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Annotations

Glue sniffing

Glue sniffing is a recent phenomenon among the young in the UK. It was rarely reported here before 1970[1] although it has been a problem for longer in the USA where 7–12% of high school pupils have tried it at least once and about 4% sniff regularly.[2]

In the UK glue sniffing is common among deprived youngsters in inner city areas, and Masterson[3] suggests that it is the impoverished youngster's substitute for alcohol. Certainly it begins in the young, but unlike other drug taking which increases with age, glue sniffing lessens[2] although a switch to other drugs may ensue. There seems to be a regrettable absence of longitudinal studies.

Who are the glue sniffers?

Glue sniffers are young adolescents, more often boys although girls are increasingly represented,[4] whose families have most of the markers of inner city deprivation—such as poverty, overcrowding, unemployment, and delinquency. Most of them do not live with both their natural parents and Framrose[5] has described a typical family pattern in which the parent, or parents, have abdicated authority, vesting power in the adolescent. Often the mother-son relationship is an enmeshed one and the father's (or step-father's) authority is undermined by the mother, sometimes because of his own tendency to alcoholism, drug abuse, or criminality. The parents or step-parents appear to avoid intimacy, thus triangulating the adolescent into their relationship and allowing him to occupy a position superior to that of the father in the family's hierarchy of power. 'The mother was central, battling protectively on her son's behalf against the agencies outside the home and the relatively ineffective father within.' This family pattern is described by others[6 7] but is not unique to glue sniffers. Many syndromes—for example deliquency, school refusal, wife battering, and homosexuality—have been linked with peripheral or absent fathers. Indeed Dendle's[4] survey of 25 female glue sniffers and 25 non-glue sniffers admitted to a remand centre showed few differences between the two groups; each showed highly deviant behaviour as might have been expected in such an institutional population. The glue sniffers were distinguished by a higher proportion of broken homes, more suicidal behaviour and self-mutilation, and more anti-authority, rebellious attitudes.

Perhaps we should cease to regard glue sniffers as a separate category, to get 'unstuck from the glue' (R Framrose, 1982, personal communication), and recognise glue sniffing as one more manifestation of delinquency.

Phenomena of glue sniffing

A small amount of glue is squeezed on to a rag or into a small bag and inhaled. The effect is sometimes enhanced by encasing the head in a larger plastic bag. Mild intoxication is produced which lasts for about 30 minutes. Initial euphoria may continue into a confusional state, with disinhibition and hallucinations giving rise to risk-taking or aggressive behaviour. Eventually drowsiness and unconsciousness supervene if the inhalation is continued.[8] Vomiting may lead to inhalation asphyxia[9] and suffocation can occur if the plastic bag adheres to the face of an unconscious youngster. If the sniffing is done alone, the risk of an accident is greater. The mortality from toluene itself, the main glue solvent, appears to be very low[2] and most solvent deaths reported have been from associated trauma[9] or from aerosol abuse, petrol (benzene), and dry cleaning fluid (trichloroethylene) inhalation. Morbidity is more difficult to assess. Renal damage, polyneuropathy, cognitive difficulties, and a withdrawal syndrome resembling delirium tremens have all been described.[2 8]

Prevention and treatment

Attempts to make the use of glue illegal have not been successful in the USA and indeed it may be that the decreasing incidence of glue sniffing with age is related to the fact that glue-sniffing youngsters are not breaking the law and thus escape the involvement with police, juvenile courts, and convicted delinquents which some criminologists suggest may launch youngsters on a criminal career.[10]

Voluntary restriction of sales to minors by shop keepers is a more promising approach which has not yet been evaluated, and the industry is

considering the use of unpleasant additives to glue. The controversial suggestion[11] is that adults should not try to prevent glue sniffing but should teach youngsters how to practise the habit more safely—for example by not encasing oneself in a plastic bag and by not sniffing alone or in dangerous places (such as on railway banks or cliffs) where one might fall. They also advise adults not to offer 'slippery slope' stereotypes, implying that any experimentation is likely to turn the youngster into a drug addict. Such a panicky response based on ignorance might drive them into experimenting with more dangerous inhalants and other drugs. Masterson[3] however, thinks that to approve of glue sniffing is setting a dangerous precedent but suggests a solution which others might think even more undesirable—that is to introduce the glue sniffer to alcohol early, albeit in a family setting where intake can be controlled. As many of these parents have themselves problems with the control of drinking, such an approach does not seem realistic.

Various treatment approaches have their enthusiastic advocates, thus proving that no definitive treatment has yet emerged. The most interesting treatment approach involves the family and makes use of strategic family therapy techniques[12] in which paradoxical instructions are used to force changes in family structure, increasing parental co-operation, and decreasing the youngster's power within the family.[5] So far this work has not been evaluated. Kaufman[7] described the use of structural family therapy techniques,[13] considered to be ineffective by Framrose,[5] and claimed that they reduced recidivision in institutionalised young people dependent on drugs. Other techniques include behaviour therapy either linking glue sniffing with an aversive experience—such as apomorphine-induced vomiting—or using relaxation and aversive imagery techniques, psychodrama, and techniques for increasing the youngster's self esteem.[2] None of these treatment approaches has been evaluated with the use of control groups, but in view of the contribution to the problem by individual, family, and social factors, a combined approach using family therapy, behavioural treatments, and work with social groups—such as schools and gangs—seems empirically sound.

Conclusion

Glue sniffing is one manifestation of delinquent behaviour which occurs mainly in secondary schoolchildren who are often materially deprived and come from disturbed homes, characterised by peripheral or absent fathers, and distorted familial alliances. They tend to be more self-destructive than other juvenile delinquents but the phenomenon is a fairly benign one with remarkably low morbidity and mortality rates compared with other risk-taking behaviours in adolescence. The dangers could be reduced further by a voluntary restriction on sales to minors, incorporating noxious but non-toxic odours, health education, and providing activities for young people which enhance self-esteem. In the absence of evaluation studies of therapies, a pragmatic approach to treatment is advisable, but therapies which do not include the family are less likely to be successful.

We know little of the continuities between solvent abuse and narcotic abuse and need longitudinal studies.

Other volatile substances and drugs are more dangerous than glue and adults must avoid responding to glue sniffing in such a way as to drive children to experiment with other substances.

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