

Conditions Regarding Thinner Sniffing Intoxication in Japan

—Particularly in Hiroshima Prefecture—

Ichiro TSUKUE

Director of Senogawa Mental Hospital

Nobumasa KIMURA and Yoshio NANBA

Department of Neurology and Psychiatry, Hiroshima University, School of Medicine

アルコール研究 第6巻 第4号 (昭和46年12月刊行) 別刷
Separate-print from Vol. 6 No. 4 of Japan. J. Stud. Alcohol
December, 1971

Japan. J. Stud. Alcohol
アルコール研究

Conditions Regarding Thinner Sniffing Intoxication in Japan

—Particularly in Hiroshima Prefecture—

Ichiro TSUKUE

Director of Senogawa Mental Hospital

Nobumasa KIMURA and Yoshio NANBA

Department of Neurology and Psychiatry, Hiroshima University, School of Medicine

(Received for publication : Dec. 20, 1971)

Introduction

People today suffer from three evils; air pollution, traffic accidents and harm from drugs.

It may be possible to keep the air from being polluted by removing factories or regulating them. Indeed, it is not impossible to care, by replacing them either with street cars or walking.

However, with regards to drugs, things are much more difficult. Without drugs, the present longevity, gained through much effort, would be lost, and many people would die of tuberculosis, typhus, diabetes, and various pyogenic disease.

Drugs are, so to speak, a double-edged sword, so it is obviously true that we cannot think only of their advantages, disregarding their harm.

The Japanese and Drugs

The way the Japanese people rely on medical drugs resembles religious faith.*

However, the reason why Japan did not experience any great prevalence of drug intoxication before or during the war was that the physical predisposition of the Japanese people was too sensitive to medicine, their tolerance far weaker than that of Northern European people who were used to drinking strong alcoholic beverages and that of South American people who were used to cocaine, caffeine and so on. Also, the country was under the militaristic "Tenno-System" to which the people faithfully submitted themselves, whilst enduring shortages of material goods. Moreover there was strict bureaucratic control and spiritual sublimation. Also geographic circumstances of the country as an island have prevented her from becoming involved in the drug prevalence of other countries.

* This state of affairs originates in the shamanistic drugs and religious offerings which have existed since ancient times. An example of this was the pills for invigoration used during the war.

However, the development of transportation facilities of today which makes it possible to go to the other side of the globe within a day, has already eliminated the validity of this geographic factor. The Japanese people of today have the goal of raising the G.N.P. (General National Production).¹⁾ But nobody knows if the same prevalence of drug addiction which attacked America would not prevail also in Japan, when she attains the goal.

Actually, in Japan's postwar chaos, there were many people who sought philopon (phenyl-methylaminopropan). Today there are many who cannot adapt themselves to daily life without depending on alcohol, and there are also young people who are also trying to dream in the mist of aromatic organic compounds.

The above would imply that the tendency to drug dependence of the Japanese people which had been latent throughout their history had become manifest since the postwar chaos and social catastrophe.

A Review of the Development of Drug Abuse in Japan

Reviewing the development of drug abuse since World War II, we find that philopon appeared first.²⁾ It attacked the health of the masses, but in 1951, a law to control stimulants was enacted, and thereby philopon vanished by 1965.

However, another abuse of sleeping drugs called "Hai-Chan", diminutive of hyminal (methaqualon) appeared in the place of philopon.

Around 1960, people effected by sleeping drugs, committed sex offences, burglary, or bodily injury, and were arrested by the National Rural Police. Newspapers devoted much space to this problem occasionally. What is worse, some weekly magazines took it up just for amusement, only stimulating an undesirable interest among young people.

With the revision in the law for the treatment of drugs which restricted the sale of all sleeping drugs, they were labelled as powerful drugs. The abuse of sleeping drugs decreased thereafter. Sedatives, and tranquillizers such as atraxin (meprobamate), SPA (diphenyl-dimethyl-aminoethane) replaced sleeping drugs because they were not restricted then.

At the same time, thinner of paint and glue appeared. Certain "problem" boys had engaged in abuse of thinner several years previously, but it began to come to the public eye with the discovery of mass abuse at Ota-City, Gunma Prefecture, in 1965.²⁾³⁾

Thinner Abuse Problem

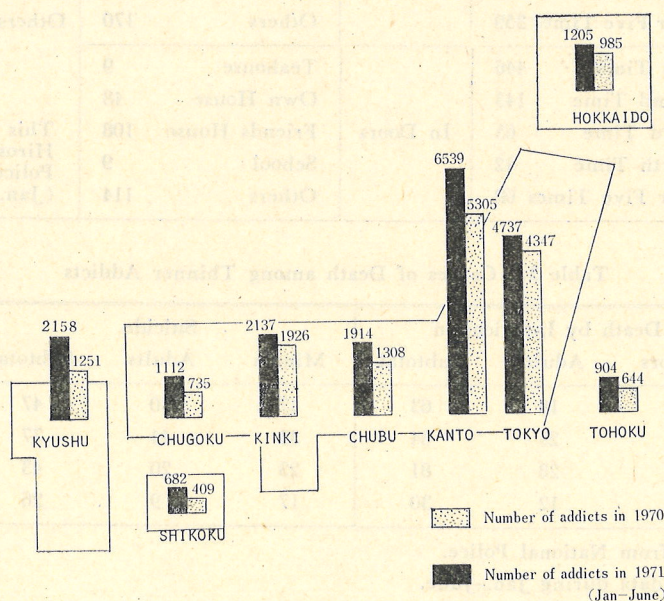
Since the summer of 1967, a group commonly known as "Fūten" (i.e. "eccentrics") made an appearance in Tokyo. Some of them were under the influence of thinner when they were arrested and a few of them died of intoxication.

The mass communication media disseminated the fact as a grave social problem. The publicity stimulated wide-spread thinner abuse among young people.

At first, thinner addicts were not cared for in the hospital, but were dealt with as criminals of a sort. Except for those who were to be treated for psychosis, epilepsy, and acute symptoms due to intoxication, they were usually sent to Child Consultation Centers, Family Courts, and Reformatory Schools. However, recently many cases have been brought to mental hospitals.

Conditions Regarding Thinner Intoxication

According to the data of the National Police, there were 17,000 minors given guidance for inhaling thinner and other solvents during the year of 1970; and 23,383 during the first half of 1971. Figure 1 shows the increase of addicts by region groups. It is obvious that thinner addicts are increasing rapidly in big cities, particularly in Tokyo.



This data comes from national police.

Fig. 1. Increase of Thinner Sniffing Addicts by Regions

According to the data of the Hiroshima Prefecture Police, 932 thinner addicts were found in 1970, and 764 in 1971 (Jan.-June). The Number of addicts this year shows an increase of one-and-a-half-times of the figure for the same period of last year.

Social categories of thinner addicts in Hiroshima Prefecture as shown in Table 1 are

Table 1. Social Categories of Youth Addicts and Names of Drugs Inhaled in Hiroshima Prefecture

	Students and pupils					Youths		
	Primary	Junior High	Senior High	Others	Sub Total	Employed	Unemployed	Total
Thinner			2		2	5	4	11
Bond	2	13	68	2	85	75	36	196
Prabond		4	5	2	11	23	8	42
Cemendine	1	78	136	17	232	174	107	513
Others							2	2
Total	3	95	211	21	330	277	157	764

This data comes from Hiroshima Prefecture Police, during 1971 (Jan.-June).

Table 2. Data Regarding Youth Inhaling of Thinner in Hiroshima Prefecture

Frequency			Place			Motivation	
Number of Times of Usage	First Time	146	Out Doors	Street	120	Friends	310
	Second Time	106		Park	75	Mass-communication	17
	Third Time	106		Vacant Lot	66	Curiosity	408
	Fourth Time	47		Shrine	45	Trouble	11
	Over Five Times	359		Others	170	Others	18
Number of Times Admonition Given	First Time	446	In Doors	Teahouse	9	This data comes from Hiroshima Prefecture Police, during 1971 (Jan.-June).	
	Second Time	143		Own House	48		
	Third Time	65		Friends House	108		
	Fourth Time	42		School	9		
	Over Five Times	68		Others	114		

Table 3. Causes of Death among Thinner Addicts

	Death by Intoxication			Suicide			Total
	Minors	Adults	Subtotal	Minors	Adults	Subtotal	
1968	47	16	63	17	30	47	110
1969	61	23	84	33	44	77	161
1970	53	28	81	23	20	43	124
1971	18	12	30	17	9	26	56

This data comes from National Police.

1971 comes from data during Jan.-June.

as follows. There were 330 pupils and students (211 senior high school students, 95 junior high school students, and 3 primary school pupils, and 21 students who belong to other kinds of school) who were admonished for inhaling thinner. Among the youths, some of whom had jobs and some without, 434 habituated themselves to thinner inhaling. The phenomenon of thinner inhalation is chiefly among youths aged 15 to 20, regardless of social category.

The frequency of admonition given, the frequency of usage when admonition was given, and the place and motivation of usage are shown in Table 2. 359 (47%) had engaged in inhalation over five times when admonition was given. This shows that the inhaling of thinner becomes habitual.

With regard to the place, usually addicts prefer outdoors to indoors for inhaling; for instance, in the street or in the park and other such places. When inhaling takes place indoors, their own houses or the houses of their friends are commonly used. This indicates that there is a problem of home education.

408 addicts confessed that they inhaled out of curiosity. This shows a characteristic of today's youths, that is, their strong curiosity and unceasing search for excitement.

62 addicts (about 8%) developed psychosis from inhalation. Only one of them was hospitalized.

No thinner addict in Hiroshima Prefecture died of intoxication or suicide. However,

Table 4. Number of Hospitalized Addicts in Hiroshima Prefecture

	Thinner	Sleeping Drug	Stimulant	Anodyne	Tranquilizer
1969	5 (2)	9 (4)		4 (2)	4 (1)
1970	12	9 (1)	4 (1)	4	4 (1)
1971	23 (2)	8 (2)	2 (1)	8 (1)	3

1971 comes from data during Jan.-July. () shows the number of female addicts.

Table 3 shows the total number of addicts in Japan who died of intoxication or committed suicide.

The above data from the Hiroshima Prefecture Police shows general trends regarding thinner addicts in Hiroshima Prefecture. More detailed data come from the Family Courts, the Juvenile Detention Homes, Child Consultation Centers and the Mental Hospitals.

19 thinner addicts (of whom 5 were females) were handled by the Family Courts in the year of 1970, and 8 (males) since January this year.

The Juvenile Detention Home in Hiroshima City found 51 (23%) thinner addicts among 203 minors who had been under guardianship in the Home for their misdeeds since January this year and about half of these minors were found to have inhaled thinner.

At the Child Consultation Center, 7 thinner addicts are receiving treatment through psychological tests and counselling.

The number of the patients who have been admitted to the mental hospitals in Hiroshima Prefecture because of drug intoxication other than alcoholism in the past three years

Sppl. Trends of Hospitalized Patients in Hiroshima Prefecture

(as of December 31 every year)

	1963	1964	1965	1966	1967	1968	1969	1970
Syphilitic psychosis	73 (2.0)	78 (1.9)	81 (1.8)	89 (1.7)	102 (1.7)	93 (1.5)	96 (1.4)	101 (1.5)
Schizophrenia	2345 (64.4)	2594 (63.1)	2836 (62.5)	3183 (62.6)	3518 (69.1)	3754 (58.6)	3989 (58.0)	3999 (58.1)
M. D. psychosis	167 (4.6)	195 (4.7)	222 (4.8)	246 (4.8)	300 (5.0)	335 (5.2)	353 (5.2)	341 (5.0)
Involuntional psychosis	138 (3.8)	154 (3.7)	160 (3.5)	166 (3.3)	248 (4.2)	278 (4.3)	314 (4.6)	321 (4.7)
Neurosis	124 (3.4)	131 (3.2)	153 (3.3)	207 (4.1)	267 (4.5)	291 (4.5)	340 (5.0)	306 (4.4)
Mental deficiency	128 (3.5)	157 (3.8)	179 (3.9)	191 (3.8)	213 (3.6)	245 (3.8)	267 (3.9)	294 (4.3)
Epilepsy	172 (4.7)	193 (4.7)	205 (4.5)	331 (4.5)	276 (4.6)	288 (4.5)	296 (4.4)	305 (4.4)
Intoxication psychosis	203 (5.7)	231 (5.6)	277 (6.1)	368 (7.2)	525 (8.8)	601 (9.4)	653 (9.6)	715 (10.4)
Psychopath	93 (2.6)	114 (2.8)	150 (3.3)	153 (3.0)	170 (2.9)	152 (2.4)	155 (2.3)	137 (2.0)
Others	193 (5.3)	268 (6.5)	289 (6.3)	254 (5.0)	336 (5.6)	374 (5.8)	380 (5.6)	367 (5.3)
Total	3641 (100)	4115 (100)	4552 (100)	5083 (100)	5955 (100)	6411 (100)	6793 (100)	6886 (100)

is shown in Table 4. (There are 36 mental hospitals in Hiroshima, and 8 of them are governmental hospitals.)

The number of hospitalized thinner addicts is increasing gradually. During the first six months of 1971 it became double the number for 1970. Although cases are few, the number of stimulant addicts is also increasing. The increase of drug addiction in mental hospitals is very evident.

Discussion

According to the "Survey of Public Opinion about National Life" conducted early this year, (Jan. 28~Feb. 13, 1971) by the Cabinet information unit, many Japanese people acknowledge the rapidly growing economy and living standards of the nation. On the other hand, many people are dissatisfied with the high prices of commodities, traffic congestion, and the unhealthy living conditions of the city, such as the polluted air, noises, and offensive odors. This tremendous gap between the two aspects of life seems to irritate people of today and this phenomenon, as we who are responsible for treating addicts see, clearly distinguishes addicts of today from those in the past. That is, it seems that addicts of today "escape to" drugs, while the addicts in the past sought drugs "to escape from" sufferings, troubles, and hardships.⁴⁾ In other words, addicts of today actively seek drug intoxication but formerly they did so rather passively.

This phenomenon would suggest to therapists that it is far more important to get their patients to have some social or individual objectives for life rather than to find miraculous specifics for them. In addition, they should systematically make efforts for early diagnosis, treatment, hospitalization, rehabilitation and aftercare.

The patients admitted because of alcoholism account for 12.3% of all the hospitalized patients in the mental hospitals in Hiroshima Prefecture; while those admitted because of intoxication by other drugs account for only 0.7%. This fact would imply that perhaps these addiction problems can be solved as social problems before they are handled as medical ones.

Actually, at the "Conference on the Prevention of Thinner and Glue Sniffing Abuse" that was held in September this year the Stationery Business Association announced that harmful glue would be eliminated because harmless glue had been developed (74% of thinner is purchased at stationery shops).

Conclusion

Thinner should be rigorously controlled by the government as a harmful drug. Also, therapists (85% belong to private mental hospitals) should try to propagate sound ideas regarding drug addiction and general mental hygiene in cooperation with public agencies such as the Family Courts, the Juvenile Detention Homes and the Child Consultation Centers.

A summary of this paper was presented in the International Symposium on Drug Dependence held in Hong Kong October 18-22, 1971.

日本（主として広島県）におけるシンナー中毒の現状

津 久 江 一 郎

（瀬野川病院）

木 村 進 匡・難 波 克 雄

（広大精神神経科）

日本民族の薬物に対する依存度は歴史的にみると、時には信仰的と思われる程敬虔なものであったが、戦前、戦時中を通して薬物中毒の大流行をみなかった理由を考え、これが終戦を契機として今迄に経験したことがなかった社会的カタストロフィーに日本民族が陥り、国民の心にひそんでいた薬物依存が前面に浮びあがった。そこでまずヒロポンが昭和23年頃より一般大衆の中に浸透し、次いで睡眠薬の乱用が昭和35年頃より現われ、またこの代用として昭和39年頃より鎮痛剤、筋弛緩剤、精神安定剤が登場したが、これに入れかわるようにして起こって来たのがシンナーや接着剤の乱用であった（昭和40年頃）。

このシンナー中毒の実態を警察庁の資料に合わせながら、広島県の実態についてながめた。

References and Bibliography

- 1) 内閣広告室：「国民生活に関する世論調査」，1971.
- 2) 警視庁防犯部少年第一課：「シンナー等乱用少年の実態とその防止対策について」，1968.
- 3) 警視庁防犯部少年第一課：「シンナー接着剤乱用の現状」，資料（少1調）第四号 1972.
- 4) HENMI, Takemitsu : From the standpoint of drug dependence. *An Atlas of Clinical Neurology*, **13** (5) : 125-127, 1971.
- 5) 逸見武光：社会病理現象の精神医学者考察. *医学のあゆみ*, **78** (5) : 305-308, 1971.
- 6) NIMURA, T. and AOKI, I. : 8 cases of glue sniffing. *J. Med. Soc. Toho, Japan* (6) 681-686, 1969.
- 7) GLASER, H. and MASSENGALE, O. N. : Glue sniffing in children. *J.A.M.A.*, 300-303, 1962.
- 8) NYLANDER, I. : Thinner sniffing addiction in children and adolescents. *Acta Paedo-psychiatrica*, **29** : 273-283, 1962.
- 9) 大原健士郎・小島 洋：シンナー嗜癖の3例について. *精神医学*, **6** (5) : 363-367, 1964.