

Changing trends in solvent abuse in the north-east of Scotland

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SUMMARY. *The prevalence of solvent abuse in the north-east of Scotland was studied over two consecutive years (1981 and 1982). Information concerning the number of new cases of solvent abuse was obtained from questionnaires distributed to general practitioners in the area and by examining police files.*

The results obtained show a decrease in the number of cases of solvent abuse reported to general practitioners in 1982 compared with 1981 and police statistics show a similar trend. A more substantial decrease was found in Aberdeen and the larger towns near to Aberdeen than in the smaller towns further from the city.

Introduction

SOLVENT abuse was first reported as a widespread phenomenon in 1962.¹ Initially, the habit was established in California and then over a period of between two and three years it spread eastwards across the USA. Its arrival in the UK was noted five years later but the full impact of the habit has only been recognized since the mid 1970s when there were increasing numbers of medical and newspaper reports on solvent abuse.²

It is widely acknowledged that epidemiological studies only reveal part of the true prevalence. Solvent abusers may be identified or present themselves to a range of agencies (including the police), and probably only a minority are known to their general practitioners.³ It is as important to determine the changing pattern of solvent abuse as it is to determine its prevalence. Changes in the prevalence of solvent abuse known to general practitioners and to the police in a defined geographical area have been studied for two consecutive years (1981 and 1982). The changes in the numbers of new cases identified in various geographical settings have been examined. Hospital statistics for this period have also been examined.

Method

Grampian Region has a population of approximately 475 000 and its largest city, Aberdeen, has a population of 208 000. There are four towns with populations of between 10 000 and 20 000 and a number of smaller towns with populations of less than 10 000. The Region is served by 283 general practitioners working in 97 practices.

A questionnaire was distributed to each of the practices in January 1982 requesting information about the solvent abusers who had been referred to the practices over the previous 12 months. This exercise was repeated in January 1983. The number of solvent abusers known to the police was obtained from police

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files. New cases identified during the two years were recorded separately from old cases previously known to the police.

Results

Eighty-seven questionnaires were distributed in January 1982 referring to the calendar year 1981; 75 replies were received (a response rate of 86%). A total of 123 cases were reported from 33 general practices. Eighty of the reported cases (65%) were from within the city of Aberdeen and 43 (35%) were from other parts of the Region.

A year later 97 questionnaires were distributed and 83 replies were received (a response rate of 86%). A total of 67 cases were reported, 39 of these (58%) from within the city of Aberdeen and 28 (42%) from other parts of the Region.

The difference between urban and rural response rates was only 1–2%.

Ten more questionnaires were sent out for 1982 than for 1981. This was to include the Elgin and Forres areas. If these responses are discounted the numbers of rural cases reported in 1982 falls to 22.

Overall the results show a clear decrease in the number of cases reported to general practitioners in 1982 compared with 1981.

The numbers of new cases identified by the police during the same period show a similar decrease (314 new cases in 1981 compared with 186 in 1982). The rate of decline in the city of Aberdeen (1981, 226 new cases; 1982, 121 new cases) was much more pronounced than in the areas outside the city (1981, 87 new cases; 1982, 65 new cases).

Table 1 shows a breakdown of the 1981 and 1982 regional statistics. Although both the general practice and police figures show a substantial decline in recorded cases in Aberdeen city the situation in the smaller communities is more uncertain. While most of the larger towns located near to Aberdeen show decreases in the number of recorded cases (Stonehaven, Peterhead and Fraserburgh), the figures for the smaller towns (Banff, Huntly) and those further from Aberdeen show an increase, although the numbers are small.

Table 1. Numbers of recorded cases of solvent abuse by region in 1981 and 1982

Region	Population	GP figures		Police figures ^a	
		1981	1982	1981	1982
Aberdeen	208 000	80	39	226	121
Aboyne	7000	1	0	0	0
Banff	4050	1	0	3	7
Cruden Bay	2000	4	4	b	b
Elgin	20 050	c	4	2	5
Forres	9000	c	2	0	0
Fraserburgh	13 000	22	5	39	21
Huntly	4150	2	2	0	11
Insch	1320	0	1	0	0
Inverurie	8650	0	2	1	0
Mintlaw	2550	0	2	4	3
Peterhead	18 000	0	6	22	10
Portlethen	3000	5	0	0	0
Stonehaven	8500	8	0	16	6

^a 1982 police figures also include two new cases in Ballater population.

^b Included in data for Peterhead.

^c Missing data.

Discussion

Many difficulties are associated with studies which attempt to identify cases of drug abuse — difficulties of method, problems of identification, screening of informants and definition of the problem. In this study information was collected from two different sources in an attempt to observe trends rather than to look at the total size of the problem. The figures from general practice were collected retrospectively and consequently were subject to the errors of this method. For this reason the police statistics are probably a more accurate reflection of the changes which had occurred. Furthermore, those who present to the general practitioner are likely to be different from those who come to the notice of police in the normal course of their duties. In Grampian Region, the police do not normally provide general practitioners with details of solvent abusers, but if the abuser is apprehended his/her parents will be informed.

Further support for the overall downward trend between 1981 and 1982 can be obtained from psychiatric referrals for problems related to solvent abuse in those two years. There were 21 referrals in 1981 (16 urban and five rural) and 14 in 1982 (11 urban and two rural). These figures are too small to provide any indication of the changes in urban and rural referrals for solvent abuse.

Figures from the Accident and Emergency Department of the Aberdeen Royal Infirmary show a similar trend (21 admissions in 1981 and six in 1982 — all of the admissions were patients from Aberdeen).

Collecting data for two years can give no indication of long-term trends. However, these results suggest that the stories in the press stating that solvent abuse had declined between 1981 and 1982 may be true. Furthermore the emergence or increase in the incidence of solvent abuse in the small, remote communities suggests that new cases spread like a wave through the community passing through the large metropolitan centres initially, then declining in these centres but leaving a core of chronic abusers. The wave then moves into the more rural communities.

References

1. Glaser HH, Massengale ON. Glue sniffing in children. *JAMA* 1962; **181**: 300-303.
2. Watson JM. Glue sniffing: a community dilemma. *Community Health* 1977; **8**: 160-163.
3. Hertzberg JL, Wolbind SM. Solvent sniffing in perspective. *Br J Hospital Med* 1983; **29**: 72-76.

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Diabetes mellitus and anorexia nervosa

The coincidence, if such it be, of anorexia nervosa and diabetes mellitus has until recently generated little literature. There is still uncertainty over the frequency with which these conditions coexist and whether this is greater than would be expected by chance. Patients have been described as 'using their diabetes in a purposeful and direct way to pursue their goal of weight loss'. The author reports two cases of anorexia nervosa in association with diabetes mellitus. The nature of the relationship between the two conditions is discussed. It is suggested that weight loss is not always the primary goal in such patients.

Source: Brooks S. Diabetes mellitus and anorexia nervosa: another view. *Br J Psychiatry* 1984; **144**: 640-642.

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