

Effective responses to inhalant use

Inhalant use presents challenges for service providers and the broader community. This information sheet presents a summary of key responses to inhalant use, and approaches to avoid.

Responding to inhalant intoxication

Safety first – The person, yourself, and other people around. Assess the physical and social environment for risks before providing assistance to a person using inhalants.

Approach slowly – Stand close by to start, give the person time to know you're there. Behave and speak calmly when approaching.

Avoid forcing, arguing, or chasing – This can cause more harm and could be dangerous for their heart.

Ventilate the space – Inhalants are flammable; have doors and windows opened if inside.

Monitor intoxication – Ask the person to put down the product. If they're no longer actively using the inhalant, are they recovering from the effects? Check for other medical issues or injuries – the person might be using other substances too. Decide how long you'll monitor if the person continues to use inhalants and consider what options you have.

Ask how they are – Are they physically and emotionally ok? Ask what would make them feel more comfortable and if there is a parent or carer that you could contact.

Help as required – Most people will recover from inhalant intoxication with fresh air and rest within 15-30 minutes. If the person does not recover as expected, or if symptoms worsen, airway becomes compromised, person has a seizure, or is unconscious - call triple zero.

After someone has recovered from intoxication

Safe space – Encourage the person to sit in a quiet, safe space. This may require transportation to a suitable place with appropriate adult supervision.

Ask how they are – Are they physically and emotionally ok? Ask what would make them feel more comfortable and if you could contact a support person.

Offer water then food – Offer water and if they're able to swallow, offer some soft food (things like breakfast cereal or yoghurt) that is easy to eat.

Change clothing if required – If the inhalant has contaminated the person's clothing, their clothing could be flammable. Offer a change of clothes.

Identify family or a responsible adult – Once a young person has recovered from the effects of inhalants, support the young person to return to the care of their family / carer or another responsible adult.

Coordinated responses including shared case management

Inhalant use that is prolonged often occurs in cycles and amongst groups of young people. In these cases, coordinated responses and shared case management between health, social, community and other government services has been shown to be effective. This often includes three elements:

Harm reduction – When young people continue to use despite our best efforts, approaches are required to reduce harm. Develop a system to identify young people who are using inhalants for shared case management among service providers. Consider running outreach services at times and places where inhalant use occurs (often after hours), respond to intoxication, provide aftercare, transport to places of safety, teaching young people recovery position and when to call an ambulance ('you won't get in trouble'). Use Police and Ambulance Intervention Plans (PAIP) to assist in communicating key information to first responders for identified young people (eg current address, co-occurring health issues, agreed response plan negotiated with stakeholders).

Demand reduction – This includes activities and approaches that make young people not want to use inhalants. This can be through the provision of structured activities or cultural programs that change the focus for young people away from the places and times they would normally use inhalants. Other examples of demand reduction include drug education and engaging peer group leaders. Importantly, understanding the underlying reason's a person uses inhalants and supporting healthier alternatives will produce best outcomes.

Supply reduction – Identify the products being used and find out where young people are accessing these products. We can then work with retailers to reduce access by moving or increased monitoring of the products. Be cautious not to inadvertently identify products as inhalable where young people may not already know about those products, and watch for displacement to other inhalants, if supply is restricted. Dovetail has a useful resource that can assist: [A Retailer's Response to Inhalants | Dovetail](#)

Approaches to avoid

- Overly punitive responses can result in young people hiding, using inhalants in more dangerous places, or shift inhalant use to other locations.
- Sudden sniffing death can occur when young people using inhalants undertake physical exertion, such as when they are startled or when they run.
- Scare tactics designed to shock young people out of using substances have been proven to be ineffective.
- School-based education programs that have not been evaluated can increase intentions to use substances.
- Police involvement in delivering school drug education programs should be avoided.
- Media reports that show or describe products or show methods of administering inhalants can increase interest in using inhalants.
- Signage in shops that identifies particular products as inhalable can identify products young people did not already know exist.