivational Interviewing
 - Alternative recreation
 - Problem Solving and goal setting
 - Comprehensive medical check up
 - Self esteem
 - Self identity
 - Peers and mentoring
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Practice Notes and Difficulties

- Inhalant users often need assistance in basic living skills. Importantly hygiene, nutrition, school and employable skills, agency advocacy.
- Long term inhalant users have difficulties with complex abstract reasoning and short attention span, content driven therapy should initially be very short
- Literacy and VIQ will impact on treatment
- Engaging and maintaining a relationship
- Shaming
- Grief and Loss
- Cultural issues
- Agency difficulties – funding and overwork

Useful Websites

www.re-solv.org

www.inhalants.org

www.adca.org.au

www.adac.org.au

• For clients

www.adf.org.au/drughit/facts/inhalants.html

www.ysas.org.au/drugs/chroming

