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INHALANT ABUSE Kids in Danger/Adults in the Dark

The award-winning video that informs **adults** about the ordinary products children are inhaling; the telltale signs of inhalant abuse; how children conceal their abuse; how substances are inhaled; and, provides practical steps for effective prevention.

> A WASTED BREATH: Kids On Inhalants and Inhalant Abuse: Kids in Danger/Adults in the Dark

THE COMPLETE VIDEO PROGRAM FOR INHALANT PREVENTION

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A WASTED BREATH

Kids on Inhalants

Discussion Guide

Produced by

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The Pallas Morning News

A WASTED BREATH: Kids On Inhalants Discussion Guide

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This discussion guide was prepared by Lynn M. Davis, Executive Director of Dallas Challenge, Inc., a drug and alcohol abuse prevention, intervention and treatment program. He speaks on the subject of prevention strategies around the country and has extensive experience in developing new programs for training and treatment. For further information on these programs, contact Mr. Davis at: Dallas Challenge, Inc., 7777 Forest Lane, Bldg. B., Suite 443, Dallas, TX. 75230, (214) 661-4680.

The Classroom Activities featured in this guide were developed by ENSENAR, INC. in Taos, NM.

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WARNING!

This discussion guide is for a video program intended for viewing by elementary and middle school students. It may be appropriate for some high school students, as well. The video contains information about inhalant use and should be viewed in the company of an adult who can provide healthy, reliable answers to questions that may arise due to the nature of the video.

INTRODUCTION

A WASTED BREATH: Kids On Inhalants is a 19-minute, live-action video intended for late elementary school and middle school aged children. It may be appropriate for some high school students, as well.

This video provides an overview of the inhalant abuse problem while suggesting community-based alternatives and peer-to-peer youth strategies for prevention and intervention.

Because over 600 substances are legally and easily available to children in the home, in stores, and at school, very specific information about <u>what</u> common substances can be used to produce a "high" and <u>how</u> they work should <u>never</u> be presented to the uninformed child.

<u>Early prevention</u> is particularly crucial with inhalant abuse because it is so prevalent among <u>young</u> children. Reported use of inhalants has been found in children as young as five years old. Older children often sell inhalants to younger kids. For example, at 50 cents per "whiff," spray paint on a rag makes for an easy, inexpensive "high" for the young child, and a lucrative one for the older child.

SYNOPSIS

The program begins with a series of discussions with young people who have been damaged by the use of inhalants. They talk candidly about the negative consequences of their use, including near death experiences, and how their lives have been affected by inhalants. They speak specifically about their memory loss, medical problems, attitude changes, school problems and a general loss of interest in life. Their powerful stories continue throughout the program emphasizing the dangers of inhalant use.

The video also includes excerpts of a school presentation by a counselor working for a community-based, inner-city drug prevention program. His presentation provides information on the potentially harmful effects of inhalants to a group of ethnically diverse elementary school children.

The viewer should note that his presentation is given to a group of children who are already aware of the problem of inhalant use. Any adult working with children should be very careful to assess their level of knowledge, so as not to give unaware children a "shopping list" of abusable substances.

Also, in the video, the viewer is introduced to a specially trained group of high school students who discuss their experiences and reactions to their friends who use drugs and alcohol. Later, this same group is shown using the peer-to-peer concept of drug prevention - kids helping other kids. Their work is aimed at promoting improved self-esteem, providing practice of refusal skills through role-playing exercises and stimulating critical thinking to empower youngsters to "say no." These methods are proving to be some of the most effective in deterring drug and alcohol abuse today.

The program closes with the recovering inhalant users talking about the changes in their lives now that they are drug and alcohol free. As they share their feelings, a very strong "don't start" message is given. Their voices then fade into upbeat music with action shots of young people participating in positive alternatives to drug and alcohol use.

OVERVIEW OF INHALANTS

HISTORY

The voluntary inhalation of toxic substances for the purpose of mood alteration is not a new phenomenon. In fact, the practice has endured for centuries. Its roots can be traced to the early Greek, Hebrew and South American civilizations. In the 1800's, substances such as ether, chloroform and nitrous oxide were introduced as social intoxicants. In fact, ether was used as a substitute for alcohol in Ireland and the United States.

Although there were some isolated cases of inhalant use reported in the 1940's and 1950's, epidemiological interest in the use of inhalants did not become strong until the 1960's. Most cases from the 1940's through the 1960's were cases of "gasoline addiction." In the 1960's, many studies began to appear on the phenomenon of "glue sniffing." The use of aerosols as a means of intoxication also became widespread during this decade.

The use of inhalants continued to increase dramatically during the 1970's and 1980's. In fact, inhalant use has been reported not only in the United States, but also worldwide.

PREVALENCE

At the outset of the 1990's, school and public health officials estimated that at least **seven million children** between the ages of 5 and 17 had abused inhalants.

What's alarming is that the actual number could be far larger. A complete count of the number of inhalant abusers in this country is particularly hard to obtain because: (1) they are only identified when brought to the attention of the authorities or while presenting themselves for treatment, (2) inhalant abuse often goes undetected when it is part of multiple drug abuse, (3) inhalant abuse will not be detected in standard urinalysis tests, (4) most studies are completed on student populations, thus excluding the dropout population.

Most experts agree, however, that due to these data collection problems, the incidence of inhalant abuse is undoubtedly

underestimated.

Reports on inhalant abuse vary from about 1% in some populations to over 60% in others. In most national surveys, the percentage ranges from the low to high teens.

Early adolescent Hispanic males represent a large percentage of reported inhalant abusers. It is important to note that, although the Hispanic population has been especially targeted by inhalant abuse research, the percentage of Anglo and African American users has shown a steady increase.

EARLY WARNING SIGNS FOR INHALANT ABUSE

Many of the early signs and symptoms of inhalant abuse are similar to that of other forms of substance abuse:

Sudden change in child's choice of friends

Drop in grades, unruly school behavior

Sloppy dress, sudden lack of personal hygiene

Lack of appetite, weight loss

Sudden mood swings, defensiveness

Withdrawal from family activities

The above signs by themselves do not indicate inhalant abuse, but parents, teachers, friends, and health professionals should be aware of these signs when they are coupled with the following:

Chemical odors on the breath or clothing

Paint stains on clothing, fingertips, or around the nose or mouth

Runny nose and other cold-like symptoms

Red eyes or glassy eyes

Rashes around the nose and mouth

Art supplies, marking pens, correction fluid "vanishing" at school and/or these same items suddenly appearing in the home

Empty spray cans found with plastic bags

HOW INHALANTS PRODUCE A "HIGH"

Most of the volatile substances that are inhaled contain one or more complex chemical compounds such as alcohols, hydrocarbons, nitrites, freons, glycols, ketones, and esters. Since these substances pass directly from the lungs to the brain, the resulting "high" is almost immediate. The "high" can last anywhere from one to 15 minutes.

The brain and central nervous system contain a large amount of fatty substances know as lipids which absorb and store the volatile toxic chemicals. With repeated "huffing" or sniffing of inhalants, the body may not be able to dispose of these chemicals quickly enough, and a cumulative concentration in the brain and central nervous system can occur.

The effects of inhalants on an individual will vary in accordance with body size and weight, and the amount of chemicals inhaled. Also, since inhalants may contain <u>more than one</u> of a number of toxic chemicals, the effects of multiple toxins on the body must be considered especially dangerous.

DANGEROUS EFFECTS OF INHALANT ABUSE

The use of inhalants encompasses a wide variety of substances, thus producing numerous adverse physiological, psychological, and sociological effects. These effects are listed below.

PHYSIOLOGICAL

(short-term)	(long-term)
Sever headaches	Brain damage
Rashes around the nose and mouth	Liver damage
Weight loss	Acute renal failure

Red eyes, glassy eyes

Pain/weakness in the extremities

Menstrual disorders

Irregular heartbeat

Lack of appetite

coughs/runny nose

Upper respiratory problems

Night sweats

Shortness of breath

Indigestion

Constipation

Acute poisoning

PSYCHOLOGICAL

(short-term)

Mood swings

Acute depression

Passive-aggressive attitude

Poor self-esteem

Hallucinations (both aural & visual)

Memory loss

Kidney damage

Central nervous system damage (manifested by palsy-like symptoms)

Sudden sniffing death syndrome (This syndrome Frequent involves total heart failure)

(long-term)

Inhalant psychosis

Schizophrenia

psychopathology

Lowered IQ

Hallucinations (ongoing)

Severe

SOCIOLOGICAL/BEHAVIORAL

(long-term)

(In extreme cases, this has

included assault and murder)

Violent, out-of-control behavior

(short-term)

Impairment in judgment Anti-social behavior

Low Academic achievement

Aggression

Juvenile delinquency

SUGGESTIONS FOR THE FACILITATOR -PRIOR TO VIEWING

Allow at least 50 minutes for screening the video and discussion. We also strongly recommend that the facilitator discuss the following suggestions before viewing the video. It is helpful for the viewers if the facilitator sets the mood for the program by having the participants:

- Define inhalant use (Definition: the voluntary breathing in of a harmful vapor for the purpose of intoxication)
- List dangers of inhalant use
- Discuss the problem of inhalant use in general
- Discuss the problem of inhalant use in their community
- Discuss the problem of inhalant use in their schools

It is important for the facilitator to get a feel for the particular group, especially their knowledge level. This should enable the facilitator to help form some workable solutions to the problem in the community.

SUGGESTIONS FOR THE FACILITATOR - AFTER VIEWING

The video will likely evoke a variety of strong reactions from the viewers. The facilitator should take this opportunity to further discuss the problem of inhalant use in the community. It is important for the facilitator to recognize that strong feelings about the subject of the film may focus the conversation on the problem and not possible solutions. The following questions will help the facilitator move the discussion toward possible solutions.

- What information was shocking to you?
- What information, in particular, was new to you?
- Would the prevention methods (counselor presentation and peer-to-peer youth groups) be appropriate for the students in your school?
- What were your impressions of the recovering inhalant users?
- Can you think of a time that someone may have been using inhalants and you may not have been aware of it until now?
- What can the community do to prevent the use of inhalants?
- How could prevention programs be made culturally specific for your community?
- What can the schools do to prevent the use of inhalants?
- Would a Peer-to-Peer Youth Team be a good idea for your school's drug prevention program?
- How can your local police department help?

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 Should the community get shopkeepers and store managers involved?

- How can churches, synagogues, and other religious institutions make a difference?
- There is much discussion these days of "natural highs." But, since life is never a series of unending "highs," how can children best be prepared to cope with life's inevitable "lows"?
- Because the offer of inhalants or other drugs often comes from a friend, it is important that the child saying "No!" also suggest some positive alternatives and activities.

(Discuss what activities and alternatives a child may realistically offer)

CLASSROOM ACTIVITIES

1

OBJECTIVE:

The student will identify the effects of inhalant abuse on the body.

MATERIALS and SUPPLIES:

For this activity you will need to have a variety of things on hand. You can either bring these things yourself or ask the students to bring them. The purpose is to show to the students that certain substances don't mix and then relate this to how certain substances, especially inhalants, don't mix with the body.

EX: A penny in a coke A piece of chalk in vinegar Bleach and Draino Sugar and salt Chocolate and mayonnaise Mustard and jelly Oil and water Vinegar and baking soda

ACTIVITY Some Things Don't Mix! PHYSICAL, MENTAL... EFFECTS OF INHALANTS

- Divide students into the same number of groups as there are experiments available.
- Have each group mix their 2 items and record what happens.
- Then have each group share their results with the rest of the class. The groups may want to repeat the experiment.
- Then have students make a list of substances that are inhaled and the aspects of the body or mind with which these substances DO NOT mix.
- The students list could be posted in the classroom or the hallways for others to see.

ENVIRONMENTAL VARIATION:

Go for a walk outside with the students. Have the students make notes on all of the different things they see, hear, smell, etc. Pair up the students when you return and have them make a list of any things they experienced in the environment that may not go together. If there was nothing within their particular area, have them think of other examples that would not go with the things on their lists (EX: Oil in a lake, car fumes and plants and animals, pesticides...) Then, have them make a list of the different things that DO go together or blend well.

** They will discover that most natural things in the environment DO go together if there is not chemical interference by people!

Have them relate their bodies to the environment and make a list of things that DO mix or go together. This shouldn't take very long because they will realize that ALL aspects of our bodies "go together" well!! Then have them make a list of the different inhalants used and the parts of the body with which each DOES NOT mix.

** What they discover should be the same: that all the various aspects of our bodies in the natural states go together well, for the most part, if there is not chemical interference by people.

NOTE: This is also a good activity to use with students to point out that being different is not "wrong" or "bad". You can point out how well different things in the environment get along and relate this to them and their friends. In other words, if they feel that they may be "different" from their friends because they want to say "no" to inhalants, THIS IS OK and they will still blend and get along in the world, just as a flower and a tree can exist together! However, point out that, if they suffocate or pollute their air, they will eventually wilt and die like the tree and plant.

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OBJECTIVE:

The student will identify parallel effects of inhalant abuse on the environment and themselves.

MATERIALS and SUPPLIES:

Will require space in your classroom for a long term experiment. You will need to have space for two of whatever the students come up with (i.e., two terrariums of some kind, two ant farms, etc.)

INSTRUCTION, KNOWLEDGE and/or SKILLS NEEDED:

- How other living things use air to exist
- Knowledge of some of the current existing environmental problems related to the air we, marine and plant life, etc. breathe.

ACTIVITY "INHALANTS, YOU AND THE ENVIRONMENT"

NOTE: The purpose of this activity is to identify the environmental hazards which parallel the hazards of inhalant abuse in people. It is your choice how long you want them to spend on any particular aspect or section.

Careful consideration should be given to the sensitivities of children when conducting this activity. Remember "living things" will be effected by what you do.

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- Have students brainstorm all living things that need air to live. (fish, plants, etc.)
 - Based on the number of responses, divide the class into the same number of groups. Each group then takes one of the "living things" that can actually be brought into the classroom as their project. It is OK if you need to have more than one group take the same "living thing".
 - Students will then "build" the environment necessary. EX: Plants will need glass terrariums, dirt, etc. Seeds will need a pot, dirt, etc.
- One of their environments will be left alone except for the usual care of watering and feeding.
- The other environment is the one that will be "polluted" with fumes or liquid of some kind in order to create hazardous breathing conditions.
 - EX: Put an open container of gasoline, or kerosene, or white-out, etc. in with the plants or lizards, etc. Keep the container full of the inhalant.
- On a daily basis, have the students record any changes they observe.
- Eventually certain things will die, wilt, become lethargic, or become impaired in some way.
- Each group should write a report of their findings not only as they relate to the "living thing" they chose, but to humans as well. They can then share their findings with the rest of the class, another grade and/ or with parents.

 Students could send letters to the editor of their local newspaper about what they did and the results.

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OBJECTIVE:

The students will identify laws, legal consequences, and legal resources referring to inhalant abuse.

MATERIALS and SUPPLIES:

Line paper or stationery, envelopes, stamps, Yellow Pages

INSTRUCTION, KNOWLEDGE, and/or SKILLS NEEDED:

Definition: "inhalant abuse"

<u>ACTIVITY</u> LEGAL ASPECTS AND RESOURCES

- Have students make a list of what they already know (if anything) about the laws and consequences of inhalant abuse. Then have them make a list of what more they would like to know.
- Then have them brainstorm compiling a list of the people in their community who would know about the legal aspects (laws, consequences, statistics...) of inhalant abuse. Have them use the Yellow Pages, also.
 - EX: Police Lawyers Judges Ex-abusers Probation Officers Ex-cons (if permissible and/ or possible)
- Divide students into partners.
- Have each pair choose one or more and write a letter asking the person to please come to their class and

share their knowledge of inhalant abuse. Include some of their questions in the letters. Also include your name as the person to contact to make the arrangements.

CLOSURE OPTIONS:

1. After each guest speaker, in the large group setting, have students brainstorm and/or record what they learned and keep each list. Then they can either make a book for the library or make a presentation to other students, staff, or parents about all they have learned.

2. Have students work in pairs and write letters to their local city and county officials, and their representatives in Congress, sharing what they learned and asking for help and support to reduce inhalant abuse through the legal means available to them.

3. Have students write letters to the editors of their local newspapers about what they learned.

IV

OBJECTIVE:

The student will understand the differences of effects due to size.

MATERIALS and SUPPLIES:

You will need to have many jars of the same size such as baby food jars. You will also need to bring items that are not good to inhale such as glue, paint, kerosene, permanent magic markers, etc.

INSTRUCTION, KNOWLEDGE and/ or SKILLS NEEDED:

Definitions: "inhalant" vs. "drug", "inhalant abuse" and a basic knowledge of inhalants and their effects

ACTIVITY

How much and how long does it take? - DIFFERENCE OF EFFECTS DUE TO BODY SIZE **NOTE:** This activity would be best to do while there are lots of bugs out such as fall or spring. It will also need to be decent weather.

- Divide the students into small groups.
- Tell them you are going for a walk outside and each group is to find and collect different sizes of the same bug so that one group collects large and small ants, another might collect large and small spiders, another grasshoppers, etc. It is OK if more than one group collects the same bug. (You may want to have the students collect these bugs as homework.)
- Each group should have only one inhalant with which to experiment.
- Make sure there is only one bug per jar and that there is an air hole but not too big of a hole.
- Instruct the students to put the same amount of inhalant in each jar and put them on a shelf until tomorrow.
- The next day, have them gather their jars and write down what has happened. Most of the smaller bugs will be dead but some of the larger ones won't. However, all of the bugs will be damaged in some way. Have them write down why they think there is a difference.
- Then ask them how they think this relates to humans. Be sure to point out that this is why some people can take more drugs, alcohol, pills, inhalants than others but that all are damaged in some way just like the bugs.

The Pallas Morning News

NEWSPAPER ACTIVITIES

Objective: To teach students the importance of a healthy lifestyle.

• Have students produce a "Healthy Lifestyles" bulletin board. Use *The Dallas Morning News* to collect articles on nutrition, preventive medicine, psychological well-being, and positive health decisions. Clip pictures that illustrate the articles. Don't forget the comics!

• Newspapers lend themselves well to collage techniques. Have your students create a collage around a "Healthy Lifestyles" theme. Use advertisements, photos, and headlines from the news. Students can work as a team. Have them explain why they selected the items they did.

• Discuss community organizations that provide support in helping people achieve a healthy lifestyle. Find articles and meeting information about different organizations in the Today section of *The Dallas Morning News*. Have your students write a business letter requesting information from an organization.

• Find several "success" stories in *The Dallas Morning News*. Discuss traits the people involved may have in common. Do these people follow a healthy lifestyle? Have your students write an essay about what they think it takes to be successful.

• The Health and Fitness column appears each Monday in the Today section of *The Dallas Morning News*. Students can follow this feature weekly for ideas that promote good emotional and physical health. As a class, discuss the topics covered. Have students research and follow-up on interesting stories. Have them write a column.



The Dallas Morning News NEWSPAPER IN EDUCATION

LIST OF PRODUCTS THAT CHILDREN MAY INHALE

(This list provides a basic overview of the product types that can be inhaled. At present, over 600 common products have been identified as harmful when inhaled. **This list should not be shared with children.** It is intended only as a reference for the facilitator.)

Adhesives	Fluids	
building supply adhesives	brake fluid	
false eyelash adhesives	charcoal starter fluid	
fingernail adhesives	copier fluid	
PCV pipe adhesives	fire extinguisher fluic	
Agents	lighter fluid	
engine drying agents	power steering fluid	
Cements	printer fluid	
household cements	transmission fluid	
model cement (glue)	typewriter correction fluid	
Cleaners		
auto body cleaners	Fuels and Additives	
	gasoline	
car engine cleaners	gasoline additives	
electronic equipment cleaners		
gun cleaning solvent	lantern fuel	
window cleaner	stove fuel	

Coatings

aerosol leather coatings

frying pan coatings

De-Icers

windshield de-icers

Hardeners

fingernail hardener

Paint

aerosol spray paint

clear acrylic paint

lacquer paint

liquid paint

Polish

fingernail polish

shoe polish

Products

fiberglass refinishing products photographic chemical products resin products shoe shine products water proofing products

Markers and Pens

dry erase marker

felt tip marker

fast drying pens

Sealants

tire sealant

Strippers

paint stripper

varnish stripper

Supplies

art supplies

furniture refinishers

household cleaners

Thinner

paint thinner

typewriter correction fluid thinner

Varnish

furniture varnish

wood varnish

Propellants

fluorocarbons

hydrocarbons

Removers

asphalt remover

fingernail polish remover

paint remover

stain remover

tar remover

varnish remover

For More Information SEE <u>RESOURCES</u> LIST Beginning on next page

RESOURCES

National Clearinghouse for Alcohol and Drug Information P. O. Box 2345 Rockville, MD 20852 (301) 468-2600 or (800) 729-6686

Office for Substance Abuse Prevention (OSAP) 5600 Fishers Lane, 9th Floor Rockville, MD 20857 (301) 443-0365

National Institute on Drug Abuse (NIDA) 5600 Fishers Lane, Room 10-05 Rockville, MD 20857 (301) 443-6480 or (301) 443-6780 or (301) 443-6245

PRIDE (National Parents' Resource Institute for Drug Education) The Hurt Building, Suite 210 50 Hurt Plaza Atlanta, GA 30303 (404) 577-4500 (Information Line: 800-67-PRIDE)

National Federation of Parents for Drug-Free Youth 1423 North Jefferson Street Springfield, MO 65802 (417) 836-3709

Families in Action-Drug Information Center 2296 Henderson Mill Road, Suite 204 Atlanta, GA 30345 (404) 934-6364 NEA Health Network (National Education Association) 1590 Adamson Parkway, Suite 260 Morrow, GA 30260 (404) 934-6364

Alcohol & Drug Problems Association 444 North Capitol Street, N. W. Washington, D. C. 20001 (202) 737-4340

National Consortium of Chemical Dependency Nurses 975 Oak Street, Suite 675 Eugene, OR 97401 (503) 485-4421 or (800) 87-NCCDN

Project D.A.R.E. (Drug Abuse Resistance Education) DARE America P. O. Box 2090 Los Angeles, CA 90051-0090 (213) 485-4856 or (800) 223-DARE

Your state's Department of Alcohol & Drug Abuse programs

Your state's Drug & Alcohol Council

Your local Police Department's Crime Prevention Unit of DARE program

Your School District's Drug Prevention Education program

NOTES