



DEPARTMENT OF HEALTH AND SOCIAL SECURITY
ALEXANDER FLEMING HOUSE
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LONDON S.E.1

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To Secretaries of associations on the attached list

18 January 1983

Dear Secretary

SOLVENT MISUSE ('GLUE SNIFFING')

In an adjournment debate in the House of Commons on 26 October on solvent misuse Mr Geoffrey Finsberg, Parliamentary Under Secretary of State for Health and Social Security, re-affirmed the Government's confidence in the work of local statutory and voluntary services in prevention campaigns and in helping young solvent misusers and their parents. Mr Finsberg reported progress on a range of initiatives he had launched in April 1982, and indicated that representatives of statutory and voluntary services would be consulted on what further steps the Government might take to support their work. I am writing therefore to seek your organisation's views accordingly.

A full list of the organisations being consulted is attached together with a list of the Government Departments concerned with the preparation and outcome of this consultation.

NATURE OF THE PROBLEM

As you may know, although commonly called 'glue sniffing' the problem is not confined to glues. There are a number of solvent-based products, many in everyday household use, which are safe if used properly, for their intended purpose, but which can be misused to achieve intoxication or hallucinations. The evidence seems to be that in most cases those who sniff solvents do so to experiment and give up without sustaining severe detectable damage. Although there are reports of adult solvent misusers, in the main it seems to be an activity of youngsters. Some solvents may of themselves cause harm or death with short term misuse, but the method of misuse, for example putting a plastic bag over the head, which could lead to death by asphyxiation, or accidents while intoxicated, are equally a potential risk. On present information the claim that some solvent products are 'safe' to sniff cannot be accepted. One of the main concerns of Ministers is for those youngsters whose casual or intermittent misuse of solvents leads to prolonged misuse from which they may develop permanent damage to the central nervous system, liver or kidneys, or the possibility of psychological impairment.

PARENTS

Ministers recognise that parents are in the front line. They have to teach their children to make responsible choices about their own health and they have to find ways of dealing with the problem if their children start to misuse solvents. But

parents may need to rely on the statutory and voluntary services described below for information and for advice. They may need direct help in responding to their children's problems and this need will be the greater if parents themselves, or their families as a whole, have problems of which solvent misuse is a manifestation. Parents look also to retailers to act responsibly in selling solvent products to youngsters. The Government seek to help parents by supporting the work of statutory and voluntary services and encouraging responsible retailers.

LOCAL SERVICES' AND RETAILERS' ROLES IN COMBATING THE PROBLEM

Local statutory agencies are responsible for assessing needs for their services and priorities in their areas and for planning and providing services to meet these needs. The Government has encouraged statutory bodies to exercise this responsibility to the full, within Ministers' policy guidelines, and to collaborate with other statutory services, the voluntary sector and others. In many areas professionals from local services are working together to respond to solvent misuse in ways best suited to their localities. This arrangement seems to work best when these professionals are fairly senior in rank, are experienced and are officially representing their agency. Multidisciplinary networks may break down if individual professionals are involved solely through personal interest and agencies are not committed to replacing them should they leave. In some areas existing networks may be used; in others, a network established to tackle solvent misuse may become the basis of multidisciplinary work on other problems such as drug or alcohol abuse. Often co-operation in voluntary sales restraint by retailers is secured. Particular points on the roles of local or voluntary services are as follows; and where possible, examples are given for illustration, but, since there is no requirement for local and voluntary services to inform the Government of their work in this field, no inference should be drawn if particular local or voluntary activity is not mentioned.

The Police and the Courts

Solvent misuse itself is not unlawful, but the police have powers to deal with any unlawful activities associated with solvent sniffing. For example, if a person is behaving in an abusive or threatening manner likely to cause a breach of the peace or if he causes wilful damage the police may act under the Public Order Acts or the Criminal Damage Act. The police may also take a person who is unconscious or incapable of looking after himself to hospital or a place of safety. This contact with the police and any subsequent court appearance may be the first time a person's solvent misuse has come to light. The police and the courts would therefore have a role in putting the 'sniffers' in touch with local helping agencies. In Avon, where the police are represented on the county multidisciplinary group by an assistant chief constable and other officers, a juvenile bureau officer will visit a solvent misuser's home to talk to his parents and this may remove the need for court appearance. In Cleveland, police are represented by a superintendent. In Northamptonshire referral arrangements exist in relation to solvent misusers between the magistrates and the social services department.

Social Services

Solvent misuse is not a specific ground for care proceedings nor for social work intervention, but, using their powers under child care legislation, social workers may help young solvent misusers. Section 1 of the Child Care Act 1980 requires social service authorities to provide 'such advice, guidance and assistance as may promote the welfare of children by diminishing the need to receive children into care or keep them in care'. Section 1(2)(a) of the Children and Young

Persons Act 1969 provides ground for direct intervention where a child's development or health is being prevented or neglected and he is in need of care or control; and other parts of the same Act provide other bases of intervention. Persistent solvent misuse may well be a symptom of other problems and it is unlikely that solvent misuse of itself will be a ground of care proceedings. However social services' child care responsibilities have prompted social services departments, for example in Lancashire and Northampton, to take the lead in co-ordinating local multidisciplinary efforts in response to solvent misuse.

Schools

There is no clear agreement on how schools can best react to the problem of solvent abuse. On the subject of drug abuse the Department of Education and Science's booklet 'Health Education in Schools' (1977) advised that the indirect aspect of the schools' task was to create a climate which would make recourse to abuse less probable. This applies equally to solvent abuse. As regards the direct aspect there is much to be said for a low-key approach to solvent abuse. A campaign in the schools could be counter-productive and even the inclusion of solvent abuse as a specific element in health education programmes might promote experimentation. There is a strong measure of agreement that solvent abuse is best dealt with at school on an individual basis by the pupil concerned talking to a teacher who will understand and whom he respects and trusts. There will however be times when the moment is right for group discussion when the topic crops up spontaneously and the teacher can discuss it. A number of local education authorities, for example in Lancashire and South Tyneside, have produced their own guidance to schools which contains information about solvents and advice on emergency procedures.

The Health Service, including General Practitioners

There has been some tendency to understate the health service's role by those who suggest that the health effects of solvent misuse are of less importance than social or behavioural questions. This is unfortunate. The health service has the lead in health education, detecting the misuse of solvents by individuals and diagnosing and treating any adverse effects on their health. In Leeds and Northamptonshire health education departments have played a part in producing guidance for helping professionals. In Avon the solvent abuse monitoring project was led by a psychiatrist from the child guidance service, to which other helping professionals now refer chronic misusers. General practitioners work within multidisciplinary networks, (for example the Hackney solvent abuse panel is chaired by a GP) and treat youngsters' other problems of which solvent inhalation is a symptom. GPs and casualty departments may use - and through them other helping professionals have access to - the analytical services of the National Poisons Information Service to detect which solvents, if any, have been inhaled.

Voluntary Services

Statutory services are encouraged to involve voluntary services in strategies to meet local needs. In relation to solvent misuse voluntary organisations have often been pioneers offering particular resources for statutory services. For example, the Teachers Advisory Council on Alcohol and Drug Education (TACADE), based in Manchester, has produced for teachers and others working with youngsters a health education package entitled 'Free to Choose' which covers solvent misuse in the general context of encouraging healthy living. Lifeline, also in Manchester, provides counselling service to which professionals can refer youngsters. In the South East the London-based Community Drug Project offers training for those likely to work with solvent misusers.

Retailers

In many areas retailers are voluntarily restraining sales of solvent products. This appears to be effective and to avoid the difficulties of definition and enforcement inherent in legislative control. Retailers' action has been encouraged, for example, by Evode Ltd, the manufacturers of Evc-etik and by the trade journal 'Hardware'. In Blackburn local initiative promoted 'responsible retailing' and in the London Borough of Hackney police home beat officers gave advice to all retailers in the borough on restricting solvent sales.

COURSES REJECTED BY THE GOVERNMENTControls on Retail Sale or Supply

Many solvent-based products, for example modelling glues, are normal goods for young people to buy, or find in their homes, and controls would therefore impinge on everyday activities. It would not be easy to set an appropriate age for restrictions. Experience in other fields indicates that whatever age was chosen might be difficult to enforce. Traders would find it difficult to judge age with reasonable accuracy and there would always be the possibility that young people would evade the controls by getting someone else to buy the solvent product for them, or they would misuse solvents in their homes, or resort to stealing.

Application of the Misuse of Drugs Act 1971

The Misuse of Drugs Act stringently restricts the manufacture, supply, possession, and use of certain drugs. Quite apart from the practical difficulties in formulating effective restrictions on common household solvent products liable to misuse, and in enforcing them, it would be wrong in principle to impose similar controls on household products which are in everyday use. This could only be at the expense of the freedom of the great majority of people who use them for their proper purposes.

Reformulating Products to Remove the Sniffable Compound or to Include an Aversive Additive to Deter Sniffers

Solvents are used to enable a resin or wax, for example in glue or shoe cleaners, to remain fluid until the product is used, or as the propellant in an aerosol. Reformulation would have to be consistent with the continued efficacy of the product. Any alteration or introduction of an aversive substance would have to be compatible with the product, not deter normal usage, be toxicologically safe, not offer or increase other hazards, for example, flammability, and not itself be attractive to sniffers. It would be necessary to change all products which might be abused, because sniffers would otherwise switch their abuse to products not yet reformulated. For these reasons reformulation would not be practicable or have the desired effect. Some states in the USA are understood to require the use of aversive additives, but Federal authorities have apparently been unable to commend the use of such additives.

Warnings on Packages

These could be counter-productive, by providing young people with an easy means to identify sniffable products.

ACTION ALREADY TAKEN OR IN HAND

The Government understands that those working with solvent misuse need good information on which to base their responses and that the most effective means to

strengthen local efforts is by ensuring access to such information and to this end the following has been or is being done.

Symposium

DESS co-sponsored a symposium on 24 November 1981 at Guy's Hospital in London, which was organised by the National Poisons Information Service and attended by researchers, doctors, care professionals, manufacturers and representatives of DESS, Home Office, Department of Education and Science and Scottish Education Department. Papers from the Symposium have been published by Macmillan Press Ltd in the journal 'Human Toxicology' in July 1982.

Training film for professionals

A training film for professionals and, possibly, parent-teacher groups is in production. The film was proposed by John Wheeler MP and will be available, with discussion notes, in 1983 through the Central Film Library.

Initiatives launched by the Parliamentary Under Secretary of State for Health and Social Security in April 1982

These were a commitment in principle to sponsor a book for professionals (a prospective editor has been approached) and, subject to receiving suitable applications within available resources, to fund studies into the problem. DESS has since prepared a statement of studies which would be likely to meet the Department's requirements as a customer and this is available on request.* Mr Finsberg announced the publication in 'Health Trends' (which is circulated to doctors in the NHS) of an overview of current knowledge of this problem. Finally, Mr Finsberg said the Government would act with sensitivity to support existing efforts and would therefore consult retailers on voluntary "responsible retailing" and representatives of local statutory and voluntary services - hence this letter.

POSSIBLE FURTHER ACTION BY THE GOVERNMENT TO SUPPORT LOCAL EFFORT

Make Solvent Misuse a Specific Ground of Care Proceedings

If there were any doubts about social services' and courts' grounds for intervention this might resolve them. However, the majority of misusers give up sniffing after a period of experimentation and only a small minority become chronic misusers. These misusers are likely to have other problems which will have brought them to helping agencies' attention or already been a ground for intervention, and, as described above, social service departments have powers in current child care legislation to cover any need to act. Moreover, it has not so far been represented that additional powers would be helpful to social service departments.

Changes in Legislation

Many have argued that the law should be amended to make solvent sniffing, or at least some of the undesirable behaviour resulting from intoxication from solvents, an offence. The view of the Government, supported by many working with sniffers has been that such a course of action could be counter-productive. The risk of prosecution could lead young people to sniff in out of the way places, thus diminishing the likelihood that help would be available in the event of an accident. Court proceedings might also tend to alienate young people rather than encourage them to seek help and advice. The Government remains of the view that

* From Miss V Patel, DESS, Room B1411 Alexander Fleming House, Elephant and Castle, London SE1 6BY

the primary response to the problem should remain one of education and persuasion. Nevertheless it wishes to explore whether any changes in the criminal law might provide useful support for this approach. From a preliminary study, it seems likely that although to make sniffing itself an offence might be more attractive, because it would aim at the root of the problem, such a provision would be difficult to frame and to enforce effectively. It may however be feasible to create an offence aimed at anti-social behaviour which falls short of threatening, abusive or insulting behaviour likely to cause a breach of the peace (already an offence under the Public Order Act 1936). For example the present offence of being drunk in a public place might be extended to cover intoxication from other substances, including solvents. Views would be welcome both on the general question of whether there should be any changes in the law, and, if so, what these changes might be.

Training Aids

As mentioned, it is hoped that a book and a training film will be available this year. There may still be scope for other materials, perhaps specific to different professional groups. Some exist already, for example TACADE's 'Free to Choose'. It may be that similar organisations should provide the specialist material for their related professional groups.

Review Training Arrangements for Professionals

It may be argued that the Government should fund trainers for an initial pump priming period to ensure that specific training in responses to solvent misuse is co-ordinated and accessible to all professional groups. However this would imply Government approval of the content of training, which central Government is not equipped to give, and could serve to isolate solvent misuse from coverage within the normal activities of training bodies. Comments would be welcomed from established training bodies and employing authorities on considerations affecting the inclusion of responses to solvent misuse in pre - and post - qualification education and training.

DHSS Funded Post to Stimulate Local Agencies' Response to Solvent Misuse

The Scottish Education Department is funding a three year pilot project in Grampian Region which aims, by strengthening the existing network of services, to enable parents of solvent misusers to have access to discreet and private handling of these problems. As noted above (pages 2-4) help is provided by local statutory and voluntary services in several counties and health regions in England, but, given this work, does there remain a specific need for a similar pilot project to help local effort in England? Scottish regions cover the area of several former counties and it may be difficult to define a project area of appropriate size in England from which results could be useful to other health service and local authority areas. Moreover, what would be the effect of such a project on the growth of services in the project area, surrounding areas and the rest of England?

Disseminating Good Practice

Is there a need for the Government to disseminate good practice either through publications or by sponsoring seminars? Publication would depend on central Government hearing of, or being able to identify good practice and there could be

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the danger of undue weight being given to activity in any area because it was covered in a Government publication. Is there a need for the support of seminars which will benefit several counties or health regions? Or do authorities attach more value to arranging and funding their own multidisciplinary seminars?

CONCLUSION

I should be grateful for your comments on the options discussed above. To encourage your full consideration of them we have resisted doing more than identifying the principal merits and demerits of each as the Government at present perceive them. There may be other possibilities that occur to you and we should be interested to hear of these. Would you please return the attached acknowledgment slip indicating whether you will be commenting and then may we have your reply by 29 April 1983.

Yours sincerely

Margaret Pearson

MRS M A J PEARSON
Community Services Division

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SOLVENT MISUSE

ADDRESSEES FOR CONSULTATION LETTER TO REPRESENTATIVES OF STATUTORY
AND VOLUNTARY SERVICES

Advisory Council on the Misuse of Drugs
Assistant Masters and Mistresses Association
Association of Area Health Education Officers
Association of Chief Officers of Probation
Association of Chief Police Officers
Association of Community Health Councils in England and Wales
Association of County Councils
Association of Directors of Social Services
Association of Family Practitioners Committees
Association of Metropolitan Authorities
Association of Nurse Administrators
Association of Teachers in Further and Higher Education
Association of Therapeutic Communities
British Association of Counselling
British Association of Social Workers
British Psychological Society
Central Council for Education and Training in Social Work
Church of England National Council for Social Aid
Churches Council on Alcohol and Drugs
Community and Youth Workers' Union
Community Drug Project
Co-operative Women's Guild
Council for the Education and Training of Health Visitors
Employment Medical Advisory Service
English National Board for Nursing, Midwifery and Health Visiting
General Nursing Council (England and Wales)

Greater London Council
Guild of Health Education Officers
Health Education Council
Health Visitors' Association
Institute of Health Service Administrators
Institute for the Study of Drug Dependence
Joint Board of Clinical Nursing Studies
Justices' Clerks Society
Lifeline
London Boroughs Association
Magistrates' Association
Mental Health Foundation
National Association for Mental Health
National Association for the Care and Resettlement of Offenders
National Association of Citizens' Advice Bureaux
National Association of Governors and Managers
National Association of Head Teachers
National Association of Probation Officers
NAS/UWT (National Association of Schoolmasters/Union of Women Teachers)
National Association of Youth and Community Educational Officers
National Campaign Against Solvent Abuse
National Council for Voluntary Organisations
National Council of Voluntary Youth Services
National Federation of Parent-Teacher Associations
National Federation of Women's Institutes
National Children's Bureau
National Institute of Social Work
National Training Council for the NHS

National Union of Teachers

National Youth Bureau

Panel of Assessors for District Nurse Training

Police Federation

Professional Association of Teachers

Psychiatric Nursing Association

Psychiatric Rehabilitation Association

Regional Health Authorities in England (14)

Release

Residential Care Association

Royal College of Nursing

Secondary Heads' Association

Schools Council

Society of Community Medicine

Standing Conference on Drug Abuse

Superintendents Association

Teachers Advisory Council on Alcohol and Drug Education

United Kingdom Central Council for Nursing, Midwifery and Health Visiting

Women's Royal Voluntary Service

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SOLVENT MISUSE: CONSULTATION WITH REPRESENTATIVES OF STATUTORY AND VOLUNTARY
BODIES

I/we will/*will not be comenting

Name

Organisation

Address

Date

* delete as appropriate

(MEDICAL BODIES)

British Medical Association

Central Committee for Community Medicine

Community Medicine Consultative Committee

Council for Postgraduate Medical Education

Faculty of Community Medicine

General Medical Council

General Medical Services Committee

Royal College of General Practitioners

Royal College of Physicians

Royal College of Psychiatrists

SOLVENT MISUSE

GOVERNMENT DEPARTMENTS CONCERNED WITH THE PREPARATION AND OUTCOME OF CONSULTATION WITH REPRESENTATIVES OF STATUTORY AND VOLUNTARY BODIES IN ENGLAND

Department of Health and Social Security

Department of Education and Science

Department of Trade

Home Office

In Scotland, Wales and Northern Ireland similar exercises have been or are being undertaken by:

Scottish Education Department
Scottish Home and Health Department

Welsh Office

Department of Health and Social Services (Northern Ireland)



DEPARTMENT OF HEALTH AND SOCIAL SECURITY
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TO RETAILERS' REPRESENTATIVES ON THE ATTACHED LIST

18 January 1983

SOLVENT MISUSE ('GLUE SNIFFING')

You will, I am sure, be well aware of the practice of 'glue sniffing' - or solvent misuse as it is more correctly called - which has given rise to concern in recent years. Parliament last debated this problem on 26 October when Mr Geoffrey Finsberg, Parliamentary Under Secretary of State for Health and Social Security, re-affirmed that, as part of the Government's response, officials would be consulting retailers' representatives about the scope for voluntary restraint in selling solvent-based products. I am writing therefore to invite your organisation's views on what might be done in response to the problem.

As you know the practice of solvent misuse became prevalent in the United Kingdom during the 1970s. It is generally restricted to children and adolescents in the 10 to 19 age group, with a peak between 13 and 15. 'Sniffing' is a means of achieving intoxication and hallucinations by inhaling organic volatile solvents. These substances are generally found in common household products which are safe if used properly and therefore sold without control. Examples include butane lighter fuel, glues, paint thinner, nail varnish remover and aerosols. The solvents in these products include toluene, n-Hexane, benzene, acetone, amyl acetate, ethyl acetate, methanol and ethanol.

Dangers from 'sniffing' may occur in the short term through accidental asphyxiation, respiratory failure, heart failure, or falls (if the "sniffing" takes place at a location where falling could be dangerous, eg on canal banks or in derelict buildings). There are believed to have been 27 solvent-related deaths in the UK in 1980. In the long term anaemia, leucopenia, and damage to liver, kidneys and central and peripheral nervous systems may occur.

A number of control measures have been suggested to deal with the problem but there are difficulties associated with all of these.

Controls on retail sale or supply. Many solvent-based products, for example modelling glues, are normal goods for young people to buy, or find in their homes, and controls would therefore impinge on everyday activities. It would not be easy to set an appropriate age for restrictions. Experience in other fields indicates that

whatever age was chosen might be difficult to enforce. Traders would find it difficult to judge age with reasonable accuracy and there would always be the possibility that young people would evade the controls by getting someone else to buy the products for them, or they would misuse solvents in their homes, or resort to stealing.

Application of the Misuse of Drugs Act 1971. The Misuse of Drugs Act places stringent restrictions on the manufacture and supply of certain drugs. It would not be sensible or practicable to apply this control to common household products.

Reformulating products to remove the sniffable compound or to include an aversive additive to deter sniffers. Examples of the use of solvents are in enabling a resin or wax, for example in glue or shoe cleaners, to remain fluid until the product is used, or as the propellant in an aerosol. Reformulation would have to be consistent with the continued efficacy of the product. Any alteration or introduction of an aversive substance would have to be compatible with the product, not deter normal usage, be toxicologically safe, not offer or increase other hazards, for example flammability, and not itself be attractive to sniffers. It would be necessary to change all products which might be abused, because sniffers would otherwise switch their abuse to products where no reformulation had been made. For these reasons reformulation would not be practicable or would not achieve the desired effect. Some states in the USA are understood to require the use of aversive additives but Federal authorities have apparently been unable to commend the use of such additives.

Warnings on packages. These could be counter-productive, by providing young people with an easy means to identify sniffable products.

Restricting possession or use. There would be great practical difficulties in formulating effective restrictions on the possession and use of solvents liable to misuse, and in enforcing them. Even if these difficulties could be overcome they might add to the danger of accidents to solvent sniffers by increasing the likelihood that sniffing would be done secretly or in isolated places.

In most cases responsibility for helping a young sniffer falls to parents who look for help to social services, schools, youth services, health services, the police and retailers. In many areas these agencies and retailers are co-operating to respond to solvent misuse in the way best suited to their community. On 26 October Mr Finsberg reported progress on measures to support these commendable efforts. They include the making of a training film, a book, sponsoring studies and consulting representatives of statutory and voluntary services and of retailers to learn how the Government can help the helpers.

Retailers in some localities have demonstrated that one measure which seems, from all accounts, to have had some success is the exercise of voluntary restraint on sales, based on common sense. The Department would be particularly interested to know your organisation's views on this practice.

We would appreciate comments on the various aspects of the problem detailed above and any suggestions you wish to make regarding the problem of solvent misuse. Your organisation's views on the following points would be particularly helpful:

- are retailers generally willing to exercise voluntary restraint?
- do the present ad hoc arrangements work well, or should voluntary restraint be promoted or co-ordinated?
- how might this be done? Is there scope for, say, a trade self-regulated code? What role might there be for the Government in helping the trade prepare such a code?

Would you please return the enclosed acknowledgement slip, to indicate if you will comment and may we have your reply by 29 April 1983? This should, I hope give you time to take the views of your members as appropriate.

Yours sincerely

Margaret Pearson

MRS M A J PEARSON
Community Services Division

SOLVENT MISUSE

ADDRESSEES OF CONSULTATION LETTER TO RETAILERS' REPRESENTATIVES

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SOLVENT MISUSE: CONSULTATION WITH REPRESENTATIVES
OF RETAILERS

I/We will/will not* be commenting

Name

Organisation

Address

Date

* delete as appropriate

SOLVENT MISUSE CONSULTATION

172 Mr John Wheeler (C: City of Westminster, Paddington)

To ask the Secretary of State for Social Services, when he will consult representatives of statutory and voluntary bodies and of retailers about solvent misuse; and if he will make a statement.

MR GEOFFREY FINSBERG

Letters were sent on Tuesday, 18 January to representatives of statutory and voluntary bodies concerned with solvent misusers in England and to representatives of retailers in England and Wales seeking their views on ways of tackling solvent misuse. My hon Friend, the Secretary of State for Wales, is similarly consulting statutory and voluntary bodies in Wales.

Copies of the consultation letters are being placed in the Library.

The letter to the statutory and voluntary bodies sets out the problem of solvent misuse and describes what these bodies have variously been doing to prevent solvent misuse and help solvent misusers and their parents. The Government action already in hand in support of their work is listed. The letter also seeks views on further Government action in support of this work, in particular on:

- i. the role of child care legislation;
- ii. the role of criminal law in relation to solvent misuse;
- iii. training aids for professionals;
- iv. training arrangements for professionals;
- v. new posts to stimulate local agencies' response to solvent misuse;
- vi. ways of disseminating good practice.

The letter to retailers' representatives contains similar information and describes the initiatives of retailers in many areas in exercising voluntary restraint in selling solvent products. Views are invited, in particular on:

- i. Whether retailers are generally willing to exercise voluntary restraints?
- ii. Whether existing arrangements work well, or should voluntary restraints be co-ordinated or promoted?
- iii. How might this be done; whether there is scope for a trade regulated code; what might the Government do to promote such a code?

Those consulted are asked to discuss widely the issues raised and to reply by 29 April 1983.

Solvent Abuse

9.8 pm

Mr. Roy Galley (Halifax): The problem of solvent abuse and glue sniffing has been debated several times in the House. With the proposed issue of a voluntary code of practice on the sale of relevant products and in view of recent reports of further deaths from solvent abuse, it is timely that the matter should be raised again.

This serious problem requires a co-ordinated and effective approach. It is difficult to obtain accurate and comprehensive figures, but the most accurate figures available suggest that since 1971 there have been 236 deaths. There were 22 deaths in 1980, 39 in 1981, 66 in 1982 and 33 in the first six months of this year. There is an accelerating problem in terms of known deaths.

Therein lies a major difficulty to which I hope we can address ourselves. We do not have a secure statistical basis on which to determine the extent of the problem, and we have no figures for hospital admissions or referrals to general practitioners or social services departments. We have nothing to help us to understand the depth of the problem, which is a continuing factor in modern society. It would appear that outbreaks occur on an irregular basis in different parts of Britain. We need further information about locality, age, sex and reasons. There are varying degrees of abuse from the occasional, almost isolated, incidents to full addiction. My first plea to my hon. Friend the Minister is that there should be an attempt to obtain more detailed statistical information to give us a basis on which to make good judgments on the matter.

The health effects and risks also differ greatly. They include euphoria, hallucination, fits, behavioural pattern disturbance and sometimes coma. They can go much further, involving either serious personality disorders or major psychiatric problems. They can involve permanent damage to the heart, kidneys, lungs and other organs. In the hallucinatory state, the effect can be damaging to the user or to others. The major cause of death is suicide while someone who has abused the substances is in a hallucinatory state.

In that context, and with the seriousness of the problem, much debate has centred on the possibility of legislative action. It has been argued that the use of solvents in this way could be made a criminal offence, rather similar to the misuse of drugs. On balance, that would be difficult to enforce and it may lead to more surreptitious abuse. Powers under the Public Order Acts 1936 and 1963, the Criminal Damage Act 1971 and the road traffic legislation give the police some scope for taking action where there has been crime as a result of solvent abuse. Perhaps when the Government consider changes in public order legislation, the effects of solvent abuse could be included in one of the categories of crime. However, it would be wrong to direct legislative effort against those who have abused solvents, primarily because they require treatment and because there is little in terms of criminal mentality about it.

Mr. Robert Kilroy-Silk (Knowsley, North): Is the hon. Gentleman aware of the Scottish system of children's panels rather than juvenile courts? The children who are referred to those panels are not always treated as criminals. One of my hon. Friends recently introduced a Bill that

allowed children to be referred to children's panels if they were involved in solvent abuse. Perhaps the Minister could consider that idea for England.

Mr. Galley: The hon. Gentleman has made a valid point, and to some extent he anticipated what I planned to say. I was going to suggest not the panel system that operates in Scotland, but a similar system.

We could insist upon the legal control of the manufacture or supply of the products, but the great difficulty with that is the enormous range of products available to anyone who wishes to abuse them. They include glue, aerosols, hair lacquer, petrol and dry cleaning fluids. Many of those products are used legitimately in household activities, and it would be wrong in principle and difficult in practice to impose severe controls on products for which there are many everyday legitimate uses. It would also be extremely harsh to impose on shopkeepers a duty not to sell particular products to people under a certain age. That would compound the problems that currently face licensees in relation to the serving of alcohol. I believe that such a step would be draconian.

That brings me to the proposed voluntary code of practice, which would be fairer to shopkeepers. However, we must have some doubts about its ultimate efficacy in coping with this problem. One hopes that it will go some way, but shopkeepers will need some education in recognising the problem, understanding the signs and knowing what to do about it. All the essential parts of the difficulty that we face. Therefore, there must be some training if shopkeepers are to play an effective role under the voluntary code. I hope that the Minister will assure us that the operation of this code will be rigorously and frequently reviewed.

Labelling has also been suggested, but that could be counterproductive, as in some instances it may incite rather than inhibit experimentation with solvents. Another suggestion has been the use of additives in solvents. In some cases it is possible to have non-solvent glues, but in general the dangers of increased toxic effect make that approach dubious.

Many other people may urge legislative activity along the lines that I have suggested, but on balance we must concentrate our efforts elsewhere, in particular on health education and referral systems. Only by education will we have any chance of moving towards prevention, and that must be our prime aim.

In this respect, there are two problems. The first is recognition. Many parents, teachers and social workers do not readily recognise the symptoms that are evidence of solvent abuse. Even when those symptoms are recognised, those concerned, including professionals in some cases, often do not know where to refer them. At present, there is no system for dealing with the problem, once identified.

A fairly horrific incident recently occurred in my constituency. An anxious parent, aware that there was a problem and thinking that it had something to do with solvent abuse, had to ring 23 different agencies before finding someone who was able to assist.

Multi-disciplinary teams are now being developed in many parts of the country and training is taking place. The Calderdale area, of which my constituency is part, is now endeavouring to take this further. I hope that the Minister will encourage such activity and give it an added boost. The Calderdale area is producing an up-to-date,

was already closed temporarily due to staff sickness and the consultant concerned — we must depend, quite rightly, upon consultants for clinical judgments—said that he hoped to be able to maintain normal levels of service without the use of the ward. In that case, we took medical advice.

We must deal with the important matter of the internal redistribution of beds at St. Paul's eye hospital. I am afraid that I must give another "clarifying" statistic, although it is not aimed to confuse. I am not the only hon. Member who has used statistics. Almost every hon. Member who has taken part in the debate has read out rows of figures, mostly from parliamentary answers that I have given in the past two or three weeks. Occupancy at St. Paul's eye hospital is only 70 per cent. and the ophthalmic waiting list in Liverpool has been decreasing in recent years, with the unfortunate exception of the period during last year's industrial action. The sooner we forget about that, and the less said about it, the better. The authority considered that beds could be reduced without a substantial reduction in work load.

Mr. Parry: I wrote to the Minister about the waiting list and the Minister replied to me on 28 October. I included a letter from a patient stating that her appointment had been cancelled because of insufficient staff. She said in the letter that she was grateful to the staff of St. Paul's eye hospital as she feared that she was going blind. How can the closure of a ward be justified when the Minister's reply indicated that nearly 500 people are awaiting admission?

Mr. Patten: I have just explained the circumstances surrounding the closure of that ward. I can only refer the hon. Gentleman to tomorrow's *Official Report*.

There are also very low occupancy levels on paediatric orthopedic wards. That, too, has caused concern locally. In June this year, the waiting list was only 75 and there were no urgent cases. Contrary to the gloomy picture painted by Opposition Members, in this area the vast majority of cases are treated within six months of appearing on the waiting list. Again, therefore, the authority considered that the closure of a 24-bed ward would not affect services. That change is certainly in line with the long-term strategy being developed.

None of the measures that I have mentioned constitutes a savage reduction in services of the kind suggested by the Opposition.

I stress one point about temporary closures, which I hope will reassure hon. Members and their constituents. The closures were effected before the full consultation process had been undertaken because the authority believed, as it is entitled to do, that urgent action was necessary in the interests of the service as a whole. We have always recognised that in the very short term there may be circumstances—including financial pressures, but sometimes other problems such as illness of individual specialist consultants—which justify authorities acting in that way. I reassure the House, however, that before the closures can be made permanent—if, indeed, it is proposed that they should be permanent—the full consultation process must take place. If the community health councils object, the matter will come to Ministers in the normal way.

Mr. Alton: The Minister referred to statistics. Florence Nightingale once said that statistics were important because they were a measure of God's purpose for us here on earth. They are also a measure of the challenge. Many Opposition Members have put it to the Minister that there are grave problems in Liverpool, especially for elderly people. One statistic that we tried to impress upon him was that the fastest growing group was the over 80-year-olds and that one third of the population was over retirement age. What increased provision will there be, not just in capital schemes but in increased revenue expenditure, to provide for those people?

Mr. Patten: Part of the regional strategy adopted by the Merseyside regional health authority is to switch resources within its substantial budget away from always providing acute care and towards providing better community-based provision for the elderly, the mentally handicapped and the mentally ill. The overall strategy is most interesting, but it is fraught with difficulties. The difficulties are compounded by the environmental and social problems of Merseyside. Nevertheless, I believe that the health authority is being thoroughly realistic in its approach to the problem in the interests of people who count most—the patients.

comprehensive training programme which, it is hoped, will eventually produce neighbourhood teams to deal with abuse cases. Such training would extend to teachers, the police, education welfare officers, youth club leaders, general practitioners, social workers, and so on, and to all agencies which at any stage would have anything to do with the problem. It would be more extensive than many of the multi-disciplinary efforts that have taken place so far.

The key to the scheme is that in each locality—probably within a council ward or definable area—a trained team will be able to assess the problems and cope with solvent abuse. This neighbourhood approach is of particular significance. There will be professionals operating in one of these capacities. The idea is that there should be a pool of trained people to whom they can turn. There will be a panel of experts to whom problems can be referred and the trained experts would have colleagues with whom they could discuss individual cases. As a result, parents and teachers will have greater confidence that there are people available, ready and willing to assist in their problems.

It is the combination of training and the outline of the referral system that is probably most needed. I hope that such a local initiative is something to which in a practical way, perhaps financial, perhaps as guidelines from his Department, my hon. Friend the Minister will be able to give assistance. One result of the suggestion is that we may be able to get a better basis of statistical and qualitative information that will deepen our knowledge of the problem. We could then know more about where children—in many cases it is children, though not always—obtain the solvents, what forms of treatment work, what level of treatment is required, and so on.

As to the point that the hon. Member for Knowsley, North (Mr. Kilroy-Silk) made, we shall have established a fairly informal referral system, and a trained but informal panel. There is then scope, if the system works and can be developed, for a more formal system, with the possibility of a solvent abuse register, rather on the lines of the child abuse register, which would be the basis for dealing with future cases. I hope that the Minister will keep an open mind on this matter and consider carefully the argument about a proper referral system. There are problems about definition, but they can be overcome.

We have a serious problem, which, as a nation, we are only just beginning to tackle. The voluntary code of practice is but one small step towards tackling the problem. I hope that the Government will not rest on their laurels, having taken that step. It is not the end of the problem. There is much more to be done. I hope that the Minister will take steps to encourage and promote health education and an adequate referral system.

On balance, while it is right to take the stand that sensationalism may lead to imitation and that a low-key approach is more productive, we must not take as an excuse for inaction the fact that the voluntary code is in operation.

9.22 pm

Mr. Harry Greenway (Ealing, North): I congratulate my hon. Friend the Member for Halifax (Mr. Galley) on securing an Adjournment debate on this important topic and on a lucid and interesting speech which points to various possible solutions of a growing problem. I also congratulate my hon. Friend the Minister, who will reply,

for the marathon that he is undertaking at the Dispatch Box, and I thank him for his courtesy in being present to handle this topical and important subject.

There is no doubt that glue sniffing and solvent abuse are seriously on the increase. I first started to deal with young people as a teacher 26 years ago, and there was no question or hint of glue sniffing in schools at that time. I taught in schools all over London and I also helped in youth clubs and other such places. However, 15 or 16 years ago we began to pick up the first hints of glue sniffing, and, with the build-up over the period, we can see the pattern and the type of children who go in for glue sniffing. My hon. Friend the Member for Halifax mentioned the 236 deaths from solvent abuse that have occurred since 1979. A breakdown of those figures would probably show a rising trend and that there had been more deaths in the past year than in any other year.

In the past three years I have received four petitions from my constituents. I have had two petitions from head teachers: one from the head of a first school for children aged between five and eight years, and one from the head of a middle school for children aged between nine and 12 years. I also received two petitions from parents. In each case, the petitions contained the signatures of several hundred concerned neighbours—adults and parents. There can be no doubt that the public are looking to Parliament and to this Government for a solution to a problem that has given rise to such great concern.

I have not seen toddlers suffering from the after-effects of glue sniffing, but I am told that they become almost unconscious and stagger about. It is highly probable that they will suffer brain damage as a result of glue sniffing. Indeed, I have been told that by general practitioners and others in the medical profession who are well qualified to comment.

I have seen children aged between eight and 10 years who have been glue sniffing. They are in a dazed state and unable to concentrate on anything. They are not in command of themselves and seem unable to control their actions. It is impossible to hold a proper conversation with them. It is worrying that such young children, including toddlers, should be free to put themselves into that mental and physical condition. A few months ago a teenager wearing pumps and jeans ran riot in my constituency and kicked down a very strong wooden fence after he had been glue sniffing. That is an intimation of the effect that glue sniffing had on him. He did not feel any pain, and those who saw him doing it were very disturbed by his violent state. In his natural state he was a normal, peaceful boy. Is it any wonder that parents, teachers and other members of society are very worried about this growing problem, or that they demand action from Parliament?

I am glad that hon. Members have become increasingly concerned about this problem. A few months ago, a measure was passed dealing with the situation in Scotland. I was sorry to see Scotland ahead of England—

Mr. John Maxton (Glasgow, Cathcart): It always is.

Mr. Greenway: I can think of no other area in which the Scots are ahead of the English. However, Scottish Members may like to think otherwise.

Children and adults who sniff glue usually go to waste land, or to huts that were originally put up for building work. Such places are scarcely frequented, if at all. There they can get on with glue sniffing, undisturbed and

[Mr. Greenway]

undetected. That is why they inhale and become intoxicated to the extent that they do. I am told that the odd sniff has certain stimulating effects and may damage the brain. However, the odd sniff does not have the very serious effects that I have described.

The moral must be that detection is valuable in the prevention of glue sniffing. It will help if parents, teachers and members of the public are on the alert and know the areas in which glue sniffing may take place. Here is a case for educating the public about what could happen.

An increasing number of adults have died as a result of glue sniffing. It has been discovered that such people are almost always looking for stimulation because they are bored. People do not become bored when they are living stimulating and satisfying lives, but that is a broad problem for society. Sometimes adults are found sniffing glue with bags over their heads. Although it sounds peculiar, it happens, and psychologists tell me there is an explanation for it. Such adults are seeking stimulation and they get it in that way.

Can people be educated away from glue sniffing? Perhaps, but I wonder how far education will take us. I was interested in the path pointed to by my hon. Friend the Member for Halifax. Education will have an arresting effect on some people if they know what damage they can do to other people and to their property, but those who are determined to sniff glue or to go for other forms of solvent abuse will not be deterred by education. Indeed, a broad programme of education might stimulate additional interest in solvent abuse and increase addiction to solvents. Therefore, education is not necessarily the panacea that some people think it might be. In any event, how would one educate people out of glue sniffing? The more one talks about it, the more interest is spread and the more people are stimulated to do it. The problem could increase in that way.

I believe that we need to look for other solutions. I would ban the sale of glue that stimulates behaviour of the kind that I have described. The ban on the sale of fireworks to children under the age of 14 has been fairly successful. A ban on the sale of glue and solvents should be considered with much more determination than has so far been shown by successive Ministers.

Will my hon. Friend consider the American practice of adding something at the production stage which makes the sniffer violently sick?

The Under-Secretary of State for Health and Social Security (Mr. John Patten): It does not work.

Mr. Greenway: I am told that it does work.

Mr. Patten: I have listened to my hon. Friend's constructive point with close attention but I must tell him that, although the idea of adding noxious substances to prevent people using solvents is tempting, it has been tried in the United States and has not proved successful. Most states have withdrawn the regulations and the Federal Government are against them not because they do not think it is a good idea per se, but because it does not work.

Mr. Greenway: I take my hon. Friend's point. What he says makes it clear that American practice has not been as successful as it has been described to me. If an individual drinks disinfectant, he will be ill because the

body rejects it. It is not beyond the wit of our inventors to produce a noxious substance that can be added during the glue production stage. I do not want it necessarily to produce violent sickness, but it should lead the body to reject glue that has been inhaled.

The fact that there has not been wide success with such a device in the United States should not prevent us from trying something similar. It could be the simplest possible solution to the problem.

Mr. Peter Thurnham (Bolton, North-East): Although it may be attractive to find an adulterative substance, the sort that has been tried in America has been found to be carcinogenic and, therefore, should be avoided.

Mr. Greenway: My hon. Friend made the point even more clearly than the Minister—

Mr. John Patten: I could not pronounce carcinogenic.

Mr. Greenway: I urge my hon. Friend to attempt to do so if he intends to use that word when he replies to the debate. He could do better than he thinks.

Every test should be undertaken to investigate the idea that I have advocated. Naturally, a substance tried in the United States and found to be carcinogenic is wholly unacceptable. The House would not suggest its use. But the idea is interesting and valuable, and it is a possible simple solution to the problem.

Children sniff glue as a form of social defiance. It may be disrespect or a sense of rebellion against teachers and society. They do it for kicks. If they led a positive life, they would not do that. We must ensure that adults and children live broad and fulfilled lives so that such practices stop. I know that that is asking for Utopia, but we must ask for it or we shall never get anywhere.

9.37 pm

Mr. Hugh Brown (Glasgow, Provan): I have been tempted to speak because of the statements in the press today about a meeting between the Minister and representatives of the manufacturing and retail trades that provide the substances. I compliment the hon. Member for Halifax (Mr. Galley) on giving the House an opportunity to comment on the subject.

I am not as conceited as my hon. Friend the Member for Glasgow, Cathcart (Mr. Maxton). I do not think that Scotland leads the field. Indeed, Scotland has more than its share of the problem. We have suffered it for a little longer than England and Wales, and can offer one or two constructive suggestions. However, I fear that they are not applicable to England and Wales because of the Social Work (Scotland) Act 1972 and the children's penal system.

Although the Private Member's Bill introduced during the last Parliament made some contribution to solving the problem, its only constructive act was to bring children into the ambit of the referral system. There are no lessons to be learnt from the constitutional set-up in Scotland, but our knowledge and experience of the problem may be helpful.

I am always worried about anything said publicly that suggests that Parliament has the answer to the problem. The Minister is an honest man and we are not discussing a party issue. One of the difficulties that some hon. Members face is that, because they have raised these matters in Parliament, anxious parents seem to think that

there is a solution if only people were to tell them what it was. However, we are as far away from a solution as we have ever been.

The hon. Member for Halifax mentioned the need for information. It is my guess that the greatest incidence of this problem is in deprived areas or in those areas where sons and daughters of wealthy parents do not know what to do with their lives. Those are the two extremes. I suspect that the greatest number come from deprived areas, taking the usual definition of a deprived area. I do not say that the problem is caused by unemployment, but it must be related to the social circumstances in which far too many people find themselves in such areas, and they are increasingly made more hopeless by Government policies. I recognise that nobody has a detailed solution to the problem of glue sniffing or addiction of any kind. I am only saying that the problem is greater in areas of deprivation where people are either living on social security or low incomes. To that extent, the Government are a wee bit complacent about the problems that face people in deprived areas.

Mr. Greenway: I do not say that the hon. Gentleman's point is invalid, but I point out from my broad and long observation of the type of people who go in for glue sniffing that they have tended to be of a particular psychological type rather than social genre.

Mr. Brown: Yes, there may be a psychological problem associated with glue sniffing. We may draw different conclusions, but perhaps the Minister can say whether, on the evidence that is available, it is true that the greatest incidence of solvent abuse is in areas of deprivation. There may be other forms of addiction such as drugs and alcohol which perhaps affect the middle classes more, but I shall not go into that because we are talking about solvent abuse. Unless the Minister can contradict me, I think that solvent abuse occurs mainly in deprived areas.

Mr. John Patten I am not attempting to contradict the hon. Gentleman. I appreciate the way in which he is casting his remarks. All I can say is that we do not have the facts and figures. There has not been adequate research. In the past two years we have begun to fund more detailed research into the prevalence of the problem. I should also point out—these are purely qualitative impressions—that the people involved in glue sniffing and solvent abuse in Britain are sometimes remarkably young; often between the ages of seven and 11. They sometimes indulge in the habit for a remarkably short time and the habit seems to be just as prevalent in southern areas, where people are generally better off, as in the northern areas. Only research will enable me to agree with or contradict the hon. Gentleman.

Mr. Brown: That means that my opinion is as good as the Minister's. I am not trying to score points. It so happens that I have a constituency that probably has more deprived areas than that of any other hon. Member. Perhaps I am obsessed with the fact that the problems are almost overwhelming at times in the sense that social agencies are completely incapable of meeting the needs. Glue sniffing and solvent abuse create one of those needs.

I know that the Minister will not dare to speak for the Scottish Office but—

Mr. Patten: Certainly not.

Mr. Brown: I know that discussions have been going on. I am assuming that manufacturers and retailers do not stop at the border and that they have outlets in Scotland. There are governmental problems but I say this in the friendliest possible way. We in Scotland would like to feel that the Scottish Office has been advised of any discussions on the problem down here because the retailers and manufacturers do not discriminate when it comes to the border.

It does not do any harm to raise subjects of this kind on the Adjournment. Many youngsters have a feeling of hopelessness. I am a fair-minded person and I cannot honestly say that unemployment and the capitalist system cause all the social problems with which we are afflicted, but they aggravate them. Whatever the economic philosophies and policies may be, our present system is totally incapable of providing a meaningful life for the majority of young people in many areas. That is all I am claiming, and in that context it is wrong to look at this as an isolated problem of solvent abuse without examining the underlying social scene of which the youngsters are part. To that extent, we are entitled to keep drawing attention to the failure of the Government to make resources available to enable young people to lead more meaningful lives.

9.46 pm

Mr. Gordon A. T. Bagier (Sunderland, South): I came into the Chamber as a matter of interest because I heard that the debate had started. One has no way of knowing, until one hears what is going on, the subject of the second Adjournment debate.

The Minister said that in the last two years or so the Government had got down to some serious study of the causes of solvent abuse. I felt appalled in a sense when I heard that because—I do not make a party political point—between 10 and 14 years ago I raised with Ministers the question of glue sniffing. I have been worried—I hope that it does not happen as a result of this debate—lest, if too much publicity is given to the glue sniffing phenomenon, we get the copy-cat syndrome, with kids saying, "There must be something in it", and they start the habit. We normally find that the tragic gets wide press coverage. That is followed by people trying it, and I have always felt as a Member of Parliament that I should hate to have had a part, so to speak, in helping to spread a tragic habit.

The industry must do something more positive than it has done up to now. I noted with interest the remarks of my hon. Friend the Member for Glasgow, Provan (Mr. Brown) about the deprived areas having more than their share of problems of this sort, and of course they have. After all, it is expensive to drink beer and whisky nowadays and people may wish to drink something else.

But drinking has nothing to do with youngsters in this context, and that is why, faced with the prospect of youngsters gathering together to sniff glue, I cannot understand how such a product can be on the market. It is not only a bad habit but a dangerous one; it can blow a kid's head to smithereens. That is why I am sorry that so much publicity has been given to glue sniffing from time to time, instead of the industry getting down to doing something about it.

Mr. John Patten: I now know of the hon. Gentleman's long-standing interest in the problem. I remind him that

[Mr. John Patten]

there are more than 700 forms of substance which can be abused. Most family homes contain substances which in the past have been sniffed or sprayed into mouths. If it were just a matter of one substance, it would be easier to concentrate the medical research about which my hon. Friend the Member for Ealing, North (Mr. Greenway) spoke. It is a difficult problem but one of which the manufacturers are aware.

Mr. Bagier: I accept that, and none of us would seek to make party points on the issue. We are simply underlying the tragedy of the situation. I hope that the industry has gone into the matter in depth, but at some stage we must come to grips with analysing the problem.

There are dangerous substances on the market that can readily be bought by youngsters, and these are the substances that create the great problem that we are discussing. I am aware that discussions on it have taken place in the past few years and I hope that the Minister will tell us how deep they have been and what progress has been made. Have specific proposals been made to overcome the problem? Is there no additive that, for example, will make the sniffer sick? That is the type of immediate remedy that laymen such as myself look towards. We cannot solve the problem outside. We can only help to create the legislative atmosphere that will lead to steps being taken to put matters right.

I agree that there are many substances that are known to be dangerous, but the one which has been mentioned so often over the past 10 or 14 years is glue. It is a substance that is commonly known and readily available. That being so, is the Minister satisfied that the industry is doing everything that it can to eradicate or reduce the danger of its misuse? For example, has consideration been given to increasing the price of the product? I think that the House would welcome a response along those lines.

9.51 pm

Mr. John Maxton (Glasgow, Cathcart): I am not sure that my hon. Friend the Member for Sunderland, South (Mr. Bagier) is right when he suggests that publicity might lead to greater dangers. In many areas—I know that this applies in the constituency of my hon. Friend the Member for Glasgow, Provan (Mr. Brown) and in mine—the prevalence of solvent abuse is great in the deprived areas. My constituency contains deprived areas and extremely affluent areas and I know that the problem is at its worst in the very deprived areas. Solvent abuse is so prevalent in deprived areas that I doubt whether there would be any great increase in the practice if a publicity campaign were launched which was designed to educate children and parents on the issue. I am not convinced that we can continue to allow it to remain a low key issue.

In my view it is impossible to place a complete ban on the sale of potentially dangerous products because of the range that they cover. I suggest that Ministers should give their attention to a measure that states that shopkeepers who sell solvents to children knowing that they intend to abuse them should be prosecuted. Shopkeepers in Scotland have recently been prosecuted successfully for making up plastic bags of glue for sale to youngsters. The *Daily Record* labelled them "happy bags". If we as a legislature cannot take action against that sort of conduct, what can we do? We must consider introducing legislation that

states that a shopkeeper who knowingly sells glue or solvents to youngsters believing that they may then use or abuse those substances shall be prosecuted.

I accept that it would be difficult to implement such a measure. There are many laws that we pass in this place—for example, those relating to speeding on our roads—in the knowledge that many people will break them. We use these laws as deterrents. They are not enacted because it is believed that very many people will be caught by them. I do not like using the deterrent argument because there is always the danger that it will be thrown back at me in future in another context.

I believe that there are many shopkeepers who will stop selling glue or who will make an effort not to sell it to youngsters, especially if the police tell them quietly that a law has been enacted that bears on selling glue or solvents to youngsters in the belief that they may then use or abuse those substances. They will make an effort because they will never be sure whether the youngsters will use it for sniffing.

I think that there is a correlation—it is not necessarily absolute—between social deprivation and the use of these substances. It is not enough to say that it is people under 16 or who are not at work who are using these substances. In Castlemilk, a large housing estate in my area, about 60 per cent. of the children know that they will not get employment when they leave school. If they have older brothers and sisters they know that from the age of nine, 10 or 11. That creates an atmosphere of despair at home and in the society in which they live.

It is no longer an individual's problem but a social problem. My hon. Friend the Member for Provan and I have had the experience of constituents seeking housing transfers because of youngsters glue-sniffing, committing acts of vandalism and making their houses intolerable. It is a social problem that affects other people and not just the individuals directly concerned. Social deprivation must be taken into account. As I said about crime on Monday, I shall say about glue sniffing tonight: one of the major answers is a change in economic policy that would ease the social deprivation.

9.56 pm

Mr. Peter Thurnham (Bolton, North-East): I am pleased that this debate has taken place because this is an important issue in my constituency. I have here a three-page letter from the chief superintendent of police in Bolton about the problem. I take issue with the hon. Member for Glasgow, Cathcart (Mr. Maxton) about social deprivation. The problem is concerned more with the age of the people and the degree of parental control exercised over them.

With over one death per week the time has come for action by the Minister rather than soft talk. We should aim for a tax on the solvents to raise funds for research to find a suitable adulterating product that could be added to the solvent to control abuse. The products that have been examined so far have been found to be carcinogenic, but this is similar to the need for methyl alcohol to be added to ethyl alcohol. No doubt a suitable substance could be found if sufficient resources were devoted to research.

9.57 pm

The Under-Secretary of State for Health and Social Security (Mr. John Patten): It was shortly after 6 o'clock that we began to debate the Adjournment of the House and

it is shortly before 10 o'clock that I rise to wind up the second of the debates to which it is my pleasure to reply tonight. I regard replying to the debates as a privilege because they have been excellent.

Earlier, at the behest mainly of Labour Members but one Liberal Member from Liverpool, we had a first-rate debate, relatively free of party slanging across the Floor of the Chamber, about the problems of health care in the Liverpool region. Equally, we have had an excellent debate on one of the growing social problems of our time, again largely bereft of party political points. Since shortly after 6 o'clock the House has shown a face that it does not normally show in the evenhandedness of debates. It may not be glamorous for the Gallery writers, but the debates have been of a very high standard.

The problem of solvent abuse was raised by my hon. Friend the Member for Halifax (Mr. Galley). I congratulate him on securing the Adjournment debate and making not only an analytical speech about the problems but suggesting, as did my hon. Friend the Member for Bolton, North-East (Mr. Thurnham), positive steps which might help to solve the problem.

I shall try to reply to all the points raised in the six or seven short speeches that have been made. I shall consider briefly the dimensions of the problem and what relatively little we know about it. I shall then examine how legislation can help, if it can. Then I shall deal with prevention, education and the role of the family. After that, I shall say what the Government intend to do, following the announcement that I made yesterday about the new guidelines that we are introducing with retailers. I hope that the 31 minutes that are left to me will allow me adequate time to deal with all these important problems.

I was interested to hear from hon. Members on both sides of the House that various people closely connected with children saw the problem growing 14 to 16 years ago. However, the problem seems to have attracted great public concern only within the past five or six years. We think that the problem has been growing in large numbers but we do not know, because—

It being Ten o'clock, the motion for the Adjournment of the House lapsed, without Question put.

Motion made, and Question proposed, That this House do now adjourn.—[Mr. Major.]

Mr. Patten: I believe that the research that we are now conducting and funding, particularly in London, will enable us to get the measure of a problem which is not easily correlated with one particular social group—people in trouble, people who are unemployed, people who are socially disadvantaged, or any other group on whom it is easy to pin a problem. It is clear from schools in the relatively prosperous south that glue sniffing as a habit is attracting the attention of relatively young children—10, 11 and 12-year-olds. Fortunately, those young children often get rid of the habit quickly. It is only a small but unfortunately growing hard core who take to solvent abuse.

I shall not go through the list of solvents, aerosols and other items that can be abused, for fear of encouraging people who might hear what I say. We know that the small hard core of people who sniff in an addictive way are putting their health at risk. There is disturbing evidence of potential long-term damage to the liver and, in particular, to the brain, and, in extreme cases, death can be caused.

My hon. Friend the Member for Halifax drew our attention to the fact that 236 people, predominantly young people, have died directly as a result of solvent abuse since 1971. That the problem is growing is incontrovertible, but the size and distribution of the problem are not yet clear, in terms of geography, within urban and rural areas, and related to social and economic classes. More work needs to be done, and the Government are promoting that work.

Next, I shall say a word about legislation. It is easy to say, "Why do the Government not introduce a law to ban glue sniffing?" Unfortunately, with glue sniffing and solvent abuse, as with many other social problems, it is not easy for the Government to frame one or a number of laws which can lead to the speedy banning and getting rid of it. Oh, that life were so easy! The life of legislators in this Chamber would be much easier if we could simply legislate to get rid of social problems. That is not to say that the Government have put legislation out of court and are not prepared to consider further legislation. I should not want the House to think that. However, I want to bring to the attention of the House some of the problems that face us in framing legislation.

It has been suggested, for example, that we should introduce a law to ban the carrying of solvents which can be abused. There are two problems. The first is in defining and setting down in statute or by regulation the hundreds, if not thousands, of different substances that can be abused by people who go in for solvent abuse. That, in itself, would be a substantial problem. The second problem is that some of the substances which can be abused are also properly used for various purposes—for example, in modelling by young people. Why should someone be banned from legally carrying substances? That is not to say that at some stage in future action may not need to be taken, but framing legislation that will work and be effective in this difficult social area, which has been a matter of cross-party consensus in the Chamber tonight, would be extremely difficult.

Mr. Bagier: We do not object to youngsters using solvents for modelling. However, the substance should be obtained only by the child's parents and not by the child going into the shop and saying "I am a modeller". We should consider not so much what is used but how it is used.

Mr. Patten: The hon. Gentleman has made a positive suggestion. I shall answer it when I refer to prevention and the role of retailers.

There is a list of laws that could be introduced. My constituents, as well as other Members' constituents, are concerned about disorderly behaviour by young people that seems to be a direct result of solvent abuse. One could introduce a law to make it an offence to be "glued up" and disorderly in the street. However, there are considerable problems in defining such an offence. That would be a matter for my right hon. and learned Friend the Home Secretary, not for me.

There could be a public order offence connected with solvent abuse, but the police already have wide powers to detain people who are allegedly behaving in a disorderly way that affects the general public. Therefore, legislation would be difficult to frame. I am absolutely convinced that there is no single, easy legal solution that will get rid of the problem.

Mr. Jerry Wiggin (Weston-super-Mare): I entirely accept my hon. Friend's argument. We have had legislation to deal with the abuse of alcohol for nigh on 100 years. That is one road that the Government might seek to go down—if they are looking for money to spend on research, they should impose the law in the same way to cope with those who are abusing themselves and offending the general public.

Mr. Patten: My hon. Friend has raised some extremely important points about abuse and ways of preventing abuse of these substances. Legal ways of tackling the problem are possible but are fraught with difficulties. There are other ways of moving forward, including prevention.

Mr. Maxton: The Minister seems to be moving off the legislative point. Will he deal with the question of people knowingly selling addictive substances? That is important.

Mr. Patten: It is important. The hon. Gentleman referred to some incidents in Scotland that are not my ministerial concern. There are two outstanding cases in Scotland, in which it is alleged that retailers have sold "kits" to children for solvent abuse. Therefore, it would be best if I did not comment further on that point.

It is clear that there is common ground on both sides of the House that everything must be done to prevent substances that can be abused from falling into the hands of young people who will abuse substances if they can buy them in shops. That is why I am pleased that yesterday, following a meeting at which all the British Retailers Association members, all the members of the shopkeepers' Associations and many of the manufacturers' Association were represented, agreement was reached that guidelines should be produced in England before Christmas this year. Those people will do what can be done to encourage shops not to sell to young people solvents that can be abused.

I wish to make two points. First, the Government are grateful for the freely given co-operation from retailers, shopkeepers and manufacturers' organisations in drawing up these guidelines. Secondly, neither the Government nor the general public can expect shopkeepers to be society's policemen. We cannot put that burden upon them. We can encourage them to encourage their staff to observe a few sensible rules about the sale of solvents to young people.

I wish to consider quickly the draft guidelines. A notice will be provided to shops reserving the right of shopkeepers and shop assistants not to sell any substances—they will not be named—if they do not wish to do so. The staff will be given detailed guidelines, which will teach them to observe the symptoms of probable glue sniffers. Detailed guidance will also be given to staff on how not to sell those substances to young people but, at the same time, to use sensitivity and not create a rumpus in the shop. General guidelines will be issued to shopkeepers about how to keep out of sight and therefore out of mind for young people, substances of one type or another that are popularly known to contribute towards this evil social habit. The guidelines will be published before Christmas. Of course I do not expect for one moment that the position vis-a-vis solvent abuse to change overnight. I am not so naive as that.

Retailers in England can make a positive contribution to solving this problem. I understand that the manufacturers have further ideas, which are being explored and which we shall make known as soon as possible. The Under-Secretary of State for Scotland, my

hon. Friend the Member for Edinburgh, South (Mr. Ancram) is aware of what is going on in England and what has gone on in Northern Ireland, where a similar code was introduced six or nine months ago. I am sure that he will be putting forward his proposals and drawing conclusions about this type of activity in Scotland.

Mr. Donald Dewar (Glasgow, Garscadden): I apologise in that I have not heard the entire debate—

Mr. Patten: It has been very good.

Mr. Dewar: I shall most certainly take the Minister's word about that. I shall read the part of the debate that I missed. The Minister used the nicely measured term that the Under-Secretary of State for Scotland is aware of what has been going on. Has the Scottish Office been actively involved in discussions? Has there been any direct contact by the Scottish Office, as general awareness sometimes leads to inaction, especially in the Scottish Office.

Mr. Patten: I utterly refute that statement. This is the first time in four hours that vulgar party politics have intruded on our otherwise totally bipartisan debate. [Interruption.] I see the hon. Member for Glasgow, Garscadden (Mr. Dewar) is waving his finger at that.

As the problem is locally based, we have left it to be dealt with by the individual countries. Northern Ireland, much to its credit, has had a similar code for the past six or nine months, which applies to retailers in Belfast and the rest of the Province. I am not responsible for Scotland. I must leave that matter to my hon. Friend the Under-Secretary of State for Scotland who can reply to questions such as those that have just been raised.

Mr. David Harris (St. Ives): Does my hon. Friend know what effect the code had in Northern Ireland? Does he really believe that a code of conduct is the answer to this problem? I believe that most hon. Members do not. Surely the answer lies in the attitude that the police take in each constituency to this serious problem. If the police will come down hard on the problem, I do not think that it will be as great as it has been up to now. With the greatest respect to my hon. Friend, I do not think that a code of conduct will do anything to alleviate the dreadful difficulty faced by some of our young people.

Mr. Patten: I do not wish to criticise my hon. Friend, but I suggest that he read tomorrow's *Official Report*. I said just a few minutes ago that I clearly recognised that the code of practice and the guidelines for retailers would form just one small but very important part of the overall action that the Government can take on this social problem. I have referred to action that must be based on research. I have said that action may or may not include further legislation. I have said that action must include prevention and education.

I was heartened indeed to hear my hon. Friend the Member for Halifax tell the House of the range of local community based activities focusing on prevention through the community, the schools, the social workers and informal networks of people involved. We wish very much to encourage and help that work. I hope that, without asking me to write out a cheque tonight, my hon. Friend will keep me in touch with what is being done. We are convinced that low-key education, especially in schools, forms an important part of any preventive strategy for dealing with a problem that cannot be solved at a stroke by any single law or Government action.

Equally important is the role of families. Prevention of solvent abuse is best and most effectively rooted in the family. The signs are all too clear—running eyes, spots around the mouth, curious incoherent speech, withdrawal into rooms and refusal to talk to parents. Those signs should be alarm bells for parents. They can then either deal with the problem themselves—I am sure that most families could make a good effort at that—or seek help from general practitioners—which I strongly recommend—community nurses, social workers and schools. One of the best ways to deal with the problem is to handle it within a local framework in the community itself.

I greatly commend the approach and attitude of my hon. Friend the Member for Halifax in his most interesting, fairly worded and objective assessment of the problem. I shall happily give way if I misunderstood what he said, but I believe that at no stage did he suggest that a magic wand could be waved or that there was any single solution to the problem.

A number of approaches have a contribution to make. Legislation may have a role to play, as may better codes for prevention in various areas and ways. A better and more thorough education about the problem is perhaps a matter for the schools and for my right hon. Friend the Secretary for Education and Science. Certainly the families have a most important role.

In mid-December, the Government will bring forward a package of proposals prepared by the Home Office and the Department of Health and Social Security—public order and health education are interrelated in this—to show what the Government intend to do next about a problem that is highly disturbing, both locally and nationally.

Question put and agreed to.

Adjourned accordingly at seventeen minutes past Ten o'clock.