

HB

375

1-LS1323H ✓
Luckhaupt
3/28/00

CS FOR HOUSE BILL NO. 375()
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIRST LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVE KAPSNER

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to abuse of inhalants."

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

3 * Section 1. AS 11.76 is amended by adding a new section to read:

4 Sec. 11.76.200. Abuse of inhalants. (a) Under circumstances not otherwise
5 proscribed under AS 11.71, a person commits the crime of abuse of inhalants if the
6 person smells or inhales any substance, other than an alcoholic beverage, with the
7 intent of causing intoxication, inebriation, excitement, stupefaction, or dulling of the
8 brain or nervous system.

9 (b) This section does not apply to the administration of a controlled substance,
10 drug, or other substance by a practitioner or otherwise in a medical context. In this
11 subsection, "administer," "drug," and "practitioner" have the meanings given in
12 AS 11.71.900.

13 (c) In this section, "alcoholic beverage" has the meaning given in
14 AS 04.21.080.

15 (d) Abuse of inhalants is a class B misdemeanor. A court shall suspend the

1 imposition of sentence, place the defendant on probation under AS 12.55.085, and
2 require the defendant to successfully complete an inhalant abuse treatment program.

3 * Sec. 2. AS 47.37.170(b) is amended to read:

4 (b) A person who appears to be incapacitated by alcohol, inhalants, or drugs
5 in a public place shall be taken into protective custody by a peace officer or a member
6 of the emergency service patrol and immediately brought to an approved public
7 treatment facility, an approved private treatment facility, or another appropriate health
8 facility or service for emergency medical treatment. If a [NO] treatment facility or
9 emergency medical service is not available, a person who appears to be incapacitated
10 by alcohol, inhalants, or drugs in a public place shall be taken to a state or municipal
11 detention facility in the area if that appears necessary for the protection of the person's
12 health or safety.

13 * Sec. 3. AS 47.37.170(d) is amended to read:

14 (d) A person who, after medical examination at an approved private treatment
15 facility, or another appropriate health facility or service for emergency medical
16 treatment, is found to be incapacitated by alcohol, inhalants, or drugs at the time of
17 admission or to have become incapacitated by alcohol, inhalants, or drugs at any time
18 after admission, may not be detained at a facility after the person is no longer
19 incapacitated by alcohol, inhalants, or drugs. A person may not be detained at a
20 facility if the person remains incapacitated by alcohol for more than 48 hours after
21 admission as a patient. A person may consent to remain in the facility as long as the
22 physician in charge considers it appropriate.

23 * Sec. 4. AS 47.37.170(f) is amended to read:

24 (f) If a patient is admitted to an approved public treatment facility, family or
25 next of kin shall be promptly notified. If an adult patient who is not incapacitated by
26 alcohol, inhalants, or drugs requests that there be no notification of next of kin, the
27 request shall be granted.

28 * Sec. 5. AS 47.37.170(g) is amended to read:

29 (g) A person may not bring an action for damages based on the decision under
30 this section to take or not to take an intoxicated person or a person incapacitated by
31 alcohol, inhalants, or drugs into protective custody, unless the action is for damages

1 caused by gross negligence or intentional misconduct.

2 * Sec. 6. AS 47.37.170(i) is amended to read:

3 (i) A person taken to a detention facility under (a) or (b) of this section may
4 be detained only (1) until a treatment facility or emergency medical service is made
5 available, (2) until the person is no longer intoxicated or incapacitated by alcohol,
6 inhalants, or drugs, or (3) for a maximum period of 12 hours, whichever occurs first.
7 A detaining officer or a detention facility official may release a person who is detained
8 under (a) or (b) of this section at any time to the custody of a responsible adult. A
9 peace officer or a member of the emergency service patrol, in detaining a person under
10 (a) or (b) of this section and in taking the person to a treatment facility, an emergency
11 medical service, or a detention facility, is taking the person into protective custody,
12 and the officer or patrol member shall make reasonable efforts to provide for and
13 protect the health and safety of the detainee. In taking a person into protective custody
14 under (a) and (b) of this section, a detaining officer, a member of the emergency
15 service patrol, or a detention facility official may take reasonable steps for self-
16 protection, including a full protective search of the person of a detainee. Protective
17 custody under (a) and (b) of this section does not constitute an arrest and an [NO]
18 entry or other record may not be made to indicate that the person detained has been
19 arrested or charged with a crime, except that a confidential record may be made that
20 is necessary for the administrative purposes of the facility to which the person has
21 been taken or that is necessary for statistical purposes where the person's name may
22 not be disclosed.

23 * Sec. 7. AS 47.37.180(a) is amended to read:

24 (a) An intoxicated person who (1) has threatened, attempted to inflict, or
25 inflicted physical harm on another or is likely to inflict physical harm on another
26 unless committed, or (2) is incapacitated by alcohol, inhalants, or drugs, may be
27 committed to an approved public treatment facility for emergency treatment. A refusal
28 to undergo treatment does not constitute evidence of lack of judgment as to the need
29 for treatment.

30 * Sec. 8. AS 47.37.190(a) is amended to read:

31 (a) A spouse or guardian, a relative, the certifying physician, or the

1 administrator in charge of an approved public treatment facility may petition the court
2 for a 30-day involuntary commitment order. The petition must allege that the person
3 is an alcoholic or inhalant or drug abuser who (1) has threatened, attempted to inflict,
4 or inflicted physical harm on another and that, unless committed, is likely to inflict
5 physical harm on another; or (2) is incapacitated by alcohol, inhalants, or drugs. A
6 refusal to undergo treatment does not constitute evidence of lack of judgment as to the
7 need for treatment. The petition must be accompanied by a certificate of a licensed
8 physician who has examined the person within two days before submission of the
9 petition, unless the person whose commitment is sought has refused to submit to a
10 medical examination, in which case the fact of refusal must be alleged in the petition.
11 The certificate must set out the physician's findings in support of the allegations of the
12 petition.

13 * Sec. 9. AS 47.37.205(a) is amended to read:

14 (a) At any time during a person's 30-day commitment, the director of an
15 approved public facility or approved private facility may file with the court a petition
16 for a 180-day commitment of that person. The petition must include all material
17 required under AS 47.37.190(a) except that references to "30 days" shall be read as
18 "180 days" and must allege that the person continues to be an alcoholic or inhalant
19 or drug abuser who is incapacitated by alcohol, inhalants, or drugs, or who continues
20 to be at risk of serious physical harm or illness.

21 * Sec. 10. AS 47.37.235(c) is amended to read:

22 (c) A person who knowingly initiates an involuntary commitment petition
23 under AS 47.37.180 - 47.37.205 without having good cause to believe that the other
24 person is an alcoholic or inhalant or drug abuser and is incapacitated or at risk of
25 serious physical harm or illness if not treated is guilty of a class C felony.

26 * Sec. 11. AS 47.37.270(1) is amended to read:

27 (1) "alcoholic or inhalant or drug abuser" means a person who
28 demonstrates increased tolerance to alcohol, inhalants, or drugs, who suffers from
29 withdrawal when alcohol, inhalants, or drugs are not available, whose habitual lack
30 of self-control concerning the use of alcohol, inhalants, or drugs causes significant
31 hazard to the person's health, and who continues to use alcohol, inhalants, or drugs

1 despite the adverse consequences;

2 * Sec. 12. AS 47.37.270(10) is amended to read:

3 (10) "hazardous volatile material or substance" or "inhalant"

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

6 (i) pose an immediate threat to the life or health of the
7 person; or

8 (ii) are likely to have adverse delayed effects on the
9 health of the person;

10 (B) includes, but is not limited to,

11 (i) gasoline;

12 (ii) materials and substances containing petroleum
13 distillates; and

14 (iii) common household materials and substances whose
15 containers bear a notice warning that inhalation of vapors or gases may
16 cause physical harm;

17 * Sec. 13. AS 47.37.270(11) is amended to read:

18 (11) "incapacitated by alcohol, inhalants, or drugs" means a person
19 who, as a result of alcohol, inhalants, or drugs, is unconscious or whose judgment is
20 otherwise so impaired that the person (A) is incapable of realizing and making rational
21 decisions with respect to the need for treatment, and (B) is unable to take care of the
22 person's basic safety or personal needs, including food, clothing, shelter, or medical
23 care;

24 * Sec. 14. AS 47.37.270(14) is amended to read:

25 (14) "intoxicated person" means a person whose mental or physical
26 functioning is substantially impaired as a result of the use of alcohol, inhalants, or
27 drugs;

A M E N D M E N T

OFFERED IN THE HOUSE

BY REPRESENTATIVE KAPSNER

TO: CSHB 375(), Draft Version "H"

- 1 Page 1, line 15:
- 2 Delete "class B misdemeanor"
- 3 Insert "violation"

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Kwigillingok

Manokotak

Napakiak

Napaskiak

New Stuyahok

Nunapitchuk

Oscarville

Platinum

Portage Creek

Quinhagak

Togiak

Tuntutuliak

Twin Hills

Sponsor Statement

CS FOR HOUSE BILL NO. 375 ()

"An Act relating to abuse of inhalants"

House Bill 375 targets a problem in Alaska that has been neglected for many years. It will provide public safety official, medical personnel and the courts leverage to place individuals who use and abuse inhalants into rehabilitation. I introduced HB 375 after listening to the concerns of many providers working with young people and to VPSO's who feel they have no tools to intervene when they see someone huffing.

Although the abuse of inhalants is not a new problem, it is reaching rampant proportions throughout Alaska and among youth across the nation. As of January 1999 twenty-four states have passed laws addressing inhalant problems. These laws vary greatly in content, ranging from sending individuals to treatment to criminalizing the behavior.

One of the problems in forging a direction to deal with inhalant abuse is the lack of appropriate treatment facilities. Most substance abuse treatment programs are geared toward problems of alcohol and drugs. Nationally, there are only two residential treatment facilities designed for inhalant abusers, in Texas and South Dakota. Thanks to the efforts of Senators Frank Murkowski and Ted Stevens, the Yukon Kuskokwim Health Corporation in Southwest Alaska received a grant in 1999 to build an inhalant abuse treatment facility. Construction is scheduled to begin this summer, with completion in 2001.

A 1998 survey by the YKHC found that during 1996 and 1997, 161 Alaskans sought treatment for inahlant abuse at drug and alcohol programs. During the same period they found 46 people with a history of inhalant abuse died. A 1993 study by the Indian Health Service in Alaska looked at the cost to society if inhalant abusers are left untreated. That study found that a 19 year old with a chronic history of inhalant abuse and significant brain or organ damage will cost society \$1.4 million over a lifetime of treatment, medical care, social services, law enforcement and court costs.

We are fortunate in Alaska to be at the threshold of a new era in addressing inhalant abuse with the coming residential treatment facility. I would hope that the legislature take a proactive look at ways in which we can raise awareness and address statutory needs to complete a package approach that includes prevention, intervention and treatment. House Bill 375 is intended to be a part of the intention component in this issue.

Thank you for your consideration

FISCAL NOTE

STATE OF ALASKA
2000 LEGISLATIVE SESSION

BILL NO. HB 375

Revision Date/Time (Note if correction) _____ Dept. Affected Department of Corrections
 Title An Act relating to abuse of inhalants. BRU Administration and Operations
 Component All
 Sponsor Representative Kapsner
 Requester House Health & Social Services Committee Component No. #0694

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	***	***	***	***	***	***

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	***	***	***	***	***	***

Estimate of any current year (FY2000) cost: 0.0

POSITIONS

Full-time						
Part-time						
Temporary						

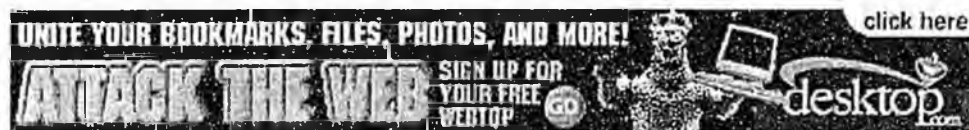
ANALYSIS: (Attach a separate page if necessary)

This legislation would make it a Class B Misdemeanor to abuse inhalants. The fiscal impact on the Department of Corrections is difficult to assess. Class B Misdemeanors may not result in incarceration the first time, however, if someone is a chronic abuser, he/she may ultimately spend some time in a correctional facility. Therefore, the Department of Corrections is submitting an indeterminate fiscal note.

Prepared by: Candy Brower, Legislative Liaison Phone 465-3307
 Division Commissioner's Office Date/Time 4/10/00 8:44 AM
 Approved by Commissioner Margaret M. Pugh Date April 10, 2000
 Agency Dept. of Corrections

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Anchorage Daily News

Monday, March 27, 2000

Bethel meeting to pull huffing from shadows

By MAUREEN CLARK
The Associated Press

At grocery stores in many Alaska villages, hair spray is kept behind the counter, out of reach of people who might use its noxious fumes as a cheap, easy way to get high.

It is recognition that in rural communities, where liquor is banned, hair spray, gasoline, cleaning fluids and other common chemicals pose an even greater threat than alcohol.

Inhalants can cause severe, permanent brain damage and even death. But because they are so easy to obtain - even by young children - inhalant abuse has been a subject that some parents and educators have avoided.

"People say you'll create a problem if you talk about it," said Sandra Mironov, behavioral health administrator for the Yukon Kuskokwim Health Corp. "We've hidden a lot of things through the years by not talking about them - child abuse, sexual abuse, alcoholism. You just didn't talk about them."

But talking about the problem can save lives, says Mironov, an organizer of the health corporation's third annual inhalant abuse awareness and prevention conference, which begins Wednesday in Bethel.

The three-day conference will bring together specialists to speak on prevention and treatment and offer individual counseling to inhalant abusers and their families.

"We will have a lot of speakers who will be talking about their own experiences with inhalant abuse and where they are with their own healing," Mironov said.

A 1998 survey by the YKHC found that during 1996 and 1997, 161 Alaskans sought treatment for inhalant abuse at drug and alcohol treatment programs. During the same period, the survey found that 46 people with a history of inhalant abuse died.

"When the good feeling went away, I wanted more," said Albert, who now speaks to groups about the dangers of inhalants and will address the conference Thursday.

Instead of making her feel better, inhalants led to a deeper depression. Albert says she became more forgetful and eventually dropped out of school.

A frightening incident helped her stop. One day, while inhaling perfume in her bedroom, she felt a deep pain in her lungs and feared she might die.

"It felt as if they were being squeezed really hard," Albert said. With the encouragement of a friend, she eventually gave up inhalants and returned to school.

Because inhalants can quickly cause permanent damage, experts say, prevention is the most effective way to deal with the problem.

"We can't emphasize enough the importance of providing alternative activities for the kids," Mironov said. "We need people volunteering to help so that kids have other choices than getting into trouble."

The alternative is costly.

A 1993 study by the Indian Health Service in Alaska found that a 19-year-old with a chronic history of inhalant abuse and significant brain or organ damage will cost society \$1.4 million over a lifetime for treatment, medical care, social services, law enforcement and the courts.

MICHAEL DINNEEN / The Associated Press

Paula Albert says depression led her to abuse inhalants. With a friend's help, she stopped huffing and returned to Bethel Regional High School to help other teens.

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Bethel hosts 3rd annual Inhalant Abuse Prevention Conference

By John Active

Tundra Drums

BETHEL — A tear-wrenching three-day conference on inhalant abuse concerning Alaska's children ended Friday in Bethel at the Yupiit Piciryarait Cultural Center.

The news was good and bad at the event — bad because there were few children who attended. Good, because there is hope for a unique treatment center to be built in Bethel.

The setting was reminiscent of the traditional qasgiq, where adults and elders used to counsel and advise their children and grandchildren about healthy Yup'ik and Cup'ik lifeways.

The Inhalant Abuse Prevention Conference has its beginnings as a practicum for the first group of students in the Rural Human Services program, which started in 1996.

Oscar Active, who is now a Rural Human Services worker with the Yukon-Kuskokwim Health Corp. in Kongiganuk, said the

group started out with only nine participants.

"They were talking about which health issues to study in the practicum and Guy D. Guy, of Kwethluk, suggested inhalant abuse," Active said. "That's how the inhalant abuse conferences started, with the RHS's."

This year's conference brought together specialists who spoke on prevention and treatment and offered counseling to parents of inhalant abusers.

There were many parents who shared their own experiences with inhalant abuse and the abuse by some of their children.

"I wish there were more schoolchildren here. It's for their welfare we are meeting," said Paul John of Toksook Bay, who is a member of the health corporation's executive board.

"The school districts find state money to send students to basketball tournaments in the villages and other tournaments around Alaska," John said. "If the school districts can do that, it would be to the advantage of the students to be sent to a conference such as this, too."

Children who use inhalants begin experimenting as early as 8 years old, and some start even earlier, according to statistics compiled by the state Department of Health and Social Services.

Some 20 percent of Alaska's students in grades seven and eight have used an inhalant at least once, according to the study.

Some participants at the conference were concerned why there were not many young people and students in attendance.

Jonathan Lewis, chairperson of the conference's planning committee, said the committee

"I wish there were more schoolchildren here. It's for their welfare we are meeting."

— Paul John

had made an effort to have students of the Lower Kuskokwim School District and other districts to be involved in the conference.

"The committee received no response to its request," Lewis said. "We felt it was very important for the students to be here. We're discussing health issues that effect them, and their parents are talking about how inhalant abuse hurts them."

Gene Peltola, the health corporation's chief executive officer, said, "It's rampant in some places, specifically in Indian Country. It's pathetic that there are currently only two residential treatment centers in the United States."

Inhalant abusers generally cannot be treated in drug and alcohol treatment centers, said Harvey

Weiss, executive director of the National Inhalant Prevention Coalition in Austin, Texas.

"It takes at least 30 days for an inhalant addict to detox before therapy can begin, and that costs a lot of money to treat," Weiss said. "Substance abuse centers don't have the resources to deal with the neurological damage caused by inhalant abuse."

Plans are in the works to make it easier to treat inhalant abusers.

"YKHC was awarded a \$3.5 million federal grant for a residential inhalant abuse treatment center to be built in Bethel," Peltola said.

"There is also \$1.5 million in that grant for the first year's operation of the treatment center and for a statewide outreach prevention education program."

Peltola said foundation construction could begin next winter and additional building supplies will come to Bethel on the first barge 2001.

"It'll be a residential treatment center, specifically geared to children and adolescents," Peltola said. "When it starts up, it'll become the third inhalant abuse treatment center in the United States and the only one in Alaska."

The three-day conference ended Friday night with a fiddle dance with the Ivory Band from Toksook Bay.

"It's rampant in some places, specifically in Indian Country. It's pathetic that there are currently only two residential treatment centers in the United States."

— Gene Peltola

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE

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April 11, 2000

The Honorable Fred Dyson, Chair
House Health, Education and Social Services Committee
Alaska State Legislature
State Capitol
Juneau, Alaska 99801-1182

Dear Representative Dyson and Committee Members:

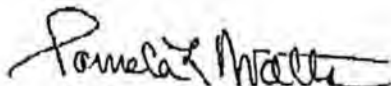
On behalf of the Advisory Board on Alcoholism and Drug Abuse I encourage your support of legislation such as CS for HB 375 introduced by Rep. Mary Kapsner, that addresses the serious need for intervention and treatment of individuals using inhalants with the intent of causing mood alteration or dulling of the brain or nervous system. Research shows that use of inhalants can cause immediate damage to the brain and possibly death, even during the first use. The problem remains of how to get individuals needing treatment but unwilling, into treatment before irreversible damage is done. CS for HB 375 addresses this issue. It proposes to modify the Title 47.37.170 commitment statute to include inhalants as a covered substance along with alcohol and other drugs. The Advisory Board concurs with this proposed change to the Statute. The board does have concern about the inclusion in the bill of provision to make abuse of inhalants a Class B Misdemeanor and would like to see this omitted. The Board recognizes that many other states have criminalized inhalant use to address the issue.

Young people who might never try marijuana or other illegal drugs do try inhalants because they are legal products, easy to get and inexpensive. The misuse of more than 1,000 household products is the same as taking poison. Chronic users can suffer severe, permanent brain damage. Other possible risks include loss of consciousness and irreversible damage to the brain, liver, kidneys, and bone marrow.

It is important to communicate with youth about the dangers of misuse of inhalants in terms of their "poisonous" effects, and to provide other preventive and treatment services to address this problem afflicting many Alaskan youth, particularly in rural communities. As you are aware, Senator Ted Stevens recently secured federal funding for the construction of a statewide inhalant treatment facility to be built in Bethel and operated by Yukon-Kuskokwim Health Corporation.

In conclusion, the Advisory Board on Alcoholism and Drug Abuse supports legislation that removes barriers for those in need to receive appropriate treatment for inhalant use and dependence. Your support of HB 375 is appreciated.

Sincerely,



Pamela L. Watts
Executive Director

STATE INHALANT LEGISLATION


NOTE: The following information was compiled by the National Conference on State Legislatures and may not be a complete report on legislative efforts.

* indicates state which provides a fine, jail time or treatment option for violation of inhalant laws

State	Law Prohibits	Substances Prohibited	Fine	Jail	Treatment
Arizona	sale, transfer, or offer to sell to minor	vapor releasing substance containing toxic substance	*	*	
California	sale, distribution, dispensation, possession to minor	toluene, materials containing toluene, nitrous oxide	*	*	
Colorado	inhaling certain compounds for intoxication	general prohibition of inhalable compounds			
Connecticut	sale, distribution to minor	nitrous oxide, including "whippet kits"	*		
Georgia	general inhalants; also prosecutes inhalants under DUI law	general prohibition of inhalable compounds	*	*	
Florida	inhaling certain compounds for intoxication	general prohibition of inhalable compounds			
Hawaii	knowingly selling toluol or inhalable compounds to minors	liquid/chemical containing toluol, inhalable substances			
Idaho	possession by minors or use of inhalant for intoxication	aerosol spray, other inhalant	*	*	
Illinois	knowingly sell, offer or deliver to minor	liquid/chemical containing toluol, inhalable substances			
Iowa	sale, distribution or use for the purpose of intoxication	nitrous oxide	*	*	
Kentucky	inhaling certain compounds for intoxication	general prohibition of inhalable compounds			
Louisiana	prohibits sale or transfer of possession to minor	model glue, inhalable toluene substances	*	*	
New Mexico	sale to minors; inhaling or possessing for intoxication	model glue, aerosol spray, & chemicals for intoxication	*	*	*

Maine	inhaling toxic vapors for effect; sale or distribution for purpose of intoxication to minor	general prohibition of inhalable compounds	*	*
Maryland	distribution, instruction to minor; sale or distribution to minor	drugs/noxious substances, including butyl nitrite & butane	*	*
Massachusetts	retailers must require ID for sale and maintain register of minors which is available for police inspection; inhalants are required to have noxious deterrents against intoxication	glue or cement	*	*
Michigan	inhaling certain compounds for intoxication	general prohibition of inhalable compounds		
Minnesota	sale to minors; use and possession for intoxication; businesses must post signs stating it is illegal to sell butane/butane lighters to minors	general inhalable compounds, butane/butane lighters		
Mississippi	inhaling certain compounds for intoxication	general prohibition of inhalable compounds		
Nebraska	inhaling certain compounds for intoxication; retailers must maintain registry of sale	general inhalable compounds		
New Hampshire	inhaling certain compounds for intoxication	toxic vapors, not including anesthesia		*
New Jersey	sell or offer to sell to minors	product containing chlorofluorocarbon that is used in refrigerant		
Nevada	sale or offer to give to minors	aerosol paint, glue, cement containing toluene	*	
North Carolina	inhaling certain compounds for intoxication	general prohibition of inhalable compounds		
North Dakota	inhaling certain compounds for intoxication	general prohibition of inhalable compounds		
Ohio	inhaling certain compounds for intoxication	general prohibition of inhalable compounds		

Oklahoma	inhaling certain compounds for intoxicification	general prohibition of inhalable compounds		
Oregon	inhaling certain compounds for intoxicification	general prohibition of inhalable compounds		
Pennsylvania	inhaling certain compounds for intoxicification	general prohibition of inhalable compounds; butane/canisters		
Rhode Island	inhaling certain compounds for intoxicification	general prohibition of inhalable compounds		
South Carolina	inhaling certain compounds for intoxicification	general prohibition of inhalable compounds		
South Dakota	inhaling certain compounds for intoxicification	general prohibition of inhalable compounds		
Tennessee	inhaling certain compounds for intoxicification	general prohibition of inhalable compounds		
Texas	possess, sell or buy; businesses required to post warning signage & pay license fees designated for prevention fund	abusable volatile chemicals	*	*
Utah	inhaling certain compounds for intoxicification	general prohibition of inhalable compounds		
Vermont	inhaling fumes for effect	certain hazardous inhalants, glues	*	
Virginia	inhaling certain compounds for intoxicification	general prohibition of inhalable compounds		

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States with Current Inhalant Statutes

Confirmed as of January 1999

Arizona	13-3403—Possession and sale of a vapor releasing substance containing a toxic substance; regulation of sale; exceptions; classification.
Arkansas	5-64-12—Nitrous Oxide-possession, distribution, exemptions.
California	Penal Code. Title 10. Sec 380-1.—Regulates toluene.
Colorado	18-18-412—Abusing toxic vapors-prohibited.
Florida	877.111—Inhalation, ingestion, possession, sale purchase or transfer of harmful chemical substances; penalties.
Hawaii	712-1250—Promoting intoxicating compounds.
Idaho	18-1502B—Possession of inhalants by minors.
Indiana	35-46-6—Glue Sniffing.
Kentucky	217.900—Volatile substance defined-Inhalation unlawful. 217.902—Repackaging volatile substances.
Louisiana	§93.1—Model glue; use of; abuse of toxic vapors; unlawful sales to minors; penalties.
Maine	22§2383-C—Unlawful use or possession of inhalants.
Maryland	27-301—"It is unlawful for any person to deliberately smell or inhale substances or chemicals..."
Massachusetts	270-18— Substances having property off releasing toxic vapors; sale, possession and use; 270-19—Sale of glue or cement to minors; smelling deterrent ingredients; register.
Nebraska	28-419—Inhaling or drinking certain compounds; unlawful. 28-420—Selling and offering for sale certain compounds; use; knowledge of seller; unlawful. 28-421—Act, exceptions. 28-422—Selling or offering for sale certain compounds; register, maintain for one year. 28-423—Inducing or enticing; violation. 28-424—Violations; penalty.

Nevada	454.346—Use or possession with intent to use drug, chemical, poison or organic solvent to induce euphoria or hallucinations unlawful; exception.
New Hampshire	644.5a—Inhaling toxic vapors for effect.
New Jersey	2C:35-10.4—Toxic chemicals.
North Carolina	90-113.8A through 113.14—North Carolina Toxic Vapors Act
Ohio	2925.31—harmful intoxicant 2925.32—nitrous oxide
Oregon	1999 Ch. 229. (HB 3276)—Relating to inhalants; and declaring an emergency.
Rhode Island	Ch. 11-48—Substances releasing toxic vapors.
Texas	Health and Safety Code Chapter 484—Inhalants. Chapter 485—Abusable glues and aerosol paints.
Virginia	18.2-264—Inhaling drugs or other noxious chemical substances or causing, etc., others to do so.
Wisconsin	134.63—Nitrous oxide; restrictions on sales; records of certain sales; labeling. 346.935—Intoxicants in motor vehicles. 941.315—Possession, distribution or delivery of nitrous oxide.

Article - Crimes and Punishments

[\[Previous\]](#) [\[Next\]](#) [\[Another Article\]](#)

§ 301.

(a) It is unlawful for any person to deliberately smell or inhale such excessive quantities of any drugs, or any other noxious substances or chemicals containing wholly or in part any ketones, aldehydes, butane, butyl nitrite, nitrous oxide, methyl benzene, organic acetates, ether, chlorinated hydrocarbons, fluorinated hydrocarbons, or any other substances containing solvents releasing toxic vapors, as cause conditions of intoxication, inebriation, excitement, stupefaction or dulling of the brain or nervous system. This section applies with particularity to fingernail polish, model airplane glue, or any other substance or chemical which has the aforementioned effect upon the brain or nervous system when smelled or inhaled; provided, that nothing in this section shall be interpreted as applying to the inhalation of any anaesthesia for medical or dental purposes, and further provided, that nothing in this section shall be interpreted as applying to the controlled dangerous substances as defined in this subheading.

(b) Any person violating any provision of this section is guilty of a misdemeanor and, upon conviction, is subject to a fine not exceeding \$500, or imprisonment not exceeding six months, or both.

[\[Previous\]](#) [\[Next\]](#) [\[Another Article\]](#)

Maryland

Health and Safety Code

Sec. 484.001. Definitions.

In this chapter:

- (1) "Deliver" means to actually transfer from one person to another.
- (2) "Delivery" means the act of delivering.
- (3) "Inhalant paraphernalia" means equipment, products, or materials of any kind that are used or intended for use in inhaling, ingesting, or otherwise introducing into the human body a substance containing a volatile chemical, and the term includes:
 - (A) a can, tube, or other container that was used as the original receptacle for a volatile chemical by the manufacturer or packager of the substance; or
 - (B) a can, tube, balloon, bag, fabric, bottle, or other container used to contain, concentrate, or hold in suspension a substance containing a volatile chemical.
- (4) "Person" means an individual, corporation, or association.
- (5) "Sell" means to offer for sale, convey, exchange, barter, or trade to a consumer or user.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Sec. 484.003. Possession and Use: Criminal Penalty.

(a) A person commits an offense if the person inhales, ingests, applies, uses, or possesses a substance containing a volatile chemical with the intent to inhale, ingest, apply, or use the substance in a manner:

- (1) contrary to directions for use, cautions, or warnings appearing on a label of a container of the substance; and
- (2) designed to:
 - (A) affect the person's central nervous system;
 - (B) create or induce a condition of intoxication, hallucination, or elation; or
 - (C) change, distort, or disturb the person's eyesight, thinking process, balance, or coordination.

(b) An offense under this section is a Class B misdemeanor.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Sec. 484.004. Inhalant Paraphernalia: Criminal Penalty.

(a) A person commits an offense if the person knowingly or intentionally uses or possesses with intent to use inhalant paraphernalia to inhale, ingest, apply, use, or otherwise introduce into the human body a substance containing a volatile chemical in violation of Section 484.003.

(b) A person commits an offense if the person:

- (1) knowingly or intentionally:
 - (A) delivers or sells inhalant paraphernalia;
 - (B) possesses, with intent to deliver or sell, inhalant paraphernalia; or
 - (C) manufactures, with intent to deliver or sell, inhalant paraphernalia; and
- (2) at the time of the act described by Subdivision (1), knows that the person who receives or is intended to receive the paraphernalia intends that it be used to inhale, ingest, apply, use, or otherwise introduce into the human body a substance containing a volatile chemical in violation of Section 484.003.

(c) An offense under Subsection (a) is a Class B misdemeanor, and an offense under Subsection (b) is a Class A misdemeanor.
Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989. Amended by Acts 1991, 72nd Leg., ch. 14, Sec. 202, eff. Sept. 1, 1991.

Sec. 484.005. Delivery to a Minor; Criminal Penalty.

(a) A person commits an offense if:

(1) the person intentionally, knowingly, or recklessly sells or delivers a substance containing a volatile chemical to a person younger than 18 years of age; and

(2) the substance is subject to special labeling requirements concerning precautions against inhalation established under the Federal Hazardous Substances Act (15 U.S.C. Section 1261 et seq.) as that law existed on January 1, 1985, and the federal regulations adopted under that Act (16 C.F.R. 1500.14) and in effect on that date.

(b) It is an affirmative defense to prosecution under this section that the person to whom the substance was sold or delivered exhibited to the defendant an apparently valid Texas driver's license or an identification card issued by the Department of Public Safety, containing a physical description consistent with the person's appearance, that purported to establish that the person was 17 years of age or older.

(c) It is a defense to prosecution under this section that the person delivering the substance containing the volatile chemical was:

(1) a physician, dentist, veterinarian, scientific investigator, or other person licensed, registered, or otherwise permitted to distribute, dispense, analyze, administer, or conduct research with respect to a volatile chemical in the course of professional practice or research, and the sale or delivery was within the limits of that person's official authority; or

(2) a pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, administer, or conduct research with respect to a volatile chemical in the course of professional practice or research, and the sale or delivery was within the limits of that institution's official authority.

(d) It is an exception to the application of Subsection (a) that the substance sold or delivered was gasoline, aerosol paint, glue, or adhesive cement.

(e) An offense under this section is a Class B misdemeanor.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Sec. 484.006. Proof of Offer to Sell or Deliver.

Proof of an offer to sell or deliver a substance containing a volatile chemical must be corroborated by a person other than the offeree or by evidence other than a statement of the offeree.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Sec. 484.007. Summary Forfeiture.

A volatile chemical or inhalant paraphernalia seized as a result of an offense under this chapter is subject to summary forfeiture and to destruction or disposition in the same manner as controlled substance property under Subchapter E, Chapter 481.

Added by Acts 1991, 72nd Leg., ch. 141, Sec. 4, eff. Sept. 1, 1991.

Sec. 485.001. Definitions.

In this chapter:

- (1) "Abusable glue or aerosol paint" means glue or aerosol paint that is:
 - (A) packaged in a container holding a pint or less by volume or less than two pounds by weight; and
 - (B) labeled in accordance with the labeling requirements concerning precautions against inhalation established under the Federal Hazardous Substances Act (15 U.S.C. Section 1261 et seq.), and under regulations adopted under that Act.
- (2) "Aerosol paint" means an aerosolized paint product, including a clear or pigmented lacquer or finish.
- (3) "Commissioner" means the commissioner of health.
- (4) "Deliver" means to make the actual or constructive transfer from one person to another of an abusable glue or aerosol paint, regardless of whether there is an agency relationship. The term includes an offering to sell an abusable glue or aerosol paint.
- (5) "Delivery" means the act of delivering.
- (6) "Department" means the Texas Department of Health.
- (7) "Glue" means an adhesive substance intended to be used to join two surfaces.
- (8) "Inhalant paraphernalia" means equipment, products, or materials of any kind that are used or intended for use in inhaling, ingesting, or otherwise introducing into the human body an abusable glue or aerosol paint in violation of Section 485.031. The term includes:
 - (A) a can, tube, or other container used as the original receptacle for an abusable glue or aerosol paint; or
 - (B) a can, tube, balloon, bag, fabric, bottle, or other container used to contain, concentrate, or hold in suspension an abusable glue or aerosol paint, or vapors of the glue or paint.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Sec. 485.016. Disposition of Funds; Education and Prevention Programs.

(a) The department shall receive and account for all funds received under Section 485.013 and send the funds as they are received to the comptroller.

(b) The comptroller shall deposit those funds to the credit of the general revenue fund to be used to:

- (1) administer, monitor, and enforce this chapter; and
- (2) finance education projects concerning the hazards of abusable glue or aerosol paint and the prevention of inhalant abuse.

(c) The department shall enter into a memorandum of understanding with the Texas Commission on Alcohol and Drug Abuse to implement the education and prevention programs. Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989. Amended by Acts 1991, 72nd Leg., ch. 14, Sec. 204, eff. Sept. 1, 1991.

Sec. 485.017. Signs.

A business establishment that sells abusable glue or aerosol paint at retail shall display a conspicuous sign, in English and Spanish, that states the following:

It is unlawful for a person to sell or deliver abusable glue or aerosol paint to a person under 18 years of age. Except in limited situations, such an offense is a 3rd degree felony. It is also unlawful for a person to abuse glue or aerosol paint by inhaling, ingesting, applying, using, or possessing with intent to inhale, ingest, apply, or use glue or aerosol paint in a manner designed to affect the central nervous system. Such an offense is a Class

B misdemeanor.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Sec. 485.031. Possession and Use.

(a) A person commits an offense if the person inhales, ingests, applies, uses, or possesses an abusable glue or aerosol paint with intent to inhale, ingest, apply, or use abusable glue or aerosol paint in a manner:

(1) contrary to directions for use, cautions, or warnings appearing on a label of a container of the glue or paint; and

(2) designed to:

(A) affect the person's central nervous system;

(B) create or induce a condition of intoxication, hallucination, or elation; or

(C) change, distort, or disturb the person's eyesight, thinking process, balance, or coordination.

(b) An offense under this section is a Class B misdemeanor.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Sec. 485.034. Inhalant Paraphernalia.

(a) A person commits an offense if the person intentionally or knowingly uses or possesses with intent to use inhalant paraphernalia to inhale, ingest, or otherwise introduce into the human body an abusable glue or aerosol paint in violation of Section 485.031.

(b) A person commits an offense if the person:

(1) knowingly or intentionally:

(A) delivers or sells inhalant paraphernalia;

(B) possesses, with intent to deliver or sell, inhalant paraphernalia; or

(C) manufactures, with intent to deliver or sell, inhalant paraphernalia; and

(2) at the time of the act described by Subdivision (1), knows that the person who receives or is intended to receive the paraphernalia intends that it be used to inhale, ingest, apply, use, or otherwise introduce into the human body a substance containing a volatile chemical in violation of Section 485.031.

(c) An offense under Subsection (a) is a Class B misdemeanor, and an offense under Subsection (b) is a Class A misdemeanor.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989. Amended by Acts 1991, 72nd Leg., ch. 14, Sec. 206, eff. Sept. 1, 1991.

Sec. 485.038. Summary Forfeiture.

An abusable glue, aerosol paint, or inhalant paraphernalia seized as a result of an offense under this chapter is subject to summary forfeiture and to destruction or disposition in the same manner as controlled substance property under Subchapter E, Chapter 481.

Added by Acts 1991, 72nd Leg., ch. 141, Sec. 5, eff. Sept. 1, 1991.

Session: Oregon 70th Legislative Assembly
Bill Number: OR H 3276
Same As:
Version: Enacted
Version Date: 06/07/99
Bill Author: Backlund

Heading

70th OREGON LEGISLATIVE ASSEMBLY--1999 Regular Session

Enrolled

House Bill 3276

Sponsored by Representative BACKLUND; Representatives ATKINSON, GIANELLA, HARPER, HILL, JENSON, KROPF, KRU, MEL, LUNDQUIST, MANNIX, MONTGOMERY, PATRIDGE, SCHRADER, SHETTERLY, SUNSERI, WILLIAMS, WINTERS, WITT, Senators COURTNEY, TARNO

CHAPTER229

Title

AN ACT

Relating to inhalants; and declaring an emergency.

Code

Full Text

Be It Enacted by the People of the State of Oregon:

SECTION 1. [A> (1) For the purposes of this section: <A]

[A> (a) 'Inhalant' means any glue, cement or other substance that is capable of causing intoxication and that contains one or more of the following chemical compounds: <A]

[A> (A) Acetone; <A]

[A> (B) Amyl acetate; <A]

[A> (C) Benzol or benzene; <A]

[A> (D) Butane; <A]

[A> (E) Butyl acetate; <A]

[A> (F) Butyl alcohol; <A]

[A> (G) Carbon tetrachloride; <A]

[A> (H) Chloroform; <A]

[A> (I) Cyclohexanone; <A]

[A> (J) Difluoroethane; <A]

[A> (K) Ethanol or ethyl alcohol; <A]

[A> (L) Ethyl acetate; <A]

[A> (M) Hexane; <A]

[A> (N) Isopropanol or isopropyl alcohol; <A]

[A> (O) Isopropyl acetate; <A]

[A> (P) Methyl cellosolve acetate; <A]

[A> (Q) Methyl ethyl ketone; <A]

[A> (R) Methyl isobutyl ketone; <A]

[A> (S) Nitrous oxide; <A]

[A> (T) Toluol or toluene; <A]

[A> (U) Trichloroethylene; <A]

[A> (V) Tricresyl phosphate; <A]

[A> (W) Xylol or xylene; or <A]

[A> (X) Any other solvent, material, substance, chemical or combination thereof having the property of releasing toxic vapors or fumes. <A]

[A> (b) 'Intoxication' means any mental or physical impairment or incapacity. <A]

[A> (2) It is unlawful for a person to possess any inhalant if the person intends to use the inhalant for the purpose of inducing intoxication in the person who possesses the inhalant or for the purpose of inducing intoxication in any other person. <A]

[A> (3) A person may not use any inhalant for the purpose of inducing intoxication in the person using the inhalant or for the purpose of inducing intoxication in any other person. <A]

[A> (4) The prohibitions of this section do not apply to any substance that: <A]

[A> (a) Has been prescribed by a health practitioner, as described in ORS 18.550, and that is used in the manner prescribed by the health practitioner; or <A]

[A> (b) Is administered or used under the supervision of a health practitioner, as described in ORS 18.550. <A]

[A> (5)(a) Any person who violates this section commits a violation.

Notwithstanding ORS 161.635 (3), violation of this section is punishable by a fine of not more than \$300. In addition to or in lieu of a fine, a juvenile court may require that a minor who engages in conduct prohibited by this section be provided with treatment and counseling. <A]

[A> (b) Notwithstanding paragraph (a) of this subsection, a second or subsequent violation of this section by a person is a Class B misdemeanor. If a juvenile court finds that a minor has engaged in conduct prohibited by this section on a second or subsequent occasion, the court shall require that the minor receive treatment and counseling. <A]

SECTION 2. [A> (1) For purposes of this section, 'inhalant' has the meaning given that term in section 1 of this 1999 Act. <A]

[A> (2) The Assistant Director for Alcohol and Drug Abuse Programs appointed under ORS 409.410 shall develop education resources focusing on the problem of inhalant abuse by minors. The assistant director shall ensure that special emphasis is placed on the education of parents about the risks of inhalant use. The assistant director shall develop tools to help parents talk to their children about the extraordinary risks associated with even a single use of inhalants, as well as those risks that arise from repeated use. <A]

[A> (3) The assistant director shall develop education resources focusing on merchants that sell products that contain inhalants. The assistant director shall encourage merchants that sell products containing inhalants to post signs that inform the public that using inhalants for the purpose of intoxication is illegal and potentially deadly. <A]

[A> (4) The assistant director shall develop and print a standard sign for the purposes of subsection (3) of this section, and shall make the sign available to merchants that elect to display the sign. The sign shall: <A]

[A> (a) Contain the message, 'Illegal to inhale fumes for purpose of intoxication. Fumes may cause serious injury or death!' <A]

[A> (b) Be at least five by seven inches in size with lettering that is at least three-eighths of an inch in height. <A]

[A> (c) Contain a graphic depiction of the message to convey the message to a person who cannot read the message. If the depiction includes a picture of a person, the depiction of the person shall be of a minor and shall not reflect any specific race or culture. <A]

[A> (5) The sign developed under subsection (4) of this section shall be in English and in such other languages as may be commonly used in this state. Merchants shall be encouraged to post signs in languages other than English if English is not the primary language of a significant number of the patrons of the business. <A]

SECTION 3. [A> Section 2 of this 1999 Act becomes operative on January 1, 2000. <A]

SECTION 4. [A> This 1999 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared

to exist, and this 1999 Act takes effect on its passage. <A]

Digest

IHPP Information

System Information

Maine

TITLE 22: HEALTH AND WELFARE
SUBTITLE 2: HEALTH
PART 5: FOODS AND DRUGS
CHAPTER 558: MARIJUANA, SCHEDULED DRUGS, IMITATION
SCHEDULED DRUGS AND HYPODERMIC
APPARATUSES

22 § 2383-C. Unlawful use or possession of inhalants

1. Prohibited acts. A person may not intentionally or knowingly:

A. Inhale, ingest, apply or smell the gases, vapors or fumes of any gas, hazardous inhalant, substance containing a volatile chemical or substance containing a chemical material capable of releasing toxic vapors or fumes for the purpose of causing intoxication, euphoria, inebriation, excitement, stupefaction or the dulling of that person's brain or nervous system; or [1997, c. 325, §1 (new).]

B. Possess any gas, hazardous inhalant, substance containing a volatile chemical or substance containing a chemical material capable of releasing toxic vapors with the intent to violate paragraph A. [1997, c. 325, §1 (new).]

[1997, c. 325, §1 (new).]

2. **Exclusions.** Nothing in this section applies to the inhalation of anesthesia for medical or dental purposes or the inhalation of the vapors or fumes of an alcoholic beverage, the sale and consumption of which is authorized by law.

[1997, c. 325, §1 (new).]

3. **Presumption regarding violations.** Proof that a person intentionally or knowingly inhaled, ingested, applied or used a substance in a manner contrary to the directions for use, cautions or warnings on a label of a container of the substance gives rise to a presumption that the person violated subsection 1.

[1997, c. 325, §1 (new).]

4. **Presumption regarding ingredients.** For the purposes of this section, it is presumed that the ingredients in a container are, in fact, the ingredients listed on a label of the container or the ingredients listed for that substance in databases maintained or relied upon by a poison control center certified by a national association of poison control centers.

[1997, c. 325, §1 (new).]

5. **Penalties.** A person who violates this section commits a civil violation for which a forfeiture, which may not be suspended except as provided in subsection 6, must be adjudged as follows:

A. Not less than \$100 or more than \$300 for the first offense; [1997, c. 325, §1 (new).]

B. Not less than \$200 or more than \$500 for the 2nd offense; and [1997, c. 325, §1 (new).]

C. Five hundred dollars for the 3rd and each subsequent offense. [1997, c. 325, §1 (new).]

[1997, c. 325, §1 (new).]

6. **Additional orders.** In addition to the civil forfeitures required by subsection 5, the judge may order the person to perform specified work for the benefit of the State, the municipality or other public entity or charitable institution or to undergo evaluation, education or treatment with a licensed social worker or a licensed substance abuse counselor. If the judge orders the person to perform specified work or to undergo evaluation, education or treatment, the judge may suspend a forfeiture imposed pursuant to subsection 5.

[1997, c. 325, §1 (new).]

Section History:
1997, c. 325, § 1 (NEW).



Idaho Statutes

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Available Reference: [Search Instructions](#).

TITLE 18
CRIMES AND PUNISHMENTS
CHAPTER 15

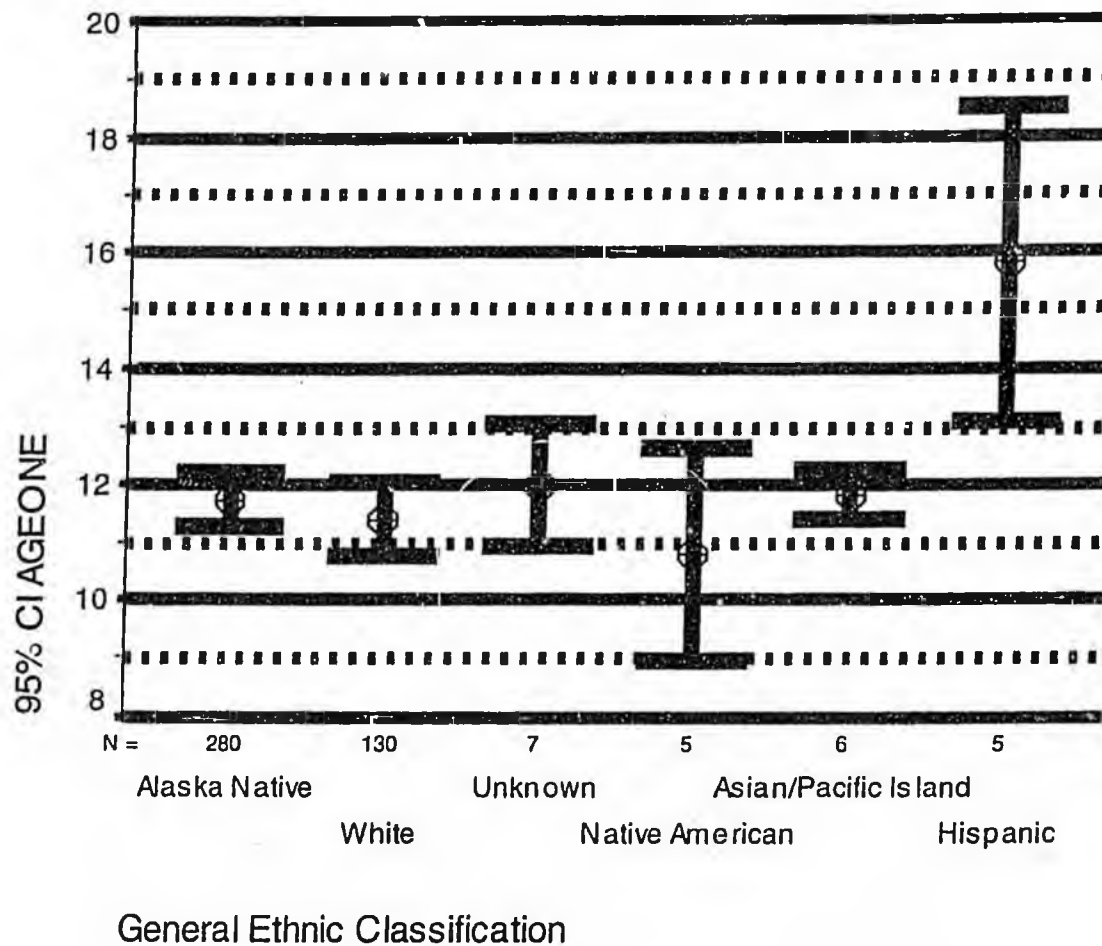
CHILDREN AND VULNERABLE ADULTS

18-1502B. POSSESSION OF INHALANTS BY MINORS. Whenever a person under the age of eighteen (18) years is in possession and uses an aerosol spray product or other inhalant, that is not used pursuant to the instructions or prescription of a licensed health care provider or that is not used pursuant to the manufacturer's label instructions, for the purpose of becoming under the influence of such substance; such person shall be guilty of a misdemeanor, and upon conviction, may be punished by a fine not in excess of three hundred dollars (\$300), or by thirty (30) days in a juvenile detention facility or by both or may be subject to the provisions of chapter 18, title 16, Idaho Code.

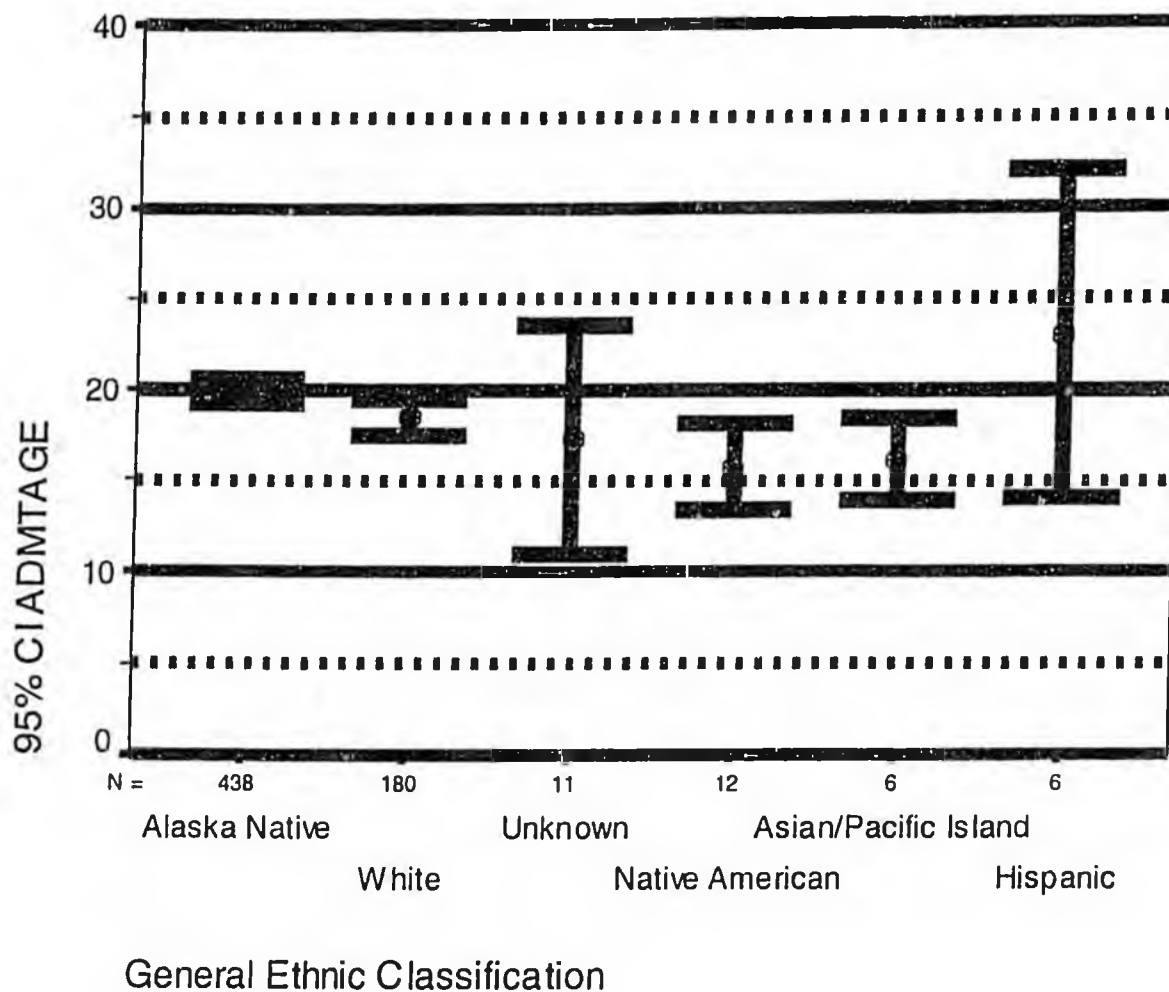
For the purposes of this section, the term "inhalant" means any glue, cement or other substance containing one (1) or more of the following chemical compounds: acetone and acetate, amyl nitrite or amyl nitrate or their isomers, benzene, butyl alcohol, butyl nitrite, butyl nitrate or their isomers, ethyl alcohol, ethyl nitrite or ethyl nitrate, ethylene dichloride, isobutyl alcohol, methyl alcohol, methyl ethyl ketone, n-propyl alcohol, pentachlorophenol, petroleum ether, propyl nitrite or propyl nitrate or their isomers, toluene or xylene or other chemical substance capable of causing a condition of intoxication, inebriation, excitement, stupefaction or the dulling of the brain or nervous system as a result of the inhalation of the fumes or vapors of such chemical substance.

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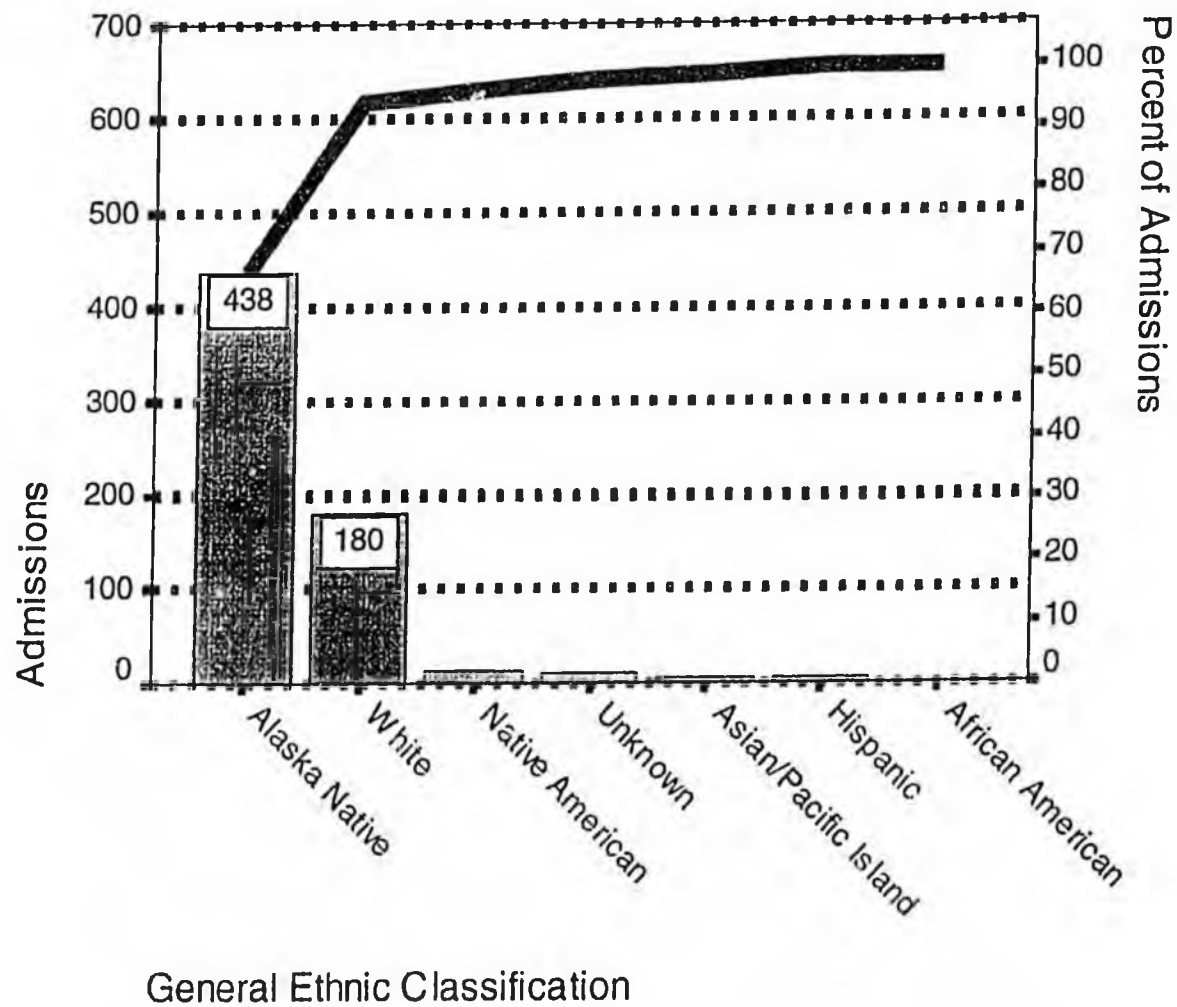
Inhalant Abuse: Average Age of First Use - Alaska MIS 1988-1999



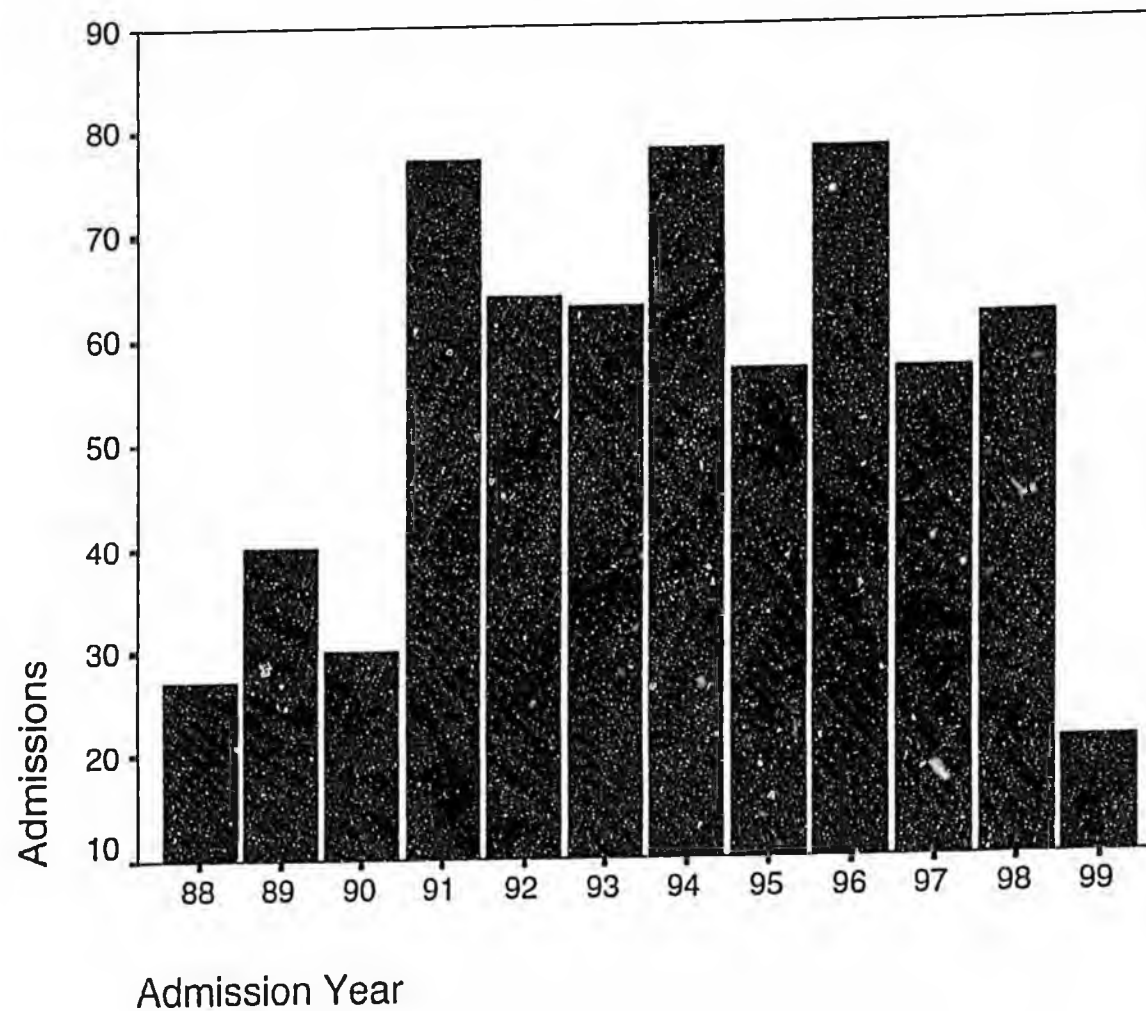
Inhalant Abuse: Average Age at Admission - Alaska MIS 1988-1999



Inhalant Abuse: Frequency of Admissions - Alaska MIS 1988-1999



Inhalant Abuse: Total Admissions Per Year - Alaska MIS 1998-1999



ABOUT INHALANTS

They're all over your house. They're in your child's school. In fact, you probably picked some up the last time you went to the grocery store. Educate yourself. Find out about inhalants before your children do.



Most parents are in the dark regarding the popularity and dangers of inhalant use. But children are quickly discovering that common household products are inexpensive to obtain, easy to hide and the easiest way to get high. According to national surveys, inhaling dangerous products is becoming one of the most widespread problems in the country. It is as popular as marijuana with young people. More than a million people used inhalants to get high just last year. By the time a student reaches the 8th grade, one in five will have used inhalants.

What is inhalant use? Inhalant use refers to the intentional breathing of gas or vapors with the purpose of reaching a high. Inhalants are legal, everyday products which have a useful purpose, but can be misused. You're probably familiar with many of these substances -- paint, glue and others. But you probably don't know that there are more than 1,000 products that are very dangerous when inhaled -- things like typewriter correction fluid, air-conditioning refrigerant, felt tip markers, spray paint, air freshener, butane and even cooking spray. See [Products Abused as Inhalants](#) for more details.

Who is at risk? Inhalants are an equal opportunity method of substance abuse. Statistics show that young, white males have the highest usage rates. Hispanic and American Indian populations also show high rates of usage. See [Characteristics of Users](#) and [Signs of an Inhalant User](#) for more details.

What can inhalants do to the body? Nearly all abused products produce effects similar to anesthetics, which slow down the body's function. Varying upon level of dosage, the user can experience slight stimulation, feeling of less inhibition or loss of consciousness. The user can also suffer from **Sudden Sniffing Death Syndrome**. *This means the user can die the 1st, 10th or 100th time he or she uses an inhalant.* Other effects include damage to the heart, kidney, brain, liver, bone marrow and other organs. Results similar to Fetal Alcohol Syndrome may also occur when inhalants are used during pregnancy. Inhalants are physically and psychologically addicting and users suffer withdrawal symptoms. See [Damage Inhalants Can Cause to the Body and Brain](#), [Long-Term Effects of Inhalant Usage](#) and [Signs and Symptoms of a Long-Term User](#) for more details.

What can I do if someone I know is huffing and appears in a state of crisis? If someone you know is huffing, the best thing to do is remain calm and seek help. Agitation may cause the huffer to become violent, experience hallucinations or suffer heart dysfunction which can cause **Sudden Sniffing Death Syndrome**. Make sure the room is well ventilated and call EMS. If the person is not breathing, administer CPR. Once recovered, seek professional treatment and counseling. See [What To Do If Someone is Huffing](#)

for more details.

Can inhalant use be treated? Treatment facilities for inhalant users are rare and difficult to find. Users suffer a high rate of relapse, and require thirty to forty days or more of detoxification. Users suffer withdrawal symptoms which can include hallucinations, nausea, excessive sweating, hand tremors, muscle cramps, headaches, chills and delirium tremens. Follow-up treatment is very important. If you or someone you know is seeking help for inhalant abuse, you can contact the National Inhalant Prevention Coalition at 1-800-269-4237 for information on treatment centers and general information on inhalants. Through a network of nationwide contacts, NIPC can help (**but not guarantee**) finding a center in your area that treats inhalant use.

What should I tell my child or students about inhalants? It is never too early to teach your children about the dangers of inhalants. Don't just say "not my kid." Inhalant use starts as early as elementary school and is considered a gateway to further substance abuse. Parents often remain ignorant of inhalant use or do not educate their children until it is too late. Inhalants are not drugs. They are poisons and toxins and should be discussed as such. There are, however, a few age appropriate guidelines that can be useful when educating your children. See [Tips for Teachers](#) for more details on how much to tell your children or students in the classroom about inhalants.

How can I educate my community about inhalants? NIPC leads the annual **National Inhalants & Poisons Awareness Week (NIPAW)** every third week in March. The next campaign will be held March 15-21, 1998. This community mobilization campaign has proven to be an effective tool for fighting inhalant abuse. In Texas, where the campaign originated, inhalant use decreased following widespread involvement in NIPAW. For details on the campaign and NIPAW coordination in your community, see [NIPAW 1998](#).

How can I be put on the NIPC mailing list? To receive current inhalant news and information, contact NIPC with your name, organization (if applicable), address, phone, fax and e-mail. Also, please indicate how you heard about the National Inhalant Prevention Coalition or how you found NIPC on the Web. Subscriptions to the NIPC newsletter and general information booklet "Inhalants: The Silent Epidemic" are free, but a voluntary payment or contribution is requested.

National Inhalant Prevention Coalition
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Austin, Texas 78703
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e-mail: nipc@io.com

 HOME PAGE

National Inhalants & Poisons Awareness Week March 1999



One on five students in America has used an inhalant to get high by the time he or she reaches the eighth grade. Parents don't know that inhalants, cheap, legal and accessible products, are as popular among middle school students as marijuana. Even fewer know the deadly effects the poisons in these products have on the brain and body when they are inhaled or "huffed." It's like playing Russian Roulette. The user can die the 1st, 10th or 100th time a product is misused as an inhalant.

Prevention through education has proven to work against this popular form of substance abuse. This is why the National Inhalant Prevention Coalition has developed **National Inhalants & Poisons Awareness Week (NIPAW)**, an annual media-based, community-level program that takes place the third week in March. NIPAW is designed to increase understanding about the use and risks of inhalant involvement. It is an inclusive program that involves youth, schools, media, police departments, health organization, civics groups and more. It has proven to be an effective means of mobilizing communities to reduce inhalant use. More than 800 organizations from 46 states participated in the last NIPAW campaign.

Does NIPAW work? Yes. Results from Texas, where extensive state-wide NIPAW campaigns have been conducted, have been remarkable. Between 1992 and 1994, there was a reduction of more than 30 percent in elementary school inhalant use and a reduction of more than 20 percent at the high school level (based on state agency surveys of more than 176,000 students). This translates into over 100,000 students who may have used inhalants but didn't.

Who should join? NIPAW Partners have included sponsors from state government agencies (education, health, alcohol & drug, etc.), state associations such as retailers, medical and pharmacy groups, state alliances of the Partnership for a Drug-Free America, local anti-drug coalitions, community and regional drug and alcohol councils, police departments and DARE officers, district attorneys, scout troops, firefighters, the National Guard, PTO/PTA chapters, faith communities, civic and voluntary organizations, student councils, local retailers, schools, individual parents, Poison Control Centers, local medical communities (hospitals, emergency medical services, individual doctors and nurses, retailers, pharmacists, etc.) and TV and radio stations - just to mention a few. If you fall into any of these groups and want to prevent or reduce inhalant use in your community, this campaign is for you. The campaign can be conducted anytime and anywhere there is a need for inhalant awareness education.

If you have an interest in reducing inhalant usage in your area, this campaign is for you.

Inhalant Abuse in Alaska Fast Facts

- The Division on Alcoholism and Drug Abuse convened an Inhalant Abuse Steering Committee March 12, 1998. The Committee was composed of representatives from, The Alaska Rural and Native Drug and Alcohol Programs (ARANDAP), the Substance Abuse Directors Association (SADA), the Yukon Kuskokwim Health Corporation, the Advisory Board on Alcoholism and Drug Abuse, the Department of Education, and the Division of Alcoholism and Drug Abuse. The Committee submitted its Preliminary Report and Recommendations, October 30, 1998.
- Potential data sources were identified, including The Alaska Trauma Registry, Vital Statistics-Death Certificates, the Youth Risk Behavior Survey, and ADA's Management Information System - Treatment Client Admission data. Additionally, data was sought from the Tribal Courts and the Youth Courts within the State of Alaska. All data sources had limitations.
- The Alaska Trauma Registry collects information on all injuries resulting in admission to an Alaska hospital. Therefore it does not include patients stabilized without hospitalization or those served by clinics. The data goes back to 1991. However, they only began collecting poisoning data as of July 1993. For the time period July 1993 - December 1996 for people under the age of 20, only two cases were found. They were, one 12-year-old sniffing gas in 1993, and one 15-year-old huffing gas with friends in 1995.
- Vital Statistics data from Death Certificates indicated 9 deaths attributable to inhalants in the past ten years. Age at time of death ranged from 12 to 62 years. The major limitation of the Death Certificate data is the manner in which deaths are coded. For example if someone inhaled gasoline while in a boat, got high, fell overboard, and drowned, it would be coded as a drowning accident.
- The Youth Risk Behavior Survey (YRBS) for 1995 indicates that 22.2% of high school students indicated that they had ever sniffed glue, breathed the contents of spray cans or inhaled paints or sprays to get high, as compared to 20.3% nationally. Middle School (7-8th grade) students surveyed indicated that 19.6% of students reported ever using inhalants.
- Client Treatment Admission data for the past six years was reviewed for primary, secondary, and tertiary problem. The data for FY 98 indicates that 46 admissions had inhalants as a primary problem, 18 as a secondary problem, and 34 as a tertiary problem upon admission to treatment. The major limitation of this Treatment Admission data is that up until July 1998 only the Primary Problem data field was required. Up until that time a secondary or tertiary problem with inhalants might not have been indicated.
- To supplement the existing data, the Steering Committee designed two separate survey instruments, one for youth and one for adults. The protocol called for the survey to be

distributed to all division funded treatment programs for administration to all active clients during one seven day period. The week selected (by convenience) was August 9-15, 1998. This was a "snap shot" sample, which can be compared to data gathered in the future. From the distribution of the surveys, 550 adult and 91 youth responses were captured, representing better than 80% of active clients during the survey week.

- Of the 550 adults responding (age 18 and above), 175 (31.8%) said they had used an inhalant at some time. Of those who had said yes to use, 16 (9.1%) reported having used an inhalant within the past 12 months. The youngest reported age of use was four and the oldest reported age of use was 61. The average number of years using an inhalant reported was 5.8, with a range of using from less than 1 year to using inhalants for 28 years. Also, of the adults who reported having used an inhalant (175) at some point, only 41 (23.4%) reported using only one or two times. Leaving 134 (76.6%) with a reported history of use beyond experimentation.
- Of the 91 youth (age 17 and below) responding, 48 (52.7%) said they had used an inhalant at some time. Of those who had said yes to use, 29 (60.4%) reported having used an inhalant within the past 12 months. The youngest reported age of use was eight and the oldest reported age of use was 17. Of all those who responded to the survey (whether answering yes or no to use) 67.8% reported having friends who used inhalants, and 32.2% reported having friends who were experiencing problems related to inhalant use.
- July 1, 1989 the powers and duties of the Division of Alcoholism and Drug Abuse were extended to include programs and activities relating to the misuse of hazardous volatile substances by inhalant abusers. This was done through an amendment to Title 47. Since that time, the Division has funded three public information campaigns designed specifically to educate parents and children about the harmful effects of inhalants.
- The Division does not fund any treatment programs that address inhalant abusers only. Several of the treatment programs however, have internal expertise for this population and address these client needs in the larger milieu. There are only two specialized treatment programs in the nation, both of which were initially federally funded as demonstration projects. One is for adults (Texas) and the other is for adolescents (South Dakota).
- The Steering Committee had four recommendations addressing the need for good data upon which to make better-informed decisions.

The prevention recommendations included:

- In partnership with the Department of Education, local school districts, the Alaska Association of School Boards, SADA, and ARANDAP support the implementation of age appropriate education and skill building curricula for preschool and elementary students.
- Support initiatives that educate parents and enhance local communities' capacity for local problem solving.

- Develop and distribute educational materials for merchants, including strategies on product placement of commonly abused products.
- In partnership with the Department of Public Safety, support the implementation of training for Village Public Safety Officer's and Alaska State Troopers on the signs and symptoms of inhalant use and on reporting of use in investigations where not currently included, such as accidents and drowning.

In regard to treatment there were two recommendations:

- Support the development and dissemination of in-service training materials on inhalants and inhalant abuse for clinical and diagnostic use at the regional and local program level.
- Enhance the knowledge and skill level of current practitioners (both prevention and treatment) through the inclusion of inhalant abuse training at statewide training events.

The Steering Committee is scheduled to reconvene in the Spring of 2000 to review the recommendations and progress made.

Prevention, Early Intervention & Aftercare

(A Community Affair)

By: Scot Prinz, MA
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(March 2000)

Introduction: In Alaska, we seem to have developed two ways of viewing community responsibility as related to the health and welfare of individuals and families. First, we have usually looked at events such as a house fire or other similar catastrophic happening, as a time when a community should and normally does pull together to support those affected. This has historically been a strong point of the different peoples populating the State. Second, when members of a community are faced with long term multi-generational problems related to behavioral health issues such as substance abuse, child abuse, violence or suicide, those problems tend to be catastrophized or minimized or simply ignored. If anything is done, it has usually been a request for some sort of "out-side" intervention. The response typically is from a service provider having little or no significant connection to the regional area, let alone the specific community. The request for "out-side" intervention is usually based on the belief that there are not available resources within the community.

But Alaska Communities do have resources. Those resources, for smaller communities, are not generally cash but rather people. Some of those people already have paid positions to provide education, health, social and safety services. Others are people who are concerned about the health and welfare of their community. These people constitute a core of individuals present in virtually every community in Alaska.

Some people will and do spontaneously volunteer to be involved with community focused activities, others will need to be asked to participate. Either way, there usually are those who are willing and have valuable contributions to make in helping to resolve problems within their community.

A serious problem in much of rural Alaska needing community involvement is the use of inhalants by children and adolescents. Since the late 1970s, the abuse of inhalants has become an ever-increasing concern as:

1. Inhalants are used most frequently by children (10 - 15 years old);
2. The 1995 Alaska Youth Behavioral Risk Survey reported 19.6% of middle school students (grades 7-8) had used an inhalant at least once;
3. From the same survey, it was reported that 70% of middle and high school students in Alaska had used substances, and of that population 28.6% (or 20% of the total survey population)

- had used an inhalant;
4. From a recent survey effort in Alaska, the reported average age of first use within high-risk populations was age 8 for youth in treatment, age 5 for youth in corrections, and age 4 for adults in treatment;
 5. The risk of possible sudden death during any episode of use greatly exceeds any other substance of abuse;
 6. Abuseable products are always being developed (more than 1,400 already exist); and
 7. They are accessible and they are legal to obtain, possess and use.

Community Based Prevention & Early Intervention for Youthful Inhalant Use: Due to wide geographic spread and remoteness, we need to begin working with the children and young people where they live, in the community. To do this, a community will need to organize, so that no one person will be forced into being responsible for trying to deal with the whole problem. First, let us identify those persons who should be involved and list them by most importance.

1. Parents or the primary caregivers of the young people involved in inhalant abuse.
2. Other family members or caregivers, such as grandparents, aunts, uncles, brothers and/or sisters.
3. Tribal/Village Council, (as that group who can help to set the direction for the whole community and coordinate activity).
4. Educators, Law Enforcement, Members of the Court System Community Health Aides, Ministers, Substance Abuse/Mental Health Service Providers.

Information, which is correct and understandable, is critical to the process of community education and development. Parents, other family and community members need to be given information about inhalants so that they are informed about the health risks, and what they may be able to do for their young people who are seen as being at risk. This will help with evaluating the need for action and the identification of resources that are available. In instances where several communities in a regional area are experiencing similar problems, the evaluation of need and available resources might be done either sub-regionally or regionally.

If there is a problem with inhalants in an individual community, sub-regionally or regionally, a group might need to be formed to begin the evaluation process. This group can be very instrumental in the total approach taken to respond to the risks associated with inhalant usage. When ever possible the membership of the group should include parents, elders, youth, community leaders, and service providers. With such a group the following focal points should be considered:

1. Community education about inhalant abuse and other healthy choices related topics.
2. Community oriented projects for reduction of access to inhalants.
3. Activities such as poster contests as a way of communicating inhalant risks to youngsters 6 - 12.
4. Identification of those youth who may be using inhalants, as well as their peers to help facilitate early intervention.
5. Ensure coordination with local service providers and Regional Health Services, on a case-by-case basis.

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5. Ensure coordination with local service providers and Regional Health Services, on a case-by-case basis.

6. Identify and support "Safe Homes" for those youth that do not have a stable nor healthy and supportive home environment.
7. Develop support groups for those at risk or affected by inhalant abuse.

If a group is formed it can take a leadership role in the education and awareness activities focusing on families, schools and community-based business. Some of the possible projects or strategies can be broken down as follows:

↳ For Parents:

- ◆ Inventory the possible abuseable products kept in the home for "Inhalant proofing".
- ◆ Then store in a locked area and out of reach for young children those products, which are dangerous.
- ◆ Learn the warning signs of inhalant abuse.
- ◆ Teach young (ages 3 - 8) children about "Good Smells and Bad Smells", and in general making healthy choices.
- ◆ Talk with older children about the perils of "sniffing and huffing".
- ◆ Support school and community efforts for healthy and safe, homes, schools and the larger community.

↳ For Schools:

- ◆ Train the staff (professional & support) on the warning signs of inhalant abuse and have developed policy and procedure for handling incidences related to inhalants.
- ◆ "Inhalant proof" the classrooms and offices of the school by identifying abuseable products such as copier fluid, felt markers, glue, cleaning products, and correction fluids; and then store them safely and securely.
- ◆ Train the staff (professional & support) on methods of monitoring student use of abuseable products in school related activities.
- ◆ Be sure and include inhalants in the alcohol and drug abuse curriculum.
- ◆ Support parent and community efforts for healthy and safe and communities.

↳ For Businesses:

- ◆ Educate employees about abuseable products that are being sold, and about inhalant abuse.
- ◆ Evaluate where products are displayed and stock kept in the store.
- ◆ Consider displaying and storing products, which are dangerous in view of the cashier or behind the sales counter to control access.
- ◆ If children or adolescents are purchasing abuseable product/s either in large amounts or regularly, question them about the purpose or ask them to bring a note from a parent or care giver about the purchase.
- ◆ If possible inhalant abuse is suspected notify parents, and if not available then a public safety or police officer.
- ◆ Support school and community efforts for healthy and safe, schools and communities.

↳ For the Community:

- ◆ Help to educate all of the community on the warning signs of inhalant abuse and have developed policy and procedure for handling incidences by medical, public safety and social services staff.
- ◆ Train interested community members in basic intervention skills.

- ◆ Develop Community and/or Tribal Action Plans, which includes responding to inhalant abuse,
- ◆ Develop ordinances or statutes for safe storage of gas and other solvents (Example: requiring locks on all gas tanks and fuel drums).
- ◆ Support safe and healthy youth recreational activities.
- ◆ Develop and support youth activity groups, which are well supervised.
- ◆ Put on workshops focused on healthy communities and lifestyles.

There are limitations to the current efforts in providing prevention and early intervention. School oriented curriculum, training of village/community based service providers and surveillance data have not been consistent regarding inhalant use by Alaskan young people. To further the discussion, the following might be considered:

1. Inhalant prevention curriculum, targeting all Alaskan children (≤ age ten). Generally children under the age of ten have not received regular and consistent information about healthy choices, which includes concerns about inhalant abuse. This prevention curriculum should be designed to reach as many children as possible, while they are attending preschool, Head Start and elementary school; and include other related health and safety issues presented in a developmentally and culturally appropriate manner.

To-date, most if not all prevention effort has been targeted toward an older age of youth in Alaska (Junior High and High School). Also, that effort and informational message has generally not been consistent across the state.

2. Community level provider curriculum that is usable in most communities, especially in rural Alaska. Curriculum needs to be developed which addresses prevention, recognition, early intervention, and aftercare. This curriculum should be designed to facilitate increased awareness and basic provider skill building which targets the needs and issues of village/community residents impacted by inhalant abuse.

Over the past ten or so years, there have been a limited number of workshop presentations done periodically to provide some basic information about inhalant abuse, using such forums as the Annual School of Addictions, Annual Prevention Symposium and local conferences. But the "how to" regarding prevention, identification, assessment, services and aftercare has been limited. These need to be regularly delivered for village/community-based providers to help generate overall risk reduction and early intervention and follow-up for every community.

3. Surveillance data needs to be collected. Critical to the whole effort is data collection needs. There is not extensive information available regarding who is using, what they are using, how long they have been using, nor how they started using. In order for communities, local service providers and state/federal decision and policy makers to act in a meaningful way, data which is collected needs to be consistent, valid and reliable.

To provide a framework for thinking about this, the following model is presented. Keep in mind this model should be viewed as flexible and adaptable. This model has three goals for development and implementation and are noted as A, B and C:

- A The formation of an advisory body representing interests such as alcohol & drug abuse, prevention, mental health, education, health & welfare, law enforcement, youth & family,

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community stakeholders and tribal provider stakeholders. The responsibilities of the advisory body would be to facilitate the initial development of and to provide ongoing guidance regarding surveillance, data and programmatic changes to the children's prevention curriculum and the village/community provider curriculum.

- B Develop prevention curriculum specifically aimed at young children. This Model is based on specialized teacher training; regular analysis of surveillance data and curriculum re-development based on data and indicated need. This prevention and surveillance component should be:
 - 1 Designed for Head Start and elementary school based delivery.
 - 2 Designed to be appropriate for the developmental age of audience and flexible in presentation to reach children of multi-cultural backgrounds.
 - 3 Designed to provide multi-substance abuse and related health and safety messages.
 - 4 Designed to provide a surveillance link to document trends in prevalence and give impact data to support necessary programmatic changes to the curriculum.

- C Develop training, which is designed to meet the needs of village/community-based providers (counselors). The village/community counselor component should be:
 - 1 Based on an adult learning model. An example is the current Counselor Training Academy, developed for providers from rural Alaska.
 - 2 Designed to develop counselor skills in recognition, primary assessment and planning for the service needs of children using inhalants.
 - 3 Designed to provide modalities to intervene in the village/community, e.g. process groups for high-risk children, process groups for children in aftercare and other related child oriented intervention and support activity.
 - 4 Designed to develop counselor skills in recognition, primary assessment and planning for the service needs of adults using inhalants.
 - 5 Designed to educate regarding the need to seek out and intervene in the inhalant abuse of adults in the village, to reduce risk for children in villages.
 - 6 Designed to address the roots of inhalant abuse and related extra health risk imposed for specific subgroups (adults, pregnant women and children).
 - 7 Designed to provide a surveillance link to document trends in prevalence and give impact data to support necessary programmatic changes to the curriculum.

The roles and responsibility for this model are seen as:

- A Communities should facilitate and coordinate the formation of an advisory body including State agencies such as alcohol & drug abuse, prevention, mental health, education, health & welfare, law enforcement, youth & family, community stakeholders and tribal provider stakeholders.

- 1 An advisory body membership should include invited individuals, agencies and organizations with expertise (alcohol & drug, early child development, data management, education, health, law enforcement, and mental health) and an interest in prevention and public health.
 - 2 The advisory body should meet regularly (at least quarterly), as a whole body.
 - a To accomplish different tasks, specialized sub-groups can be established and directed to meet (in-person or telephonically) at times other than meetings of the whole body.
 - b The specialized working sub-groups can target:
 - i Mission and overall policy,
 - ii Goals and objectives, and
 - iii Outcomes, including data surveillance, methodology, and analysis.
- B The community should focus on development of prevention curriculum specifically aimed at young children. They should support ongoing teacher training, regular analysis of surveillance data and curriculum re-development based on data and the indicated need. It is suggested that:
- 1 To develop the curriculum, the community can request ongoing input from the advisory body, and if possible contract with a qualified contractor able to design instructional components for Head Start and school based delivery. The curriculum should:
 - a Be based on an approach such as the Search Institute's developmental assets (external & internal) for preschoolers and elementary-age children. (Starting Out Right: Developmental Assets for Children. 1997, Search Institute, 700 S. Third Street, Suite 210, Minneapolis, MN 55415; (612) 376-8955.)
 - b Be designed to reach children of multi-cultural backgrounds.
 - c Be designed to convey multi-substance abuse and related health and safety messages.
 - 2 A contracted vendor or other qualified person or organization should look to the development of instructional modules for instructing teaching personnel.
 - 3 The community should develop a linkage between the curriculum, surveillance data, and treatment services.
- C The community should support the development of training, which is designed to meet the needs of village/community-based providers (counselors and other health and safety providers). To do this:
- 1 An "adult learner" model for training development should be used to assist people who use English as a second language, and/or don't have a strong secondary or post-secondary education.
 - a The training should include counselor skills in recognition, primary assessment and planning of services for children using inhalants.
 - b The training should include:
 - i Skill development for leading or establishing groups for high-risk children.
 - ii Skill development for leading or establishing groups for children needing aftercare support.
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Keep in mind that inhalant abuse tends to only get worse, without steps taken to cope with the problem. We have seen adults who started sniffing gas on a regular basis as children, and have either mainly stayed with sniffing/huffing, or most likely developed a multiple substance abuse problem. A strong stand against inhalant usage by young people and the involvement by a village or community is probably the only way things can be improved.

Additional to a prevention and early intervention effort at the community, there is the need to look at the development and support for community based recovery and aftercare. In most instances, by the time we are seriously looking at prevention and early intervention, there will be a number of individuals needing treatment and support for long-term recovery.

Community Based Recovery & Aftercare: Provides the icing on the treatment and recovery cake. A community-based provider can also provide or assist with coordinating supportive community-based services. But in many instances this is a time when the inhalant abuser needs to begin using the information and tools provided in treatment, to "self-manage" their community re-entry and recovery (community-based recovery) with the support of their family and community.

There is the need for all of us to re-think aftercare and consider a rehabilitative approach, where we are helping the inhalant abuser to "self-manage" their lives and ultimately their addiction recovery. For far too long we have tried to make aftercare a formalized part of treatment services requiring a substance abuse services provider, and have met with limited success as a number of smaller communities in Alaska have no such person.

The recovering inhalant abuser should know and regularly experience that there is support available through their previous treatment provider and program. This can be provided by regular follow-up from the treatment program, which is focused on how they are doing. Follow-up can support recovery and may even be used to initiate relapse prevention. All of this (community-based support and follow-up by the previous treatment program) will promote individual investment and ownership by the inhalant abuser in their personal recovery.

Community-based recovery and aftercare should focus on assembling all of the pieces needed for a healthy and successful life. The majority of all of the work at this point will need to be done by the person working on his or her recovery. If a community-based provider is available, they can be very instrumental in helping with coordinating activities or services and providing personal support counseling. If a community-based provider is not available, then other possible sources for support should be explored. Possible options might be:

- ♥ A healthy adult family member,
- ♥ An elder in the community who is interested in the person, or
- ♥ Another interested community member such as a teacher, minister, public safety, etc.

There is a need for a realistic assessment and identification of available support to plan long-term recovery capacity within the community of residence. This assessment should be begun at the time when the inhalant abuse has first been recognized in the community. Before they are ever referred to a treatment program, any and all support resources should have been identified and contacted so there will not be any surprises when they return home.

Though there may be community-based providers available, the goal is to ensure that each individual who returns from a treatment program outside of the community is prepared to have a significant role in managing their recovery.

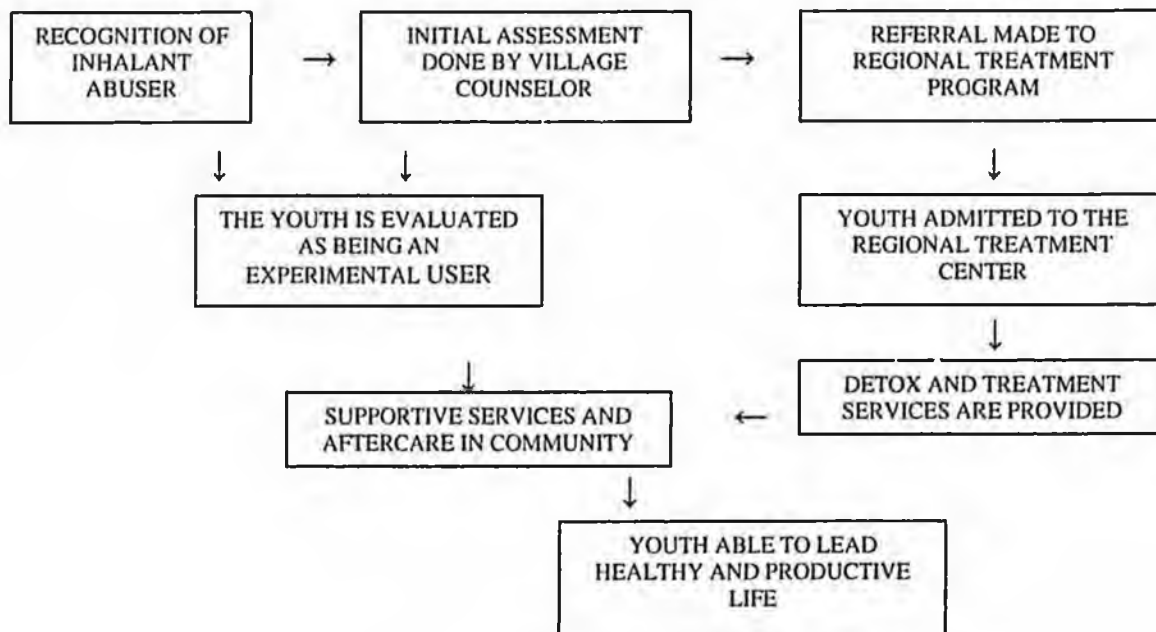
To reach the point of community-based recovery, there have been any number of services the inhalant abuser has participated in such as: intervention, pre-treatment, detoxification, residential and outpatient treatment. These services if having been reasonably successful will have helped the client develop a comprehensive aftercare plan which is based on the initial assessment of supportive resources available in their home community.

When a comprehensive aftercare plan has been developed, the returning recovering youthful inhalant abuser may be regularly involved in some and hopefully nearly all of the following:

- ◇ One or more community-based recovery support groups or some supportive and supervised group related activities such as a school based activity group or church youth group,
- ◇ Supportive services (individual and/or group counseling) for the youth and their family to deal with issues related to inhalants (substance abuse) and recovery,
- ◇ Family and community directed healthy activities,
- ◇ School (educational or vocational), subsistence activities, or paid work, and
- ◇ Healthy cultural and spiritual activities.

Attention should also be given to relapse prevention. This requires skills in recognition of problems before they get out of hand, as well as basic skills in intervention. It is important for the recovering youth as well as their family to have and practice these skills on a regular basis. The use of relapse prevention skills with a family will very likely enhance communication ability within the family, for the betterment of all.

The following is a graphic example of the entire process (through to aftercare & recovery):



Though there may be community-based providers available, the goal is to ensure that each individual who returns from a treatment program outside of the community is prepared to have a significant role in managing their recovery.

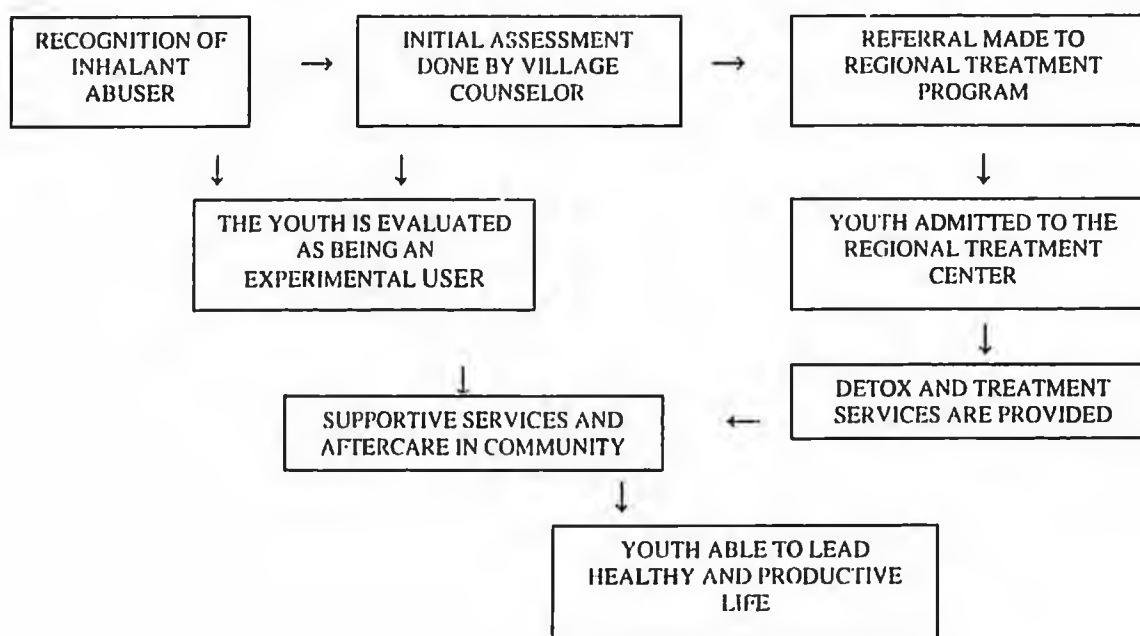
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The following is a graphic example of the entire process (through to aftercare & recovery):



March 28, 2000

To All Those Who Care:

I am the sister of Teresa, who died of inhalant three years ago this month. I was living in Fairbanks during the time we lost my baby sister, but I was home on spring break. I remember that morning like it was yesterday. I always wanted to forget that time but I thank God he allowed me to remember. And now I know why, because we can help others with this same problem.

Back to that morning, I was woken up back at my sisters house at 6:00AM in the morning. They said my sister was in medical trouble. At first I just got angry because I was suppose to bring her to Fairbanks that morning and I thought why is she getting into mischief now. I got dressed and started down the lodge where she was. I thought all I had to do is go pick her up and let her sleep it off (I thought she was drunk). As I started down the road the health aides husband stopped me and said it was worse that I thought. After getting my older sister we went down to the lodge to find that they were doing CPR on her. I began calling her and telling her how much we love her and to hang on. I knelt down beside her and talked to her. After what seemed like an eternity we got a call from the Doctor and was told it's been too long and to stop CPR. This was not what I wanted to hear, I started crying out loud saying no don't stop, but I knew in my heart that it was too late. I thought of my mom and dad in Fairbanks. Only my older sister and brother were in the village with our children from our family. It was North American weekend and everyone had taken off for the weekend. So the village was pretty empty. The hardest part was to gather our children and tell them that their 18 year old auntie had just past away. I couldn't even imagine the pain that our kids went through. And especially seeing our parents later on that day. I was hesitant about telling my young children how their aunt died, but I did because I wanted them to know how dangerous this chemical really is. The pain of losing a loved one at such an early age is something that we all don't need to go through. I am only telling this story because I want someone out there to get something out of all this. Inhalants are nothing to mess with. I later went into counseling and prevention and learned what inhalants can do. I learned that it only takes one time, one puff and you can lose your life or do permanent damage to your mind and body. Inhalants could be very addicting, so beware if you know someone that is involved with inhalant the best thing you can do for them is to tell someone. I encourage you all to continue to spread the news about inhalants because we don't need to lose anymore people to this chemical, its very dangerous. This was not easy for me to go back and recall all that happened but I want people to know how bad, sad, dangerous, this drug is and we can prevent it all from happening. Keep up the good work and may God be with you all through this conference.

God Bless,
Dce-Dee

Poems reveal FAE child's

F.A.E.

by T.J.

I hate this place although I am glad to be Athabascan.

Sometimes I wish I could switch places with my 12 year old niece.

The people just don't know what it's like for an FAE child trying to get through life.

Trying so hard to catch up with everyone else but they just put you down.

I just want some real friends from down here.

I already have a best friend...but no-one can live with just one friend in the world.

I just needed to get that out. I need to live my life...I need to talk to my dad. MY BEST FRIEND.

Teresa came into this world with a birth defect that was 100% preventable. She was born with Fetal Alcohol Effect (FAE), a lesser form of Fetal Alcohol Syndrome (FAS), in which the physical features of the face and body are not malformed like an FAS child. If the mother doesn't drink during pregnancy, the child doesn't have the birth defect, it's as simple as that.

Teresa was given up for adoption when she was 4 months old. Her adoptive parents, Barbara and Andy Jimmie of Minto, were overjoyed and eager to receive the small baby girl. It wasn't until their baby was a toddler that they knew something was different about Teresa.

"When Teresa started moving around as a toddler was when her FAE became more noticeable," said Barbara. "She was always getting into things," she continued. "Most

children when you say 'no' they move away, but not with Teresa." FAE and FAS children can be very hyperactive, going from one thing to the next. "About the only time she was still enough for me to snuggle her was when she was sleeping," said Barbara.

A Mother

A mother, so sweet, so kind, so sincere.

All she wants is a little respect and a lot of love, and when she gets lied to her by her own flesh and blood that she had to carry for 9 months,

Go through so much pain for and risk her life.

She feels deeply hurt, for all she taught you - good from evil - and of course - right from wrong, has all just went down the drain.

As you lay in your bed at night, probably not even considering all she has done for you.

She could be in her bed crying her precious heart out, praying to God, "Please don't let me lose my child" ever so silently and putting on a happy face the next day, just to make you feel good.

You don't know what a mother goes through for the most important thing in her life.....HER BABY.

The above was written at a time when Barbara had scolded Teresa for doing something wrong. The next morning Teresa gave her mother the poem.

"I thought I knew Teresa," said her dad, Andy, leafing through the journal which had belonged to his daughter. His face was one of thoughtfulness as his large hands gently turned the pages. "But after

she died and I had read her poems - her diary - I realized that I didn't really know her."

Teresa died on March 20, 1997 from gas fumes which she inhaled. She was 18 years old.

"Andy and I were at a meeting in Fairbanks that day," said Barbara. "We were expecting her to join us. I had been looking at graduation dresses for her," continued Barbara. "I had planned on giving her the biggest graduation party there ever was. I was so proud of her."

The night Teresa died will always stick in Andy and Barbara's memory. "We were asleep when the doorbell rang: it was [the Rev.] Anna Frank. She told us that Teresa was in trouble and that the medics were doing CPR on her."

Teresa's body was found near the fire escape at the Minto Lodge. Although the medics tried to resuscitate her, it was too late.



Teresa Jimmie, age 17, at a prom dance in 1996.

Photo: Laverne Alexander

insight into prejudice

"Me"

In the beginning it was as sweet as a kiss,
it made my insides feel all a bliss.

And now I'm confused and am crying for hope,
I'm about to give up I cannot cope.

When all of a sudden strength arises in my heart,
and this causes my spirit to throw a good dart
at the thing that was bothering me before,
and it brings me back to when HE was knocking at my heart's door.

And now I am hungry so I better feed,
open my bible and begin to read.

I want to be so serious again,
but the warmth of a smile
is always good to a needy friend
that is why I don't want this love to end.

I'm goin' to heaven as you can plainly see,
And I am gonna eternally
fellowship with the Christians, Jesus and me.

You can be there too if you ask him in,
and do a complete 360 from sin.
Just read God's word every day.
Oh yeah! and don't forget to pray.

"Teresa was a gifted singer, writer, and artist," said her mother Barbara. "but she was very restless."

Months before her death, in February of 1997, Teresa attended a Native Leadership Conference in Anchorage. It was at this event that Teresa went forward to receive prayers from a minister doing a church service there. The minister started walking toward her and then stopped. "He heard the voice of our Lord saying, 'she is already filled with the Holy Spirit, she only needs to let it go,'" said her mother, fingering a school photo of Teresa that she keeps in her purse.

"It was then that we noticed Teresa...she began to walk and touch other people near her, and it was like our Lord was telling her who to go to next. As soon as she

touched these people, they would fall down under the power of the Holy Spirit," said Barbara recalling the evening.

Since Teresa's death several people (some strangers to the couple) have approached Barbara and Andy with Words of Knowledge that Teresa is in Heaven. This has comforted them a great deal.

"I grieve about how people treated her," said Barbara "She was good in many ways."

Since Teresa's death, her parents have felt a calling to have their daughter's poetry published. "I hope that this article, and Teresa's poems will help children realize how dangerous inhalents are and that they can kill you," said Barbara.

According to Jackie Sunnyboy of the Fairbanks Mental Health

Clinic in Fairbanks, FAE children have a more difficult time psychologically coping with their birth defect than FAS children. She states, "With FAS, you can see it. With the Effected kids you can't see it, so in their schools and communities they become known as 'defiant'. They can talk the talk, but they can't walk the walk. They have no idea of cause and effect." They are also usually very naive and gullible and victimization continues throughout their lives.

"So many people view this as a hopeless, hopeless situation, and the reality is that with society acknowledging the importance of understanding this disability now, the doors are opening, especially in the State of Alaska. Early intervention and education is the key...and knowing that there is support available. It really does take a whole village to raise a child like this." Sunnyboy concluded.

Tears of Love

-by Teresa Ann Jimmie

When I am sad, You make me
laugh.

I Cry Tears of Love

When I feel alone, You're always
there with me.

I Cry Tears of Love

When I feel tempted You're
always there for help

I Cry Tears of Love

When I am enraged or angry You
held me in your arms.

I Cry Tears of Love

But now I am laughing
I once cried tears of love.

[Editor's Note: If you have a child with FAE/FAS or you think might be using drugs, please see page 7.] ❄️

ALCOHOL

By Theresa Jimmie

Why must people have so much pain inside pain and hurt and over half of it is from heart brokenness and the other broken up parts are from family members passing away and being lost in you're own heart in the darkness and depressness of drugs and alcohol and all this you have learned that alcohol is the number one blamed that most of our hearts are broken is ALCOHOL!

The High

By TJ

I walk the streets as high as the sky.

Feeling like I can do anything. believe anything believing lies that my so called 'friends' say.

Not knowing if they are telling the truth or not.

I ~~walk~~ walk through this world

That doesn't exist to society. Seeing things that aren't there, saying things that aren't ~~there~~ ^{true} hit after hit going higher and higher knowing I am gonna fall anytime but too high to care.

Walking through my life like I don't care when I do it's just the Highness stands in the way the high tells me

"I can do anything if I put my mind to it." So I try again and again not knowing that the high is eating away at my brain stalling me from thinking right. Day after day telling myself

"I am going to quit today" telling myself another lie. not wanting to live

this Highness, doing and saying things the High wants them to hear so I move on to a new high that is called "Alcohol" and pretty soon to drunk to even live the high and have this so called "fun" so as I am in "Ravens Way" getting cleaner and cleaner day by day and soon I am going on to ~~not~~ walk these streets clean and sober once again, TJ "95"

The things I could have done

by TJ

You love me, yet I disbelieve you. You would give me anything, yet I still disobey. Of all the things you've for me so far, I never even consider you. I always fear of what's going to happen to me in the future, and you are the only one that can relieve me from all this pain. Yet I don't pay attention. You give me love I could never imagine, yet I still avoid it. Now I let the light shine in, I am warm all over, I return the love

YKHC STATEWIDE INHALANT TREATMENT CENTER

Yukon - Kuskokwim Health Corporation

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Code Information

URC 1097
Building Type V-N (Non-Sprinklered)
Occupancy Types R, A1, A2, F2
Total SF = 11,925 SF

Occupancy Type	Actual Within Floor SF	Actual Mezzanine SF	Actual Total SF	Allowable SF	Setback On 4 Sides	Actual Allowable SF	Ratio Actual/Allowable
R	4,498 SF	1,400 SF	5,898 SF	8,000 SF	x 2	18,000 SF	388%
R1	3,508 SF	0 SF	3,508 SF	8,000 SF	x 2	12,000 SF	342%
A2	1,848 SF	0 SF	1,848 SF	8,000 SF	x 2	12,000 SF	137%
F2	888 SF	0 SF	888 SF	8,150 SF	x 2	16,300 SF	184%

Total = 4887 + 1

Occupancy Separation Walls
R1 to A1 = 1 Hour
R1 to R = 1 Hour
F2 to R = 1 Hour
A2 to R = Non Rated

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A21 - Elevations
A22 - Elevations

Structural

S11 -
S21 -
S31 -

Mechanical

M11 -
M21 -
M31 -

Electrical

E11 -
E21 -
E31 -



Winchester Alaska, Inc.
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BETHEL, ALASKA

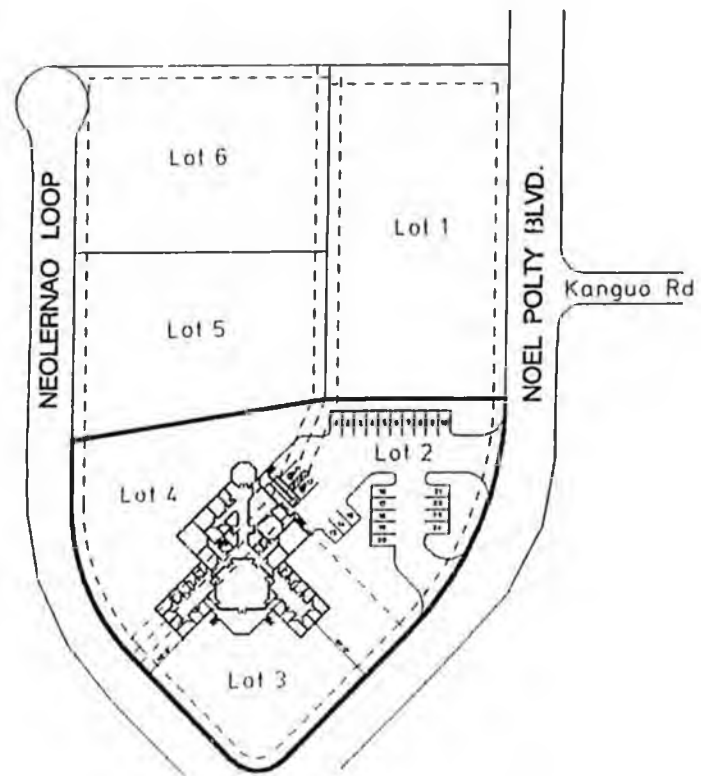
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Drawn Date
Checked Job No.

Sheet Contents

Cover Sheet

Category Sheet
A 0



Site Plan (Option 1) 



Winkler Alaska, Inc
 733 W 4th St
 Anchorage, Alaska 99501
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 E-mail: awinkler@winkler.com



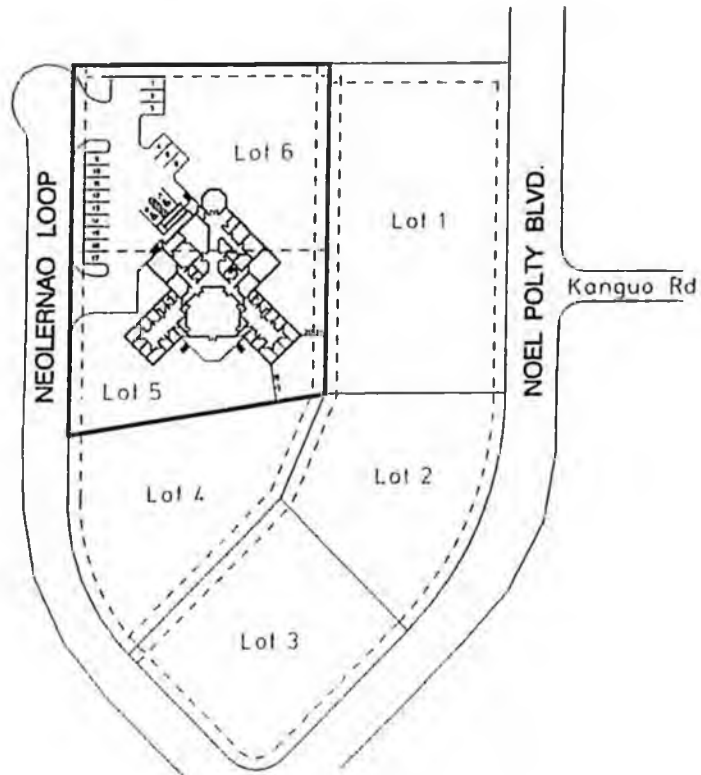
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 BETHEL, ALASKA

Revisions

Drawn	Date
Checked	Job No
CL	58711

Sheet Contents
Site Plan

Category	Sheet
A	0.1



Site Plan (Option 2) N



YUKON-KUSKOKWIM HEALTH CORPORATION
 2401 41st
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 E-mail: wichitka@alaska.net



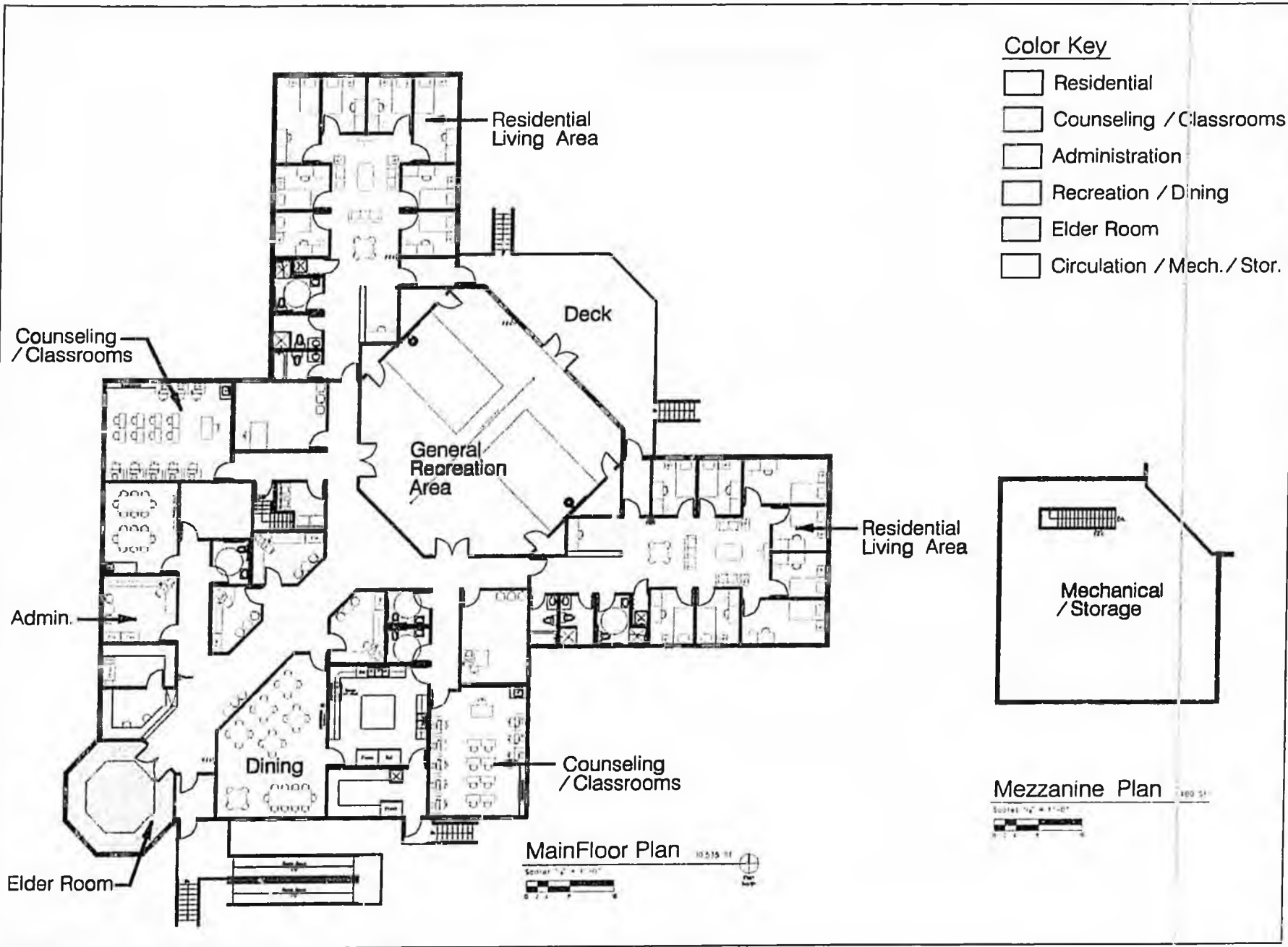
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 YUKON-KUSKOKWIM HEALTH CORP.
 BETHEL, ALASKA

Revisions

Drawn	Date
Checked	Job No.
Scale	Sheet

Sheet Contents
Site Plan

Category	Sheet
A	0.2



Wainwright Alaska, Inc.
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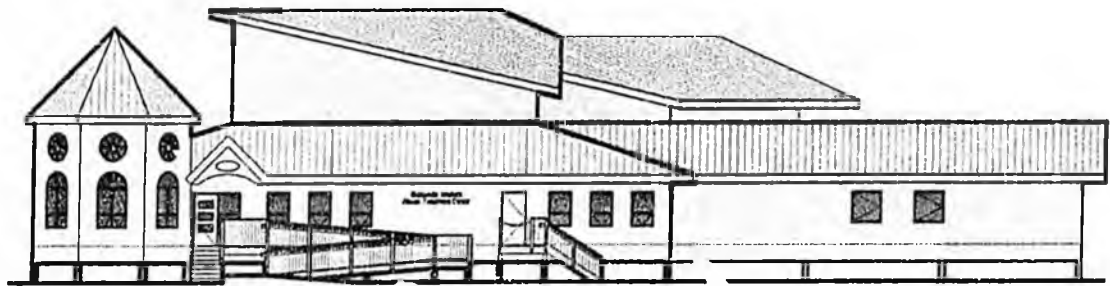
Revisions

Drawn S.L. Crossman	Date 2/26/1998
Checked S.L.W.	JOB NO. 199201

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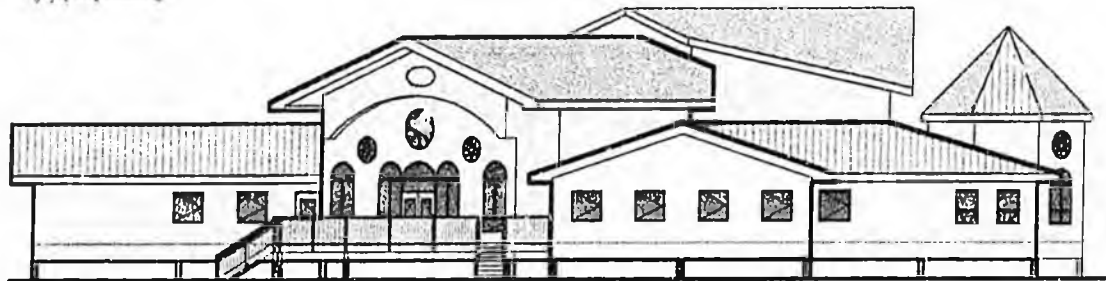
Floor Plans

Category	Sheet
A	1.1



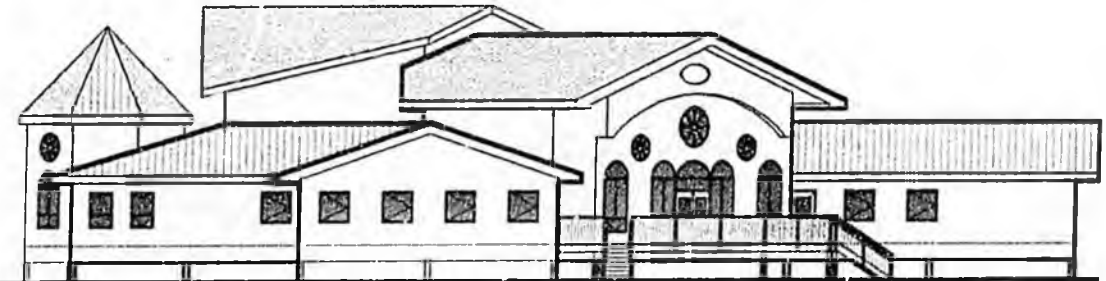
South Elevation

Scale: 1/4" = 1'-0"



North Elevation

Scale: 1/4" = 1'-0"



East Elevation

Scale: 1/4" = 1'-0"

Conceptual Elevations



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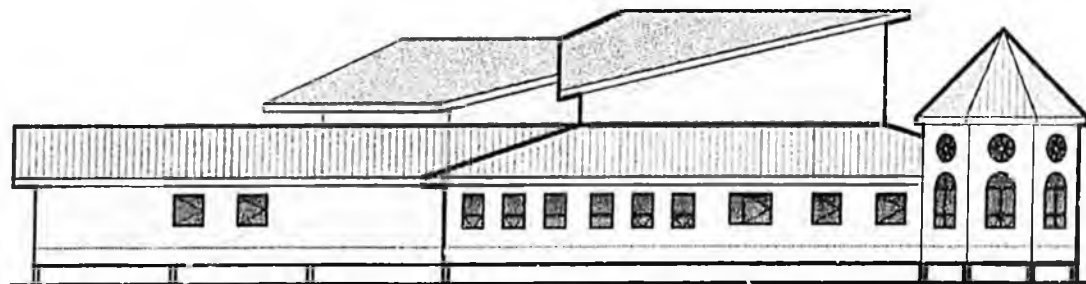
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P. J. SPECTOR	1/25/2006
Checked	Job No
B. L. W.	10001

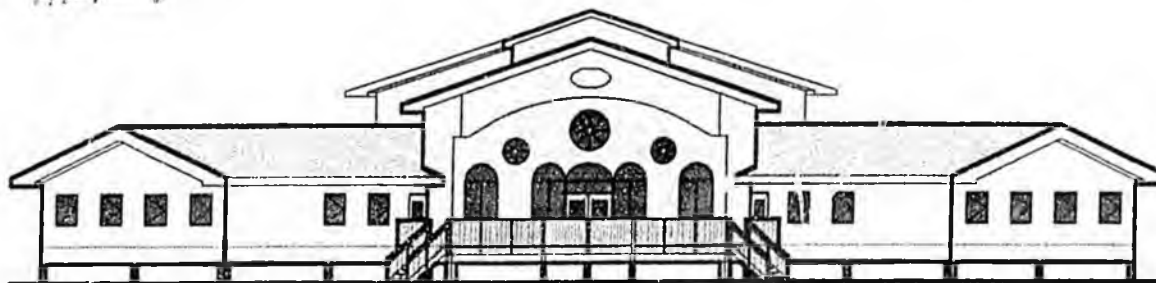
Sheet Contents

Elevations

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A	2.1



West Elevation



Northeast Elevation



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Revisions

Drawn ST. CARROLL	Date 1/22/2008
Checked RLW	Job No. 10001

Sheet Contents
Elevations

Category A	Sheet 2.2
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Conceptual Elevations

(7)

HOUSE COMMITTEE REPORT

Date Referred to Committee: February 16, 2000

FURTHER REFERRALS:

Judiciary
Finance

Date of Committee Action: 04/13/00

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 375

HOUSE BILL NO. 375

INHALANT ABUSE

"An Act relating to abuse of inhalants."

recommends it be replaced
with the following committee substitute

CS HB 375 (HES)

the same title
 a new title

additional referral to _____ Committee
 attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept)

APPROVES PREVIOUS: (Dept/Date)

fiscal note(s) DOC

fiscal note(s) _____

zero fiscal note(s) _____

zero fiscal note(s) _____

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			✓
<i>[Signature]</i>	✓			
<i>[Signature]</i>				✓

CHAIR'S SIGNATURE *[Signature]*

4/13/00