

REVIEW ARTICLE

GLUE SNIFFING ADDICTION PROBLEM OF CHILDREN IN BANGLADESH: CASE STUDY OF COMMERCIAL CAPITAL CITY

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ARTICLE DETAILS

Article History:

Received 10 January 2025
Revised 15 February 2025
Accepted 19 February 2025
Available online 25 March 2025

ABSTRACT

Glue sniffing is a widespread phenomenon among street children in many developing countries, including Bangladesh. It involves inhaling volatile solvents, such as glue, paint thinner, or gasoline, to achieve a psychoactive effect. Glue sniffing exposes children to various health and social hazards, such as respiratory problems, brain damage, addiction, violence, and stigma. This study aims to investigate the socioeconomic factors that influence glue sniffing among street children in Chittagong, the second-largest city in Bangladesh, and to explore its impacts on their lives and wellbeing. The study finds that glue sniffing is mainly driven by poverty, family breakdown, peer pressure, and lack of education and opportunities. The study also reveals that glue sniffing negatively impacts the children's physical, mental, and emotional wellbeing and social relationships and prospects. The study recommends that effective interventions address the root causes of glue sniffing and provide comprehensive support and rehabilitation for the affected children. The study also suggests that further research is needed to understand the dynamics and diversity of glue sniffing among street children in different contexts and settings

KEYWORDS

Glue sniffing, Children, Health and Social hazards, Drugs, Rehabilitation

1. INTRODUCTION

Glue sniffing is identified as a prevalent kind of inhalant use. Around 20% of adolescents in the USA have contemplated its application (Kurtzman, 2001). The mean age of first-time inhalant abusers is identified as 13 years, with onset occurring in youngsters aged 6 to 8 years. Furthermore, a repudiation of its utilization transpires between 17 and 19 (MeGarvey, 1999). Nonetheless, certain abusers continue their addiction throughout adulthood. Subsequently, other illicit substances have been identified as precursors in subsequent years (Bennett, 2000; Tulsidas, 2010).

A significant number of heroin addicts and intravenous drug users have a history of inhalant use, particularly among individuals from poorer socioeconomic backgrounds, especially those originating from tumultuous, dysfunctional households and abusive environments. Additional risk factors for inhalant usage encompass individuals exhibiting aggressive behavior, possessing low self-esteem, having a familial history of substance abuse or alcoholism, experiencing peer pressure, demonstrating poor academic performance, suffering from abuse or neglect, and those exposed to violence or assault. Female heavy inhalant abusers are more likely to have experienced childhood physical or sexual abuse compared to non-abusers or lighter abusers (Tulsidas, 2010).

A survey was executed in Dhaka and Chittagong, employing a random sampling technique among 640 street youths aged 11 to 19. The majority of respondents were residents of slums with no educational qualifications and engaged primarily in low-income activities such as rag picking and begging. The absence of food emerged as the predominant reason for respondents living on the streets, with nearly three-quarters citing it as the primary explanation. Additional causes were the pursuit of employment, the evasion or resolution of marital abuse, and peer

influence. Abuse, encompassing both physical and verbal forms, constituted the primary issue encountered by street children, predominantly instigated by law enforcement and classmates. The glue was the predominant solvent utilized by street children, alongside thinners and balm. Cigarette smoking, like glue and cannabis use, was also prevalent among the responders. The cited motivations for glue-sniffing were peer pressure, curiosity, enjoyment, stress alleviation, and familial challenges. The study explored the youth who slept. In public places and parks, streets were more likely to sniff glue 25% of the glue-sniffers slept in parks/ streets compared with 13% of non-glue-sniffers; 28% of the glue-sniffers slept in other public places compared with 14% of the non-glue-sniffers (Mahmud et al., 2011). Moreover, street children who sniffed glue were more likely to use other drugs than non-glue sniffers.

Inhalants or solvents are chemicals that are volatile at room temperature and produce effects similar to alcohol or anesthetics when their vapors are inhaled. Some common. This class of inhalants includes toluene, gasoline, kerosene, carbon-tetrachloride, amyl nitrate, and certain drugs used to induce anesthesia, such as halothane and nitrous oxide. Recent experience shows that in some countries, the abuse of these agents is on the increase. The usual pattern is for children to start experimenting with inhalants at around twelve years of age, but few people still use them after age twenty-two. Those who continue using these substances develop a psychopathological state and associated social problems.

Inhalants or solvents are volatile compounds at ambient temperature that elicit effects akin to alcohol or anesthetics upon inhalation of their vapors. Ordinary members of this class of inhalants include toluene, gasoline, kerosene, carbon tetrachloride, amyl nitrate, and specific anesthetic agents such as halothane and nitrous oxide. Recent observations indicate that the misuse of these agents is escalating in certain nations. Typically, youngsters begin experimenting with inhalants at approximately twelve

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10.26480/msm.01.2025.23.29

years of age, although few continue to use them beyond the age of twenty-two. Individuals who persist in consuming these substances acquire a psychopathological condition and related social issues.

The majority of young inhalers resort to alcohol and drugs as they mature. Inhalants generate many effects, ranging from alcohol-like drunkenness to those akin to hallucinogens; this impact manifests swiftly and dissipates within minutes. Inhalants are found in everyday household items, including glue, paints, nail polish remover, dry cleaning solvents, and degreasing agents. Others exist as propellant gases in aerosols and fire extinguishers or as petrol or lighter gas fuels. Occasionally, sniffers amplify the effects by intensifying the vapor concentration and minimizing air exposure, such as inhaling through a plastic bag placed over their head, a perilous practice even without the chemical agent. Inhaled solvent fumes are absorbed via the lungs and swiftly attain the brain. A portion of the effect results from diminished oxygen intake. Physiological processes such as respiration and heart rate are diminished, and prolonged or deep inhalation may lead to an "overdose," resulting in disorientation, loss of control, and coma. Under typical conditions, sniffers promptly recuperate.

The sensation resembles intoxication; adolescents become jovial and engage in playful antics together. Seasoned sniffers may pursue dream-like experiences; nonetheless, they are typically not genuine hallucinations, as adolescents do not conflate them with reality. The effects of solvent vapors manifest rapidly and dissipate within a few minutes to half an hour upon cessation of inhalation. Unintentional death or damage may occur when someone becomes "intoxicated" from inhalants, particularly in hazardous settings such as balconies or near bodies of water. Excessive sniffing to the point of unconsciousness poses a risk of mortality due to asphyxiation from vomit. If the inhalation method employed for the solvent impedes respiration (such as using large plastic bags over the head or sniffing in enclosed areas) and the individual loses consciousness, asphyxia may result in death. Certain items, particularly aerosol gases, and cleaning fluids might sensitize the heart and lead to heart failure, especially when users exert themselves concurrently. Gases injected directly into the mouth can result in fatal asphyxiation. Fatalities are infrequent, and the majority can be avoided despite the impossibility of preventing sniffing itself. Inhaling glue from small bags placed against the mouth and nose has resulted in minimal fatalities. Aerosol or butane gas inhalation, as well as the use of sacks placed over the head, have been relatively more associated, although being less widespread activities.

Over ten years, excessive solvent abuse may cause moderate but permanent brain damage, particularly to the control of movement. Long-term renal and liver damage has been induced by the chronic abuse of aerosols and cleaning fluids, and lead poisoning can occur from regularly smelling leaded gasoline. Despite these potentialities, it appears that long-term harm from solvent abuse is relatively uncommon. Frequent sniffing can cause hangover symptoms such as pallor, exhaustion, forgetfulness, and loss of focus, which can become a regular occurrence. Along with weight loss, despair, and tremors, the child's functioning and performance are impacted. However, as sniffing is stopped, these will disappear. Although tolerance grows, physical dependency is not a significant issue. Few vulnerable children with underlying familial or personality issues develop psychological dependence; these children are likely to become "lone sniffers," rather than the more typical group sniffing behavior.

Inhalants, including glue sniffing, are used extensively every day. Reports indicate that approximately 20% of adolescents in the USA have used it. The average age of first-time inhalant users is 13 years, with initiation observed in youngsters as young as 6 to 8. Usage diminishes between the ages of 17 and 19. However, certain abusers persist throughout adulthood.

Furthermore, it serves as a forerunner to the usage of additional illicit substances in subsequent years. A significant number of heroin addicts and intravenous drug users have a history of inhalant use, which is especially prevalent among individuals from poorer socioeconomic backgrounds, particularly those from tumultuous, dysfunctional households and abusive families. Additional risk factors for inhalant usage encompass individuals exhibiting aggressive behavior, possessing low self-esteem, having a familial history of substance abuse or alcoholism, experiencing peer pressure, demonstrating poor academic performance, suffering from abuse or neglect, and those exposed to violence or assault. Severe inhalant abusers, particularly females, are more prone to have experienced childhood abuse, whether physical or sexual, compared to non-abusers or those with milder abuse patterns. The inaugural case of glue sniffing in Singapore was documented in 1977 involving a 15-year-old American male, discovered deceased in his room with airplane glue, an adhesive utilized for assembling scale model kits, lodged in his nostrils. He exhibited elevated levels of toluene in his bloodstream. Since then, there has been a rise in glue sniffing, peaking in 1987, when 1,112 abusers were

penalized. A decrease in glue-sniffing prevalence was observed in the subsequent decade; however, it is regrettably experiencing a concerning resurgence. Data from the Central Narcotics Bureau, as reported in the Straits Times in April 2008, indicates that the number of inhalant abusers apprehended in 2007 was 644, an increase from 403 in 2006 and 120 in 2005. Of the 644 abusers, 70% were individuals under the age of 20 who were students. 80% of the subjects were male. The predominant factors cited for the abuse were peer pressure, ennui, and curiosity. Glue sniffing constitutes a criminal violation in Singapore, necessitating initiating a police case. Inhalant abusers can be categorized as experimenters, infrequent users, or chronic abusers.

Glue sniffing, or solvent abuse, is characterized as the intentional inhalation of volatile substances to achieve recreational self-intoxication. It is the prevalent form of inhalant abuse, which remains a considerable issue, particularly among adolescents. It is attractive to teens due to its affordability, legality in certain countries, and easy accessibility. The attained "high" occurs swiftly and dissipates rather quickly than other substances. Consequently, an individual can engage in sniffing while remaining sober at school, at the workplace, or home, complicating detection for educators, coworkers, or parents.

Previously seen merely as a social issue among adolescents, there is now substantiated information indicating that it can lead to sudden death, even in novice users, and that prolonged usage may result in significant organ system failure. The potential for abuse to persist into adulthood exists, which may result in social, economic, and long-term medical repercussions. Inhalation of glue frequently serves as a precursor to the use of more potent narcotics. Consequently, it should not be undervalued, and suitable measures for its prevention and treatment must be implemented.

The rationale for studying glue-sniffing children in Chittagong Metropolitan City lies in understanding the socioeconomic factors, family dynamics, and environmental influences contributing to this concerning behavior. Investigating the prevalence and underlying causes can inform targeted interventions, promoting the wellbeing of these children and contributing to broader community health.

Children are the future of Bangladesh; the country is seeing an increase in the number of street children, many of whom are involved in various criminal activities. For instance, aside from glue sniffing, numerous other illicit activities are occurring. The number of kids engaging in illegal activities like glue sniffing is rising daily in the Chittagong Metropolitan region. Present a complex problem that requires thorough examination and intervention. The problem statement of this thesis paper revolves around the following key aspects:

The research endeavors to comprehensively understand glue sniffing in children residing in Chittagong Metropolitan City by tackling these facets, hence providing valuable perspectives for intervention and prevention initiatives. The authors conducted the study to explore the social factors associated with glue sniffing, assess the socioeconomic condition of youth who are familiar with glue sniffing, and explore the impact of glue sniffing on the youth population in the study area.

2. MATERIALS AND METHODS

Chittagong is the principal seaport of the country, divisional headquarters, an important trade and commercial center, and industrial base. Port City of Chittagong was the second-ranking urban center throughout the period. It handles the country's significant volume of exports and imports. The estimated population is approximately 4 million, with males constituting 54.36% and females 45.64%. The population density is 15,276 per square kilometer. Chittagong, the second-largest city in Bangladesh, is characterized by a complex socioeconomic landscape. Several factors make it a compelling area of study for the topic of glue-sniffing children like Chittagong, which has experienced rapid urbanization, leading to increased migration and a higher concentration of vulnerable populations, including street children. Bangladesh exhibits moderate urbanization, yet the urban population growth rate is significantly strong, resulting in a substantial absolute population due to the large overall population size. According to 'Aparajay Bangladesh,' the number of street children in the Chittagong division is currently 55 thousand, with around 2,000 in the Chittagong Railway Station, Kotwali, Riaz Uddin Bazar, Sholshahar, Kadmatoli, New Bridge, Patenga, Agrabad, and Halishahar area. Being a port and commercial city, street children are quickly involved in drugs (Figure 1).

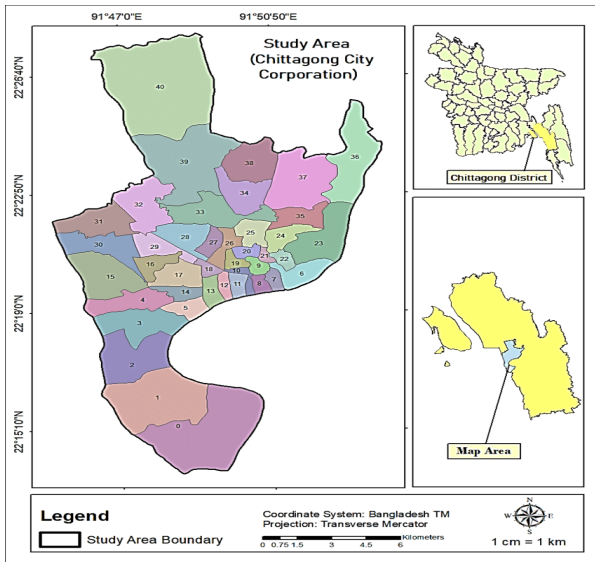


Figure 1: Geographical location of the Study Area

The authors used both primary and secondary data; the questionnaire collected primary data through a face-to-face method. Most of the questions in the questionnaire were structured with a few semi-structured questions. The necessary data have been obtained from secondary sources, including books, reports, journal articles, publications, newspapers, and online resources. For the study, the primary data was collected from judgment sampling selected glue-sniffing children from Chittagong Metropolitan City. The study was conducted from January 2024 to March 2024. The present study was conducted through a structured questionnaire. The questionnaire was first pretested and amended accordingly. A stratified random sampling technique was used to select the respondents. The sample size was selected with the help of statistical representative formulas (Islam, 2104), such as

$$n_0 = \left(\frac{z^2 pq}{d^2} \right)$$

Formula,

Where n_0 = desire sample size, z = standard normal deviate usually set at 1.96, which corresponds to the 95% confidence level ($z = 1.96$), p = assumes proportion in the target population estimated to have a particular characteristic ($p = 0.5$), q = proportion of the estimation of the population ($q = 1-p$), d = allowable maximum error in estimating a population proportion ($d = 0.05$).

Furthermore, a Simple Random Sampling technique was employed to effectively administer 91 questionnaires at the household level among the displaced population. Given the representative sample size, the authors have allocated the samples statistically using the following formula:

$$\text{Random sampling, } N_j = \left(\frac{n}{N} \right) N_i$$

Where N_j = represents the sample size, N = total population size, ($N = n_1 + n_{ii} + n_{iii} + \dots + n_n$), N_i = population size of the study area, n = desired sample size.

The research follows a descriptive and qualitative approach. In total, 50 glue-sniffing children have been selected for judgmental sampling. The study area is limited to Chittagong Metropolitan City only. In-depth interviews were conducted using a judgmental sampling method. Here, Fifty Interviews were conducted physically. A semi-structured questionnaire was developed to collect information from glue-sniffing

children. To enhance the precision and make the data efficient and unbiased, it is necessary to use a statistical sampling rate during data collection. Based on the field situation under interview, a probability sampling technique- random sampling is applied. Sampling is most efficient in scenarios when a limited number of individuals in a group possess the characteristics anticipated by the researcher for the target population. The data processing encompasses editing, coding, tabulating, and analyzing the data with MS Excel and SPSS 20 Packages (Statistical Packages for Social Sciences). Upon concluding the fieldwork, the collected data have been meticulously edited. Editing often entails verifying several mistakes to identify potential errors and anomalies. Editing must fulfill three criteria: completeness, accuracy, and consistency. Editing was also done to verify whether the information was collected correctly, interviewing the correct sample and asking three questions in the questionnaire. I did this on the day the interview was conducted.

2.1 Literature Review of Glue Sniffing Research

The history of social and behavioral research on the recreational use of inhalants is relatively short. A large proportion of the earlier publications in the 1950s and 1960s consisted of case reports by physicians, often psychiatrists, who described the psychosocial background of one of several patients who were discovered to have histories of sniffing gasoline fumes, glue, or other solvents (Fauett and Jensen, 1952; Glaser and Massengale, 1962; Oldham, 1961; Merry, 1967; Satran and Dodson 1963; Lawton and Malmquist 1961; Bartlett and Tapia, 1966; Lancet, 1964; Black, 1972; Neal and Thomas, 1974). The researcher inhaling model airplane glue fumes spread in response to the sensational press campaigns against sniffing in the early 1960s (Brecher, 1972). The populations were inevitably drawn from youths in trouble with juvenile authorities or from youths admitted to institutions for psychological problems. One of the first studies, done in Denver, was based on a sample of 27 "chronic" glue sniffers (loosely defined as used for between 1 and 42 months) (Massengale et al., 1963). Nineteen had been arrested for sniffing, and eight were referred from other clinics.

The studied 19 children with a history of glue sniffing who were admitted to the child psychiatry service of a Brooklyn city hospital --74 percent of them were diagnosed as psychotic (Brozovsky and Winkler, 1965). The analysis shares her experience of the glue-sniffing epidemic in South Africa. She lives in Cape Town's City Centre and works in Claremont, where MetroRail is her mode of transportation (Annie DuPre2014). Despite MetroRail's attempts to make the train system safer and more legitimate, it is still possible for people to sneak through. DuPre was on a train at 5:30 pm when she noticed three people, a man, a woman, and a teenage boy, wearing dirty clothing and holding small plastic bags. They were sporadically holding the bags to their mouth and nose, breathing deeply while staring forward with glazed eyes. Glue-sniffing represents a harmful addiction that immobilizes children, particularly among impoverished youth, due to its low cost, easy access, and fleeting feelings of joy, pleasure, and disconnection. It can also dull the sensations of hunger and cold. Tensions rose among passengers as the child stood up, seemingly ready to confront someone across the car. An older woman chastised the adults for permitting a child to engage in glue-sniffing, prompting a heated exchange between her and a man. Annie DuPre (2014) suggests that the three users may have been abandoned to face the cold, with social services likely neglecting their situation. While there are regulations aimed at restricting glue sales to minors, enforcing these rules proves challenging. Nevertheless, merely halting sales will not diminish the appeal of such substances for children, particularly in times of hunger and extreme cold.

3. RESULTS AND DISCUSSIONS

The authors conducted the interview with 50 glue sniffers. About 60% of the respondents are Male, and 20% are Female. Among the interviewed youth, the authors found that 36% are 11-14 years old, 30% are above 14, 12% are 5-8 years old, and 12% are 8-11 years old. 10% are under 5 years of age (Table 1).

Table 1: Sample Distribution According to the Respondents Age

	Age	Frequency	Percentage
	11-14 year	18	36
	8-11 year	6	12
	5-8 year	6	12
	Above 14 year	15	30
	Under 5 year	5	10
Total		50	100

The authors explored that 56% of respondents lived in the slum area, followed by those living in parks/streets and public places (Table 2).

Table 2: Percentage of the Respondent's Residence Status			
RESIDENCY			
		Frequency	Percentage
Valid	Park/Street	13	26
	Public place	7	14
	Slum	28	56
	Work place	2	4
	Total	50	100

In Figure 2, the authors found that 86% of the respondents have no prior education, and 14% have primary education.

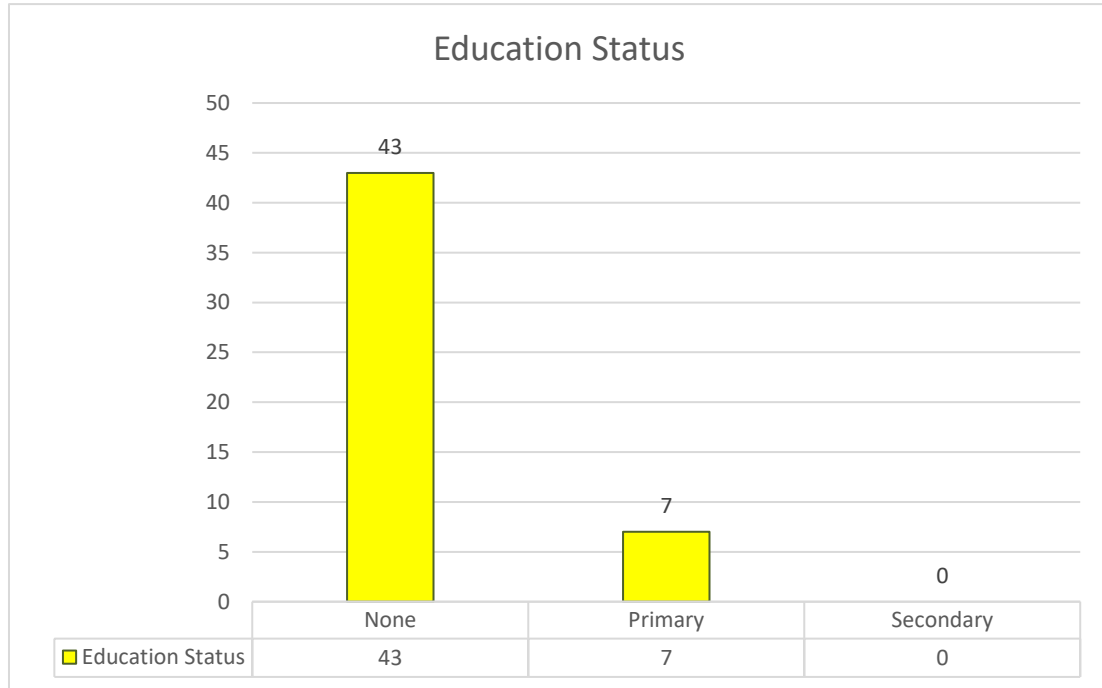


Figure 2: Percentage of respondents' education.

The authors found that among the interviewed street children, 18% are picking, 16% are daily laborers, and 72% are currently unemployed (Figure 3)

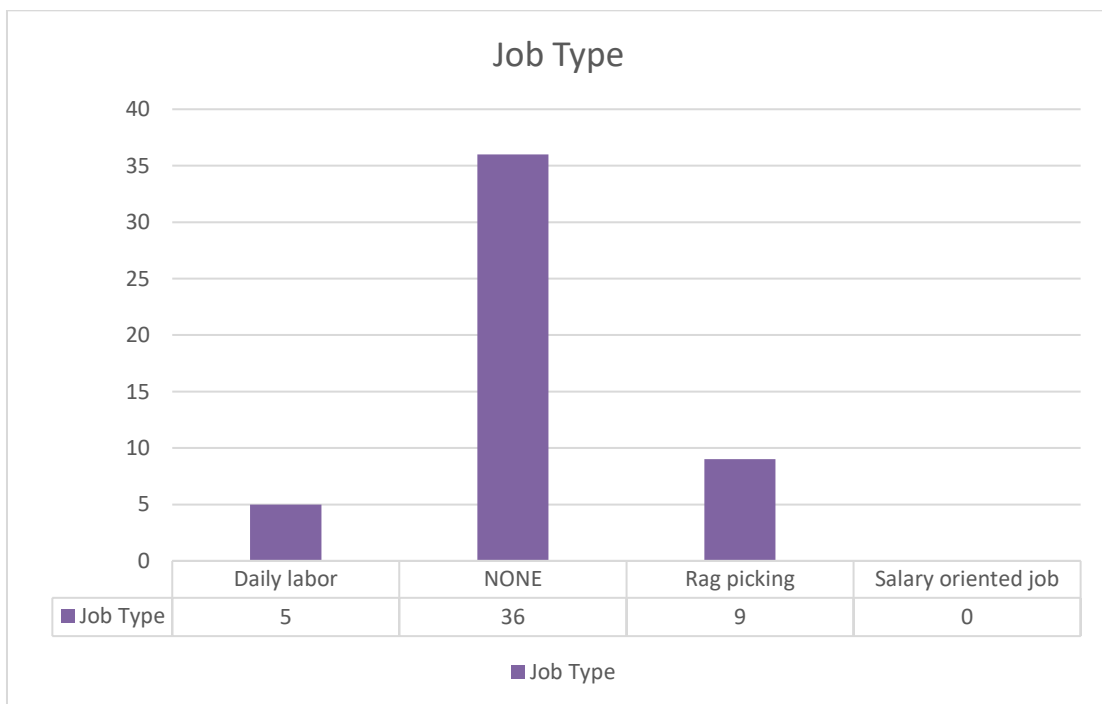


Figure 3: Percentage of respondents' job type

During the survey, the authors explored that 58% of the respondents do not have any family, 10% belong to a nuclear family, and 16% belong to a

single parent. 12% of them belong to Relative households, 4% of them belong to an Extended family (Table 3)

Table 3: Family Status of the Interviewed Street Children			
		Frequency	Percentage
Family Type	Single	29	58
	Extended	2	4
	Nuclear	5	10
	Relative household	6	12
	Single Parent	8	16
	Total	50	100

During the Study, The author found that 34% of total drug addicts are smoke cannabis, 14% addicts of Ya ba, 2% consume alcohol, 2% consume opium, 3% addicts sleeping pills, and 42% addicts. Only Dandy interviewed 50 street children. In Figure 4, The authors explored that 30%

of the Respondents were glue-sniffing for 4-8 months, 22% of them had it for 1-2 years, 10% inhaled it for less than 4 months, 16% of them inhaled it for 8-12 months and 22% of them inhaling it for more than 2 years (Figure 4).

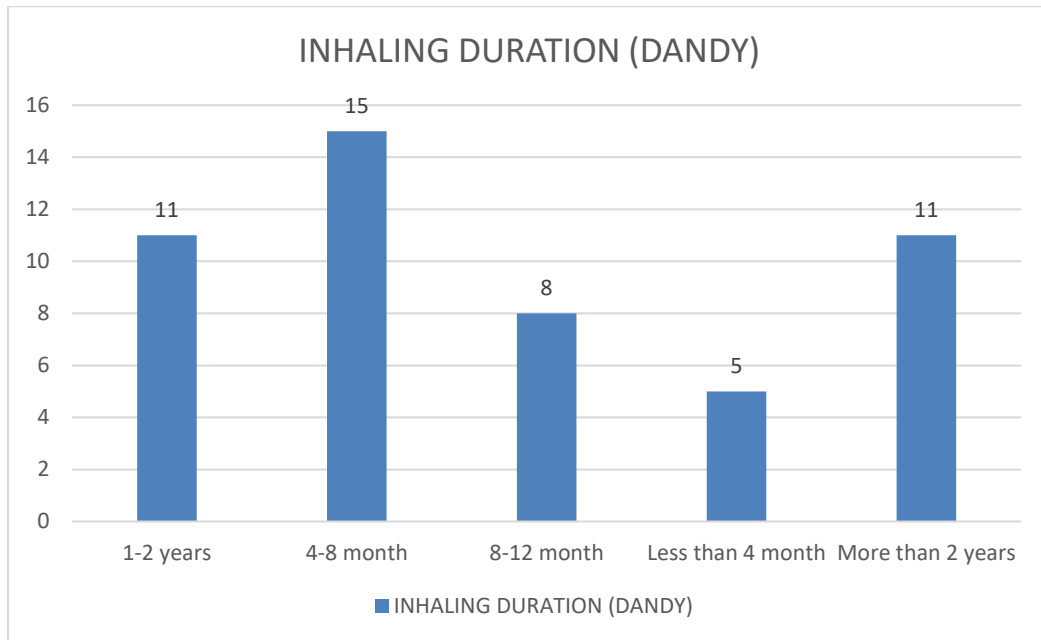


Figure 4: Duration of the habituated Glue Shifting

Figure 5 shows that during the survey, the researchers found that 36% of the glue shifters consumed it four times a day, 16% inhaled it three times

a day, 28% inhaled it two times a day, 12% consumed it once per day, and 8% inhaled it more than four times a day (Figure 5).

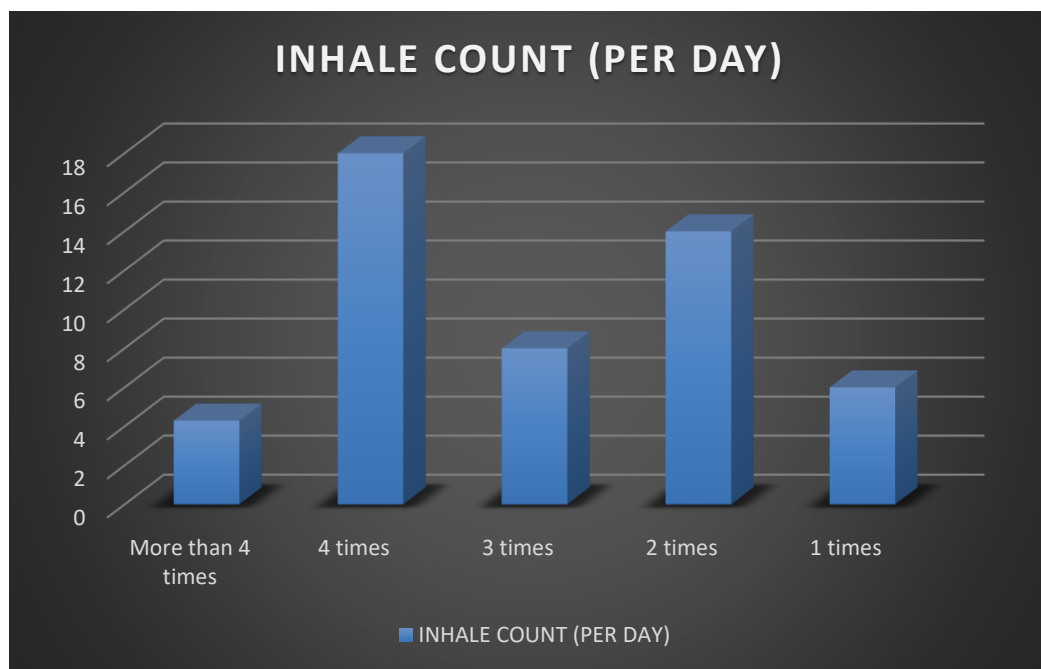


Figure 5: Percentage of inhaling count (per day)

The authors identified that 40% of respondents buy Dandydandys from a dealer, 38% from a peer, 18% from motor garages, and 4% from a hardware shop in Chittagong City. The study found that 32% of glue

shifters realized the harmful effects of drug addiction, and 68% were not aware of the bad effects (Figure 6).

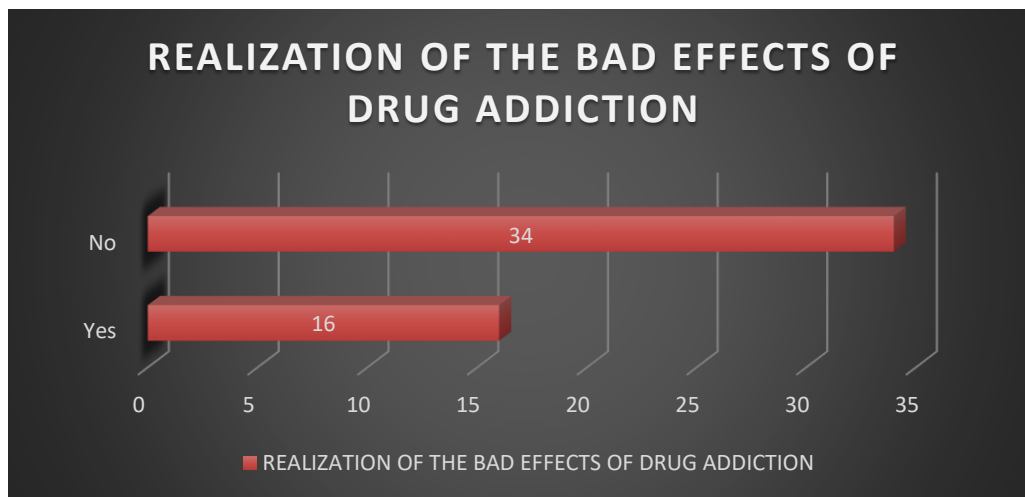


Figure 6:Percentage of realization of harmful effects of drug addiction.

From the study, the authors found that 8% of total respondents started their glue-sniffing journey by experimenting, 24% of them were out of

curiosity, 6% of them tried it for thrill-seeking, and 16% of them for peer pressure, 56% for depression (Table 5).

Table 5: Sample Distribution according to Respondent's Reasons Behind First-Time Inhalation

No	Reason of Inhalation	Percentages (%)
1	Curiosity	24
2	Depression	56
3	Experimenting	8
4	Peer pressure	16
5	Thrill-Seeking	6

It also found that 18% of respondents manage their finances for the drug by rag picking, 46% of them are begging for finance, 8% of them manage

finances by borrowing from family, and 28% are not interested in answering this question (Table 6).

Table 6: Source of Finance for Drug Purchase

No	Reason of Inhalation	Percentages (%)
1	Begging	46
2	Borrowing from family	8
3	Rag picking	18
4	Salary oriented job	0
5	I am not interested to say	28

4. DISCUSSION

Most street children in Dhaka and Chittagong work in the Tokai area, collecting dandies from cheap hardware shops. According to advocate Saimul Islam Rabi, an executive member of a civil rights organization, street children are already helpless and have no right to socialize in everyday life, so they easily indulge in crime; any drug addiction makes them more needy, which leads to theft and robbery. Street children in Chittagong, Bangladesh, are engaging in a dangerous drug addiction known as Dandy Banaya Khai. The main ingredient for making Dandydandy is specially made Ika gum, which is used in shoemaking. These children, aged 11-15, are intoxicated by the drug and are involved in crimes like theft and robbery to collect money. The Narcotics Control Directorate Chittagong Metro Deputy Director Suman Mandal Chattler stated that due to the Narcotics Control and Amendment Act, everyone under 18 is considered a child. However, a correctional center for drug addict women and children could help bring a small number of street children under the law and return them to everyday life. According to 'Aparajay Bangladesh,' the number of street children in the Chittagong division is currently 55 thousand, with around 2,000 in the Chittagong Railway Station, Kotwali, Riaz Uddin Bazar, Sholshahar, Kadmatoli, New Bridge, Patenga, Agrabad, and Halishahar area. The organization is strengthening its "Chind to Chind contract" program to protect street children from dandy addiction and has requested a meeting with the police to take necessary measures to prevent drug dealers from using street children.

The authors found the predominant correlation between children engaging in glue sniffing and hailing from disrupted family structures. A substantial number of these children reported experiencing various forms

of abuse from their stepmothers or stepfathers, prompting them to seek refuge on the streets. To cope with the traumatic past, a significant portion turned to substance abuse, including drug taking and glue sniffing. The literacy rate was abysmal among the glue-sniffing children. About 86% were illiterate or had no education. Only 14% have primary education, and no one was found to have a secondary school education. Despite the longstanding efforts of both Government and Non-Government Organizations to implement various programs aimed at delivering primary education to impoverished and vulnerable children in urban areas, the sampled street children remain disadvantaged and overlooked due to inadequacies, subpar management, and the ineffectiveness of dropout prevention initiatives in reintegrating them from street life. Consequently, these youngsters have challenged the government to enhance the national schooling rate.

During the study, the authors explored that 56% of the respondents live in slum areas, 26% live in parks/streets, 4% in their workplaces, and 14% in public places. As a result, they have faced many problems; many have been afflicted by various health issues stemming from contaminated drinking water, unsanitary food consumption, soiled clothing, and inadequate hygiene owing to their itinerant lifestyles. During the interview, almost the majority of our Respondents said that they suffer from various diseases, including skin diseases and sexually transmitted diseases. The adverse effects of glue-sniffing on the children's physical and emotional health were brought to light by this study. Long-term glue inhalation exposure has been linked to respiratory disorders, cognitive decline, and behavioral problems. This emphasizes how urgently affected children's health concerns must be addressed by intervention and support services.

Excessive ingestion of Dandy can harm vital organs, including the kidneys,

liver, lungs, and nervous system. In Table 3, it has shown that, in addition to Dandy, street children also use other drugs such as opium, yaba, alcohol, sleeping pills, and cannabis, which increases their chance of dying. Children who are constantly exposed to glue tend to grow somewhat dependent on it and addicted to it. If they are deprived of glue, this can lead to anxiety and angry, aggressive behavior. Table No.6 illustrates how youngsters who consume too much candy frequently consume it more than twice or four times a day.

Disenfranchised populations seem to be more affected by excessive dandy consumption. Poverty is one of the most significant societal issues. As indicated in table no. 4--- Several studies conducted in the present have revealed that the majority of street children are from broken homes and have experienced significant poverty and family issues in the past. The table also demonstrates the higher prevalence of these issues among children raised by single parents, husband-divorced wives, and wife-divorced husbands.

Teenagers are more likely to consume Dandy since it is easily accessible and inexpensive, yet doing so is bad for their physical and emotional health. Table No. 5 indicates that street youngsters have been known to consume Dandy out of curiosity due to its accessible availability. Moreover, youngsters develop a drug addiction to Dandy owing to sadness, loneliness, thrill-seeking, or experimental causes. Children who live on the streets and sniff glue have to deal with many challenges at school, including a higher absence rate and lower performance in several subjects. For instance, from Figure 2, it was indicated that 14% of the children who use Dandy have only completed basic education, and about 86% of the youngsters are illiterate.

Dandy addicts fund their drug usage by participating in a range of unethical and chaotic actions. In addition, young kids are employed in the drug trade. About 20 percent of street youngsters are involved in drug selling, according to Table 4. Once more, the examination of Figure 2 indicates that around 46% of youngsters opt to beg for dandy money.

Excessive consumption of Dandy can harm one's physical and emotional wellbeing. Age-related impacts vary for children and adolescents. Children have physical limitations as they grow older. However, Table 5 of the study indicates that around 15 out of every 100 street children who are adolescents are linked to the use of drugs. Adolescent glue sniffing can result in learning disabilities, memory loss, addiction, and social and academic problems, in addition to compromised cognitive abilities. It is essential to take action early to avoid long-term effects.

Smelling glue may be deadly. Inhaling volatile compounds—like those in glue—can cause suffocation or abrupt cardiac failure death. Furthermore, long-term usage may harm the liver, heart, and brain, among other essential organs. Impaired judgment and coordination also increase the likelihood of accidents and injury. Understanding the seriousness of these hazards is critical, and acting quickly to assist anyone involved in glue sniffing or other inhalant usage—table number. According to Table 6, just 32% of individuals know the negative consequences of consuming too many dandelions. Most youngsters who use Dandy die young because the remaining 68% of adults do not give a damn about it.

5. CONCLUSIONS AND RECOMMENDATION

To sum up, this manuscript has explored the complex layers of glue sniffing and shown its various effects. Socially, the practice fuels the cycle of substance misuse and jeopardizes it—the wellbeing of the community. Psychologically, glue sniffers frequently struggle with mental health problems, which highlights the necessity for focused interventions. Furthermore, the known health consequences highlight how urgently comprehensive prevention programs must be implemented. In order to effectively intervene and improve society as a whole, it is crucial to consider glue sniffing as a complex interplay of societal, psychological, and health dimensions as well as a behavioral issue.

The environmental impact of glue sniffing is primarily due to improper disposal of glue containers and related materials. This leads to littering, toxic chemicals, waste management challenges, urban decay, and public safety concerns. Discarded glue containers contribute to litter, soil, and water quality issues and pose safety risks. Proper waste disposal practices and community education are crucial to mitigate these negative consequences. Addressing the substance abuse issue and promoting proper waste disposal practices can help mitigate the negative

consequences of glue sniffing.

The public health issue of glue sniffing involves increased healthcare burden, mental health strain, community safety concerns, disease spread, educational disruption, societal strain, financial implications, and stigma. It affects healthcare resources, mental health, education, social services, law enforcement, and community support systems. The long-term health consequences and stigma can lead to increased healthcare costs and economic burden. Addressing this requires a comprehensive approach, including education, prevention programs, accessible treatment services, and community support.

The authors recommended the following precautions for the protection of children from drug habituation which are as follows:

- Foster a loving and nurturing environment for children by encouraging parental involvement.
- Create community centers that provide at-risk youngsters with a secure environment. These facilities might include mentorship programs, leisure activities, and career training to prevent kids from engaging in risky behaviors.
- Work together with law enforcement to address glue product distribution and availability. Tighten laws and keep an eye on the sales of drugs that kids are known to abuse. This covers the imposition of age limitations and sanctions for noncompliance.
- Establish supportive counseling programs in schools and communities to offer emotional and psychological help to emotional and psychological help to children impacted by glue-sniffing. Involve qualified specialists who can deal with the root causes of this behavior.

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