

Inhalant Use Is Rising Among Teenage Girls

BY DENISE NAPOLI
Assistant Editor

WASHINGTON — Inhalant use remained stable for boys aged 12-17 years between 2002 and 2005, but use of inhalants by girls in that age range increased during that period, from 4.1% to 4.9%, a national survey shows.

The survey, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), also showed that the type of inhalants used varied by gender. Boys aged 12-17 years were more likely to inhale nitrous oxide, sometimes sold in vials called whippets, to get high, but girls in that age range were more likely to use other forms of inhalants, including glue, shoe polish, spray paint, and aerosol hair sprays.

Even as the overall number of

recent inhalant initiates (those “huffing” for the first time) remained relatively stable between 2002 and 2005—rising slightly from 591,000 youths to 605,000—most of the initiates were girls. In 2002, about 306,000 teen boys initiated inhalant use. That number fell to 268,000 in 2005. Among adolescent girls, however, the number rose from 285,000 to 337,000 new users.

Overall, combined data from 2002 to 2005 indicate that approximately 1.1 million adolescents aged 12-17 years had used inhalants in the past year to get high, or 4.5% of the population in that age range.

In a press briefing on inhalant abuse, neither Dr. H. Westley Clark, director of SAMSHA's center for substance abuse treatment, nor Harvey Weiss, executive director of the National

Inhalant Prevention Coalition, could offer an explanation of why more teen girls are experimenting with this potentially fatal high. Mr. Weiss pointed out that other surveys show that girls start using inhalants before their male counterparts do—and the age difference is over a year.

The survey discussed at the meeting, called the National Survey on Drug Use and Health, is based on data collected between 2002 and 2005 from 91,145 persons aged 12-17 years, including 46,431 teen boys.

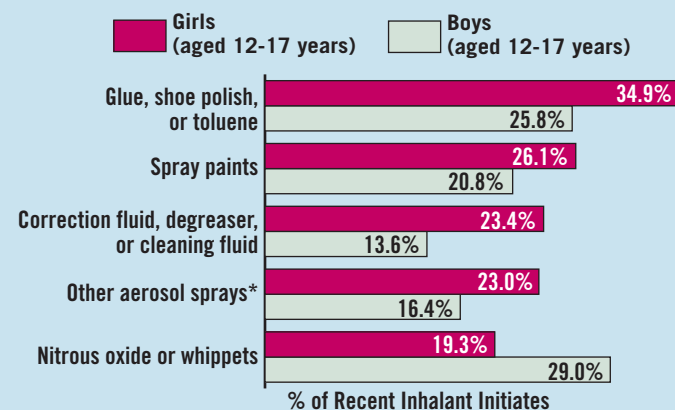
Dr. Timothy P. Condon, deputy director of the National Institute on Drug Abuse, also at the meeting, added that results from the 2006 Monitoring the Future survey show a decline in perceived risk among teenagers about the dangers of inhalant abuse. That perception could ac-

count for rising use among girls.

Several clinical signs and symptoms point to an addiction to inhalants, according to the National Inhalant Prevention Coalition

(www.inhalants.org). Among those signs are short-term memory loss, cognitive impairment, slurred and “scanning” speech, and tremor. ■

Toluene Is Inhalant Preferred by Girls



*Includes air fresheners, hair spray, and furniture polish.

Source: 2002-2005 data, National Survey on Drug Use and Health

ELSEVIER GLOBAL MEDICAL NEWS

Source of Prescription Opioids Affects Teens' Drug Use and Abuse

BY KERRI WACHTER
Senior Writer

BETHESDA, MD. — Teens and young adults who are prescribed opioids for a specific event, but who take them at other times for pain relief, are at lower risk for substance abuse than those who use the drugs to get high, Carol J. Boyd, Ph.D., said at a meeting of the National Institute on Drug Abuse.

In addition, teens who obtain drugs from family members for pain relief are at less risk than those who seek drugs from other sources such as friends or dealers. The data, based on the Student Life Survey (SLS)—an online survey of drug and alcohol use among students (average age 20 years) at the University of Michigan—show that women who have never used a prescription opioid drug and those who have only used these drugs when given to them by a family member are less likely to abuse other substances.

“However, as soon as they start getting it from a peer or another source—like a drug dealer—or an unspecified source . . . that’s when we start seeing increased rates of substance abuse,” said Dr. Boyd, director of the Institute for Research on Women and Gender at the University of Michigan in Ann Arbor. The same pattern is seen in men, though they typically abuse substances at higher rates than women.

Half of young women got prescription drugs from their peers, while the rate is slightly higher for young men (58%), based on 1,387 responses in 2003. Women were more likely to get prescription drugs from family members than were men—23% versus 11%.

In 2005, of 2,305 women who responded, 26% had a prescription for an analgesic opioid and had used it in the last year, compared with 20% of 2,275 men surveyed. About 10% of men and 8% of women reported nonmedical use of prescription drugs in the last year, that is, use of drugs for which they had not

obtained a prescription from a physician for a specific indication. Of these nonmedical users, 50% reported using hydrocodone; 38%, codeine; 14%, oxycodone; and 10%, propoxyphene.

Of 641 students surveyed, most men (60%) and women (66%) responded that they misused prescription opioids to relieve pain. Men were more likely to report experimentation and getting high as reasons.

The researchers included 10 questions, taken from the Drug Abuse Screening Test (DAST), which provide insight into potential drug abuse. A score of at least 2 indicates a person may have substance abuse problems. “If individuals endorsed only nonmedical use to relieve pain, they look no different than the group of students who never had used an opioid analgesic nonmedically,” Dr. Boyd said. “But as soon as they start endorsing a motivation other than pain relief, their DAST scores increase.”

Similar results were seen among younger students. The Web-based Secondary Student Life Survey involves participants in grades 7-12 in an ethnically diverse (47% African American) school system in Southern Michigan. Students are asked the same questions as college students taking the SLS.

In 2005, 1,086 students completed the survey. The lifetime prevalence of nonmedical use was greatest for pain medications (18%), followed by sleep drugs, anxiolytics, and stimulants. Girls were significantly more likely to report nonmedical use of pain medications, but there were no gender differences for the nonmedical use of any other prescription drugs. In terms of race, there were no differences in the nonmedical use of analgesic opioids.

Most students (80%) reported pain relief as their motivation for nonmedical use of prescription opioids. In addition, 16% reported sleep as their motivation, 20% reported getting high, and 3% said prescription drugs are safer than street drugs. ■

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Tailored Messages Redirect Sexually Active Girls

INDIANAPOLIS — Adolescent women at high risk for acquiring sexually transmitted infections may not respond well to counseling and prevention efforts that focus on the fear of becoming infected, according to a study by researchers at Indiana University in Indianapolis.

Instead, programs and physicians may need to tailor their pregnancy and sexually transmitted infection (STI) counseling to recent patterns of sexual behavior, said Dr. Mary A. Ott of the university's section of adolescent medicine.

“Physicians should be aware that fear related to being infected influences sexual behavior only in the short term, and therefore should focus on interpersonal and relationship factors to influence long-term decisions about sex and abstinence,” Dr. Ott said at the annual meeting of the Midwest Society for Pediatric Research.

This urban study of 378 high-risk women aged 14-18 years indicated that the decision to have sex after a period of abstinence was strongly influenced by the relationship between the woman and the man she was involved with, as well as by sexual interest and mood, Dr. Ott explained, adding that this challenges the popular notion that adolescent sex is largely casual and lacking in personal commitment and caring.

The cohort of young women completed quarterly face-to-face interviews and two 3-month daily diary collections per year, and were followed up for a maximum of 4.5 years.

Periods of abstinence were defined as consecutive days of no vaginal sex as recorded in the daily diary. At the time of the study, 9% of the women had an active STI.

The study cohort had more than 6,000 periods of abstinence, of which 55% ended in sex. The median length of abstinence was 10 days, and the mean length was 39 days.

“Each year increase in a participant’s age increased the hazard of ending an abstinence period with sex by 22%,” Dr. Ott said.

“For interpersonal influences, each unit increase in positive mood increased the hazard by 2%, each unit increase in negative mood decreased the hazard by 1%, and each unit increase in sexual interest raised the hazard by 22%,” Dr. Ott said.

With regard to interpersonal influences, each unit increase in partner support raised the hazard of having sex by 25%, and each unit increase in relationship quality raised the hazard by 5%.

A recent STI decreased the hazard of having sex and stopping a period of abstinence by 17%, she said.

—Bruce K. Dixon