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HOUSE COMMITTEE REPORT

(11)

Date Referred: April 21, 1989

FURTHER REFERRALS:

Date of Committee Action: 5/1/89

The FINANCE Committee has considered:

SB 169

SENATE BILL NO. 169 [MISUSE OF HAZARDOUS VOLATILE SUBSTANCES]
 "An Act extending the powers and duties of the office of alcoholism and drug abuse, Department of Health and Social Services, to programs and activities relating to misuse of hazardous volatile substances by inhalant abusers; and providing for an effective date."

RECOMMENDATIONS:

- [] be replaced with _____ [] the same title
- [] have attached amendment(s) [] a new title
- [X] do pass
- [] do not pass
- [] no recommendation
- [] individual recommendations
- [] additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(S):
 (Dept)

APPROVES PREVIOUS: _____ (Date/Dept)

- [] fiscal impact _____
- [] zero fiscal note _____
- [] zero with analysis _____

- [] fiscal note(s) _____
- [] zero fiscal note(s) _____
- [X] zero fn/analysis 3/30/89 H&S
Senate

SIGNING DO PASS:

SIGNING:
 (Check approp. column)

Do Not
Pass No Rec Amend

Ronald L. Larson Larson
Swackhammer Swackhammer
Koponen Koponen
Ulmer Ulmer
Shultz Shultz
Brown Brown
Rieger Rieger
Phillips Phillips
Wallis Wallis
Barnes Barnes

Chairman's Signature
 CO - Ronald L. Larson

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: Relating to inhalant abuse

Agency Affected: Health & Social Services
BRU: Alcohol & Drug Abuse Services

Sponsor: Binkley et.al.
Requestor: _____

Components: Administration

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	<u>0</u>	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>0</u>

CAPITAL	<u>0</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
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REVENUE	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
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FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

POSITIONS:

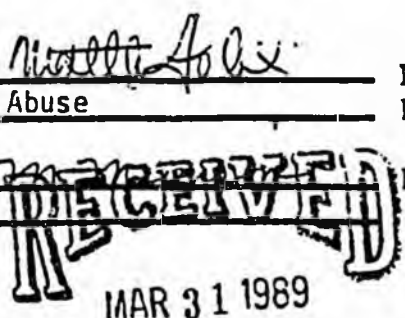
FULL-TIME	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
PART-TIME	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
TEMPORARY	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Matthew C. Felix *Matthew Felix* Phone: 586-6201
Division: Alcoholism & Drug Abuse Date: 3/29/89

Approved by Commissioner: *Mike...* Date: 3/30/89
Agency: _____

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)



LEGISLATIVE FINANCE

Fiscal Note SB 169

This fiscal note assumes that the purpose of SB 169 is to make technical corrections in the statute to clarify that the State Office of Alcoholism and Drug Abuse (SOADA) has the authority to provide treatment for inhalant abusers. The SOADA assumes that SB 169 does not require the establishment of additional treatment programs for inhalant abusers.

BY BINKLEY, PEARCE, KELLY,
SZYMANSKI, ADAMS, DUNCAN AND
ZHAROFF

1 IN THE SENATE

2

SENATE BILL NO. 169

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

SIXTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6 For an Act entitled: "An Act extending the powers and duties of the office
7 of alcoholism and drug abuse, Department of Health
8 and Social Services, to programs and activities
9 relating to misuse of hazardous volatile substances
10 by inhalant abusers; and providing for an effective
11 date."

12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

13 * Section 1. AS 47.37.030 is amended to read:

14 Sec. 47.37.030. POWERS OF OFFICE. The office may

15 (1) plan, establish, and maintain programs for the preven-
16 tion and treatment of alcoholism, [AND] drug abuse, and misuse of
17 hazardous volatile materials and substances by inhalant abusers;

18 (2) make contracts and award grants necessary or incidental
19 to the performance of its duties and the execution of its powers,
20 including contracts with and grants to public and private agencies,
21 organizations, and individuals, to pay them for services rendered or
22 furnished to alcoholics, intoxicated persons, [OR] drug abusers, or
23 inhalant abusers; to the maximum extent possible, contracts and grants
24 must be for a period of two years; contracts under this paragraph are
25 governed by AS 36.30 (State Procurement Code);

26 (3) solicit and accept for use a gift of money or property
27 or a grant of money, services, or property from the federal govern-
28 ment, the state, or a political subdivision of it or a private source,
29 and do all things necessary to cooperate with the federal government

1 or any of its agencies in making an application for a grant;

2 (4) administer or supervise the administration of the
3 provisions relating to alcoholics, intoxicated persons, [AND] drug
4 abusers, and inhalant abusers of state plans submitted for federal
5 funding under federal health, welfare, or treatment legislation;

6 (5) coordinate its activities and cooperate with alcohol-
7 ism, [AND] drug abuse, and inhalant abuse programs in this and other
8 states, and make contracts and other joint or cooperative arrangements
9 with state, local, or private agencies for the treatment of alcohol-
10 ics, intoxicated persons, [AND] drug abusers, and inhalant abusers,
11 and for the common advancement of alcoholism, [AND] drug abuse, and
12 inhalant abuse programs in this and other states;

13 (6) keep records and engage in research and the gathering
14 of relevant statistics;

15 (7) do other acts necessary to implement the authority
16 expressly granted to it;

17 (8) acquire, hold, or dispose of real property or any
18 interest in it, and construct, lease, or otherwise provide treatment
19 facilities for alcoholics, intoxicated persons, [AND] drug abusers,
20 and inhalant abusers; however, the office shall encourage local ini-
21 tiative, involvement, and financial participation under grants-in-aid
22 whenever possible in preference to the construction or operation of
23 facilities directly by the office; contracting and construction under
24 this paragraph are governed by AS 36.30 (State Procurement Code).

25 * Sec. 2. AS 47.37.040 is amended to read:

26 Sec. 47.37.040. DUTIES OF OFFICE. The office shall

27 (1) develop, encourage, and foster statewide, regional, and
28 local plans and programs for the prevention of alcoholism and drug
29 abuse and treatment of alcoholics, intoxicated persons, [AND] drug

1 abusers, and inhalant abusers in cooperation with public and private
2 agencies, organizations, and individuals, and provide technical assis-
3 tance and consultation services for these purposes;

4 (2) coordinate the efforts and enlist the assistance of all
5 public and private agencies, organizations, and individuals interested
6 in prevention of alcoholism, [AND] drug abuse, and inhalant abuse, and
7 treatment of alcoholics, intoxicated persons, [AND] drug abusers, and
8 inhalant abusers;

9 (3) cooperate with the Department of Corrections in estab-
10 lishing and conducting programs to provide treatment for alcoholics,
11 intoxicated persons, [AND] drug abusers, and inhalant abusers in or on
12 parole from penal institutions;

13 (4) cooperate with the Department of Education, school
14 boards, schools, police departments, courts, and other public and
15 private agencies, organizations, and individuals in establishing
16 programs for the prevention of alcoholism, [AND] drug abuse, and
17 inhalant abuse, and treatment of alcoholics, intoxicated persons,
18 [AND] drug abusers, and inhalant abusers, and preparing curriculum
19 materials for use at all levels of school education;

20 (5) prepare, publish, evaluate, and disseminate educational
21 material dealing with the nature and effects of alcohol and drugs, and
22 the misuse of hazardous volatile substances;

23 (6) develop and implement, as an integral part of treatment
24 programs, an educational program for use in the treatment of alcohol-
25 ics, intoxicated persons, [AND] drug abusers, and inhalant abusers
26 that [WHICH] includes the dissemination of information concerning the
27 nature and effects of alcohol, [AND] drugs, and hazardous volatile
28 substances;

29 (7) organize and foster training programs for all persons

1 engaged in treatment of alcoholics, intoxicated persons, [AND] drug
2 abusers, and inhalant abusers, and establish standards for training
3 paraprofessional alcoholism, [AND] drug abuse, and inhalant abuse
4 workers;

5 (8) sponsor and encourage research into the causes and
6 nature of alcoholism, [AND] drug abuse, and inhalant abuse, and the
7 treatment of alcoholics, intoxicated persons, [AND] drug abusers, and
8 inhalant abusers, and serve as a clearinghouse for information relat-
9 ing to alcoholism, [AND] drug abuse, and inhalant abuse;

10 (9) specify uniform methods for keeping statistical infor-
11 mation by public and private agencies, organizations, and individuals,
12 and collect and make available relevant statistical information,
13 including number of persons treated, frequency of admission and read-
14 mission, and frequency and duration of treatment;

15 (10) advise the governor in the preparation of a comprehen-
16 sive plan for treatment of alcoholics, intoxicated persons, [AND] drug
17 abusers, and inhalant abusers;

18 (11) review all state health, welfare, and treatment plans
19 to be submitted for federal funding, and advise the commissioner on
20 provisions to be included relating to alcoholics, intoxicated persons,
21 [AND] drug abusers, and inhalant abusers;

22 (12) assist in the development of, and cooperate with,
23 alcohol, [AND] drug abuse, and inhalant abuse education and treatment
24 programs for employees of state and local governments and businesses
25 and industries in the state;

26 (13) use the support and assistance of interested persons in
27 the community, particularly recovered alcoholics, [AND] drug abusers,
28 and inhalant abusers, to encourage alcoholics, [AND] drug abusers, and
29 inhalant abusers to voluntarily undergo treatment;

1 (14) cooperate with the Department of Public Safety and the
2 Department of Transportation and Public Facilities in establishing and
3 conducting programs designed to deal with the problem of persons
4 operating motor vehicles while intoxicated or under the influence of
5 drugs;

6 (15) encourage hospitals and other appropriate health facil-
7 ities to admit without discrimination alcoholics, intoxicated persons,
8 [AND] drug abusers, and inhalant abusers and to provide them with
9 adequate and appropriate treatment;

10 (16) encourage all health and disability insurance programs
11 to include alcoholism and drug abuse as a covered illness;

12 (17) submit to the legislature an annual report covering the
13 activities of the office;

14 (18) develop and implement a training program on alcoholism
15 and drug abuse for employees of state and municipal governments, and
16 private institutions;

17 (19) develop curriculum materials on drug and alcohol abuse
18 and the misuse of hazardous volatile substances for use in grades
19 kindergarten through 12, as well as a course of instruction for teach-
20 ers to be charged with presenting the curriculum.

21 * Sec. 3. AS 47.37.130(a) is amended to read:

22 (a) The office shall establish a comprehensive and coordinated
23 program for the treatment of alcoholics, intoxicated persons, [AND]
24 drug abusers, and inhalant abusers. Subject to the approval of the
25 commissioner, the coordinator may divide the state into appropriate
26 regions to conduct the program and establish standards for the devel-
27 opment of the program on the regional level. In establishing the
28 regions, consideration shall be given to the city and borough lines
29 and population concentrations and, when feasible, programs must be

1 established with maximum local community involvement.

2 * Sec. 4. AS 47.37.150 is amended to read:

3 Sec. 47.37.150. ACCEPTANCE FOR TREATMENT. The coordinator shall
4 adopt regulations for the admission of persons into the treatment
5 program, considering available treatment resources and facilities, for
6 the purpose of early and effective treatment of alcoholics, intox-
7 icated persons, [AND] drug abusers, and inhalant abusers. In adopting
8 the regulations the coordinator shall be guided by the following
9 standards:

10 (1) if possible a patient must be treated on a voluntary
11 rather than an involuntary basis;

12 (2) a patient must be initially assigned or transferred to
13 outpatient or intermediate treatment, unless the patient is found to
14 require inpatient treatment;

15 (3) a person may not be denied treatment solely because the
16 person has withdrawn from treatment against medical advice on a prior
17 occasion or because the person has relapsed after earlier treatment;

18 (4) an individualized treatment plan must be prepared and
19 maintained on a current basis for each patient;

20 (5) provision must be made for a continuum of coordinated
21 treatment services, so that a person who leaves a facility or a form
22 of treatment will use other appropriate treatment and facilities.

23 * Sec. 5. AS 47.37.270 is amended by adding new paragraphs to read:

24 (15) "hazardous volatile material or substance"

25 (A) means a material or substance that is readily
26 vaporizable at room temperature and whose vapors or gases, when
27 inhaled,

28 (i) pose an immediate threat to the life or
29 health of the person; or

1 (ii) are likely to have adverse delayed effects on
2 the health of the person;
3 (B) includes, but is not limited to,
4 (i) gasoline;
5 (ii) materials and substances containing petroleum
6 distillates; and
7 (iii) common household materials and substances
8 whose containers bear a notice warning that inhalation of
9 vapors or gases may cause physical harm;
10 (16) "inhalant abuse" means the misuse of a hazardous vola-
11 tile material or substance by inhaling its vapors.
12 * Sec. 6. This Act takes effect July 1, 1989.

TANANA CHIEFS CONFERENCE, INC.
Board of Directors
Resolution No. 89-107

INHALANT ABUSE

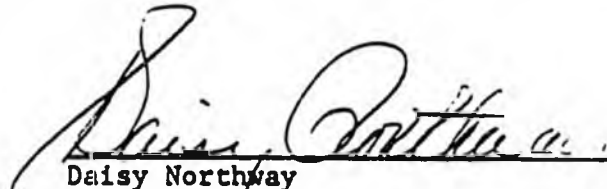
WHEREAS, there is an increase in inhalant abuse in the State of Alaska and

WHEREAS, the damage caused by inhalant abuse, the warning signs of abuse, and where to go for help are not well known in the State.

NOW THEREFORE BE IT RESOLVED that the Tanana Chiefs Conference Board of Directors strongly urge the Office of Alcoholism and Drug Abuse to include programs and activities relating to the misuse of hazardous volatile substances and to act as a clearinghouse for concerned citizens and organizations with respect to information on inhalant abuse and what can be done to stop or prevent it.

CERTIFICATION

I hereby certify that this resolution was duly passed by the Tanana Chiefs Conference, Inc. Board of Directors on March 16, 1989 at Fairbanks, Alaska and a quorum was duly established.


Daisy Northway
Secretary-Treasurer
Tanana Chiefs Conference, Inc.

Submitted by: Alcohol Workshop

than chance expectancy. The declines for cocaine (-16.1%) and stimulants (-10.2%), were also found to be statistically significant ($p < .01$). The small increase noted for marijuana (+1.1%) was not statistically significant, but the increase in hallucinogens (+8.7%) was found to be greater than chance expectancy ($p < .01$).

(3) Lifetime Experience with a Drug

Table 5-3 shows a pattern of increases and decreases for lifetime experience with different drugs (excluding alcohol and tobacco). Consistent with the findings in Tables 5-1 and 5-2, increases are noted for marijuana (3.6%) and hallucinogens (4.5%). A relatively large increase for inhalants (9.4%) is also noted, which is consistent with its reported increase in availability reported in Table 5-1. All of the differences in lifetime

Table 5-3
Comparison of 1983 and 1988 Findings
Lifetime Experience with Chemical Substances
Eight School Districts

Substance	1988 Percent*	1983 Percent**	Percent Change
Marijuana	53.0	49.4	+ 3.6***
Cocaine	14.4	18.3	- 3.9***
Stimulants	24.2	27.2	- 3.0****
Hallucinogens	13.2	8.7	+ 4.5***
Depressants	9.8	14.3	- 4.5***
Heroin	2.0	2.2	+ 0.2
Inhalants	25.9	16.5	+ 9.4***
Tranquilizers	9.9	11.5	- 1.6****

*N=3814 (Unweighted) **N=3509 (Unweighted)

*** $p < .01$.

**** $p < .05$.

From Alcohol and Drug Use among Youth
Study, University of Alaska - Anchorage
Dr. Bernie Segal. November 1988

In other research.

(g) Depressants

Depressants, largely in the form of barbiturates, has experienced a decline since 1983, a trend that is consistent with reports from other surveys.

(h) Tranquilizers

Use of substances such as Valium or Librium, classified as tranquilizers, have also declined since 1983, a trend which is also consistent with findings from other research.

(i) Inhalants

Of all the illicit chemical substances, inhalants have shown the largest increase. This increase is consistent with a small increase reported across the nation by Johnston et al. (1987). Inhalants have tended to be the substance of choice among very young users, largely because they are cheap, readily available, and induce an intense altered state of consciousness, perhaps emulating the perceived experience of the substances the naive user cannot readily obtain. Additionally, older adolescents may resort to using inhalants when other substances are unavailable. Beauvais and Oetting (1987) noted that inhalant use, at every age, "marks a very high level of drug involvement for that group and suggests potentially serious adjustment difficulties. Some of these difficulties include disruptive family relationships, poor school and job adjustment, serious emotional problems, and higher levels of deviance than other drug users" (p. 781). The statistics regarding inhalants should be of particular concern because most, if not all inhalant substances, are highly toxic and can cause irreversible brain damage or death.

(j) Alcohol

Consistent with the findings from different studies of drinking among youth across the nation, experience with alcohol in Alaska is ubiquitous among adolescents. It would also seem that drinking during adolescent years no longer represents a lifestage phenomenon, but has become an adolescent life-style phenomenon. To a large extent the drinking among adolescents could be considered to model the drinking behavior of the

- the pending reorganization of Office of Financing and Coverage Policy, would continue.
2. Transfer all of NIMH to NIH, where, it is argued, research on mental illness would finally reach the stature accorded other diseases. This is the plan in the Inouye bill.
3. Transfer only the research effort of NIMH to NIH, and rename the remaining components of ADAMHA the "National Center for Addictive Disorders," consisting of the two institutes on drugs and alcohol. NAMI's Havel said his organization could support either of these two plans.
4. Separate all the research and non-research functions of ADAMHA. The research portions of all three existing institutes would go to NIH as a single entity. Then the alcohol and drug institutes could form an Institute on Addictive Disorders, with service-related components of NIMH administered separately. Since this would combine alcohol and drugs into one entity, "many people feel strongly one way or the other" on this point, Lewin said. Advocates for those suffering from drug addiction, as opposed to alcohol addiction, believe that the demographics of drug addicts are not the same as those of alcoholics. Therefore, they say, the institutes must maintain their identities.
Another variation of this option would call for the three entities to go to NIH as three separate institutes. But some of the service sectors could go either to the Centers for Disease Control or the National Center for Health Services Research. Administration of state block grants and some of the demonstration programs would become the responsibility of the Health Resources and Services Administration. Another option would be to create a bureau of ADM delivery-of-services efforts within HRSA.
5. Realign the existing ADAMHA structure to make research the exclusive mission of all three institutes. All service-related functions would be shifted to a bureau in ADAMHA, whose director would be on a par with the three institute directors. Proponents of this arrangement argue that there is much similarity in the services administered by the three institutes. This seems the most popular option among the drug and alcohol field.

Goodwin May Be Named

ADAMHA reorganization is a delicate subject right now since Frederick Goodwin, MD, who

heads NIMH's Intramural Research Program, is expected to be named ADAMHA administrator sometime in February. Several sources cited possible conflicts among the various institute directors as the parent agency undergoes rearrangement. "There are institutional positions, and positions that people maintain in their heart of hearts," one HHS staffer said. "All the institute directors are in a tight spot."

If nominated and confirmed, Goodwin would succeed Donald Ian Macdonald, a pediatrician who has been serving as both ADAMHA Administrator and Director of the Drug Abuse Policy Office for nearly a year. Macdonald, who will stay on at his White House post which also carries the title of Special Assistant to the President for Drug Abuse Issues, has been heading ADAMHA since his confirmation in April 1985.

Goodwin, 51, an expert in depressive disorders, has been with the NIMH intramural effort, the clinical research program located at the National Institutes of Health campus in Bethesda, since 1965. He became its director in 1982.

The appointment of the ADAMHA administrator is subject to Senate confirmation. ADAMHA sources said White House clearance has already been obtained, and that the FBI was winding up its routine clearance procedures.

Incidence

YOUTHS' DRUG USE IN SLOW FALL, BUT INHALANTS SHOW GAIN

High school seniors are using less cocaine, but more and more of them report having experimented at least once with the drug and there is no noticeable decline in crack use, a new survey shows. And while overall drug use is slowly continuing to decline, inhalants are "bucking the trend," and their use is rising, said the researcher who recently completed a survey of drug use among young adults.

According to the annual National High School Senior Survey on Drug Abuse, prepared for the National Institute on Drug Abuse by Lloyd Johnston, Ph.D., project director of the University of Michigan Institute for Social Research, cocaine use among high school seniors declined gradually in 1987 for the first time since the survey began 13 years ago. About 42% of the seniors said they had used an illicit drug at least once in the past year, the lowest figure in 13 years.

Observers were quick to flag various possible flaws in the study. For example, some experts

A HOUSTON COMMUNICATIONS GROUP, INC.
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pointed out that the study canvasses youngsters who have reached the last year of high school, or who are about to graduate. It does not take into account the situation of high school drop-outs, and previous surveys show the rate of drug use is double among this group.

"We're always very up-front that we don't have data on drop-outs," Johnston said. "But drop-outs constitute 15-20% of this age group, so this limits how they can affect overall estimates. It really doesn't change the story for most drugs. Two possible exceptions: heroin and crack, since most serious users of these drugs are out of school. These two drugs signal advanced forms of drug involvement." Nevertheless, improvements in drug use are most difficult to attain among drop-outs, Johnston noted.

Of the nearly 17,000 high school seniors in 130 public and private schools who participated in the nationwide survey, 57% reported having used an illegal drug, compared to 58% last year, and 35% used a drug other than marijuana, against 38% in 1986. Use of other drugs, including LSD, heroin and other opiates, is about the same as last year.

The survey findings, which cover most of 1987, are "encouraging," said Rep. Charles Rangel (D-NY), chairman of the House Select Committee on Narcotics. "But let's not get carried away into thinking we're winning the war on drugs.... In fact, cocaine is cheaper and purer than ever before, and cocaine overdoses and deaths are up, indicating a growing cocaine problem." He called the survey "the only bright spot in an otherwise bleak situation."

And Johnston himself cautioned that the good news may not last. "I certainly think it's cause for optimism, but there's nothing immutable about a downward trend" in drug use, he said. Drug use in the US is still the "highest in the industrialized world."

And more research is showing the harmful effects of marijuana use. A recent National Institute on Drug Abuse paper says that chronic use can destroy cells in the hippocampus, a brain structure important for learning and for linking sensation with feeling. This may account for marijuana's ability to impair short-term memory.

But Johnston did predict a continued improvement in the drug situation, provided that "the forces that gave rise to [it] can continue. Many influences have been making people aware of cocaine hazards, especially media campaigns and work by schools and families, although this is hard to quantify." Another factor was the

deaths of athletes Len Bias and Don Rogers. "That really got the attention of young people," he said, adding that norms and attitudes must continue to shift.

There was a jump to 48% in 1987 from 34% in 1986 of young people who said they believe that use of even a small quantity of cocaine involve "great risk."

Johnston did not attribute any of improvement in drug use to treatment of addicts. High school students typically do not show a high demand for treatment, he said. One way to improve the statistics even further, he said, would be to fund more evaluation of prevention and education programs.

"What we end up doing is dumping huge amounts of money in an effort to close our borders, and relatively ineffectively. Until very recently, only token amounts were spent on prevention.... Now there must be a commitment to consistent funding. We, as a society, have been remiss in not developing a knowledge base for prevention efforts. This requires money, especially for evaluation. I'm not saying the existing programs are ineffective; we just don't know."

The findings mark the 13th annual survey, and Johnston said he expects to continue the studies as long as the nation has a drug problem. Besides the high school seniors, it also quantifies drug use among about 10,000 members of the last 10 graduating high school classes. Response rates to these surveys, which are mailed, range from 89% to 73%, with the lowest responses coming from the class of 1976. Johnston termed these response rates "very high" for mail surveys.

Special Report

"CAUTIOUS OPTIMISM" SEEN FOR DRUG-ABUSE INDUSTRY IN 1988

"Cautious optimism" is the most common outlook among analysts of the drug abuse treatment industry as they assess the prospects for 1988. Most predict a healthy long-range profitability, despite some possible problems in the short-term as the industry sorts out after a not entirely successful 1987.

"1988 will be a mirror image of 1987, one of re-positioning in the industry," said Steve Munroe, senior vice president and chief financial officer of CompCare, based in Irvine, CA. The company owns and manages 20 drug and alcohol abuse treatment facilities, and has 150 man-

INHALANT UPDATE

National surveys show inhalant use ranks third behind alcohol and marijuana. The most effective way to fight solvent use is through prevention and education efforts. When inhaled, most commonly abused vaporous substances act as central nervous system depressants. They disturb vision, impair judgment and reduce muscle control. Inhalant use can cause permanent brain damage and even death. Here's a list of products that young people might sniff. This information is provided to heighten awareness of the potential for abuse of these common and easily obtainable products. Please use this information discreetly and appropriately.

ADDITIVES

- gasoline additives

ADHESIVES

- building supply adhesives
- false eyelash adhesives
- fingernail adhesives
- PCV pipe adhesives

AGENTS

- engine drying agents

CEMENTS

- household cement
- model cement (glue)

CLEANERS

- auto body cleaners
- car engine cleaners
- electronic equipment cleaners
- gun cleaning solvent
- window cleaner

COATINGS

- aerosol leather coatings
- frying pan/pot coatings

DE-ICERS

- windshield de-icers

FLUIDS

- brake fluid
- charcoal starter fluid
- fire extinguisher fluid
- lighter fluid
- power steering fluid
- printer fluid
- transmission fluid
- typewriter correction fluid

FUELS

- lantern fuel
- stove fuel

GASOLINE

HARDENERS

- fingernail hardener

MARKERS

- felt tip markers
- dry erase marker

OCTANE BOOSTERS

PAINTS

- aerosol paint
- lacquer paint
- liquid paint

PENS

- fast-drying pens

POLISH

- fingernail polish
- shoe polish

PRODUCTS

- fiberglass refinishing products
- photographic chemical products
- resin products
- shoe shine products
- water proofing products

PROPELLANT GASES

- fluorocarbons
- hydrocarbons

REMOVERS

- asphalt remover
- fingernail polish remover
- paint remover
- stain remover
- tar remover

SEALANT

- tire sealant

STRIPPERS

- paint strippers
- varnish strippers

SUPPLIES

- art supplies
- household cleaning supplies
- furniture refinishing supplies

THINNERS

- paint thinner

VARNISH

- furniture varnish
- wood varnish

Reported to Alcohol and Drug Abuse Pulse Beats, August 1988, by Parents in Action in Nebraska.