

The NHSDA Report

March 22, 2002

Inhalant Use Among Youths

In Brief

- In 2000, more than 2 million youths aged 12 to 17 reported using inhalants at least once in their lifetime
- Between 1999 and 2000, the rate of past year inhalant use declined among youths aged 12 or 13
- Youths who reported an average grade of D or below were more than 3 times as likely to have used inhalants during the past year as youths with an average grade of A

The 2000 National Household Survey on Drug Abuse (NHSDA) asked respondents aged 12 or older to report on their use of inhalants during the past month, past year, and in their lifetime. Inhalants were defined in the survey as “liquids, sprays, or gases that people sniff or inhale to get high or to make them feel good.” The categories of inhalants asked about in the survey were glue, shoe polish, or toluene; gasoline or lighter fluid; spray paints; correction fluid, degreaser, or cleaning fluid; nitrous oxide or “whippets”; amyl nitrite, “poppers,” locker room odorizers, or “rush”; lacquer thinner or other paint solvents; lighter gases, such as butane or propane; halothane, ether, or other anesthetics; and other aerosol sprays. This report focuses on past year inhalant use, but also presents information on the lifetime use of specific inhalants.

Lifetime Prevalence of Inhalant Use Among Youths

The 2000 NHSDA estimated that of the 23 million youths aged 12 to 17, more than 2 million (9 percent) used inhalants in their lifetime. The category of inhalants most frequently reported by youths was glue, shoe polish, or toluene (4 percent) (Figure 1). Lifetime inhalant use of gasoline or lighter

Figure 1. Percentages of Youths Aged 12 to 17 Reporting Lifetime Inhalant Use, by Inhalant Type: 2000

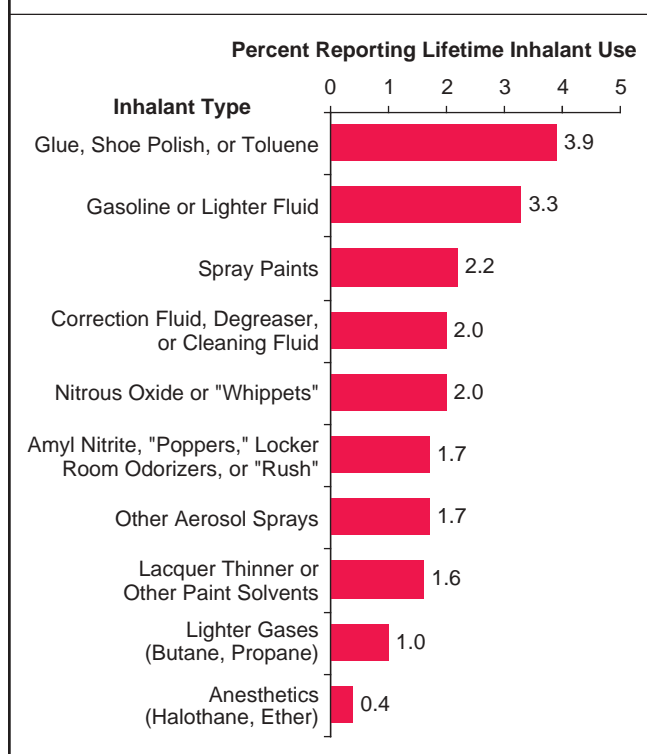
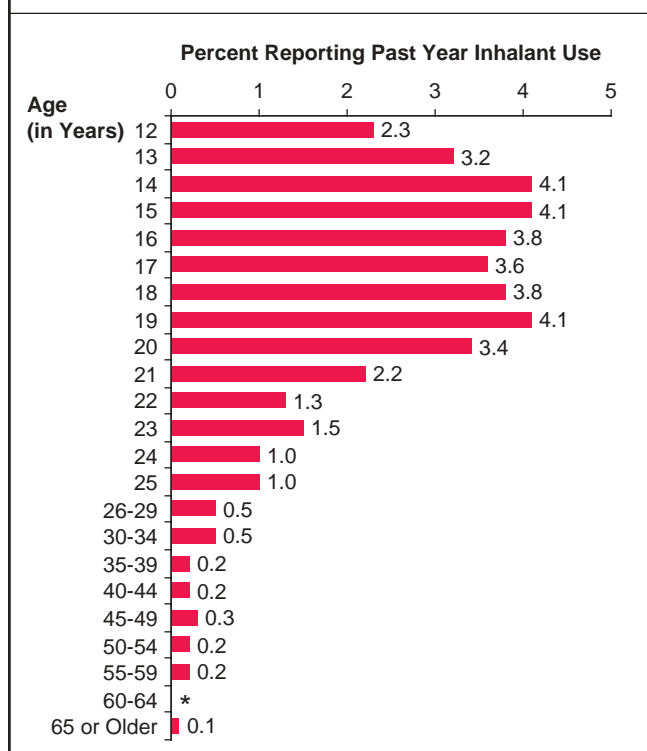


Figure 2. Percentages of Persons Aged 12 or Older Reporting Past Year Inhalant Use, by Detailed Age Category: 2000



fluid was reported by 3 percent. Approximately 2 percent reported inhaling the following types of substances: spray paints; correction fluid, degreaser, or cleaning fluid; nitrous oxide or "whippets"; amyl nitrite, "poppers," locker room odorizers, or "rush"; other aerosol sprays; and lacquer thinner or other paint solvents.

Past Year Inhalant Use

Youths aged 12 to 17 had higher rates of past year inhalant use (4 percent) compared with adults aged 18 or older (18 to 25, 2 percent; 26 or older, less than 1 percent). Past year inhalant use was 3 to 4 percent among youths and young adults aged 13 to 20, but it was lower among older age groups (Figure 2). Between 1999 and 2000, the rate of past year inhalant use declined significantly among youths aged 12 or 13, from 4 percent in 1999 to 3 percent in 2000 (as did the rate of past month use from 1.3 percent in 1999 to 0.7 percent in 2000).

Males and females aged 12 to 17 reported similar rates of past year inhalant use (4 percent) (Figure 3). However, among those aged 18 to 25, males were more likely than females to report past year inhalant use (3 vs. 2 percent). The rates of past year inhalant use were low among males and females aged 26 or older, but males were more likely to report past year inhalant use than females (0.4 vs. 0.1 percent).

Among youths aged 12 to 17, whites and Hispanics were more likely to have used inhalants during the past year (4 percent) than blacks (2 percent), but there were no statistically significant differences in past year inhalant use between Asians and the other racial/ethnic groups (Figure 4). There were no differences in past year use between males and females for white and black youths, but among Hispanic youths, males were almost twice as likely as females to have used inhalants during the past year (5 vs. 3 percent).

Inhalant Use and Academic Performance

In 2000, more than 29 percent of youths aged 12 to 17 reported an A average in their last completed semester or grading period, 41 percent reported a B average, 23 percent reported a C average, and 7 percent reported an average of D or below.¹ Prior research has associated poor grades with substance use among youths.² Past year inhalant use among youths aged 12 to 17 was higher among those with lower grade performance (Figure 5). Youths with an aver-

Figure 3. Percentages of Persons Aged 12 or Older Reporting Past Year Inhalant Use, by Gender and Age: 2000

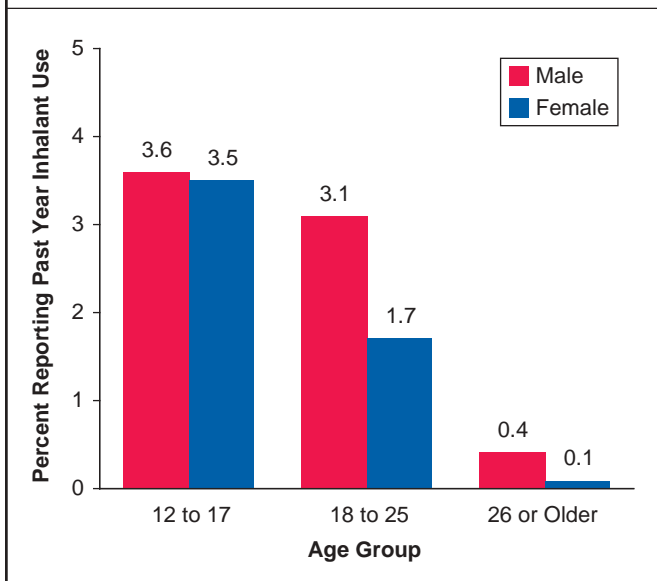
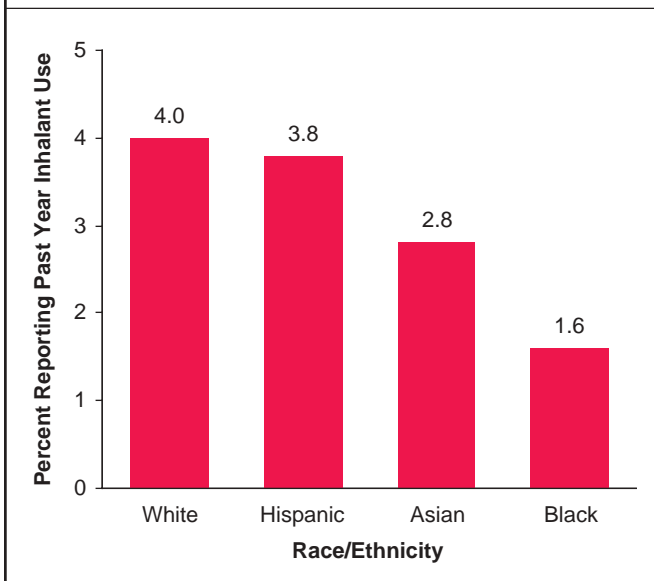


Figure 4. Percentages of Youths Aged 12 to 17 Reporting Past Year Use of Inhalants, by Race/Ethnicity: 2000**



age grade of D or below were more than 3 times as likely to have used inhalants in the past year as youths who reported an average grade of A (7 vs. 2 percent).

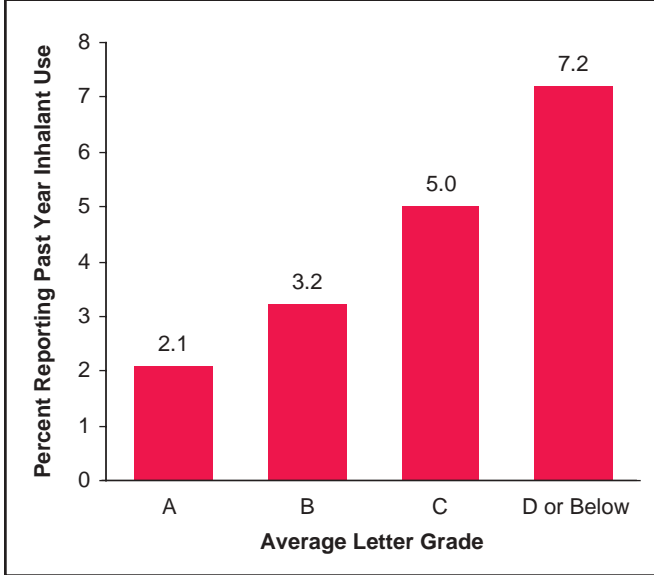
End Notes

1. Approximately 69 percent of surveyed youths aged 12 to 17 were included in these analyses. The remaining 31 percent of youths either attended schools that did not give letter grades, left the question blank, did not attend school, or were not asked about letter grades. Unpublished analyses of 1999 NHSDA data showed no significant differences between youths who were asked about letter grades and those who were not. Subsequent NHSDA questionnaires (beginning with 2001) have corrected this problem of missing data.
2. Hawkins, J.D., Catalano, R.F., & Miller, J.Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64-105.

Figure Notes

- * Low precision; no estimate reported.
 - ** Small sample sizes prevented comparative analyses with other racial/ethnic groups.
- Source (all figures): SAMHSA 2000 National Household Survey on Drug Abuse.

Figure 5. Percentages of Youths Aged 12 to 17 Reporting Past Year Use of Inhalants, by Average Letter Grade for the Last Semester or Grading Period Completed: 2000



The National Household Survey on Drug Abuse (NHSDA) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2000 data are based on information obtained from nearly 72,000 persons aged 12 or older, including more than 25,000 youths aged 12 to 17. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NHSDA Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI in Research Triangle Park, North Carolina. Information and data for this issue are based on the following publication and statistics:

Substance Abuse and Mental Health Services Administration. (2001). *Summary of findings from the 2000 National Household Survey on Drug Abuse* (NHSDA Series: H-13, DHHS Publication No. SMA 01-3549). Rockville, MD: Author.

Also available on-line: www.DrugAbuseStatistics.samhsa.gov.
 Additional Tables 1.2A, 1.23B, 1.47B, 1.48B, 1.49B, and 1.106B from http://www.samhsa.gov/oas/nhsda/2kdetailedtabs/Vol_1_Part_1/V1P1.htm.
 Additional tables available upon request.