



LAKE COUNTY NARCOTICS AGENCY

DAVID FRISONE, Executive Director

P.O. Box 490, Painesville, Ohio 44077
(440) 350-3333 • (440) 918-3333 • Fax (440) 350-3313



P.L.U.S.² Parent's Guide Lesson 3 Tobacco and Inhalants

This week we have asked the students to research information regarding how they see tobacco and inhalants affecting youth throughout the United States. We asked the students to write some notes on the information from their research. We asked the students to share with you what they had learned and to receive input from you regarding the information collected. Their notes will be used in class for reference while the students play a "Tobacco/Inhalant Drug Jeopardy" game. The categories for this Jeopardy game are *Just the Facts*, *B.A.D. Facts*, *50/50*, and *Physical Effects*. Ask your child to share what they learned from our game.

As we all know the legal age of tobacco use begins at 18. What is very interesting is that of all adult tobacco users, 82% started his/her use of tobacco under the age of 18. If we look at "experimentation" of tobacco the data tells us that 23% of 7th graders, 45% of 8th graders, and 58% of 9th graders have experimented with tobacco. Some of us would respond "So what, it's not like it's an illegal product." So, let's look a bit further. Of teens who have smoked, 60% are current drinkers, 37% are binge drinkers, and 40% are using marijuana. Compare this to those teens who have never smoked: 25% are current drinkers, 8% are binge drinkers, and 5% are using marijuana. That's quite a comparison. One more tobacco related piece of data...of those who smoke marijuana, 90% first smoked tobacco.

By now we have heard the data relating *secondhand smoke* to many unhealthy effects. Secondhand smoke, also known as environmental tobacco smoke (ETS) is a general term for any smoke that non-smokers are exposed to and is a combination of two types of smoke: mainstream and side-stream. Mainstream smoke refers specifically to the smoke that a smoker inhales and then exhales, while side-stream smoke refers to the smoke that wafts off the end of a lit cigarette, cigar, or pipe. Side-stream smoke accounts for 85% of the ETS in a smoky room, and makes up the bulk of smoke that non-smokers may encounter. Side-stream smoke is confirmed to have a higher concentration of cancer causing chemicals than mainstream smoke. Those who breathe secondhand smoke are at much higher risk to develop heart disease, cancer, emphysema, childhood leukemia, cancers of the larynx (voice box), pharynx (throat), brain, bladder, rectum, and stomach. Youth who breathe secondhand smoke develop asthma at much higher rates than any other portion of society. Babies and children exposed to secondhand smoke are at an increased risk of Sudden Infant Death Syndrome (SIDS), acute respiratory infections, ear infections, and more severe and frequent asthma attacks. Secondhand smoke can cause wheezing, coughing, bronchitis, and pneumonia, and slow lung growth in their children. In 2010, there were over 250,000 lower respiratory tract infections in children under 18 months of age and lung infections resulting in over 11,000 hospitalizations due to these young children breathing secondhand smoke.

Have you heard of "third-hand smoke"? Current research is showing that particles from secondhand tobacco smoke settle into clothing, fabrics (curtains, sofa, etc.) and carpets and remain there long after the smoke is gone. Researchers call this third-hand smoke or residual tobacco smoke. Studies show that the particles that settle out from the tobacco smoke form cancer-causing compounds. Though unknown at this time, the cancer-causing effects would likely be small compared with direct exposure to secondhand smoke. The compounds are absorbed through the skin or accidentally taken in through the mouth. This is why the risk the

compounds pose may be larger for babies and children who play on the floor and often put things in their mouths. *Source: American Cancer Society. Cancer Facts & Figures 2012. Atlanta, Ga. 2012.*

Let's spend some time talking about Inhalant Abuse. According to the 2010 Monitoring the Future survey, inhalant use has decreased significantly among 8th, 10th, and 12th graders compared to its peak years (mid-1990s). The 2010 MTF survey reported 8.1% of 8th, 5.7% of 10th, and 3.6 % of 12th graders have abuse inhalants within the past 12 months. What's important about this information is that inhalant abuse occurs most often at younger ages.

Most inhalants produce a rapid high that resembles alcohol intoxication, with initial excitement followed by drowsiness, loss of inhibition, lightheadedness, and agitation. As higher amounts are inhaled most inhalants produce anesthesia, a loss of sensation, and can lead to unconsciousness. Continued inhalant use causes belligerence/violence, impaired judgment, impaired functioning in work or social situations, and apathy. Nausea and vomiting are other common side effects. Other physical signs of inhalant abuse may include dizziness, drowsiness, slurred speech, lethargy, depressed reflexes, general muscle weakness, and stupor.

We use the acronym **B.A.D.** to talk about inhalants.

- ☛ **Brain** damage occurs the first time, and every time, a person uses inhalants. The brain damage caused by inhalants is permanent and happens very quickly. Think about it... if the high lasts on average 20 - 30 seconds what will the user do each time he/she begins to feel sober? They use again!
- ☛ **Addiction** to inhalants happens quickly as well. The more the person uses the more tolerance is developed. As tolerance increases it takes more and more of the product to get high. Obviously this causes more and more brain damage, but it also causes addiction.
- ☛ **Death** is a part of inhalant abuse no parent wants to think about. The highly concentrated chemicals breathed in induce irregular and rapid heart rhythms which lead to fatal heart failure within minutes of a session of prolonged sniffing. This syndrome is unique to inhalants and is known as "Sudden Sniffing Death" (SSD). SSD can result from a single session of inhalant use by an otherwise healthy young person. Of those who die from SSD 30% die the first time they huff. Is that scary or what? Sudden sniffing death is associated particularly with the abuse of butane, propane, and chemicals in aerosols. Inhalant abuse also can cause death by asphyxiation due to repeated inhalations that lead to high concentrations of inhaled fumes which displace available oxygen in the lungs; convulsions or seizures caused by abnormal electrical discharges in the brain; coma from the brain shutting down all but the most vital functions; choking/aspiration from inhalation of vomit; fatal injuries from accidents including motor vehicle fatalities suffered while intoxicated, and suffocation.

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Results from the 2008 National Survey on Drug Use and Health: National Findings. DHHS Pub. No. SMA 09-4434, Rockville, MD: SAMHSA, 2009.

There is no question..... inhalants are **B.A.D. drugs!!**

A recent survey of 43,000 American adults suggests that inhalant users on average initiate use of cigarettes, alcohol, and almost all other drugs at younger ages and display a higher lifetime prevalence of substance use disorders, including abuse of prescription drugs, when compared with substance abusers without a history of inhalant use. *Source: Wu, L.T.; Howard, M.O.; and Pilowsky, D.J. Substance use disorders among inhalant users: Results from the National Epidemiologic Survey on alcohol and related conditions. Addict Behav 33(7):968-973, 2008.*

*Don't forget....you can get homework, Parent's Guides and much more information at our web site:
www.lakecountyohio.gov/lcna.*

You need to login in with your username and password to see the homework and Parent's Guides.