



National Inhalants and Poisons Awareness Week March 16-23

One in five students in America has used an inhalant to get high by the time he or she reaches eighth grade

Most parents are in the dark regarding the popularity and dangers of inhalant use, but children are quickly discovering that common household products are inexpensive to obtain, easy to hide and the easiest way to get high.

According to national surveys, inhaling dangerous products is becoming one of the most widespread problems in the country. It is as popular as marijuana with young people. More than a million people used inhalants to get high just last year. By the time a student reaches the 8th grade, one in five will have used inhalants.

Inhalants are cheap, legal and easily accessible products that are as popular among middle school students as marijuana.

Prevention through education has proven to work against this popular form of substance abuse. This is why the National Inhalant Prevention Coalition has developed **National Inhalants & Poisons Awareness Week (NIPAW)**, an annual media-based, community-level program that takes place the third week in March. NIPAW is designed to increase understanding about the use and risks of inhalant involvement.

What is inhalant use?

Inhalant use refers to the intentional breathing of gas or vapors with the purpose of reaching a high. Inhalants are legal, everyday products which have a useful purpose but can be misused. You're probably familiar with many of these substances — paint, glue and others. But you probably don't know that there are more than 1,000 products that are very dangerous when inhaled — things like typewriter correction fluid, air-conditioning refrigerant, felt tip markers, spray paint, air freshener, butane and even cooking spray.

Who is at risk?

Inhalants are an equal opportunity method of substance abuse. Statistics show that young, white males have the highest usage rates. Hispanic and American Indian populations also show high rates of usage.

What can inhalants do to the body?

Nearly all abused products produce effects similar to anesthetics, which slow down the body's function. Varying upon level of dosage, the user can experience slight stimulation, feeling of less inhibition or loss of consciousness.

The user can also suffer from **Sudden Sniffing Death Syndrome**. *This means the user can die the 1st, 10th or 100th time he or she uses an inhalant.* Other effects include damage to the heart, kidney, brain, liver, bone marrow and other organs. Results similar to Fetal Alcohol Syndrome may also occur when inhalants are used during pregnancy. Inhalants are physically and psychologically addicting, and users suffer withdrawal symptoms.

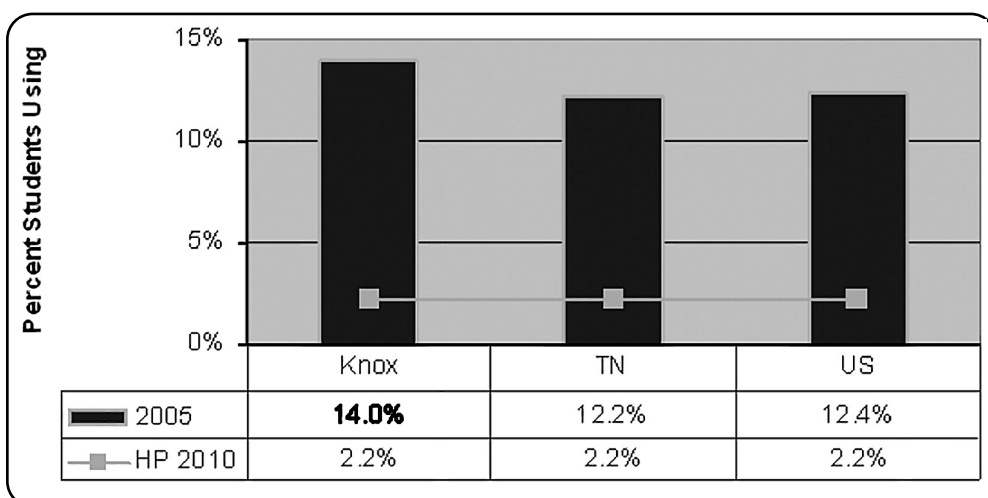


Figure 1: Lifetime Inhalant Use - Knox County, TN, US. (YRBS, 2005. Conducted by Knox County Health Department.)

What can I do if someone I know is huffing and appears in a state of crisis?

If someone you know is huffing, the best thing to do is remain calm and seek help. Agitation may cause the huffer to become violent, experience hallucinations or suffer heart dysfunction which can cause Sudden Sniffing Death Syndrome. Make sure the room is well ventilated and call EMS. If the person is not breathing, administer CPR. Once recovered, seek professional treatment and counseling.

Can inhalant use be treated?

Treatment facilities for inhalant users are rare and difficult to find. Users suffer a high rate of relapse, and require thirty to forty days or more of detoxification. Users suffer withdrawal symptoms which can include hallucinations, nausea, excessive sweating, hand tremors, muscle cramps, headaches, chills and delirium tremens. Follow-up treatment is very important. If you or someone you know is seeking help for inhalant abuse, you can contact the National Inhalant Prevention Coalition at 1-800-269-4237 for information on treatment centers and general information on inhalants. The Metropolitan Drug Commission also gives referrals to local treatment centers—just call (865) 588-5550 or visit www.metrodrug.org.

What should I tell my child or students about inhalants?

It is never too early to teach your children about the dangers of inhalants. Don't just say "not my kid." Inhalant use starts as early as elementary school and is considered a gateway to further substance abuse. Parents often remain ignorant of inhalant use or do not educate their children until it is too late. Inhalants are not drugs. They are poisons and toxins and should be discussed as such.

Huffing and suicide related, new study suggests

"Huffing," or inhaling volatile chemicals to get high, is associated with increases in suicidal thought and suicide attempts among adolescents, according to researchers at the University of Denver.

Researchers Stacey Freedenthal and Jeffrey M. Jenson of the university's Graduate School of Social Work and colleagues studied a group of incarcerated youth and found that 33 percent reported huffing, 25 percent had attempted suicide, and 58 percent reporting having suicidal thoughts.

Moreover, suicide attempts and suicidal thoughts were more prevalent among those whose use of inhalants was higher, especially among girls. Researchers said huffing and suicide were connected, although they could not say which came first.

"Inhalant use has many serious, physiological consequences, including death," said Freedenthal. "Now we are learning ever more strongly that they are also linked to suicidal thoughts and behaviors."

The study appears in the September 2007 issue of the journal *Drug and Alcohol Dependence*.

Drug use continues overall decline but prescription drug and over-the-counter medicine abuse still high

Last November President Bush helped announce the results of The National Institute on Drug Abuse (NIDA)'s 2007 Monitoring the Future (MTF) survey. The President addressed a select audience, which included coalition leaders and CADCA's Chairman and CEO, reminding all that "government can rally, government can fund, but the true work is done at the grassroots level."

The MTF survey showed that while overall drug use among eighth, 10th and 12th grade students continues on a downward trend, the abuse of prescription and over-the-counter drugs still remains a concern. The survey also found slight increases in MDMA (ecstasy) use among the upper grades and a decrease in the perceived risk of harm associated with MDMA and LSD use.

Since 2001, overall drug use has dropped by 23.7 percent among all three grades tracked by the MTF survey. However, when comparing 2006 to 2007 rates, most of the drugs showed little change. The only statistically significant one-year decline was among eighth graders, with lifetime use of illicit drugs among eighth graders declining from 20.9 percent in 2006 to 19 percent in 2007. Similarly, past year use of illicit drugs among eighth graders declined from 14.8 percent to 13.2 percent; annual prevalence of marijuana use fell from 11.7 percent in 2006 to 10.3 percent in 2007.

Stimulant drugs, such as methamphetamine, are showing the most notable long-term declines. Methamphetamine has been in decline since it was first measured in 1999. Annual prevalence is now down by about two thirds in all three grades from what it was in 1999.

Drugs that have remained at the same high levels for the past few years are prescription psychotherapeutic drugs, such as Vicodin, with an annual prevalence rate of 9.6 percent among 12th graders, 7.2 percent among 10th graders and 2.7 percent among eighth graders. In addition, recent data for drinking alcohol or binge drinking has remained steady at worrisome levels for all three grades.

The one drug showing signs of an increase in use is MDMA (ecstasy). For example, among 10th graders, annual prevalence has risen from a recent low of 2.4 percent in 2004 to 3.5 percent in 2007.

In addition, students' disapproval of using ecstasy has been slipping in recent years, particularly among eighth graders. During a briefing in Washington, D.C., University of Michigan scientist Lloyd Johnston, the principal investigator of the MTF study, said the erosion in perceived risk and disapproval among eighth graders suggests that there may be generational forgetting of the hazards of ecstasy.

"These prevalence rates are not very high yet but there is evidence here of this drug beginning to make a comeback," Johnston said. "Young people are coming to see its use as less dangerous than did their predecessors as recently as 2004, and that is a warning signal that the increase in use may continue."

Officials are also concerned about LSD use because there was a decrease in the perceived harmfulness and disapproval of LSD among 10th grade students.

"We will be watching what happens with MDMA and LSD use in future surveys," said NIDA Director Dr. Nora Volkow. "This decrease in both disapproval and perceived harmfulness among eighth graders shows us that we need to be vigilant in our educational efforts with every drug in each succeeding generation."

Visit www.monitoringthefuture.org for more information about the 2007 MTF Survey.

Child and Family Tennessee Transitional Living Program

In October of 2007, Child and Family Tennessee was awarded a grant providing five years of federal funding from the Department of Health and Human Services Administration for Children and Families to provide transitional living programming and services for homeless and at risk youth ages 16 to 21.

Older youth ages 16 to 21 face significant barriers in establishing their self-sufficiency, especially those youth with significant mental health issues, youth who have aged out of the child welfare system, or youth without family support and guidance. Without assistance, these youth often become homeless, incarcerated, and victimized. Child and Family Tennessee's Transitional Living Program (TLP) will provide long-term shelter, transitional housing, case management, direct assistance, independent living skill development, and other support needed to assist youth in the process of becoming self-sufficient.

The program model will provide long-term shelter through use of a Primary Care Center and community based scattered sites provided through shared apartment living or host home living situations. In addition, the program will provide direct rental, deposit, and utility assistance for youth already having secured housing. The program proposes to provide direct housing and housing assistance to 35 youth a year. An additional 45 youth a year will be provided nonresidential services including case management, instruction, direct assistance, and support. Youth may receive at least six months of supportive long-term shelter.

Homeless or at risk youth will be accepted into the program regardless of referral source, gender, parenting status, or handicapping situations. Youth under the age of 18 must have the consent and cooperation of their parents/guardians to participate. Youth ages 17 to 18 needing shelter will be provided this at the Primary Care Center which offers 24/7 professional support and supervision. Youth under the age of 17 will be provided nonresidential services and support. Youth ages 18 to 21 are eligible for subsidized and supportive housing in community based apartments. All youth will be provided an individual transitional living plan based on assessment of need that will address the four life domains of housing, employment, education, and community connection.

For more information contact: Mark W. Wolf at (865) 521-5652.



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March 30 is the deadline to register for the 2008 Knoxville Youth Summit

Mark your calendars for the 2008 Knoxville Youth Summit planned for April 5, 2008 at West High School. The Youth Summit is Knoxville's premier event for youth, by youth.

Local high school students coordinate the event and facilitate the day's activities so that youth leave empowered to change their communities. Students will have a chance to gain community service credits through a variety of service activities.

****High school clubs, youth serving non-profit organizations and church youth groups are encouraged to make plans now for their group to attend this day long event.****

Contact Leah Adinolfi at the Metropolitan Drug Commission (865) 588-5550 or email ladinolfi@bellsouth.net for more information.



2007 Youth Summit attendees volunteered at Danny Mayfield Park and collected trash during the community service hour at the Summit.

Nearly 8,000 youths drink alcohol for the first time each day

Thousands of youths use alcohol, tobacco, and other drugs for the first time each day in the United States, according to a recent analysis of data from the 2006 National Survey on Drug Use and Health (NSDUH).

On an average day in the past year, 7,970 youths ages 12 to 17 drank alcohol for the first time and 4,082 smoked cigarettes. More than 4,300 youths per day used at least one kind of illicit drug for the first time, primarily marijuana (3,577 new initiates on an average day) and used pain relievers non-medically (2,517 new initiates). The substances with the lowest number of initiates an average day were methamphetamine (236) and heroin (86).

A copy of the report, which also describes average daily substance use prevalence and treatment admissions by youth, is available online at <http://www.oas.samhsa.gov/2k7/youthFacts/youth.cfm>.

CASA: Smoking, drinking, drugs and depression related

Depression, alcohol use, and marijuana are all more prevalent among adolescents who smoke, according to a report from the National Center on Addiction and Substance Abuse (CASA).

Reuters reported Oct. 23 that the report, which analyzed previously published data and surveys, found that 59 percent of smokers aged 12 to 17 also drank alcohol, compared to 11 percent of nonsmokers. Current cigarette smokers in this age group also were 13 times more likely to smoke marijuana and also have a higher risk of depression and anxiety disorders.

Some researchers speculate that smoking may prime the adolescent brain for other types of addictive behaviors. "Teenage smoking can signal the fire of alcohol and drug abuse or mental illness like depression and anxiety," said CASA head Joseph Califano. "There's no question that early teenage smoking is linked to these other things. Now whether it's causing it or not, I think the jury is probably still out on that."

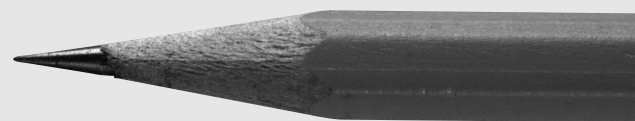
2008 Knoxville Youth Summit

tyied together



Pictured above is Youth Action Council member Sean Armbruster with Anne Haston volunteering at the Teacher Supply Depot during the 2007 Youth Summit.

Test your Alcohol I.Q.



One of the dangers of early alcohol use is that those who begin drinking during their teens run the risk of having alcohol problems in later life. For kids who begin drinking at age 13, what are their chances of becoming alcohol dependent later?

- (A) Twice the chance of those who begin drinking at the legal age of 21
- (B) Three times the chance of those who wait until the legal age of 21
- (C) Five times the chance of those who begin alcohol use at the legal age of 21

Early alcohol use increases the likelihood of developing alcohol dependence at a later age.

The correct answer is (C).

Conversation Starters

April is Alcohol Awareness month. Use these questions to help prepare you to talk with your child about the dangers of underage drinking.

Are kids who begin drinking before age 21 more likely to become alcoholics?

Yes. Almost half of kids who begin drinking at 14 or younger become alcohol dependent at some point. Less than 10 percent of people who begin drinking after age 21 become alcoholics.

What are three important organs that alcohol can harm?

***Your liver:** Alcohol can harm the liver's ability to remove poisons, germs and bacteria from blood and to produce immune agents to control infection. Alcohol weakens your immune system, making you more likely to get sick.

***Your brain:** Kids' brains are not fully developed, particularly the part that stores memory, so when you have two to three drinks, you're less likely to remember things that happen to you.

***Your heart:** Alcohol reduces blood flow to heart muscles, causing weakness and deterioration. This is a long-term process, but if you start drinking now, it can cause problems as you get older.

Can alcohol hurt sports performance?

Absolutely. Drinking alcohol before a practice or a game can impair your ability to play sports for up to 14 hours. You may experience slower reaction times, problems with balance and steadiness, dehydration, and decline in fine and complex motor skills.

Can drinking make you gain weight?

Yes. Drinking alcohol regularly can make you fatter. The average alcoholic drink has about the same number of calories as a large baked potato, but no nutritional value.

Can drinking coffee or other stimulant drinks help sober you up enough to drive?

No. Caffeine is a stimulant, but it does not stop alcohol's negative effects on drivers.

If you would like more conversation starters, call the MDC at (865) 588-5550 for a complimentary set.

MDC in Action

From Jan. 1, 2008 to Feb. 29, 2008, the MDC serviced the community by providing:

53 Treatment Referrals
832 Prevention Materials & Resources
99,863 Website Hits

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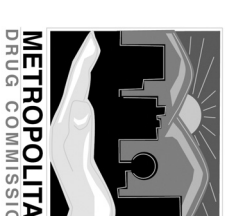
To submit an announcement or article to the Metropolitan Drug Commission's **ALERT**, please call (865) 588-5550.

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VISIT OUR WEBSITE for information about starting or maintaining a Drug-free Workplace Program; parent resources; treatment options; general drug descriptions, including warning signs and effects; and local and national research about drug use.

www.metrodrug.org

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