

**HB**

**114**



*4/19/01 - Meyer moving adoption as work draft  
James sent it now recs + 4/18/01*

22-LS0130V  
Luckhaupt  
4/16/01

CS FOR HOUSE BILL NO. 114( ) *am*

IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-SECOND LEGISLATURE - FIRST SESSION

*4/19/01  
Luckhaupt*

BY

Offered:  
Referred:

Sponsor(s): REPRESENTATIVES KAPSNER, Kookesh, Hayes, Kerttula, Guess, Stevens, Murkowski, Fate, Dyson, Cissna, Joule, Meyer, Coghill

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to abuse of inhalants; and relating to minors under the influence of  
2 alcohol, inhalants, or drugs."

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

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

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

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

14 (c) In this section,

1 (1) "alcoholic beverage" has the meaning given in AS 04.21.080;

2 (2) "inhalant" has the meaning given in AS 47.37.270(10).

3 (d) Abuse of inhalants is a violation. A court ~~may~~ suspend the imposition of  
4 sentence, place the defendant on probation under AS 12.55.085, and require the  
5 defendant to successfully complete an inhalant abuse treatment program. *Am #1 James*

6 \* Sec. 2. AS 47.10.019 is amended to read: *Accepted*

7 **Sec. 47.10.019. Limitations on determinations.** Notwithstanding other  
8 provisions of this chapter, the court may not find a minor to be a child in need of aid  
9 under this chapter solely on the basis that the child's family is poor, lacks adequate  
10 housing, or exhibits a lifestyle that is different from the generally accepted lifestyle  
11 standard of the community where the family lives, or that the child has been taken  
12 into protective custody and placed with a relative, another person willing to care  
13 for the minor, a shelter, a program, or a facility under AS 47.37.165. However,  
14 this section may not be construed to prevent a court from finding that a child is in need  
15 of aid if the child has been subjected to conduct or conditions described in  
16 AS 47.10.011 - 47.10.015.

17 \* Sec. 3. AS 47.12.030(b) is amended to read:

18 (b) When a minor is accused of violating a statute specified in this subsection,  
19 other than a statute the violation of which is a felony, this chapter and the Alaska  
20 Delinquency Rules do not apply and the minor accused of the offense shall be  
21 charged, prosecuted, and sentenced in the district court in the same manner as an  
22 adult; if a minor is charged, prosecuted, and sentenced for an offense under this  
23 subsection, the minor's parent, guardian, or legal custodian shall be present at all  
24 proceedings; the provisions of this subsection apply when a minor is accused of  
25 violating

26 (1) a traffic statute or regulation, or a traffic ordinance or regulation of  
27 a municipality;

28 (2) AS 11.76.105, relating to the possession of tobacco by a person  
29 under 19 years of age;

30 (3) a fish and game statute or regulation under AS 16;

31 (4) a parks and recreational facilities statute or regulation under

1 AS 41.21;

2 (5) AS 04.16.050, relating to possession, control, or consumption of  
3 alcohol; [AND]

4 (6) a municipal curfew ordinance, whether adopted under  
5 AS 29.35.085 or otherwise, unless the municipality provides for enforcement of its  
6 ordinance under AS 29.25.070(b) by the municipality; in place of any fine imposed for  
7 the violation of a municipal curfew ordinance, the court shall allow a defendant the  
8 option of performing community work; the value of the community work, which may  
9 not be lower than the amount of the fine, shall be determined under AS 12.55.055(c);  
10 in this paragraph, "community work" includes the work described in AS 12.55.055(b)  
11 or work that, on the recommendation of the municipal or borough assembly, city  
12 council, or traditional village council of the defendant's place of residence, would  
13 benefit persons within the municipality or village who are elderly or disabled; and

14 (7) AS 11.76.200, relating to abuse of inhalants.

15 \* **Sec. 4.** AS 47.37 is amended by adding a new section to read:

16 **Sec. 47.37.165. Services for minors.** (a) Notwithstanding other provisions  
17 of this chapter, a peace officer may take into protective custody a minor who is not  
18 otherwise subject to arrest, detention, or protective custody if the peace officer has  
19 reasonable cause to believe the minor is

20 (1) under the influence of alcohol, inhalants, or drugs and subject to  
21 citation for a violation of AS 04.16.050 or AS 11.76.200; and

22 (2) unwilling or unable to exercise judgment necessary to protect the  
23 minor's health and safety as evidenced by the minor's conduct and circumstances.

24 (b) A peace officer taking into protective custody a minor under (a) of this  
25 section shall

26 (1) take the minor to the minor's parent or guardian or, if the minor's  
27 parent or guardian is unknown or unavailable, shall

28 (A) take the minor to a relative, or to a shelter, program, or  
29 facility suitable for the minor; or

30 (B) use the procedures provided in AS 47.37.170 for an  
31 intoxicated person if the minor appears to be intoxicated; and

1 (2) use the procedures provided in AS 47.37.170 for a person  
2 incapacitated by alcohol, inhalants, or drugs if the minor appears to be incapacitated.

3 (c) A peace officer, relative, other person, or a representative of a shelter,  
4 program, or facility shall notify the minor's parent or guardian as soon as possible  
5 when the minor is placed with a person or in a setting other than that directed by the  
6 parent or guardian of the minor.

7 (d) When a minor has been placed and is required to be released as provided  
8 under AS 47.37.170, the minor shall be returned to the minor's parent or guardian or,  
9 if the minor's parent or guardian is unknown or unavailable, to a relative or other  
10 person willing to care for the minor. If no suitable person or placement can be found  
11 for the minor being released, the person or program caring for the minor may notify  
12 the department.

13 \* Sec. 5. AS 47.37.170(b) is amended to read:

14 (b) A person who appears to be incapacitated by alcohol, inhalants, or drugs  
15 in a public place shall be taken into protective custody by a peace officer or a member  
16 of the emergency service patrol and immediately brought to an approved public  
17 treatment facility, an approved private treatment facility, or another appropriate health  
18 facility or service for emergency medical treatment. If a [NO] treatment facility or  
19 emergency medical service is not available, a person who appears to be incapacitated  
20 by alcohol, inhalants, or drugs in a public place shall be taken to a state or municipal  
21 detention facility in the area if that appears necessary for the protection of the person's  
22 health or safety.

23 \* Sec. 6. AS 47.37.170(d) is amended to read:

24 (d) A person who, after medical examination at an approved private treatment  
25 facility, or another appropriate health facility or service for emergency medical  
26 treatment, is found to be incapacitated by alcohol, inhalants, or drugs at the time of  
27 admission or to have become incapacitated by alcohol, inhalants, or drugs at any time  
28 after admission, may not be detained at a facility after the person is no longer  
29 incapacitated by alcohol, inhalants, or drugs. A person may not be detained at a  
30 facility if the person remains incapacitated by alcohol for more than 48 hours after  
31 admission as a patient. A person may consent to remain in the facility as long as the

1 physician in charge considers it appropriate.

2 \* **Sec. 7.** AS 47.37.170(f) is amended to read:

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

7 \* **Sec. 8.** AS 47.37.170(g) is amended to read:

8 (g) A person may not bring an action for damages based on the decision under  
9 this section to take or not to take an intoxicated person or a person incapacitated by  
10 alcohol, inhalants, or drugs into protective custody, unless the action is for damages  
11 caused by gross negligence or intentional misconduct.

12 \* **Sec. 9.** AS 47.37.170(i) is amended to read:

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

1 disclosed.

2 \* **Sec. 10.** AS 47.37.180(a) is amended to read:

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

9 \* **Sec. 11.** AS 47.37.190(a) is amended to read:

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

23 \* **Sec. 12.** AS 47.37.205(a) is amended to read:

24 (a) At any time during a person's 30-day commitment, the director of an  
25 approved public facility or approved private facility may file with the court a petition  
26 for a 180-day commitment of that person. The petition must include all material  
27 required under AS 47.37.190(a) except that references to "30 days" shall be read as  
28 "180 days" and must allege that the person continues to be an alcoholic or inhalant or  
29 drug abuser who is incapacitated by alcohol, inhalants, or drugs, or who continues to  
30 be at risk of serious physical harm or illness.

31 \* **Sec. 13.** AS 47.37.235(c) is amended to read:

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

5 \* Sec. 14. AS 47.37.270(1) is amended to read:

6 (1) "alcoholic or inhalant or drug abuser" means a person who

7 (A) demonstrates increased tolerance to alcohol, inhalants, or  
8 drugs, who suffers from withdrawal when alcohol, inhalants, or drugs are not  
9 available, whose habitual lack of self-control concerning the use of alcohol,  
10 inhalants, or drugs causes significant hazard to the person's health, and who  
11 continues to use alcohol, inhalants, or drugs despite the adverse consequences;  
12 or

13 (B) uses inhalants on a more than occasional basis, whose  
14 use of inhalants has caused significant adverse consequences to the  
15 person's health or whose use of inhalants is likely to cause a significant  
16 hazard to the person's life or health, and whose use of inhalants impairs  
17 the person's judgment to such a degree that the person continues to use  
18 inhalants despite the adverse consequences or hazards;

19 \* Sec. 15. AS 47.37.270(10) is amended to read:

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

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

23 (i) pose an immediate threat to the life or health of the  
24 person; or

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

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

28 (i) gasoline;

29 (ii) materials and substances containing petroleum  
30 distillates; and

31 (iii) common household materials and substances

1                   whose containers bear a notice warning that inhalation of vapors or  
2                   gases may cause physical harm;

3   \* **Sec. 16.** AS 47.37.270(11) is amended to read:

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

10 \* **Sec. 17.** AS 47.37.270(14) is amended to read:

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

# Representative Mary Sattler Kapsner

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House District 39

Lower Kuskowkim and Upper Bristol Bay

Resources Committee  
Fisheries Committee  
Regulation Review Committee

Akiachak

Akiak

Aleknagik

Atmautluak

Bethel

Chefornak

Clarks Point

Dillingham

Eek

Ekuk

Ekwook

Goodnews Bay

Kasigluk

Kipnuk

Koliganek

Kongiganak

Kwethluk

Kwigillingok

Manokotak

Napakiaik

Napaskiak

New Stuyahok

Nunapitchuk

Oscarville

Platinum

Portage Creek

Quinhagak

Togiak

Tuntutuliak

Twin Hills

## Sponsor Statement

### HOUSE BILL NO. 114

#### "An Act relating to the abuse of Inhalants"

House Bill 114 targets a problem in Alaska that has been neglected for many years. It will provide public safety officials, medical personnel and the courts leverage to place individuals who use and abuse inhalants into rehabilitation. I introduced HB 114 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 of the facility is presently underway with completion scheduled for August 2001.

A 1998 survey by the YKHC found that during 1996 and 1997, 161 Alaskan sought treatment for inhalant 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 organic 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 a threshold of a new era in addressing inhalant abuse with the coming residential treatment facility. I would hope the legislature takes a pro-active look at ways in which we can raise awareness and address statutory needs to complete a package approach that includes prevention, intervention and treatment.

Thank you for your consideration.

# FISCAL NOTE

**STATE OF ALASKA**  
**2001 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
Bill Version: CS HB 114 (HES)  
( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Health & Social Services  
Title: An act relating to abuse inhalants BRU: Alcohol & Drug Abuse Svcs  
Component: Alcohol/Drug Abuse Grants  
Sponsor: Rep. Kapsner  
Requester: House (JUD) Component Number: 1239

**Expenditures/Revenues** (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual	75.0	75.0				
Supplies						
Equipment						
Land & Structures						
Grants & Claims	289.0	289.0	289.0	239.0	289.0	289.0
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>364.0</b>	<b>364.0</b>	<b>289.0</b>	<b>289.0</b>	<b>289.0</b>	<b>289.0</b>

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES ( )</b>						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	364.0	364.0	289.0	289.0	289.0	289.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
<b>TOTAL</b>	<b>364.0</b>	<b>364.0</b>	<b>289.0</b>	<b>289.0</b>	<b>289.0</b>	<b>289.0</b>

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

CS HB 114(HES) mandates treatment for persons convicted of inhalant abuse and that is not available in many areas of the state. ADA estimates that no more than 30 adults and 30 juveniles would be required to enter treatment and have their sentence suspended in any given year. In a survey of persons in substance abuse treatment in August 1998 they found that 175 (31%) of 550 clients had a history of use of inhalants. It is difficult to determine from this how many might be arrested and sent to treatment in a given year. We feel that the numbers above represent a reasonable estimate.

Based on this number we would estimate a cost of 289.0 a year in added treatment costs. This is based on using intensive outpatient level of care and mandating contact with the person for at least one year. On the next page is the calculation for this cost.

Prepared by: Ernest J. Turner, Director Phone (907) 465-2071  
Division: Alcoholism and Drug Abuse Date/Time 4/18/01 9:57 AM  
Approved by: Elmer A. Lindstrom, Special Assistant Date \_\_\_\_\_  
Agency: Department of Health & Social Services

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## ANALYSIS: (continued)

## Contractual Line 300 -

In addition, many programs would need specific training for providing this level of care to adult inhalant abusers. The estimated costs would be \$75.0 for training/year for a two year period to bring someone with appropriate expertise in both adult and adolescent treatment to Alaska, provide training in several rural sites and cover costs of follow-up visits to reinforce training. This would also leave us with trained persons, a developed curriculum and allow for future training to be done by persons already trained in Alaska.

## Grants Line 700 -

## Phase I Intensive Outpatient 6 weeks

Assessment	\$100
10 Hours intensive outpatient/week @\$45	\$2,700
Two written reports for courts	\$60
Total Phase I costs	\$2,860

## Phase II Continuing Care 20/weeks

1 group per week @\$20	\$400
Five care coordination of 30 min.	\$75
Five written reports for courts	\$150
Total Phase II costs	\$625

## Phase III Extended Continuing Care 26 weeks

1 group every 2 weeks @\$20	\$260
Six care coordination of 30 min.	\$90
Six written reports for courts	\$180
Total Phase III costs	\$530

Total 12 month costs including indirect costs @20% \$4,818/person

# FISCAL NOTE

**STATE OF ALASKA**  
**2001 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: CS HB 114 (HES)  
 ( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Health & Social Services  
 Title: Relating to abuse of inhalants BRU: Juvenile Justice  
 Component: Probation Services  
 Sponsor: Representative Kapsner  
 Requester: House (JUD) Component Number: 2134

**Expenditures/Revenues** (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES ( )</b>						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Mat'n						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

This version of the bill makes inhalant abuse a violation rather than a misdemeanor and would result in a zero fiscal impact to the Division of Juvenile Justice.

Prepared by: George Buhite Phone 465-2212  
 Division: Juvenile Justice Date/Time 4/18/01 9:53 AM  
 Approved by: Elmer A. Lindstrom, Special Assistant Date 4/18/01 9:53 AM  
 Agency: Department of Health & Social Services

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# FISCAL NOTE

**STATE OF ALASKA**  
**2001 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: CSHB114(HES)  
 ( ) Publish Date: \_\_\_\_\_  
 Dept. Affected: Administration  
 BRU: Legal & Advocacy Service  
 Component: Public Defender Agency  
 Component Number: 1631

Revision Date/Time (Note if correction): \_\_\_\_\_  
 Title: "An Act relating to abuse of inhalants."  
 Sponsor: Representative Kapsner  
 Requester: (H) Judiciary

**Expenditures/Revenues (Thousands of Dollars)**

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

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES ( )</b>						
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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)						
<b>TOTAL</b>						

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** *(Attach a separate page if necessary)*

This bill is not expected to have any fiscal impact on the Public Defender Agency.

Prepared by: Barbara Brink, Director Phone 334-4414  
 Division: Public Defender Agency Date/Time April 18, 2001  
 Approved by: Jim Duncan, Commissioner Date 4/18/01  
 Agency: Department of Administration

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FOLLOWING  
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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.

# 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	nhaling 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		

 HOME PAGE



**INHALANTS & POISONS**  
THEY'RE UNDER YOUR NOSE.

***Inhalants FACT SHEET***  
***February 20, 2001***

<ul style="list-style-type: none"><li>▼ Inhalants are not drugs. They are toxic chemicals that when used inappropriately, such as by sniffing or "huffing" the vapors, can cause toxic effects, similar to the "high" obtained with drugs.</li><li>▼ Inhalants can kill the very first time they are used. Death is usually from heart failure or suffocation.</li><li>▼ Inhalant highs are the result of intensive penetration of toxic chemicals into the brain tissue, where they are capable of causing irreversible damage.</li><li>▼ In addition to brain, liver, lung and bone marrow damage, there is evidence that chronic abuse of some inhalants causes chromosome and fetal damage.</li><li>▼ Inhalants are the fourth most abused substance after alcohol, tobacco, and marijuana among high school students.</li><li>▼ A 1999 nationwide survey of students indicates that 19.5% of eighth graders have used inhalants compared to 22% who have used marijuana/hashish.</li><li>▼ However, there are Alaska communities where it is reported that up to 90% of the elementary school students have tried or are using inhalants.</li><li>▼ Chronic inhalant users can suffer severe and permanent brain damage; some die the first time they try it; other possible risks include loss of consciousness and irreversible damage to the liver, kidneys and bone marrow.</li></ul>	<ul style="list-style-type: none"><li>▼ Inhalants are often a "gateway" to the abuse of other illicit substances. 70% of one group of substance abusers, in treatment, indicated they had started with inhalants and 50% of those indicated they would go back to inhalants (primarily gas) if alcohol was not available.</li><li>▼ More than 1,400 common, useful and legal household, office and classroom products can be used to "get high".</li><li>▼ Every year kids die from inhalant use, but many parents and educators remain ignorant of this silent epidemic.</li><li>▼ Because the chemicals in inhalants enter the lungs in such high concentrations, they have a more formidable toxic profile than other types of abused drugs.</li><li>▼ Inhalant treatment is significantly more complex than most drug abuse treatment. The toxic chemicals remain in the body tissues for extended periods of time, resulting in the need for a four to six week period of detoxification, prior to actual intensive treatment having much positive effect.</li><li>▼ Youth with a history of chronic inhalant use have strikingly high rates of relapse. Because of the difficult problems associated with inhalant abuse treatment, these youth are often excluded from some drug abuse programs.</li><li>▼ Chronic inhalant users may suffer withdrawal symptoms, including: hand tremors, chronic headaches, nervousness, anxiety and excessive sweating.</li></ul>
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<b><i>Signs of Use</i></b>	<b><i>Harmful Effects</i></b>
<p>There is a common link between inhalant abuse and problems in school – failing grades, chronic absences and general apathy. Other signs include the following:</p>	<p>Potential long-term effects of inhalant use include:</p>
<ul style="list-style-type: none"> <li>▼ Paint or stains on body, clothing, rags or bags</li> <li>▼ Spots or sores around the mouth</li> <li>▼ Red or runny eyes or nose</li> <li>▼ Chemical breath odor</li> <li>▼ Drunk, dazed or dizzy appearance</li> <li>▼ Nausea, loss of appetite</li> <li>▼ Anxiety, excitability, irritability</li> <li>▼ Restlessness or unexplained moodiness and anger outbursts</li> <li>▼ Missing abusable household items</li> <li>▼ Slurred or disoriented speech</li> </ul>	<ul style="list-style-type: none"> <li>▼ Short-term memory loss</li> <li>▼ Hearing loss</li> <li>▼ Limb spasms</li> <li>▼ Permanent brain damage</li> <li>▼ Bone marrow damage</li> <li>▼ Liver and kidney damage</li> <li>▼ Possible fetal effects similar to fetal alcohol syndrome</li> <li>▼ Intoxication</li> <li>▼ Death</li> </ul>
<p><b><i>Typical Profile of an Inhalant Abuser</i></b></p>	<p><b><i>RESOURCES</i></b></p>
<p>There is no typical profile of an inhalant abuser. Sniffers and huffers are represented by both sexes and all socioeconomic groups throughout the country and Alaska. It is not unusual to see elementary and middle-school age youth involved with inhalant abuse. Although often typified as a “rural” problem, the misuse of inhalable products, besides gas, is, unfortunately, very common in schools and homes throughout both urban and rural Alaska.</p>	<p>Local Substance Abuse Programs</p> <p>Local Community Mental Health Services Programs</p> <p>Yukon-Kuskokwim Health Corporation Inhalant Intervention Project, Bethel, Alaska</p> <ul style="list-style-type: none"> <li>- Jim Henkelman, Statewide Outreach Coordinator</li> <li>- Toll Free: 866-HUFFING [483-3464]</li> <li>- Or: 907-230-6693</li> </ul> <p>National Inhalant Prevention Coalition 1-800-269-4237, or on the World Wide Web at: <a href="http://www.inhalants.org">http://www.inhalants.org</a></p> <p>National Drug and Alcohol Treatment Referral Service – 1-800-662-HELP</p> <p>National Clearinghouse for Alcohol and Drug Information – 1-800-729-6686 <a href="http://www.health.org">http://www.health.org</a></p>

## 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 (7-8<sup>th</sup> 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.



**CITY/BOROUGH OF JUNEAU**  
**ALASKA'S CAPITAL CITY**

**OFFICE OF THE MAYOR**

Telephone: (907) 586-5240;  
Facsimile: (907) 586-5385  
[Sally\\_Smith@ci.juneau.ak.us](mailto:Sally_Smith@ci.juneau.ak.us)

April 9, 2001

Honorable Mary Kapsner  
Representative  
Alaska State Legislature  
State Capitol, Rm. 424  
Juneau, AK 99801-1182

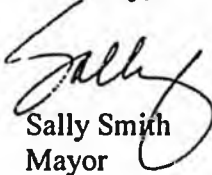
Subject: Resolution of the City & Borough of Juneau, Serial No. 2091  
A Resolution Supporting Adoption by the Alaska Legislature of Inhalant Abuse  
Legislation

Dear Representative Kapsner:

Enclosed is a copy of a resolution adopted at the April 2, 2001 meeting of the City and Borough of Juneau, Alaska Assembly, in support of House Bill 114, addressing the problem of inhalant abuse in Alaska.

The City and Borough of Juneau unanimously supports the adoption and enactment of House Bill 114, and appreciates your support of the Legislature's leadership on this issue. I would be happy to discuss this with you at your convenience.

Sincerely,

  
Sally Smith  
Mayor

cc: Honorable Kim Elton, Senator  
Honorable Bill Hudson, Representative  
Honorable Beth Kerttula, Representative  
Jim Ayers, Chief of Staff, Governor's Office  
Clark Gruening

Presented by: Assemblymember  
Wheeler  
Introduced: 04/02/2001  
Drafted by: J.R. Corso

**RESOLUTION OF THE CITY AND BOROUGH OF JUNEAU, ALASKA**

**Serial No. 2091**

**A Resolution Supporting Adoption by the Alaska Legislature of  
Inhalant Abuse Legislation.**

WHEREAS, a national survey of 45,000 teenagers has found that for students after the eighth grade, inhalant abuse is the fourth most common intoxicant, ranking after alcohol, tobacco, and marijuana, and

WHEREAS, the percentage of youths who use marijuana increases as they age, from 16% of eighth graders to 38% of twelfth graders, and

WHEREAS the pattern is reversed for inhalants, which are used by 10% of eighth graders but only 6% of twelfth graders, making inhalants the only class of drugs which younger children are using more heavily than older ones, and

WHEREAS, The Center for Disease Control reports that 27% of troubled youth abuse inhalants, and more than half of these do so at least once a month, and

WHEREAS, inhalants are abused by Juneau youths in all cultural and economic groups, and

WHEREAS, the compounds inhaled by these children include cooking spray, disinfectants, furniture polish and wax, hair spray, nail polish remover, oven cleaner, spray deodorant, butane, gasoline, glues and adhesives, paint and paint thinner and rust remover, and

WHEREAS, ingestion of these chemicals can dissolve fatty tissues, arrest breathing, cause cardiac seizure and irreversibly damage the brain, liver, kidneys, and other organs, and

WHEREAS, the risk of sudden death, known as "sudden sniffing death" or SSD is particularly acute with this form of substance abuse, and

WHEREAS, prevention of inhalant abuse requires involved parents, alert educators, and a society that shows its children there is more to life than getting by and getting high, and

WHEREAS, legislative action is an essential part of the solution, with at least 37 states having enacted legislation to address the problem of inhalant abuse, and

WHEREAS, the Alaska Legislature is considering adoption of inhalant abuse legislation, presently before the House as HB 114, and

WHEREAS, the Assembly proposes to defer action on any municipal inhalant policy until the legislature has exercised its leadership on this issue;

NOW, THEREFORE, BE IT RESOLVED BY THE ASSEMBLY OF THE CITY AND BOROUGH OF JUNEAU, ALASKA:

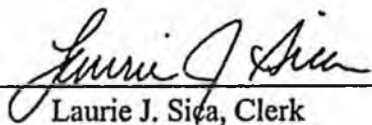
**Section 1.** The Assembly endorses HB 114 and respectfully urges the Alaska Legislature to enact it and the Governor of Alaska to enforce it in a manner that will preserve for municipalities an opportunity to implement solutions for local aspects of the inhalant abuse problem.

**Section 2. Effective Date.** This resolution shall be effective immediately upon adoption.

Adopted this 2<sup>nd</sup> day of April, 2001.

  
\_\_\_\_\_  
Sally Smith Mayor

Attest:

  
\_\_\_\_\_  
Laurie J. Sica, Clerk



April 4, 2001

The Honorable Mary Kapsner  
Room #424  
Alaska State Capitol  
Juneau, AK 99801-1182

Dear Representative Kapsner:

On behalf of all Alaskan School Districts, thank you for initiating HB 114. Because of your commitment to the health and safety of Alaska's children, you addressed the statutory need for protective custody and admission to an approved treatment facility for those persons who appear to be incapacitated by alcohol, inhalants, or other drugs.

As you are well aware, drug related problems, including inhalant, alcohol, tobacco, and other drug use, are major debilitating influences on the lives of youth in Alaska. They have also proven to be the primary contributing factor in the alarming number of youth suicides in the State.

Too many children are harmed each year by inhalant use, and inhalants are the third most abused substance among those in their early teens. Furthermore, after some effective prevention in the 1980's, studies show that inhalant abuse is on the rise.

To address some of the manifestations of these problems, law enforcement officials and other professionals must be given the power to protect the health and safety of our children. In our opinion, HB 114 does just that. This bill represents a straightforward approach to providing the necessary tools for intervention and treatment of abuse of all types by our young people. Thank you for your advocacy on behalf of Alaska's children.

Sincerely,

A handwritten signature in black ink, appearing to read "Carl Rose", is placed below the word "Sincerely,".

Carl Rose  
Executive Director  
Association of Alaska School Boards



## **AASB POSITION PAPER HB 114, AN ACT RELATING TO ABUSE OF INHALANTS**

While there are laws concerning alcohol and other drug use, there is to date, nothing in Alaska statute which addresses the issue of inhalant abuse.

AASB believes that we must acknowledge the seriousness of the inhalant abuse problem among our youth, and equip our law enforcement with the ability to take action. Although the problem of inhalant abuse is widespread, there are no laws to restrict inhaling dangerous substances and there are no residential treatment facilities within the State for those young people who are addicted to inhalants.

AASB supports legislation that would:

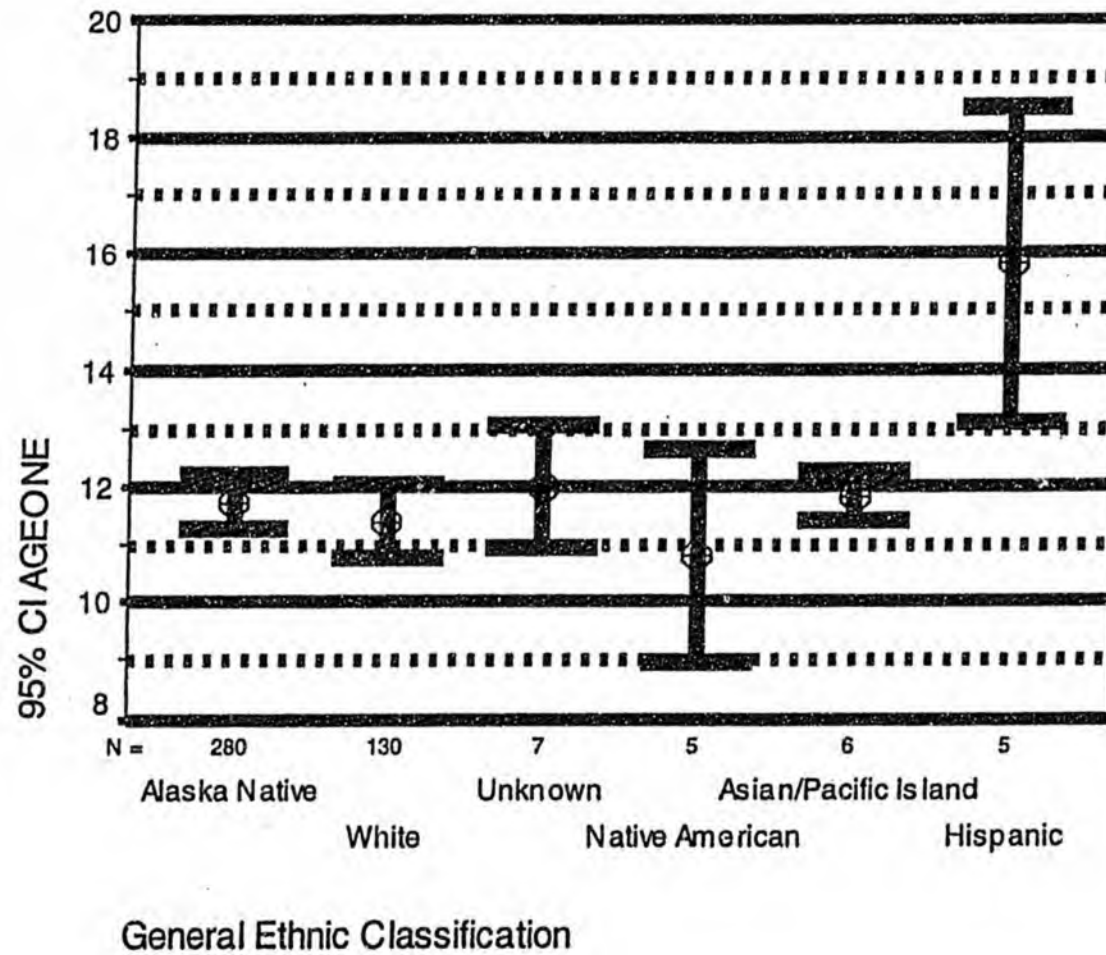
- Enable law enforcement officials to place persons who appear to be incapacitated by inhalants in protective custody;
- Compel admission to an approved treatment facility;
- Provide for a 30-day involuntary commitment of an inhalant abuser to an approved treatment facility, if said person has threatened, attempted to inflict, is likely to inflict, or has inflicted harm on another person, or is incapacitated by inhalants;
- Provide for at least a 180-day involuntary commitment of the inhalant abuser by the director of the treatment facility during the initial 30-day commitment if the director deems the extended treatment necessary.

AASB supports the efforts of the legislature to address the problem of inhalant abuse among the youth of Alaska. With this legislation, we can provide a basic level of protection to our young people and provide treatment for those who are in need.

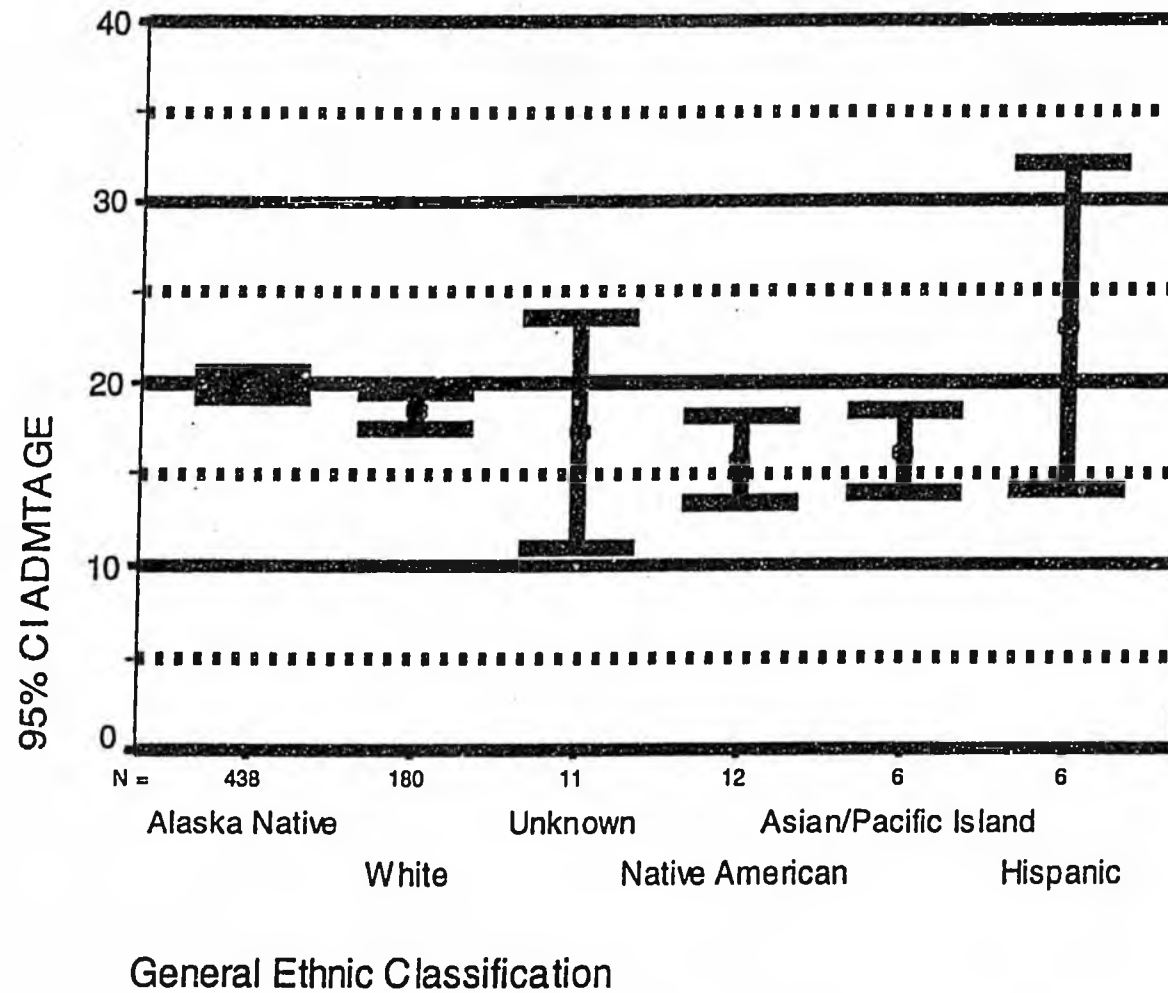
It is not enough to stop the pain and repair the damage that is caused by inhalants. What we must do is strive to prevent all kids from ever beginning to use inhalants in the first place. The book, *Helping Kids Succeed-Alaskan Style*, shows what we each can do to protect the health and safety of all our children and youth. The graphs on pages four and five of the book, show that the more assets a youth has, the less likely she/he is to use inhalants (and participate in other risk behaviors).

It is far easier to start building assets than it is to stop inhalant use. To this end, Alaskans have identified common sense and practical things that each of us can do to help all our kids be successful and healthy. How can the Alaska Legislature use its power and voice to ensure that Alaskan youth have the assets necessary to be healthy, strong, and successful?

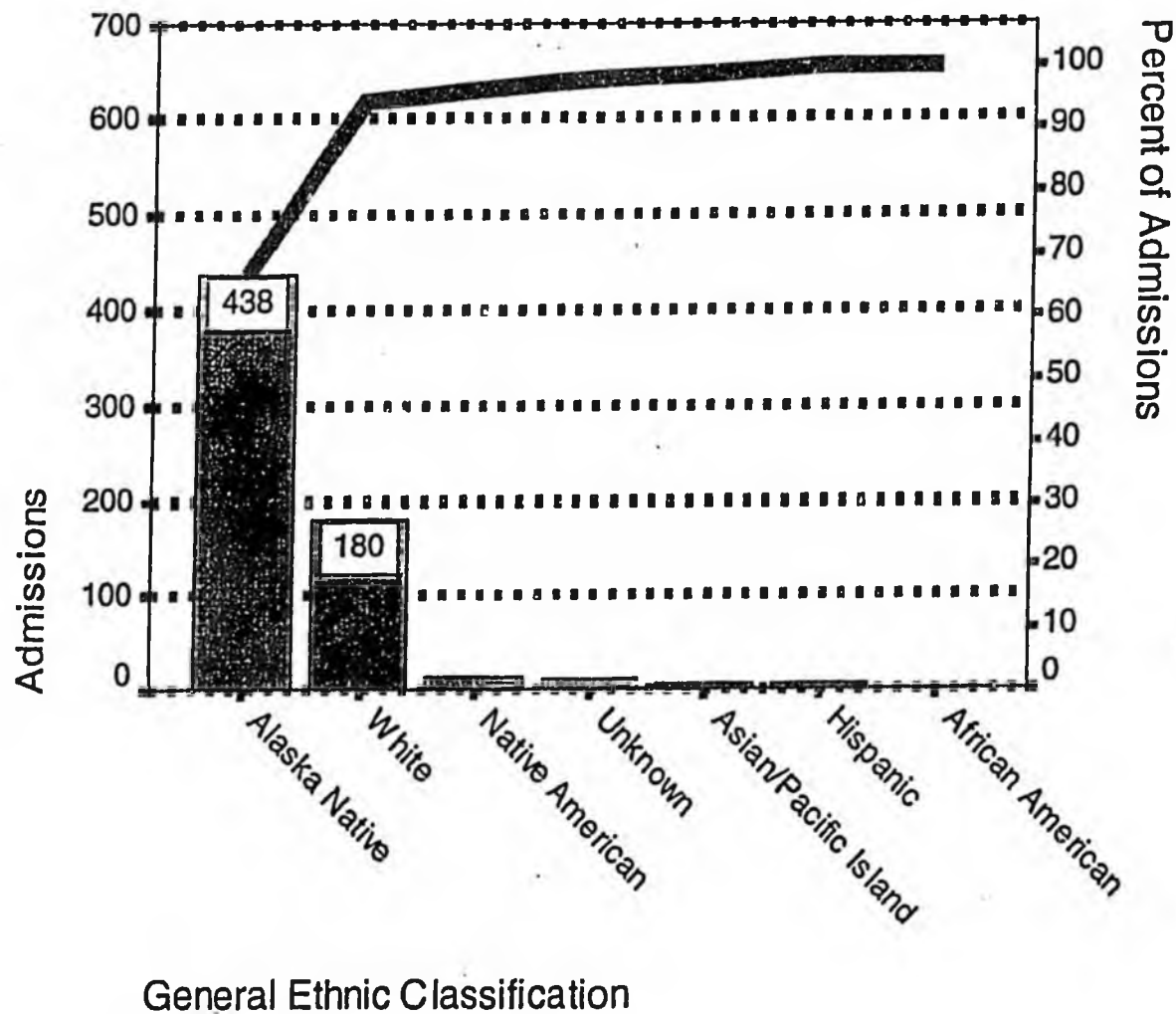
# Inhalant Abuse: Average Age of First Use - Alaska MIS 1988-1999



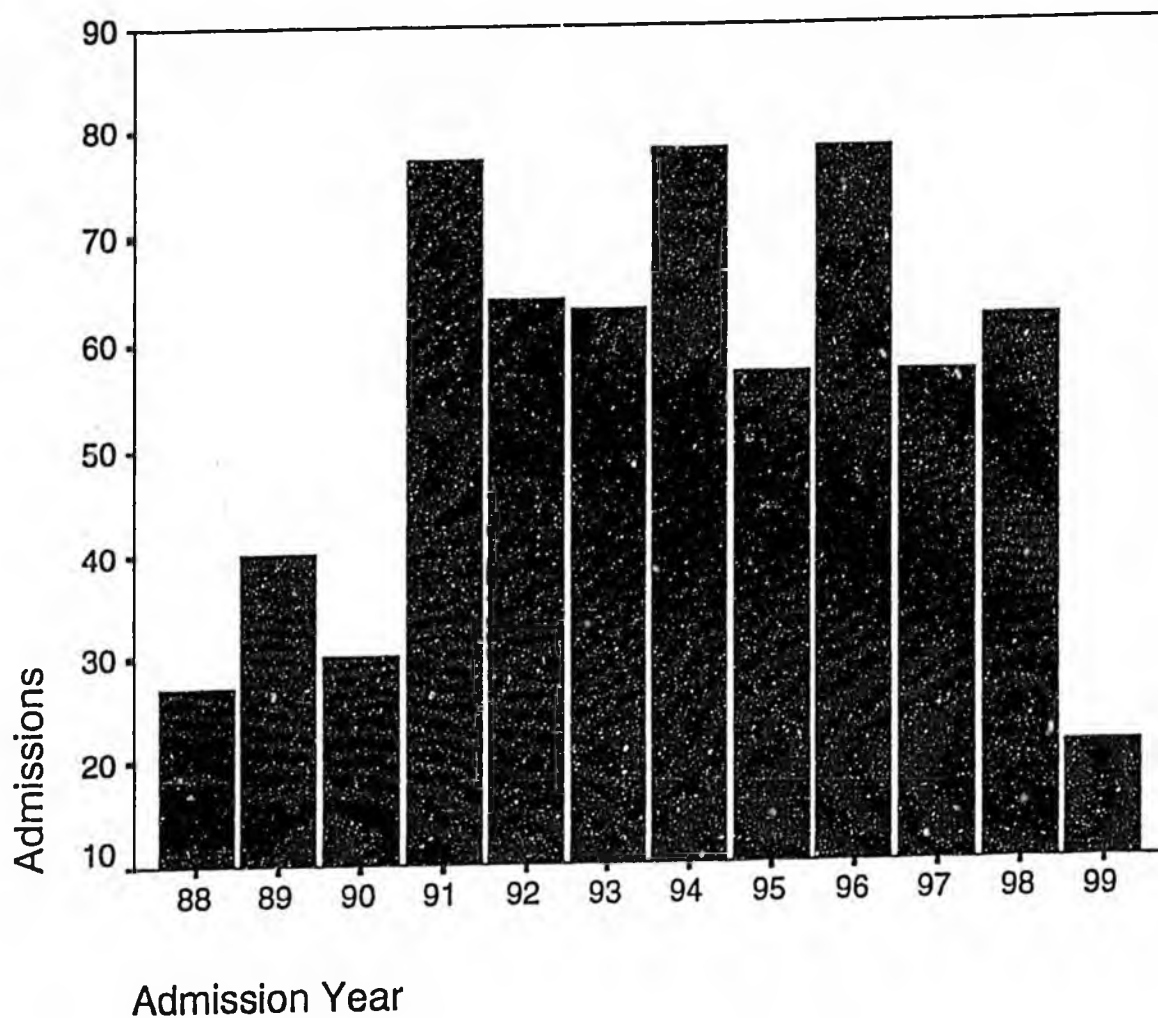
# Inhalant Abuse: Average Age at Admission - Alaska MIS 1988-1999



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



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



STATE OFFICE  
**ALASKA PEACE OFFICERS ASSOCIATION**

P.O. Box 240106 Anchorage, Alaska 99524-0106 Phone (907) 277-0515 Fax (907) 272-5355

January 31, 2002

Representative Norman Rokeberg  
State Capitol  
Juneau, AK 99801-1182

Dear Representative Rokeberg:

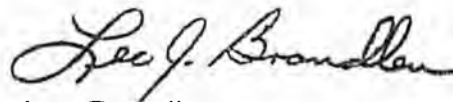
On behalf of the Alaska Peace Officers Association (APOA), I would like to thank you as the chair of the House Judiciary Committee for introducing the CS for House Bill 114 (22-LS0130L) relating to the abuse of inhalants and to minors under the influence of alcohol, inhalants, or drugs.

The APOA State Board of Directors recently met and after discussing proposed legislation, decided to unanimously support this bill.

Inhalant abuse is a very serious problem in Alaska, particularly amongst school-age children. The long-term effects of inhalant, alcohol and/or drug abuse by school-age children can be devastating. We believe that this proposed legislation helps law enforcement and social service agencies help these children in need.

Please contact the APOA office in Anchorage at 277-0515 if there is anything our organization can do to assist in the passage of this bill.

Sincerely,



Leo Brandlen  
State President

cc: House Finance Co-Chairs, Reps. Eldon Mulder and Bill Williams  
Reps. Mary Kapsner

Albert Kookesh  
Joe Hayes  
Beth Kerttula  
Gretchen Guess  
Gary Stevens  
Lisa Murkowski

Bud Fate  
Fred Dyson  
Sharon Cissna  
Reggie Joule  
Kevin Meyer  
John Coghill Jr.

**Business Manager**

Joseph Young  
Anchorage

**Board of Directors**

Leo Brandlen, President  
Anchorage

Chuck Kopp, Vice President  
Kenai

Michael Corkill, Past President  
Mesa, AZ

Kim Wannamaker, Member  
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Terry Games, Member  
Anchorage  
Pres. Anchorage Chapter

Angella Long, Member  
Wasilla  
Pres. Mal-Su Chapter

Lonnie Hatman, Member  
Fairbanks  
Pres. Farthest North Chapter

Jerry Nankervis, Member  
Juneau  
Pres. Capital City Chapter

Andrea Jacobson, Member  
Ketchikan  
Pres. First City Chapter

James See, Member  
Craig  
Pres. Prince of Wales Chapter

John Lucking Jr., Member  
Unalaska  
Pres. Aleutian Islands Chapter

Thecla Lalonde, Member  
Wrangell  
Pres. Wrangell Chapter