INHALANT USE, SOCIAL SUPPORT AND HELP-SEEKING AMONG RURAL SOUTH TEXAS COMMUNITY YOUTH

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ABSTRACT

Little to no attention has been focused on inhalant using youths' social support and helpseeking networks however. Since the 1950s, the use of inhalants by inner city Mexican American (M/A) youths has prompted serious attention both within and without larger M/A communities. This self-report study describes the responses of 614 sixth to twelfth grade South Texas students. The results disclose that M/As report lower levels of social support and helpseeking than do Anglos. Both inhalant using and non-using youth report high levels of parental support, and both indicate considerable difficulties in talking about their problems to others. Finally, both groups indicate a reluctance, unwillingness or inability to turn to any of eight help sources listed for problems in general, and an even greater reluctance concerning problems with drugs or alcohol. Yet users were more likely than non-users to report greater difficulty discussing their problems and were more likely than non-users to do nothing about their problems, or to turn to none for help.

INTRODUCTION

For nearly three and a half decades, inhalant use has received sporadic attention from social scientists (Breecher 1972; Brehm, Sharp 1977; Cohen 1973; Nicholi 1983; Press, Done 1967; Wyse 1973). In the early 1960's, human service professionals began to recognize inhalant use as a social problem and to develop initial, although limited, understandings of its nature, dynamics and consequences (Brozovsky, Winkler 1965; Corliss 1965; Glasser, Massengale 1962; Grabski 1963; Lawton, Malmquist 1961). Based on this emerging but incomplete knowledge, practitioners and media popularized (Burnett 1982; Merki 1970) public images of inhalant use (Breecher 1972). In some communities, this early image became firmly entrenched, serving both to guide (Jackson, Thornhill, Gonzalez 1967; Malcolm 1968; Tolan, Lingl 1964) and limit subsequent intervention efforts. These images continue to be promoted but have not kept pace with newly emerging scientific findings (Brehm, Sharp 1977; Korman 1977; Mason 1979; Mathews, Korman 1981; Padilla, Padilla, Morales, Olmedo, Ramirez 1979; Stybel, Allen, Lewis 1976; Wyse 1973). Some of the more enduring yet questionable beliefs about inhalant use are:

1. it "spreads and grows" epidemically;
2. users are socially marginal, i.e., "hard to reach" - low income inner city minority youth;
3. users are resistant to intervention and are probably "lost cases."

Some of these long held assumptions are called into question by more current research findings (Brehm, Sharp 1977; Cohen 1979; Mason 1979), particularly in pharmacological (Garriott, Petty 1980), epidemiological (Epstien, Wieland 1978; Gosset, Lewis, Phillips 1971) and psychosocial studies (Lowenstien 1982). Little attention, however, has been given to social support and helpseeking behaviors of inhalant abusers (Press, Done 1967; Press, Sterling 1968).

In a few communities, serious attention is again being focused on policies and programs that will assist them in their efforts to stem inhalant use (Korman 1977; Montiel 1982; Shanhotz 1968; Tolone, Dermott 1975). Although prevention receives a far greater share of interest and resources than has treatment, both are inadequately acknowledged or funded.

Policy-makers, researchers and practitioners (Harrel, Lisn 1981; Richards 1981) generally draw attention to the lack of knowledge about inhalants using youth (Cohen 1979). Any effort to expand either treatment or prevention services targeting inhalant using youth (Szapocnik, Daruna, Scopetta, Aranda 1977), needs to have some knowledge of youth use of volatile substances (Padilla et al 1979), but also their help-seeking and social support networks (Hamburg, Varenhurst 1972). Though some attention has been given, rural and small communities have generally not drawn same attention that urban and suburban communities have. Any effort to assist these communities develop programs and services to effectively meet the challenge of inhalant use among rural South Texas youth needs to address rural youth helpseeking and personal social support networks. A major gap then concerns social scientists' lack of attention and understanding of youths' personal

social networks and their decisions to seek help for problems of daily life and problems requiring special attention and assistance.

The lack of studies concerning inhalant user's social support networks and helpseeking behaviors has been especially notable when applied to ethnic minorities (Andrews 1984; Barker, Adams 1973; Mata 1978) and to rural youth (Heigilman 1973; NIDA 1977; Rootman 1972; Tolone, Dermott 1975). This article presents the preliminary findings of a study on rural youths' use of drugs, and their social support and helpseeking efforts. The sample is consist predominately of Mexican American with a comparison group of Anglos. The study is exploratory and the findings are limited to the sample reported herein. The questions that the study explores are these: do inhalant users and non-users differ in their various measures of social support? Do users and non-users differ in measures of helpseeking? Do Mexican Americans and Anglos differ in these measures?

These findings should serve first to promote, stimulate and encourage interest in rural youths' use of inhalants, and their social support and helpseeking efforts; second, to provide baseline data about these variables; and third, to posit issues and questions that policy makers, practitioners and other social scientists may need to consider.

METHODOLOGY

The project used a collaborative research methodology following guidelines suggested by J Moore, R Garcia, C Garcia, and L Cerda (1968), and J Moore and AG Mata (1982). The research director worked closely with a small grassroots community group representing a variety of interests and positions in the community. During a series of participatory meetings, the community group collaborated in establishing the study's goals and procedures, thereby enhancing the study's validity, reliability, and local usefulness. The dissemination, instruction and data collection for the study were conducted by a University Research Team.

Procedures

Data collected was derived from a study of rural South Texas youths that involved 614 sixth to twelfth grade subjects. All students' participation was voluntary. Student participation was qualified by having both the students and parents sign informed consent letters. Student participants were released from classroom activities and were administered a questionnaire in a two and one half hour session.

In order to secure and facilitate their participation and trust, students were reminded that their participation was voluntary, and each questionnaire would not have any personal identifiers. They were also told that they could choose to omit the answers to any items they wanted to, but were asked to answer each item as truthfully and completely as possible. Students were also assured of the full confidentiality and anonymity of their responses. Also they told that this data would only be reported in aggregate form (i.e. no one would be able to identify any particular student's responses).

Instrument

A 236-item questionnaire was developed from items utilized in other community and school surveys (Moore, Mata 1982; Nehemkis, Macari, Letterri 1982). The adaptation was based on pretests and Frio County Alcohol and Drug Study Task Force recommendations. Two major sources of data were collected: psycho-social factors and social epidemiological factors. Measures of inhalant use were derived from students' self reports of their past use. Social support measures consisted of three Likert scales: parental support, parent-peer understanding of the respondent, and the respondents' ease in talking to others about their problems.

Dichotomous variables measured helpseeking in three distinct contexts: for problems in general, for problems with drugs, and for information about drugs. Parental support was measured by student responses to the statement: "Right or wrong, my parents are there when I need them." Choices were: "always," "most of the time," "some of the time," or "hardly ever."

A second measure asked students to indicate who they felt understood them better, their parents or their friends. Choices were: "parents better," "parents a little better," "parents and friends about equal," "friends a little better," and "friends better." This measures the relative social support felt by the respondent and has elsewhere been referred to as the "push-pull" struggle between the influences of family and peers (Adler, Kandel 1981; Kandel 1975, 1976).

As a final measure of social support, students were asked to indicate their levels of

difficulty in talking to others about their problems. Choices were "not difficult," "somewhat difficult," "very difficult," or "extremely difficult."

Three measures concerning helpseeking were devised. The first asked to whom respondents would turn for help with problems in general; the second for problems with drugs; and the third question asked who respondents would turn to for information or to influence their decisions on whether or not to use drugs.

Students were asked to indicate whether they would or would not turn to each of the following for help with problems in general: themselves (their own resources, experiences, judgments, etc.); parents; teachers; ministers/priests/pastors; friends; siblings; medical doctors; neighbors; or no one (i.e., they would do nothing or turn to no one). The second helpseeking measure asked respondents who they would turn to for help with drug problems. Students were again asked whether they would or would not turn to each of the sources listed in the previous measure.

Sample

The sample (n=614) included each student who completed both parts of the questionnaire, although some items were left unanswered. The sample coverage represents about one-third of all eligible students. Except for the sixth grade levels, sample coverage in grades ranged from 35 percent to 48 percent.

The sample consisted of 290 males and 324 females, including 480 Mexican Americans and 121 Anglos. The county as a whole is made up of 86 percent Mexican American, 13 percent Anglo, and less than 1 percent Black, Asian and other. Frio County shares many of the same problems, in varying degrees, facing other small South Texas communities.

FINDINGS

Inhalant use levels were measured from the respondents' indicating that they have used an inhalant (gas, paint, glue, etc.) at least once. Of the total sample of 601, 11 percent (65) said that they had used at least one inhalant in the past; 89 percent (536) said that they had never used any inhalants. Eleven percent of the Mexican American students surveyed had used inhalants. Among Anglos, the number of those who had ever used any inhalants was slightly less at 9 percent. This difference, however, is not statistically significant. As a self-report study premised on voluntary participation, this study likely undercounts more chronic usage and users. As a preliminary and exploratory effort, this limitation is acceptable; nonetheless, chronic drug usage and users demand further attention and research.

Social Support

Because social support systems serve important mediating or buffering roles users' perceptions of their social support systems are important (Caplan, Killilea 1976; Hamburg, Varenhurst 1972; Rosenblatt, Mayer 1972). Planning and programming efforts intended to reach and treat inhalant users need to consider the influence of these systems both upon drug use itself and upon helpseeking once drug use patterns are established.

Parents are a key source of guidance and nurturance and therefore are also a key source of mediation. High levels of family disorganization and absence of father figures have been noted among inhalant users. Therefore, parental support is expected to be less than it would be among non-inhalant using youth (Corliss 1965; Glasser, Massengale 1962; Mason 1979; Nicholi 1983; Padilla et al 1979; Szapocnik et al 1977). Three general measures of social support were used in this study: measures of parental support, of parental understanding, and of ease in discussing problems.

Parental Support

The majority of students in all categories reported that their parents were there when they needed them "most" of the time (Table 1A). Significant differences exist, however, in terms of both ethnicity and inhalant use. Only 67 percent of all Mexican Americans indicated their parents were there "most" of the time, compared to 80 percent of all Anglos (Tau C = -.08844; sig <.01). Similarly, only 61 percent of all inhalant users indicated that their parents were there "most" of the time, compared to 70 percent of those who had never used inhalants (Tau C = .04049; sig <.05). The highest proportion of students reporting their parents were there "most" of the time was found among Anglos who had never used inhalants (81%); the lowest proportion was among Mexican Americans who had used inhalants (60%).

Parental Understanding

Students as a group generally felt better

Table 1: Measures of Social Support

A. "Right or wrong, my parents are there when I need them." How often?

	Most of the Time		Some of the Time		Not Very Often		Hardly Ever		Never	
	%	N	%	N	%	N	%	N	%	N
Mex-Am Used	60	32	24	13	8	4	8	4	0	0
Mex-Am Never Used**	67	290	23	97	5	11	3	11	3	11
Anglo Used	73	8	18	2	0	0	9	1	0	0
Anglo Never Used**	81	89	14	15	3	3	2	2	1	1
All Used*	62	40	23	15	6	4	8	5	0	0
All Never Used*	70	379	21	112	4	24	3	13	2	12
All Mex-Am**	67	322	23	110	5	25	3	15	2	11
All Anglo**	80	97	14	17	2	3	2	3	2	1
Total	69	419	21	127	5	28	3	18	2	12

Significance between groups: *p<.05; **p<.01

Table 1: Measures of Social Support

B. Who understands you better, your parents or your friends?

	Parents Better		Parents a Little Better		About Equal		Friends a Little Better		Friends Better	
	%	N	%	N	%	N	%	N	%	N
Mex-Am Used	44	23	8	4	12	6	12	6	25	13
Mex-Am Never Used*	42	179	14	60	14	61	12	50	17	71
Anglo Used	36	4	9	1	18	2	18	2	18	2
Anglo Never Used*	34	38	16	18	14	15	9	10	26	29
All Used	43	27	7	5	14	8	11	8	24	15
All Never Used	41	217	15	78	14	76	11	60	19	100
All Mex-Am**	43	202	14	64	14	67	12	56	18	84
All Anglo**	35	42	16	19	14	17	10	12	26	31
Total	41	244	14	83	14	84	11	68	19	115

Significance between groups: *p<.05

Table 1: Measures of Social Support

C. How hard is it for you to talk about your problems?

	Not At All		Somewhat Difficult		Very Difficult		Extremely Difficult	
	%	N	%	N	%	N	%	N
Mex-Am Used	12	4	39	13	27	9	21	7
Mex-Am Never Used	18	57	49	155	22	69	10	33
Anglo Used	22	2	44	4	0	0	33	3
Anglo Never Used	17	16	56	52	15	14	11	10
All Used	14	6	40	17	21	9	24	10
All Never Used	18	73	51	207	20	83	11	43
All Mex-Am	18	61	48	168	22	78	12	40
All Anglo	18	18	55	56	14	14	13	13
Total	18	79	50	244	21	92	12	53

Significance between groups: *p<.05

understood by their parents (Table 1B). About 55 percent indicated their parents understood them better or a little better; 30 percent indicated their friends understood them better or a little better. Again, an ethnic difference was noted: Mexican Americans were significantly more likely to report better understanding from their parents over their friends than are Anglos (Tau C - .07036; sig <.05). No difference was found on this measure in terms of inhalant use.

Ease in Discussing Problems

Concerning respondents' willingness to talk to others, indicating their perceptions of overall social support (Table 1C). A third of all students reported that talking about their difficulties to others was "very difficult" or "extremely difficult." Fifty percent indicated it was "somewhat difficult," and only 18 percent reported it was "not difficult." On this measure, there were no significant ethnic differences. A significant difference did come to light, however, between inhalant users and non-users (Tau C = .04930; sig <.05). Those who had used inhalants were more than twice as likely to report "extreme difficulty" in talking about their problems, with 23 percent giving this response compared to 11 percent for those who had never used.

HELPSEEKING AND INFORMATION

Prevention and intervention can be more effectively planned with an understanding of the helpseeking tendencies of targeted youths. This section examines students' helpseeking efforts. The data should provide some sense of key elements in youths' natural support networks.

General Helpseeking

Among the general sample, the greatest proportion of students were willing to seek help from their ministers (97%) (Table 2). The only other source from which a majority of the respondents would seek help was friends (59%). Moderate levels of willingness to seek help were indicated for siblings (40%), themselves (36%), and parents (32%); low levels of helpseeking were indicated for teachers (18%), doctors (9%), and neighbors (9%). Thirteen percent said they would turn to no one.

There were several significant differences in terms of ethnicity, with Mexican Americans more willing than Anglos to seek help from their teachers (x^2 = 6.306 DF=1; sig <.02), from medical doctors (x^2 = 9.185 DF=1; sig <.01), and from their neighbors (x^2 = 9.185 DF=1; sig <.01). Willingness to seek help from the other sources was comparable for Mexican Americans and Anglos. Also, there were no significant differences on this measure between those who had used and those who had not used inhalants.

Helpseeking for Drug Problems

The results indicate distinctly lower levels of willingness to seek help for drug problems than for problems in general (Table 3). There was also no help source cited from which a majority would seek help. Help from friends rated highest, with 44 percent willing to seek help from them. Students next specified the help of siblings (33%), themselves (28%), and parents (26%). Medical doctors were the only help sources to whom more would turn for drug problems than for problems in general: 17 percent indicated such willingness. Ministers, rated highly for problems in general, would be turned to for drug problems by only 14 percent. Teachers would be consulted by 16 percent, neighbors by 8 percent and 12 percent of the respondents would turn to no one.

There are few significant ethnic differences in helpseeking patterns for drug problems. Mexican Americans, however, were twice as likely as Anglos to report seeking help from no one (x^2 = 4.110 DF=1; sig <.05). Also, among those who used inhalants, Anglos were much more likely to turn to their siblings for help with drug problems (x^2 = 7.221 DF=1; sig <.01).

Greater differences in helpseeking for drug problems surfaced between those who had used inhalants and those who had not. Inhalant users were significantly more likely to seek help from friends (x^2 = 8.1509; sig <.01) and from doctors (x^2 = 3.880 DF=1; sig <.05). Unfortunately, inhalant users were also significantly more likely to do nothing or to seek help from anyone (x^2 = 5.380 DF = 1; sig <.05).

Source(s) of Information

Any efforts to inform, treat, or curb youths' use of drugs and alcohol can also be facilitated by exploring to whom the respondents would turn for information. This measure asked students to indicate what sources they would turn to for information when they were considering using or not using drugs (Table 4). The information sources listed were schools, parents, the media, medical doctors, peers, teachers,

Table 2: Percent of Youth Who Would Seek Help for Problems in General From: (N=614)

	Self		Parents		Teachers		Ministers		Friends		Siblings		Doctors		Neighbors		No One	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N
Mex-Am Used	34	19	22	12	22	12	93	51	54	30	42	23	18	10	9	5	18	10
Mex-Am Never Used	34	150	32	141	20*	87	97	424	58	253	41	179	10	44	11**	49	14	60
Anglo Used	36	4	46	5	18	2	100	11	73	8	64	7	0	0	0	0	9	1
Anglo Never Used	41	46	35	39	9*	10	98	109	66	73	32	35	2**	2	2**	2	8	9
All Used	35	23	26	17	21	14	94	62	58	38	46	30	15	10	8	5	17	11
All Never Used	36	196	33	180	18	97	97	533	60	326	39	214	8	46	9	51	13	69
All Mex-Am	34	169	31	153	20*	99	96	475	58	283	41	202	11**	54	11**	54	14	70
All Anglo	41	50	36	44	10*	12	98	120	66	81	34	42	2**	2	2**	2	8	10
Total	36	219	32	197	18	111	97	595	59	364	40	244	9	56	9	56	13	80

*p<.05; **p<.01

Table 3: Percent of Youth Who Would Seek Help for A Drug Problems From: (N=614)

	Self		Parents		Teachers		Ministers		Friends		Siblings		Doctors		Neighbors		No One	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N
Mex-Am Used	33	18	18	10	16	9	13	7	56*	31	33**	8	27	15	9	5	18	10
Mex-Amer Never Used	26	116	26	113	16	71	14	61	41	179	31	137	16	72	8	35	13*	58
Anglo Used	36	4	27	3	18	2	18	2	73	8	82**	9	27	3	9	1	18	2
Anglo Never Used	31	34	32	36	12	13	14	16	48	53	33	37	12	14	5	6	5	6
All Used	33	22	20	13	17	11	14	9	59**	39	41	27	27*	18	9	6	22*	14
All Never Used	27	150	27	149	15	84	14	77	42**	232	32	174	16*	86	8	41	12*	64
All Mex-Am	27	134	25	123	16	80	14	68	43	210	32	155	18	87	8	40	14*	68
All Anglo	31	38	32	39	12	15	15	18	50	61	38	46	14	17	6	7	7*	8
Total	28	172	26	162	16	95	14	86	44	271	33	201	17	104	8	47	12	76

*p<.05; **p<.01

Table 4: Percent of Youth Who Would Get Information About Drugs From: (N=614)

	School		Parents		Media		Doctors		Peers		Teachers		Ministers		Family	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N
Mex-Am Used	51	28	47	26	56*	31	31	17	40	22	31	17	26	14	33	18
Mex-Amer Never Used	47	205	51	222	38*	167	24	107	31	136	21	90	17	73	30	130
Anglo Used	27	3	46	5	54	6	27	3	64	7	27	3	18	2	46	5
Anglo Never Used	49	54	60	66	50	55	26	29	38	42	16	18	14	15	31	34
All Used	47	31	47	31	56*	37	30	20	44*	29	30	20	24	16	35	23
All Never Used	47	259	53	288	40*	222	25	136	32*	178	20	108	16	88	30	164
All Mex-Am	47	233	50	248	40	198	25	124	32	158	22	107	18	87	30	148
All Anglo	47	57	58	71	50	61	50.	61	40	49	17	21	14	17	32	39
Total	47	290	52	319	42	259	42	259	34	207	21	128	17	104	30	187

*p<.05

ministers, and family members. The three most frequently reported sources were: parents (52%), schools (47%), and the media (42%). A second tier of information sources were peers (34%), family members (30%), doctors (25%), teachers (21%), and ministers (17%).

The only significant ethnic differences in the information sources consulted concerned the influence of the media. Among those who had never used inhalants, Mexican Americans were significantly less likely to be influenced by the media than were Anglos (x^2 = 4.260 DF=1; sig <.05). This relationship is marginally significant for the entire sample (x^2 = 3.426 DF=1; sig = .0642). A difference in media influence was also found to exist between users and non-users, with users relatively more influenced by the media (x^2 = 4.981 DF=1; sig <.05). A final difference was found in the influence of peers: those who had used inhalants were more influenced by their peers than those who had not (x^2 = 4.861 DF=1; sig <.05).

DISCUSSION

The findings indicated a different pattern of social support and helpseeking for Mexican Americans and Anglos. Mexican Americans seem generally to be less protected by the buffers which are usually considered to mediate vulnerability to substance abuse (Andrews 1984; Mata 1978; Montiel 1982).

Specifically, Mexican Americans report lower levels of parental support. This does not imply poor parental relationships, however, since Mexican Americans simultaneously report higher levels of parental understanding. Rather, parental support implies the willingness and ability to offer various kinds of tangible assistance which Mexican American parents may be less adequately positioned to provide. A lesser ability to "be there when needed" may be attributable to fewer resources and to greater competing demands on available resources. Thus, lower income, low social status, less political power, and larger families amy all contribute to minority parents' lower ability to provide the specific support needed to their sons or daughters in times of trouble (Mata 1978; Moore, Castro, Castro, Cerda 1978).

This inability to rely solely on parents for needed support may lead to a greater tendency by Mexican American youths to view their neighborhood or community as their

social support network. This possibility is reflected in their helpseeking patterns for problems in general: while reporting comparable helpseeking levels from family and peers, Mexican Americans are more likely than Anglos to seek help from their neighbors, teachers, and medical doctors.

A further indication of the greater importance of the Mexican American communities as opposed to those of Anglos may lie in the lesser importance the media plays in the lives of Mexican American youths. This finding may also reflect a greater tendency by Mexican American youths to spend their leisure time outside of the home and away from exposure to media sources.

This typical helpseeking pattern varies, however, for Mexican American youths with drug problems. Both Mexican Americans and Anglos report less willingness to seek help for drug problems than for problems in general, but this decrease is more severe among Mexican Americans. For drug problems, there are no help source to which Mexican Americans would be more likely to turn to than Anglos. Moreover, Mexican American youths are twice as likely to indicate that they would turn to no one for help or information.

In considering the differences between those who use inhalants and those who do not, inhalant users seem more closely tied to their peers and less supported by their parents. Compared to non-users, inhalant users are more likely to be influenced by their peers and also are more likely to go to their friends for help with drug problems. They also report receiving less support from their parents but surprisingly, this combination does not lead them to feel better understood by their friends than they are by their parents. Again, this may be a case where lack of parental support does not indicate poor parental relationships, or it may indicate low levels of understanding from both parents and friends. If this is the case, it implies that inhalant-using youth participate in a peer network which is accessible and influential but not emotionally satisfying. This conclusion offers hope for intervention as unfulfilling patterns are more easily altered than those which are satisfying.

Obstacles to intervention with inhalant users, though, are readily apparent in their helpseeking patterns. Users report greater difficulty discussing their problems and are more likely than non-users to do nothing or turn to no one for help with drug problems. Intervention must emphasize innovative and creative outreach efforts in order to overcome these barriers.

CONCLUSIONS

Inhalants are just one type of drug used by youths in this rural area (Mata et al 1984). Inhalants are also some of the earliest illicit drugs experimented with, and there is some evidence that suggests their use may be increasing. However, inhalants are not the primary drugs of choice for either junior or senior high school students. In fact, the frequency of their inhalant use is less than that of alcohol, tobacco, marijuana or amphetamines (Forslund 1977; Rootman 1972; Tolone, Dermott 1975).

The limitations of this study include the dichotomous division of respondents into groups who have "ever used" or "never used" inhalants. This measure fails to distinguish between experimental, regular, and chronic users. Given the small number of inhalant users in the sample, closer examination of the diverse types of use (chronic versus experimental usage) was not possible. Future studies need to examine the differences in social support and helpseeking in terms of different inhalant use patterns.

Also, this study was meant to be both exploratory and preliminary. The differences observed here in social support and helpseeking measures may lead to differences in inhalant use or vice versa. Alternately, both may be precipitated by a third, unexamined factor or group of factors, although such conclusions regarding causation are beyond the scope of this data. The findings do suggest a need for a more controlled and systematic examination of the relationship between these variables.

There is a definite need for ongoing research on youths' use of gateway drugs like alcohol and drugs. While use of inhalants is comparably lower than it is for alcohol, marijuana and amphetamines, new cohorts continue to "discover" inhalants (Shanhotz 1968; Sharp, Korman 1980.) There is also, then, a need to examine who gets attracted to inhalants and why. What inhalants are being used? What is the link between experimentation and continuing use of inhalants? And, finally, what is the link between the use of inhalants and that of other soft drugs? Moreover, why is there an even larger number of students which are not attracted to and have never experimented with

inhalants? While this study is a beginning, there is clearly a need for a closer examination of youths' social support and helpseeking efforts (Rosenblatt, Mayer 1972) in order to find the answers to some of these questions.

While there are some similarities between rural and urban youths' use of alcohol and drugs, there are also a number of differences (Forslund 1977; Globetti 1978; Harrel, Lisn 1981; Rootman 1972). These discrepancies need to be explored further in order to facilitate the implementation of program efforts which would be more suitable to the tasks facing both urban and rural communities (Corliss 1965; Crites, Schuckit 1979; Daubert, MacAdam 1980).

In relation to services, policy makers and practitioners should reconsider many of their assumptions and understandings concerning inhalant users (Preble, Laury 1967), particularly concerning their status vis-a-vis family, peers and caretakers, and the ways in which these relationships affect social support and helpseeking efforts. Since the data suggests that youths' support networks are less satisfying, further emphasis should be given to specifying the nature and dynamics of inhalant users' social support networks (Caplan, Killilea 1976).

Attention also needs to be given to youths' information and helpseeking behaviors. Only when there is adequate knowledge of both these factors may more adequate and meaningful intervention and treatment efforts be developed and maintained. Finally, attention will need to given to youth knowledge about inhalant's abuse more serious effects—both short and long term ones (Poklis 1975; Taylor, Harris 1970); and how these are and are not being internalized and acted. Efforts to reach rural youth will also need to attend to fact that many of current operating "helping systems" are urban oriented and knowledge of rural youth especially minority youth is missing, ignored or incomplete. Whether future efforts be preventive or treatment oriented, a good measure of their success will depend upon providing a more adequate knowledge and understanding of youths' social worlds and their personal social network and relationship to youths' drug use experiences.

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