



Punks sniffing glue in the squalor of a West European slum.

Photo L. Sirman ©

“Glue-sniffing”

Inhalants or solvents are chemicals which are volatile at room temperature and produce effects similar to alcohol or anaesthetics when their vapours are inhaled. Some common members of this class of inhalants are toluene, gasoline, kerosene, carbon-tetrachloride, amyl nitrate and certain drugs used to induce anaesthesia such as halothane and nitrous oxide.

Recent experience shows that in some countries the abuse of these agents is on the increase. The usual pattern is for children to start experimenting with inhalants at around twelve years of age, but few people are still using them after the age of twenty-two. Those who do continue using these substances develop a psychopathological state and associated social problems.

Most young inhalers turn to alcohol and cannabis as they grow older. Inhalants produce various effects ranging from an intoxication similar to alcohol to that induced by hallucinogens; this effect develops rapidly and subsides within minutes. Inhalants are present in

common objects found at home, such as glue, paints, nail varnish remover, dry cleaning fluids and de-greasing compounds. Others occur as propellant gases in aerosols and fire extinguishers, or as fuels (petrol or cigarette-lighter gas). Sometimes sniffers heighten the effects by increasing the concentration of the vapour and excluding air, for instance, by sniffing with a plastic bag placed over their head—a dangerous enough procedure even without the chemical substance.

Inhaled solvent vapours are absorbed through the lungs and rapidly reach the brain. Part of the effect is due to the reduced oxygen intake. Such body functions as breathing and heart rate are depressed, and repeated or deep inhalation can result in an “overdose” causing disorientation, loss of control and unconsciousness. In normal circumstances, sniffers quickly recover.

The experience is very like being drunk—youngsters get merry and fool about together. Experienced sniffers may go on to seek dream-like experiences; but generally these are not true hallucinations, since youngsters don’t confuse them with reality.

The effects of solvent vapours come on quickly and disappear within a few minutes to half an hour if the sniffing is stopped. Afterwards the youngster may

experience a mild hangover (headache, poor concentration) for about a day.

Accidental death or injury can happen because the sniffers become “drunk”, especially if they are sniffing in an unsafe environment—on a balcony or beside a river. Sniffing to the point of falling unconscious entails the risk of death through choking on vomit.

If the method used to inhale the solvent obstructs breathing (large plastic bags placed over the head or sniffing in confined spaces) and the sniffer becomes unconscious, death from suffocation may occur. Some products (notably aerosol gases and cleaning fluids) sensitise the heart and can cause heart failure, especially if sniffers exert themselves at the same time. Gases squirted directly into the mouth can also cause death from suffocation.

Deaths are in fact rare and most can be avoided, even if sniffing itself can’t be prevented. Sniffing glue from small bags held to the mouth and nose has directly caused very few deaths. Relatively more have been associated with, say, aerosol or butane gas inhalation, or with bags placed over the head, even though these are almost certainly less common practices.

Very long-term heavy solvent misuse—over ten years—might result in moderate but lasting impairment of brain function, affecting especially the control of movement. Chronic misuse of aerosols and cleaning fluids has caused lasting kidney and liver damage, whilst repeatedly sniffing leaded petrol may result in lead poisoning. Despite these possibilities, it seems that lasting damage attributable to solvent misuse is extremely rare.

Whilst someone is sniffing repeatedly, the “hangover” effects of pallor, fatigue, forgetfulness and loss of concentration tend to become a recurring daily pattern. The youngster’s performance and functioning are affected and there can be weight loss, depression and tremor. But these will clear up once sniffing is discontinued.

Tolerance develops, but physical dependence is not a significant problem. Psychological dependence develops in a minority of susceptible youngsters with underlying family or personality problems, and these will probably become “lone sniffers,” as opposed to the more common pattern of sniffing in groups.

I.K.