Medical Memoranda

Glue Sniffing and Heroin Abuse

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The first report of a case of addiction to glue sniffing in Great Britain was given by Merry and Zachariadis (1962). The patient was a man, aged 20, who was diagnosed as having psychopathic personality. "After being in hospital for about two months he denied having the urge to sniff glue," the glue being one of the plastics or cements used for assembling models. He was discharged from West Park Hospital in 1963 and was found accommodation by us in a hostel, after which we lost touch with him.

CASE REPORT

On 5 January 1967 the same patient was brought unconscious into St. Thomas's Hospital, and after recovering consciousness was transferred to West Park Hospital. The history since his discharge in 1963 showed a typical progression in drug abuse.

He was a shy man, and after a few weeks in the hostel was persuaded by another resident to try Drinamyl tablets (dexamphetamine sulphate 5 mg. and amylobarbitone 32 mg.). "I took it for experience . . . it gave me a boost . . . it made me confident." He took them at week-ends, up to 30 a day and at a cost of one shilling a tablet. Gradually this taking of Drinamyl extended through the week. It was expensive for him, and, having learned of a doctor sympathetic to drug addicts, he approached this doctor and told him that he had just come from Ireland where he was being treated for a depression resulting from the death of his girl friend in a motor-cycle accident. He asked for Preludin (phenmetrazine hydrochloride) for his depression, having been advised by his friends not to ask for Daprisal tablets (dexamphetamine sulphate 5 mg., amylobarbitone 32 mg., aspirin 162 mg., phenacetin 162 mg.) since these friends were receiving Daprisal from the doctor and a request for this might have aroused suspicions. The patient received a prescription for 50 Preludin tablets and promptly forged the figure to 150 tablets, which he received from the pharmacist. On one occasion he took 40 Preludin tablets. This caused such severe palpitations that he thought he was dying and he was rushed to St. Thomas's, where his stomach was washed out. This experience put him off Preludin, but his erstwhile friends helped him out by providing him with a supply of stolen E.C.10 prescription forms, on which he prescribed Daprisal for himself.

About two years ago he decided to smoke marihuana—"I wanted the experience of it." He smoked about six reefers only, and says of it: "It made me feel drowsy and sleepy. When I was walking I felt as if I was leaning so far backwards that I was parallel with the ground." Though he knew he was upright, he felt he could adjust the angle of his body to the ground through a range of 180 degrees while he was walking. "Also things seemed bigger. Other times I could not stop laughing—for nothing—it depends on the mood you are in when you are smoking." He also had illusions while under the influence of marihuana—"Every shadow seemed a policeman."

About six months before admission he began taking heroin. "I wanted the experience. I told myself I would not do it more than once . . . one skin-pop (subcutaneous injection). I was sick with my first shot. But it was great when I lay down. I was floating and drifting. Just like wrapped in cotton-wool. You just feel great. And no comedown afterwards." He was not in fact discouraged from a second try. Very soon he was taking heroin subcutaneously at the week-ends, three times a day. "Life's a drag on Saturday night. What can you do on a Saturday night if you have a couple of quid? It's the only way I get any fun . . . I can enjoy myself without H, but with H I enjoy myself twice as much." He was earning about £11 a week and using about 1 to 1½ gr. (60–90 mg.) a day at the black-market

price of £1 per grain. "If I had more money I would have carried on fixing during the week."

During the whole of this period he had reverted to glue sniffing on only two or three occasions, until recently, when he gave himself a subcutaneous injection of 1 gr. (64 mg.) of heroin and while under its influence he sniffed glue. This caused unconsciousness, and he was therefore admitted to St. Thomas's Hospital.

On 5 March 1967 the patient was noticed to be jaundiced. He had made no complaint of feeling particularly unwell, which is not unusual in heroin addicts who become jaundiced. He made a rapid clinical recovery from the jaundice, and during the period of jaundice he experienced no great subjective disturbance. Some of the laboratory findings were as follows:

Date	S.G.O.T. Units	S.G.P.T. Units	I.C.D. Units
6 March 1967	2,270	4,270	342
23 March 1967	275	494	25.4

He discharged himself from West Park on 7 April 1967, but within a few days reverted to glue sniffing. He was picked up by the police in an intoxicated state, and eventually admitted to hospital again. On 20 April 1967 the S.G.O.T. and S.G.P.T. were 22 and 40 units respectively, and the rest of the routine liver-function tests were within normal limits.

DISCUSSION

So far as we know glue sniffing is not a problem in Great Britain (*British Medical Journal*, 1962). I personally have not come across another case, and my patient is not aware of other cases. However, glue sniffing is a serious problem in the U.S.A. In 1963 2,003 cases were reported in New York City (Winnick and Goldstein, 1965), and, as with addiction in general, this is probably an underestimate of the actual numbers.

Sniffing of glue can produce effects very similar to those produced by alcohol, ranging from pleasant relaxation to disordered perception with hallucinations, to drowsiness and even unconsciousness. Rarely, aggressive behaviour, directed to the self or to others, may be released. Glue sniffing demonstrates signs of dependence—that is, a tendency to increase the quantity of glue and withdrawal symptoms (Merry and Zachariadis, 1962).

Winnick and Goldstein (1965) further draw attention to a very serious implication of glue sniffing in the U.S.A., where at one time the typical teenage heroin addict had a preceding experience of experimentation with marihuana. Over the past few years experimentation with marihuana has largely been replaced by other substances, especially amphetamines, barbiturates, cough syrups, and glue. They state: "In New York City, which has half of the country's heroin users, there are data that suggest that glue sniffing may currently be the most likely prelude to later heroin use among young people."

It is therefore not unlikely that glue sniffing may become more common in this country, especially as these plastic glues are easily and legally obtainable and are certainly much cheaper than black-market drugs.

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