

ALASKA LEGISLATURE COMMITTEE FILES, 1989-1990

5709 HOUSE HEALTH, EDUCATION & SOCIAL SERVICES

8672

SCR

188

# HOUSE COMMITTEE REPORT

(7)

Date Referred: April 11, 1989

FURTHER REFERRALS: FINANCE

Date of Committee Action: 4/20/89

The HEALTH, EDUCATION, & SOCIAL SERVICES Committee considered: SCR 18  
SENATE CONCURRENT RESOLUTION NO. 18  
[INHALANT ABUSE]  
Relating to inhalant abuse.

- RECOMMENDATIONS:
- be replaced with \_\_\_\_\_  the same title
  - have attached amendment(s)  a new title
  - do pass
  - do not pass
  - no recommendation
  - individual recommendations
  - additional referral to the \_\_\_\_\_ Committee

ADOPTS: \_\_\_\_\_ letter of intent

ATTACHES NEW FISCAL NOTE(S):  
(Dept)

APPROVES PREVIOUS: (Date/Dept)

- fiscal impact \_\_\_\_\_  fiscal note(s) \_\_\_\_\_
- zero fiscal note \_\_\_\_\_  zero fiscal note(s) 3/31/89 DHSS
- zero with analysis \_\_\_\_\_  zero fn/analysis \_\_\_\_\_

SIGNING DO PASS:

SIGNING:  
(Check approp. column)

John Ellis  
Robert J. ...  
George ...  
Chad ...

	Do Not Pass	No Rec	Amend

John Ellis  
Chairman's Signature

## FISCAL NOTE

**REQUEST:**

Revision Date: \_\_\_\_\_  
 Title: Relating to inhalant abuse  
 Sponsor: Binkley, et.al.  
 Requestor: \_\_\_\_\_

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

**EXPENDITURES/REVENUES:** (Thousands of Dollars)

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

<b>CAPITAL</b>	0	0	0	0	0	0
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<b>REVENUE</b>	0	0	0	0	0	0
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**FUNDING:** (Thousands of Dollars)

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

**POSITIONS:**

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

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

Prepared by: For Senate Member Matthew C. Felix Phone: 586-6201  
 Division: Alcoholism & Drug Abuse Date: \_\_\_\_\_

Approved by Commissioner: Morgan M. Munn Date: 3/29/89  
 Agency: \_\_\_\_\_

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

POSITION PAPER

SENATE CONCURRENT RESOLUTION NO. 18

"A RESOLUTION RELATING TO INHALENT ABUSE"

The Department of Health and Social Services is in full agreement with Senate Concurrent Resolution No. 18. The University of Alaska publication entitled "Drug-Taking Behavior Among Alaskan Youth - 1988: A Follow-Up Study", provides data showing that: more Alaskan youth have tried substances (59.9%) than those who have not, and the overall prevalence of drug abuse is higher than it was in 1983. Inhalents show the largest increase in lifetime prevalence for experience since 1983, among illicit drugs.

It is generally thought that inhalent users tend to be younger than most other drug users (ages 12-17) because inhalents are inexpensive (often free since inhalents may be found in many household items), readily available, and induce an intense, altered state of consciousness. Older youth may use inhalents as a substitute for other drugs when these drugs are not available.

Across the nation, through surveys and research, it is becoming evident that lifetime prevalence of inhalent usage is increasing. National data shows an increase from 13.6 % in 1983 to 17.0 % in 1987. Student surveys may under-report prevalence, since a significant number of school dropouts are likely to be chronically inhalent involved. Sub-populations such as these may have a higher lifetime prevalence of use. A study by Beauvais, Oetting and Edwards (1985) found that by age 12 nearly one-fourth of Indian youth had used inhalents. Lifetime prevalence of inhalent use by 7th graders in Texas was 28 %.

The Office of Alcoholism and Drug Abuse is fully supportive of this resolution because:

- the overall prevalence of drug usage among Alaskan youth has been increasing over the past 5 years;
- since 1983, inhalents have had the highest increase in lifetime experience among secondary school age youth of all illicit drugs;
- persons who use inhalents tend to be younger than other users; and
- inhalents are some of the most highly toxic of all drugs and can cause irreversible brain damage or death.

# **CORRECTION**

**THIS DOCUMENT  
HAS BEEN REPHOTOGRAPHED  
TO ASSURE LEGIBILITY**

SCR

18

# HOUSE COMMITTEE REPORT

(7)

Date Referred: April 11, 1985

FURTHER REFERRALS: FINANCE

Date of Committee Action: 4/20/89

The HEALTH, EDUCATION, & SOCIAL SERVICES Committee considered: SCR 18  
SENATE CONCURRENT RESOLUTION NO. 18  
[INHALANT ABUSE]  
Relating to inhalant abuse.

RECOMMENDATIONS:

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

ADOPTS: \_\_\_\_\_ letter of intent

ATTACHES NEW FISCAL NOTE(S):  
(Dept)

APPROVES PREVIOUS:

(Date/Dept)

- [ ] fiscal impact \_\_\_\_\_  
[ ] zero fiscal note \_\_\_\_\_  
[ ] zero with analysis \_\_\_\_\_

- [ ] fiscal note(s) \_\_\_\_\_  
[X] zero fiscal note(s) 3/31/89 DHSS  
[ ] zero fn/analysis \_\_\_\_\_

SIGNING DO PASS:

J. Ellis  
Robert J. ...  
George ...  
Robert ...

SIGNING:

(Check approp. column)

	Do Not Pass	No Rec	Amend

J. Ellis  
Chairman's Signature

**FISCAL NOTE**

**REQUEST:**

Revision Date: \_\_\_\_\_  
Title: Relating to inhalant abuse  
Sponsor: Binkley, et.al.  
Requestor: \_\_\_\_\_

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

**EXPENDITURES/REVENUES: (Thousands of Dollars)**

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL	0	0	0	0	0	0
REVENUE	0	0	0	0	0	0

**FUNDING: (Thousands of Dollars)**

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	0	0	0	0	0	0

**POSITIONS:**

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

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

Prepared by: For *George Menden* Matthew C. Felix Phone: 586-6201  
Division: Alcoholism & Drug Abuse Date: \_\_\_\_\_  
Approved by Commissioner: *Morgan M. Munn* Date: 3/29/89  
Agency: \_\_\_\_\_

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

POSITION PAPER

SENATE CONCURRENT RESOLUTION NO. 18

"A RESOLUTION RELATING TO INHALENT ABUSE"

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It is generally thought that inhalent users tend to be younger than most other drug users (ages 12-17) because inhalents are inexpensive (often free since inhalents may be found in many household items), readily available, and induce an intense, altered state of consciousness. Older youth may use inhalents as a substitute for other drugs when these drugs are not available.

Across the nation, through surveys and research, it is becoming evident that lifetime prevalence of inhalent usage is increasing. National data shows an increase from 13.6 % in 1983 to 17.0 % in 1987. Student surveys may under-report prevalence, since a significant number of school dropouts are likely to be chronically inhalent involved. Sub-populations such as these may have a higher lifetime prevalence of use. A study by Beauvais, Oetting and Edwards (1985) found that by age 12 nearly one-fourth of Indian youth had used inhalents. Lifetime prevalence of inhalent use by 7th graders in Texas was 28 %.

The Office of Alcoholism and Drug Abuse is fully supportive of this resolution because:

- the overall prevalence of drug usage among Alaskan youth has been increasing over the past 5 years;
- since 1983, inhalents have had the highest increase in lifetime experience among secondary school age youth of all illicit drugs;
- persons who use inhalents tend to be younger than other users; and
- inhalents are some of the most highly toxic of all drugs and can cause irreversible brain damage or death.

Recommended by:

Matthew Felix

Matthew C. Felix, Coordinator  
Office of Alcoholism and Drug Abuse

Date:

3/30/89

Approved by:

Myra M. Munson

Myra M. Munson, Commissioner  
Department of Health and Social  
Services

Date:

3/29/89

SCR

19

# HOUSE COMMITTEE REPORT

1/26  
Rules

(7)  
Date Referred: January 11, 1990      FURTHER REFERRALS:

Date of Committee Action: 1-24-90

The HEALTH, EDUCATION, & SOCIAL SERVICES Committee considered: SCR 19

SENATE CONCURRENT RES. NO. 19      ALCOHOL AND DRUG EDUCATION

Relating to alcohol and drug education programs.

**RECOMMENDATIONS:**

- [X] be replaced with HCS SCR 19 (HESS) <sup>"B"</sup>      [X] the same title  
 [ ] a new title  
 [ ] have attached amendment(s)  
 [X] do pass  
 [ ] do not pass  
 [ ] no recommendation  
 [ ] individual recommendations  
 [ ] additional referral to the \_\_\_\_\_ Committee

ADOPTS: \_\_\_\_\_ letter of intent

ATTACHES NEW FISCAL NOTE(s):  
(Dept)

APPROVES PREVIOUS:  
(Date/Dept)

- [X] fiscal impact Ed  
 [ ] zero fiscal note  
 [ ] zero with analysis

- [ ] fiscal note(s)  
 [ ] zero fiscal note(s)  
 [ ] zero fn/analysis

SIGNING DO PASS: J. Ellis ELLIS

SIGNING:  
(Check approp. column)

Do Not Pass    No Rec    Amend

<u>Cheri Davis</u> GROENBERG	<u>Cheri Davis</u> C. DAVIS	✓	
<u>Peter Goll</u> GOLL			
<u>Mark Boyer (and staff)</u> BOYER			
<u>Sen Jacko</u> JACKO			

J. Ellis  
Chairman's Signature

# Senator Johne Binkley

Senate Finance Committee  
P.O. Box V • Juneau, Alaska 99811 • (907) 465-4985



Jim Niwuk

Finance Committee  
Co-Chairman

## MEMORANDUM

February 5, 1990

TO: Representative Johnny Ellis, Chairman  
House Health, Education and Social Services Committee

FROM: Senator Johne Binkley *JB*

RE: SCR 19, relating to alcohol and drug education programs.

The above-referenced resolution was moved from your committee on January 26. I want to thank you for scheduling this Resolution so quickly and for moving it from your committee. Even though the Resolution has been moved, I did want to have the opportunity to provide you with the back-up for it.

The Resolution asks that each of the fifty-five school districts around the State develop alcohol and drug education programs for their elementary grade students and that the programs be tailored to meet the particular problems of the district. It also asks that refusal skills be a part of those programs.

While there are many programs available to school districts through the Council on Alcoholism and Drug Abuse such as "Here's Looking at You, Kid", they have been developed for national use and do not recognize some of the unique circumstances of Alaskan life, particularly in rural Alaska.

With the age of experimentation being 11 to 12 years old, and with the finding by Dr. Segal of the University of Alaska Anchorage that alcohol and marijuana no longer appear to be "experimental" drugs for youth, but rather "have been incorporated into the lifestyle of many" we must do all we can to help our children learn how to make healthy choices **before** they are faced with them.

I have enclosed for the members of the committee copies of Resolutions I have received from Tanana Chiefs Conference and the Yukon Kuskokwim Delta Mayor's Conference supporting this concept as well as a copy of an article entitled "Alaska Youth Drug Survey" which is a synopsis of the report prepared by Dr. Segal on Drug-Taking Behavior Among Alaskan Youth. I've also included a page from a report by SOADA on the economic cost of alcohol and other drug abuse in the State. It shows the total annual cost to be \$278,954,932. It's a *sobering* thought. Also enclosed is the Department of Public Safety's position paper in support of this Resolution.

Thank you again for your speedy consideration.

TANANA CHIEFS CONFERENCE, INC.  
Board of Directors  
Resolution 88-73

ALCOHOL EDUCATION AND REHABILITATION  
FOR YOUTH

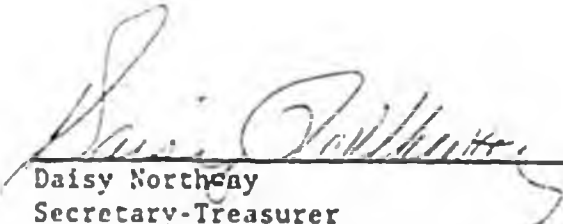
- WHEREAS, the Native Elders have declared a war against alcohol and drug abuse; and
- WHEREAS, an alarming number of minors use alcohol and drugs; and
- WHEREAS, problems related to alcohol and drug abuse such as suicide and motor vehicle accidents have become the major health problems in teenagers; and
- WHEREAS, education on alcohol and drug abuse needs to begin before the teenage years.

NOW THEREFORE BE IT RESOLVED that the Tanana Chiefs Conference, Inc. Board of Directors recommends that the Alaska State legislature direct the court system to order a drug and alcohol screening and evaluation be administered to minors convicted of alcohol and drug offenses by a program approved by the Office of Alcoholism and Drug Abuse and that the program include community service; and

BE IT FURTHER RESOLVED that the Alaska State Legislature should request the 55 school districts to develop alcohol and drug education programs for their students in elementary schools that are tailored to meet the particular problems of the area.

C E R T I F I C A T I O N

I hereby certify that this resolution was duly passed by the Tanana Chiefs Conference, Inc. Board of Directors on March 17, 1988 at Fairbanks, Alaska and a quorum was duly established.

  
Daisy Northway  
Secretary-Treasurer  
Tanana Chiefs Conference, Inc.

Submitted by: TCC Executive Board

# YUKON KUSKOKWIM DELTA MAYOR'S CONFERENCE

BETHEL, ALASKA  
OCTOBER 7, 8, and 9, 1987

RESOLUTION 87-01



A RESOLUTION OF THE 1987 YUKON-KUSKOKWIM DELTA MAYOR'S CONFERENCE SUGGESTING THE ALLOCATION OF STATE AND LOCAL SCHOOL DISTRICT FUNDS FOR THE PROVISION OF EDUCATION PROGRAMS THROUGHOUT THE REGION IN THE AREAS OF ALCOHOL AND DRUG INFORMATION.

WHEREAS, the youth of the Y-K Delta are a living natural resource; and

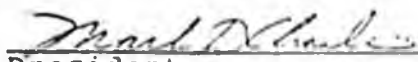
WHEREAS, the abuse of drugs and alcohol is the areas number one health concern; and

WHEREAS, as the number of alcohol and drug abuse cases are increasing dramatically; and

WHEREAS, the elementary and secondary schools are the logical and best place for education to occur.

NOW THEREFORE BE IT RESOLVED THAT the Yukon-Kuskokwim Delta Mayor's Conference supports the allocation of state and local school district funds for the provision of education programs throughout the region in the areas of alcohol and drug information.

PASSED and APPROVED BY THE NINTH ANNUAL YUKON-KUSKOKWIM DELTA MAYOR'S CONFERENCE this 9th day of October, 1987.

  
\_\_\_\_\_  
President

  
\_\_\_\_\_  
Secretary

## ALASKA YOUTH DRUG SURVEY

By Lisa Pieper

A survey of Alaskan students in grades 7 to 12 indicates that alcohol remains their primary drug of use. 74.5 percent of the students surveyed had consumed alcohol at least once in their lifetime. This represents a slight increase in use from a 1983 study which found 71.7 percent of the sample consumed alcohol at least once.

The study, based on information gathered from 4,129 students during the 1987-88 school year, was conducted by the University of Alaska on behalf of the State Office of Alcoholism and Drug Abuse. The findings of this study are compared with those from a similar study conducted in 1983 in eight of the same school districts.

Students were asked specific questions about the availability of drugs and their decision to try various substances when presented with the opportunity. After alcohol, cigarettes were the most available and frequently tried substance, with 62% reporting having tried them at least once. Marijuana was the next most available and frequently tried drug, with 54% reporting having tried it when given the opportunity. Dr. Segal asked students similar questions regarding inhalants, hallucinogens, depressants, tranquilizers, crack, and heroin. Summarizing the findings Segal noted, "...it appears that a pattern of use has emerged, one that revolves around using selected drugs to obtain what might be characterized as a 'cheap high'."

Additional information gathered from the survey showed that the first use of most drugs (with the exception of cocaine) is prior

to age 15, with students at ages 12 and 13 being most highly at risk for experimentation. Initiation into inhalants, tobacco and alcohol generally begins before age 11. As initiation into these drugs declines, experimentation with marijuana, stimulants and cocaine increases.

Important among Dr. Segal's findings was the indication that neither alcohol nor marijuana appear to be "experimental" drugs for youth, but rather have been incorporated into the lifestyle of many.

Among Dr. Segal's conclusions was the statement that one of the most important influences on alcohol and drug usage by adolescents is family use; i.e., "Along with drinking, an extremely strong relationship between teenage drug use and drug use by family members has also been demonstrated." (Gfroerer, 1987; Kumph, 1987) Stressful life events, and peer pressure also influence youth's decisions regarding drug usage.

Dr. Segal recommends education and prevention efforts which focus on health promotion and health protection as primary ways of preventing drug use. Important issues to consider include helping adolescents deal with "problems resulting from family disruptions, personal problems and peer influences, as well as reducing the availability of drugs" and "to foster new ideas that provide more desirable and more rewarding alternatives than using drugs."

Source: Drug-Taking Behavior Among Alaskan Youth, A Follow-up Study, Dr. Bernard Segal, University of Alaska, November 1988.

## KIDS CAN NAME MORE ALCOHOLIC PRODUCTS THAN PRESIDENTS

Think about this the next time you wonder if the advertising of alcoholic beverages on television has any impact on your children and grandchildren...

A survey in Washington, D.C. has found that young children can usually name more alcoholic beverages than they can name American presidents. The survey, which involved 180 boys and girls living in Washington and suburban Maryland, was conducted by the Center for Science in the Public Interest (CSPI), a non-profit health advocacy group. It found that the average 8-12 year old could name 5.2 beverages but only about 4.8 presidents.

Children participating in the survey included:

A 10 year old girl who could only name four presidents but rattled off the names of 14 different booze products.

An 11 year old boy who spelled Matilda Bay, King Cobra and Bud Light correctly but couldn't do any better than "Nickerson" and "Rossvet."

A 7 year old boy who named 10 brands of beer, wine coolers and liquors and six presidents, among them "Aprilham Linchon" and "Ragon."

Michael Jacobson, Executive Director of CSPI, said, "This survey indicates the extent to which booze is part of the daily life of children who cannot drink legally for another 10 years. It's not surprising that a recent survey by the Association for the Advancement of Health Education found that one out of four 8th graders drank five or more alcoholic drinks on a single occasion in the two weeks prior to the survey."

Budweiser, Miller Lite, Bud Light, and Coors, several of the most advertised brands, were among the most often name products. That is one indication of the strong influence of the billion dollars a year spent on beer and wine advertising on TV and radio.

Millie Waterman, vice president for legislative activities of the National PTA, said, "There's something disastrously wrong when kids can name as many alcoholic products as presidents. We need to work on both ends of the equation; alcohol advertising must be curtailed, and the quality of education improved."

American Council on Alcohol Problems, November 1988

Comparison of 1983 and 1988 Findings  
Lifetime Experience\* with Chemical Substances  
Eight School Districts

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

\*N=3514 (Unweighted) \*\*N=1669 (Unweighted) \*\*p < .01 \*\*p < .05

\* (Have tried during one's lifetime)

RECEIVED JAN 1 2 1990

SUMMARY  
OF ESTIMATED ALCOHOL/DRUG RELATED COSTS  
TO ALASKANS

STATE COSTS:	AMOUNT:
ASSISTANCE PAYMENTS:	\$ 14,731,829
SOCIAL SERVICES:	30,107,726
CRIMINAL JUSTICE SYSTEM:	130,441,069
DEPARTMENT OF PUBLIC SAFETY:	20,578,163
STATE HEALTH/MEDICAL CARE:	3,842,490
TOTAL STATE COSTS:	\$ 199,701,277
NET REVENUE TO STATE:	
Licensure Fees and Taxation	\$ 14,871,860
TOTAL COSTS LESS REVENUES:	\$184,829,417

The State Spends \$13.42 in Services/Costs for Each  
\$1.00 of Revenue Collected for Alcoholic Beverages.

COST TO RESIDENTS:	
Lost Alaskan Income	\$ 40,804,800
Property Loss	36,752,917
Excess Medical Costs	16,567,798
TOTAL COSTS:	\$ 94,125,515
TOTAL COSTS TO THE STATE AND RESIDENTS:	\$278,954,932

RECEIVED MAR 1 1989

BILL NO: SCR 19

DATE: March 13, 1989

TITLE: Relating to alcohol and drug education programs

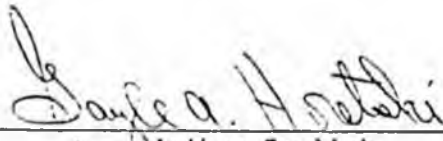
CONTACT: Gayle A. Horetski  
Deputy Commissioner  
465-4322

DEPARTMENT OF PUBLIC SAFETY / PAPER /

Senate Concurrent Resolution #19 encourages state school districts to develop alcohol and drug education programs to be used in the higher grades of elementary school. The Department of Public Safety supports this legislation.

The majority of felony crimes committed in Alaska are directly or indirectly connected with alcohol abuse or the use or sale of illegally obtained controlled substances. Law enforcement resources alone cannot eliminate this problem. Only by making the public aware of the dangers involved can the social and economic problems associated with drug and alcohol abuse be resolved on a long term basis.

If the future generations of Alaskans can be made aware of the problems involved with substance abuse it will likely change attitudes about its acceptability within society. Ultimately, this would result in healthier families and communities and a lower crime rate.



for Arthur English  
Commissioner

BY BINKLEY, KELLY, SZYMANSKI,  
FISCHER, COGHILL AND  
ELIASON

1 IN THE SENATE

2

SENATE CONCURRENT RESOLUTION NO. 19

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

SIXTEENTH LEGISLATURE - FIRST SESSION

5

Relating to alcohol and drug education

6

programs.

7

BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:

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WHEREAS residents of the state between the ages of 12 and 17 have an

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experimentation rate with marijuana that is twice the national average and

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with cocaine that is nearly three times the national average; and

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WHEREAS, according to the Alaska Medicine magazine, 72 percent of

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Alaska's young people between the ages of 12 and 17 will use alcohol; and

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WHEREAS, in the fiscal year 1989 budget, the State of Alaska appropri-

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ated nearly \$17,000,000 for alcohol and drug related programs, an amount

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that does not include money spent for programs that are not technically

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alcohol or drug related but are affected by alcohol and drug abuse in the

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state; and

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WHEREAS the amount spent for alcohol and drug programs increases

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yearly and is more than \$3,000,000 above the amount spent in fiscal year

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1988; and

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WHEREAS alcohol and drug education is generally offered in high

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schools throughout the state, but since the average age at which alcohol

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and drug experimentation starts is 11 - 12 years of age, many young people

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not yet high school age have already developed problems related to chemical

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abuse; and

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WHEREAS research has shown that a comprehensive educational program

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that takes into account the reality of young people's lifestyles, be the

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only effective prevention effort;

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BE IT RESOLVED that the Alaska State Legislature respectfully requests

1 that each of the 55 school districts in the state develop alcohol and drug  
2 education programs for their students in the higher grades of elementary  
3 school and that these programs be tailored to meet the particular problems *most prevalent problems causing demonstrated harm to the children*  
4 of the district; and be it

5 FURTHER RESOLVED that alcohol and drug refusal skills should be made a  
6 part of each district's educational program; and be it

7 FURTHER RESOLVED that the Governor is respectfully requested to direct  
8 the Department of Health and Social Services, and the Department of Educa-  
9 tion, to work with local school districts by responding to requests for  
10 information and other assistance in order to develop alcohol and drug  
11 education programs for younger students.

12 COPIES of this resolution shall be sent to the Honorable Myra M.  
13 Munson, commissioner of health and social services; the Honorable William  
14 G. Demmert, commissioner of education; the members of the State Board of  
15 Education, and to each school board of a school district or rural educa-  
16 tional attendance area.

## FISCAL NOTE

**REQUEST:**

Revision Date: \_\_\_\_\_ Agency Affected: Education  
 Title: Alcohol and drug education programs BRU: Education Program Support  
 Sponsor: Binkley Components: Basic Education and Instructional Improvement  
 Requestor: House HESS

**EXPENDITURES/REVENUES: (Thousands of Dollars)**

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES	69.4	69.4	69.4	69.4	69.4	69.4
TRAVEL	7.0	7.0	7.0	7.0	7.0	7.0
CONTRACTUAL	7.0	13.0	13.0	13.0	13.0	13.0
SUPPLIES	1.0	1.0	1.0	1.0	1.0	1.0
EQUIPMENT	6.0					
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>90.4</b>	<b>90.4</b>	<b>90.4</b>	<b>90.4</b>	<b>90.4</b>	<b>90.4</b>

CAPITAL						
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REVENUE						
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**FUNDING: (Thousands of Dollars)**

GENERAL FUND	90.4	90.4	90.4	90.4	90.4	90.4
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>						

**POSITIONS:**

FULL-TIME	1	1	1	1	1	1
PART-TIME	1	1	1	1	1	1
TEMPORARY						

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

See attached analysis

Prepared by: Mary Hakala Phone: 465-2800  
 Division: Commissioner's Office Date: 1/23/90  
 Approved by Commissioner: William G. Demmert Date: 1/23/90  
 Agency: Education

**Distribution (by preparer):**

Legislative Finance  
 Legislative Sponsor  
 Requestor  
 Office of Management and Budget  
 Impacted Agency(ies)

DEPARTMENT OF EDUCATION

FISCAL NOTE ANALYSIS

SCR 19: Relating to alcohol and drug education programs

Personal Services

1 FT Education Specialist, Office of Basic Education	\$54.4
1 PT Clerk Typist III	15.0
Subtotal	\$69.4

The Education Specialist in the Office of Basic Education will work with school districts in development and implementation of comprehensive alcohol and drug education programs in the higher grades of elementary school. The Specialist will coordinate efforts with Department of Health and Social Services and other agencies to optimise services and assistance to schools and children in the state. The position will also serve as a central coordinator of statewide efforts, providing information and materials to school districts on successful practices and efforts ongoing in Alaska and nationally. The part time clerical position will provide necessary support functions including correspondence, distribution of materials and information.

Travel

Travel to provide direct assistance to school districts and to serve as presenter/trainer at statewide training sessions and professional conferences. \$7.0

Contractual

1st year: Purchase of specific educational materials for training and distribution purposes, phone, postage, photocopying, and audioconferencing costs. \$7.0  
2nd and subsequent years: Cost estimate includes the above, plus publication and distribution of resource guide and/or other materials requested by school staff; use of talent bank to provide professional expertise from a variety of disciplines to assist in program implementation. \$13.0

Commodities

Supplies for staff positions. \$1.0

Equipment

1st year: Desk, computer work station, and phone to support the two staff positions. \$6.0

Position Title Education Specialist I		No. of Positions 1	Range/Step 19B	Barg. Unit GGU
Time Status FT	Staff Months 12.0	Location Juneau		Election District 4
Type of Expenditure		Amount		
1	2	3		
Salary	41.4			
Benefits	13.0			
Premium Pay				
Other				
Total Personal Services				
Travel				
Contractual				
Commodities				
Equipment				
Other				
Total Cost				
Funding Source for Total Cost				
Federal Receipts	1002			
G. F. Match	1003			
General Fund	1004	54.4		
I-A Receipts	1005			
CIP Receipts	1061			
Other				

**Justification**

The Education specialist will be responsible for providing assistance to school districts in development and implementation of comprehensive alcohol and drug prevention education programs. The Specialist will coordinate efforts with Department of Health and Social Services and other agencies to optimise services and assistance to school districts and children in the state.

**Request For  
New Position**

Agency Education  
 BRU Education Program Support  
 Component Basic Education and  
Instructional Improvement

Page 3 of 4  
 Revised Date

**FY 90**

Position Title Clerk Typist III		No. of Positions 1	Range/Step 8B	Barg. Unit GGU
Time Status FT	Staff Months 6.0	Location Juneau		Election District 4
Type of Expenditure		Amount		
1	2	3		
Salary	10.1			
Benefits	4.9			
Premium Pay				
Other				
Total Personal Services		15.0		
Travel				
Contractual				
Commodities				
Equipment				
Other				
Total Cost				
Funding Source for Total Cost				
Federal Receipts	1002			
G. F. Match	1003			
General Fund	1004	15.0		
I-A Receipts	1006			
CIP Receipts	1061			
Other				

**Justification**

The half-time clerical position will provide all necessary staff support to the Education Specialist. Specific responsibilities of the position will include correspondence, distribution of materials and information, and response to general inquiries as to the drug and alcohol abuse prevention programs in Alaska.

**Request For  
New Position**

Agency Education  
 BRU Education Program Support  
 Component Basic Education and Instructional Improvement

Page 4 of 4  
 Revised Date

**FY 90**

SCR

23

HOUSE COMMITTEE REPORT

(7)

Date Referred: March 1, 1989

FURTHER REFERRALS: FINANCE

Date of Committee Action: 3/10/89

The HEALTH, EDUCATION, & SOCIAL SERVICES Committee considered: SCR 23

SENATE CONCURRENT RESOLUTION NO. 23

[HEALTH CARE COST CONTAINMENT TASK FORCE]

Relating to a Health Care Cost Containment Task Force.

RECOMMENDS:

- relating with \_\_\_\_\_  the same title
- the attached amendment(s)  a new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the \_\_\_\_\_ Committee

ADOPTS: \_\_\_\_\_ letter of intent

ATTACHES NEW FISCAL NOTE(S):

- fiscal impact
- zero fiscal note
- zero with analysis

APPROVES PREVIOUS:

- fiscal note(s) published: 2/24/89
- zero fiscal notes(s) published:

SIGNING DO PASS:

*[Handwritten signatures]*  
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SIGNING OTHER THAN DO PASS: (Do Not Pass, No Recommendation, Amend)

*[Handwritten signature]*  
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*[Handwritten signature]*  
 \_\_\_\_\_  
 Chairman's signature

1 IN THE SENATE BY THE FINANCE COMMITTEE

2 SENATE CONCURRENT RESOLUTION NO. 23

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 SIXTEENTH LEGISLATURE - FIRST SESSION

5 Relating to a Health Care Cost Contain-  
6 ment Task Force.

7 BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 WHEREAS the state is experiencing rapidly increasing costs for group  
9 health insurance coverage; and

10 WHEREAS providing comprehensive group health care at a reasonable cost  
11 to state employees is an important concern of the state; and

12 WHEREAS a complete review of the costs of providing group health care  
13 insurance is necessary in order to contain or reduce the cost to the state  
14 in an era of declining revenues; and

15 WHEREAS after reviewing applicable statutes, and practices of the  
16 insurance industry, legislation may be necessary to implement long-range  
17 methods to contain or reduce the cost of group health insurance for the  
18 state and its political subdivisions;

19 BE IT RESOLVED by the Alaska State Legislature that a Health Care Cost  
20 Containment Task Force is established to study state statutes, practices of  
21 health insurers, and to determine ways of containing or reducing the cost  
22 of group health insurance to the state and its political subdivisions; and  
23 be it

24 FURTHER RESOLVED that the task force shall first determine and recom-  
25 mend immediate measures necessary to contain or reduce group health care  
26 costs in fiscal years 1989 and 1990; and be it

27 FURTHER RESOLVED that the task force will also determine any changes  
28 to the statutes appropriate and necessary to contain or reduce group health  
29 care costs in the long term; and be it

1           FURTHER RESOLVED that members of the task force shall consist of two  
2 members of the Senate, appointed by the President of the Senate; two mem-  
3 bers of the House of Representatives, appointed by the Speaker of the House  
4 of Representatives; three members representing the executive branch, ap-  
5 pointed by the Governor; <sup>and the</sup> three members representing unions, one appointed  
6 by the President of the Senate, one appointed by the Speaker of the House  
7 of Representatives, and one appointed by the Governor. The members of the  
8 task force shall select a person to act as chair; and be it

9           FURTHER RESOLVED that the terms of the task force members shall begin  
10 immediately, that the task force may meet between sessions of the legisla-  
11 ture, and that the task force terminates on January 31, 1990; and be it

12           FURTHER RESOLVED that the task force shall submit a report of its  
13 findings and proposed legislation to the Governor and the Legislature by  
14 January 31, 1990.

STATE OF ALASKA  
1989 LEGISLATIVE SESSION

BILL VERSION: SCR 23  
PUBLISH DATE: 2/24/89

## FISCAL NOTE

REQUEST: \_\_\_\_\_

REVISION DATE: \_\_\_\_\_ AGENCY: Legislative Affairs Agency  
TITLE: Relating to a Health Care BRU: Legislative Council  
Cost Containment Task Force  
SPONSOR: Senate Finance Committee COMPONENTS: Council & Subcommittees  
REQUESTOR: \_\_\_\_\_

### EXPENDITURES/REVENUES: (THOUSANDS OF DOLLARS)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERS. SERVICES	-0-	-0-	-0-	-0-	-0-	-0-
TRAVEL	-0-	-0-	-0-	-0-	-0-	-0-
CONTRACTUAL	3.0	3.5	-0-	-0-	-0-	-0-
SUPPLIES	-0-	-0-	-0-	-0-	-0-	-0-
EQUIPMENT	-0-	-0-	-0-	-0-	-0-	-0-
LAND/BUILD.	-0-	-0-	-0-	-0-	-0-	-0-
GRANTS/CLAIMS	-0-	-0-	-0-	-0-	-0-	-0-
MISCELLANEOUS	-0-	-0-	-0-	-0-	-0-	-0-
TOTAL	3.0	3.5	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

### FUNDING: (THOUSANDS OF DOLLARS)

GENERAL FUNDS	3.0	3.5	-0-	-0-	-0-	-0-
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER	-0-	-0-	-0-	-0-	-0-	-0-
TOTAL	3.0	3.5	-0-	-0-	-0-	-0-

### POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

### ANALYSIS:

PREPARED BY:

  
SENATOR RICK UEHLING, CO-CHAIRMAN  
SENATE FINANCE COMMITTEE

DATE: February 24, 1989

PHONE No.: 465-4821

# Lawmakers investigate health costs

## Insurance will rise 43% this year

By BRIAN S. AKRE  
The Associated Press

JUNEAU — Lawmakers are rushing to form a task force to recommend solutions to a politically thorny problem: how the state can slow the sharp rise in its employee health-insurance costs.

The state's bill for employee health insurance will rise about 43 percent this year, to \$104 million. The legislature will be asked to approve a \$15.5 million supplemental appropriation to cover the increase. Next year's budget is expected to include an additional \$17.5 million to cover anticipated increases in the coming year.

"Without action, this cost

is expected to continue to grow at a rate of 20 percent a year," Senate President Tim Kelly said.

Sen. Jim Duncan, D-Juneau, said he could think of no other major part of the budget that has risen so dramatically. "It's a problem that just can't wait," he said.



Duncan



Uehling

The Senate Finance Committee on Friday approved a resolution to create the Health Care Cost Containment Task Force to look into the problem.

The task force initially would be charged with recommending immediate measures to reduce health insurance costs next year without reducing benefits. There are several such measures that could be taken outside the legislative and union bargaining processes, Duncan said.

The state is obligated to provide a high level of health-care benefits through

Please see Page E-2, HEALTH

## HEALTH: Lawmakers look at costs

Continued from Page E-1

its contracts with the employees' unions. Any proposals to cut benefits would have to be negotiated.

Members of the task force would include three executive branch representatives appointed by the governor, two senators, two House members, two union representatives and two health industry representatives.

The resolution goes to the Senate Rules Committee before referral to the full Senate. Sen. Rick Uehling, R-Anchorage, said he expects the Senate to vote on the resolution this week.

The state health-insurance plan costs an average of \$431 a month per employee, and it covers 90 percent of the costs of a wide range of medical procedures.

All full-time state employees, including legislators, are covered by the plan free of charge. Dependent coverage is fully paid by the state, and the plan has a \$100 deductible.

At a recent "budget summit" between Gov. Steve Cowper and legislators, Kelly said the plan's costs have gone out of control. While private employers have had to cut back on coverage or force employees

to pay a greater share, the state continues to absorb the increases, the Anchorage Republican said.

Lawmakers said the idea behind the task force is to bring together everyone involved to work out savings that will help balance the state budget.

"I think if we can get everybody working together, and the people understand the legislature is serious about stopping this cost increase, that we can come up with some short-term cost saving," Uehling said.

"This is not a problem unique to Alaska," Duncan said. "It's not the employees' fault that the costs are going up. It's not the unions' fault. It's a national problem."

The task force probably will hire a consultant to study the health-insurance plan and recommend within 45 days what actions can be taken, Uehling said.

Steps that have been discussed informally include requiring second opinions on surgery, encouraging outpatient rather than inpatient surgery, and increased case review, Duncan said.

Duncan estimated such steps could immediately save the state 10 percent to 12 percent in premium cost:

## A POSITION OF UNIFIED ALASKA LABOR

We in Alaska Unified Labor are ready to meet the challenge and encourage a proactive joint resolution to the many problems facing our State. These are times that call for a sprit of cooperation among the people of Alaska to build a stable diversified economy and provide for a resonable standard of living for Alaskan families. This is not a time to diminish support or blame working people for rising costs of health and other essential family benefits.

Unified Alaska Labor has reviewed Governor Cowper's proposal on "Dispute Resolution for Public Employees". Following that review it is evident that the proposed legislation is counterproductive to effective labor/management relations in the public sector in our state. It appears the Administration's approach to dealing with the State's fiscal challenge is misdirected toward changing the process by which sound labor/management relations within the public sector have been conducted for some twenty five years. The proposal prematurely raises undue controversy on issues currently before the State Supreme Court and on close examination would all but destroy public sector collective bargaining within our State.

The proposal removes the "collective" from collective bargaining. Solutions to escalating costs are not found by granting either party in the bargaining process unilateral authority to determine terms of an agreement. Moreover, weakening existing binding arbitration or creating a process that could in all probability negate good faith contract bargaining of both parties with "last and final" (versus "last and best") is absolutely not an acceptable approach.

Escalating costs in health care are not unique to our state. Labor and management working jointly can make substantial progress in the area of cost containment and raise user responsibility awareness without impacting the collective bargaining process. Labor representatives who serve as trustees on Taft-Hartly (private sector) benefit trusts have extensive experience in management of health benefit plans within our State and stand ready to enter into a process with the Legislative and Executive Branch of State Government to develop joint short term solutions and long range strategy to address this and other issues that impact the fiscal integrity of our economy.

Unified Alaska Labor supports the proposal of establishment of a Joint Committee on Cost Containment that does not interfere with the collective bargaining process with representatives of Labor, Management and Legislative Leaders working in unison for solutions to the rising costs of medical benefits for Alaskan families.

# BUSINESS

SUNDAY

SECTION **B** Jan. 22, 1989

## Health insurance costs rise feverishly

Workers at a loss as employers cut back on benefits

By **HAL BERNTON**  
Daily News reporter

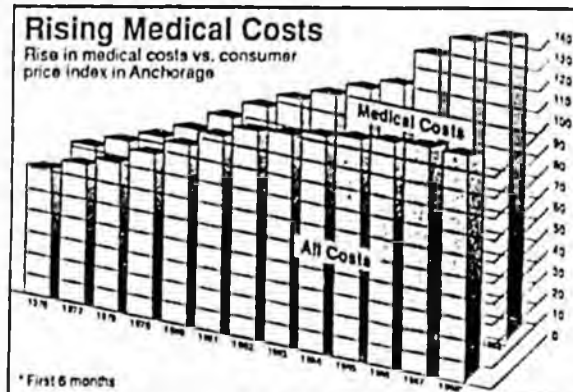
**L**ester Snow has worked as an Alaska disc jockey for 19 years, and one benefit he always counted on was health insurance. That meant a lot to Snow because his wife, Jennifer, has a serious heart condition that requires medication and close monitoring.

Then last February, Snow got bad news from his employer, Sourdough Broadcasters Inc. Owner Patty Harpel said she couldn't afford the 70 percent price increase demanded by the company's insurer, and couldn't find a cheaper alternative. Group insurance for the station's 15 employees would be dropped.

Snow fell back on a Veterans Administration policy to cover his own ailments but he also needed a family policy for his wife and two teen age children. He found Jennifer's heart condition drove the cost of that policy out of sight. "My family has nothing," Snow says. "If we have a catastrophic accident or ill-



Disc Jockey Lester Snow was left scrambling when his employer was forced to drop health benefits for employees.



100 percent, according to brokers Walt Baldwin, Bill Purrington and Dave Stratton.

Those rate increases have pushed the cost of many Alaska policies far above the national average. For an Alaska Railroad union worker and family, for example, the total cost of annual insurance is \$5,845, more than double the national average.

In years past, employers tried to dodge rate increases by changing to another insurer. But this year, the market's tightened and finding another insurer is much harder to do, says Baldwin.

Employee exams often are required before new insurers agree to write the policies, and if they don't like what they find, then they back away or refuse to insure already existing conditions.

The cost of individual policies — a fallback for those whose employers don't offer insurance — also is soaring. Blue Cross of Washington and Alaska, a major state insurer, is seeking an average 70 percent

**L** disc jockey for 19 years, and one benefit he always counted on was health insurance. That meant a lot to Snow because his wife, Jennifer, has a serious heart condition that requires medication and close monitoring.

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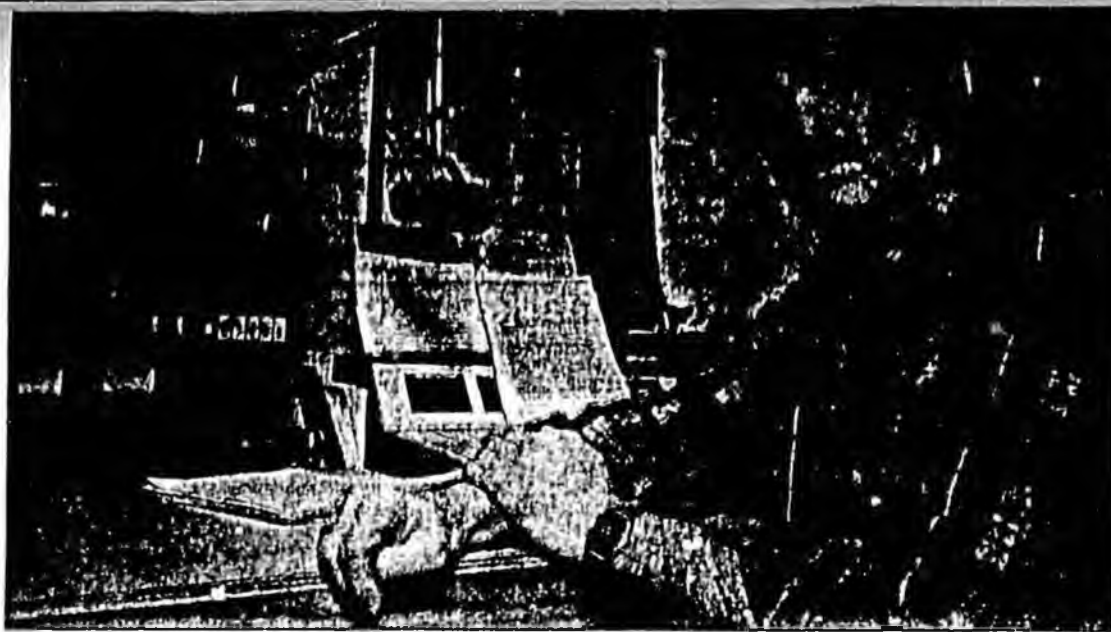
Snow fell back on a Veterans Administration policy to cover his own ailments but he also needed a family policy for his wife and two teen-age children. He found Jennifer's heart condition drove the cost of that policy out of sight. "My family has nothing," Snow says. "If we have a catastrophic accident or illness, I will be up against a wall."

Snow is experiencing the harsh edge of a new Alaska business trend — the slashing of employee health-care benefits.

Throughout the state — and particularly in Anchorage — employers already reeling from several years of recession are being shell-shocked by huge annual increases in the cost of health-care benefits.

They're responding by cutting back on these benefits and forcing employees to share more of the costs, and in some cases dropping such coverage altogether. And they're joining a debate already in progress among insurers, those who offer medical services and state officials about why rates are skyrocketing and just what can be done to control them.

Often hit hardest by increases are small employers already operating on thin profit margins.



Disc Jockey Lester Snow was left scrambling when his employer was forced to drop health benefits for employees.

"You just don't get good rates if you have anyone with medical problems," says Harpel, the station manager. "And you never know how long you will be able to keep a policy before it's canceled and you're out on the big wide ocean looking for another lifesaver."

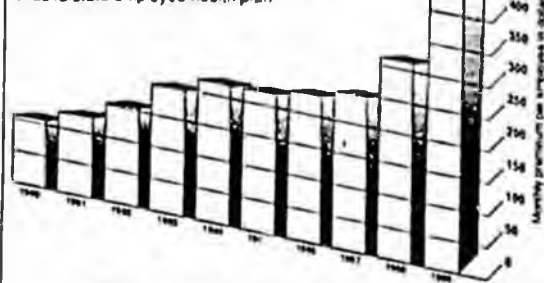
A state survey estimated that 40,000 working Alaskans and their dependents lack any type of health insurance — either from private or public sources.

The state's shrinking health-care coverage represents a sharp reversal from the boom years of the early '80s, when Alaska employers — both public and private — developed some of the nation's best health benefits to help recruit workers from the Lower 48. Many policies were what insurance agents call "cadillacs," featuring minimal out-of-the-pocket expenses for employees.

But many of the "cadillacs" are turning into hum-

### Growth in State Insurance Bill

Alaska state employee health plan



Anchorage Daily News charts Ron Engstrom

ble Fords and Chevys, or worse, as employers struggle to cope with the rising insurance costs. That has made health insurance a major issue in state, municipal and private sector union negotiations, and in Juneau, where politicians already have drafted bills to create a new state health insurance corporation.

"It's a serious problem, and one that we're going to face for the rest of our

lives," says Bill Quinn, a union leader who serves on an Alaska Railroad Corp. health insurance committee. "Those of us in the baby boom may not be faced with what kind of health insurance we want when we retire, but whether we'll be able to afford it."

The Alaska health-care inflation parallels a nationwide surge in benefit costs, but premium inflation here

appears to be particularly acute.

Three nationwide surveys reported by Business Insurance, The Wall Street Journal and Health Week cited average 1989 increases of 11 to 25 percent for group health plans.

In Alaska, a few companies contacted by the Daily News report they've managed to hold the line on health costs. Alaska Commercial Co., for example, an Anchorage-based merchandising chain employing 450 people, this year reports no increase in its policy premium.

"We manage the benefits very carefully," says Sam Salkin, Alaska Commercial's president. "We have (medical) authorization procedures, second opinions." But Alaska Commercial is the exception, not the norm.

Three major Alaska insurance brokers indicated average 1989 increases of 30 to 60 percent are the norm. And some increases top

ton. Those rate increases have pushed the cost of many Alaska policies far above the national average. For an Alaska Railroad union worker and family, for example, the total cost of annual insurance is \$5,845, more than double the national average.

In years past, employers tried to dodge rate increases by changing to another insurer. But this year, the market's tightened and finding another insurer is much harder to do, says Baldwin.

Employee exams often are required before new insurers agree to write the policies, and if they don't like what they find, then they back away or refuse to insure already existing conditions.

The cost of individual policies — a fall-back for those whose employers don't offer insurance — also is soaring. Blue Cross of Washington and Alaska, a major state insurer, is seeking an average 70 percent jump in the cost of individual insurance policies.

"The point is not just that it's expensive, but whether it will even be available," said Paul Roller, director of the state Division of Insurance. "People just cannot afford those rates."

The debate over Alaska's rising health costs is often dominated by discord.

Doctors say their Alaska costs are high, because overhead is much higher, and they point the finger at insurance companies.

"I think a lot of the problems, from the physician's perspective, are generated by the insurance companies," says Richard Neubauer, an Anchorage internist. "They set up a lot of obstacles for prompt payment of bills, and maximize the amount of paperwork."

Please see Page B-3. HEALTH

## Harvard MBAs take ethics to heart

By PAUL WILKES  
The New York Times

**B**OSTON — At the Harvard Business School earlier this year, a group of students gathered around a table on the speaker-



"I have to agree. This is a business decision, pure and simple. We're paid to make the most profit possible. When you start getting into sociology and all that, you lose sight of what job you're supposed to do."

## Office space market closes in on recovery

The latest office space market study documents the



# HEALTH INSURANCE: Employers cut benefits in face of rising costs

Continued from Page B-1

"They set up quality insurance programs, review types of things, and call for justification."

Broker Purrington accuses Blue Cross, a major — and non-profit — Alaska insurer, of predatory pricing — cutting rates when major competition shows up, then jacking them up once that competition's gone. In 1985, for example, Blue Cross cut many of its group rates to help fend off an unsuccessful attempt by Humana Care Plus to grab a piece of the Alaska market.

Stephen Clark, executive vice president of Blue Cross, says the problem doesn't lie with the insurance companies. He says Alaska doctors and hospitals charge much more than in the Lower 48, and their company just passes through the ever-inflating costs. Alaska laboratory tests, for example, averaged 72 percent higher in Alaska than Washington, according to Blue Cross data.

"If we are to contain the excessive costs of health care in Alaska, we've got to work in unison with the physicians, hospitals, employers and individual subscribers," Clark says.

State officials don't keep detailed financial data on all of the more than 30 insurers selling health insurance in Alaska. But they do monitor Blue Cross, due to its special status as a non-profit medical service corporation. And in 1987, the last year in which financial information is available, state records indicate Blue Cross roughly broke even in Alaska, paying out \$61 million in claims and administrative costs and taking in the same amount in premiums.

Aetna Life & Casualty, in a report to a state task force, indicated that since 1985, the insurance plan covering state employees lost more than \$10 million.

State insurance division officials cite several major national trends forcing up the cost of Alaska health insurance. They include:

- The use of ever-more-costly technology to examine, treat and prolong the life of patients, including victims of AIDS and other terminally ill patients.

- "Our society hasn't reached the point yet where we say we can't afford to absorb the cost of a heart transplant for a 60-year-old guy who's been smoking six packs of cigarettes all his life," says Warren Dvorak, benefits manager for the Anchorage School District.

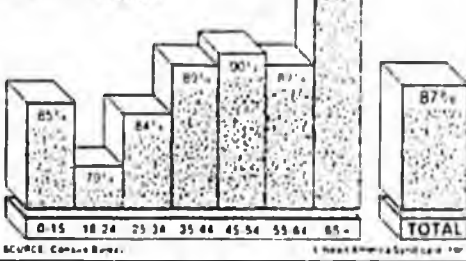
- Increased salaries to help hospitals and other institutions deal with an ever more severe shortage of nurses and other medical personnel.

- Cost shifting. As the federal government cuts

## Most Americans have health insurance

Most Americans — 87 percent — have private or government health insurance. By age group, 99 percent of those 65 years and older are covered, compared to 79 percent of those aged 16-24 years.

AMERICANS COVERED BY HEALTH INSURANCE by age group - in percent



back on Medicare and other medical payments, hospitals are trying to compensate by raising rates for patients with private insurance.

Recent federal laws requiring employers to extend temporary health benefits to former employees and full benefits to some seasonal and temporary employees.

Regional trends also fuel the inflation, according to the state insurance division, industry officials and a draft report of the Governor's Interim Commission on Health Care.

• Huge increases in the cost of Alaska malpractice insurance — both for doctors and hospitals — have been passed on to health care consumers. And the threat of damage suits has prompted more defensive medicine. Doctors order additional, at times unnecessary, tests and exams to help protect them from patients who might later decide to sue.

• With the past three years, a major increase in the use of an ever-expanding array of Alaska health care services. Last year, for example, Charter North Medical Corp. opened an expensive new facility for inpatient treatment of disturbed children. That prompted a more than doubling of admissions from state employees and their families. And hospital charges to the state's insurance program soared from \$320,446 in fiscal year 1987 to \$1.2 million in fiscal year 1988.

The increased use, industry officials say, also results from skittish workers who — in a down economy — fear for job security, and want to make sure any health problems are dealt with while they still have coverage.

• The sagging economy also has caused a big increase in free medicine by the hospitals. Within the past three years, Providence Hospital's unreimbursed medical services jumped from \$7 mil-

lion to \$17 million. During that same time period, Humana's jumped from \$5 million to \$12 million, the hospitals say.

That tends to drive up the cost of services for those who can afford to pay, state officials say.

In the Lower 48, the struggle to gain control of health care costs — and often intense competition for patient dollars — has triggered a revolution in health care delivery. In many major urban areas, employers can choose from a wide range of programs, such as pre-paid health-care plans in which doctors and hospitals guarantee services for a fixed fee. Other programs involve doctors and hospitals who team up to offer employers discount services in exchange for large volumes of business.

The health-care industry, such programs are known as "managed care," and many view them as the wave of the future.

"An increasingly high percentage of people who are insured receive some sort of managed care," says Doug Hastings, a Washington, D.C., attorney specializing in hospital and health care issues. "And most experts predict that growth will continue."

But in Alaska, such programs are in their infancy. That's due, in part, to the state's isolation and sparse population, which make it difficult to organize large-volume health care programs profitably.

Another obstacle to their development is the state's doctors, many of whom view such programs with distrust and outright hostility. "I'm extremely happy that those things have not come here,"

*"You just don't get good rates if you have anyone with medical problems. And you never know how long you will be able to keep a policy before it's canceled."*

— Patty Harpel

said Neubauer, the internist. "Maybe the cost of insurance will go down, but so will the quality of care and I'm not sure it's worth it."

Neubauer said the managed care systems tend to screen out those who are really sick, since they may need lots of expensive treatment that will cut away the profits from a pre-paid or discount plan.

Other Alaska doctors say managed care means more insurance company bureaucracy and inferior care for everyone. Doctors withholding treatment for fear the next test — or the next operation — will erode the profit from a pre-determined fee.

Insurance companies disagree and are frustrated by the Alaska doctors' reluctance to embrace the new systems. "You're opening a very interesting and very sensitive area," says Robert Simons, a physician employed as Aetna's medical director. Simons said he sent letters to state physicians asking them to join in new managed care program with Aetna, and found "no real interest."

Blue Cross says it will attempt to impose health-care management on physicians by drafting new discount policies that only reimburse patients for the average cost of a physician's service. The average broken arm, for example, costs \$67 to set in Alaska, but some doctors charge \$150.

If a doctor's cost is way over the average — and there are no special complications to justify that, then the new policy would prod the patient to a cheaper doctor, said Clark, the Blue Cross vice president.

Aetna and Blue Cross have had more success dealing with hospitals.

Aetna has convinced Humana to offer a 30 percent discount in services, according to Simons, in return for helping fill the hospital's beds with a steady stream of its insured.

Blue Cross has teamed up with Providence in a similar program. And Providence recently struck out on its own to offer such discounts directly to Alyeska Pipeline Service Co. and several other

large employers. The employers who purchase such discounted services use an economic hammer to insure their employees go to the right hospital. Employees pay a low deductible if they attend the preferred hospital, a much higher deductible if they attend the competition.

Such plans were first introduced to Anchorage in the mid '80s, and as rates rise, their appeal grows, both to employers and employees.

The Alaska Railroad, for example, after months of tough bargaining reached a 1987 union agreement that included a three-year freeze on employer payments toward health benefits. At the time, it looked like a good settlement because those payments covered all the costs of a gutted medical plan jointly insured through the railroad and Aetna.

But last year, Aetna hit the railroad with a 40 percent rate increase for the standard plan. Then they offered a more modest alternative, a 14 percent rate increase for those employees who would join a "preferred hospital" plan with Humana.

Under that plan, employees who chose Providence would have to pocket 40 percent — rather than the standard 20 percent — of initial hospital costs.

Other cost management efforts included insurance company approval of non-emergency surgery and a financial penalty for not obtaining a second opinion on prospective surgery.

Non-union railroad employees chose to sign up for the preferred plan, but union workers opted against it. Then this year, facing another 32 percent increase, the unions decided to go with the preferred option.

Even with the preferred plan, the new insurance doesn't come cheap. A family policy will cost each union member \$2,049 out of pocket.

Quinn, the union leader, said he's talked with the rank and file about cutting benefits to try to bring that expense down farther. But for the moment, his members say no. "The employees still want the plan they have. They aren't willing to downgrade it — yet."

# Trade Suspended

Los Angeles Times

CHICAGO — A federal investigator in the investigation of fraud in the billion-dollar futures industry is door-to-door in preparing to press cooperative agents.

Department of Justice veteran lawyer who is head of the investigation, and pressed trade provide evidence, others who trading pits. Board of Trade, Chicago Mercantile

Source: community said that it was still in critical cooperation investigation sweeping ev- each industry such a come go's economy men! is to economy of New York

But its servers said more on what next several what went or three years work.

The need — and the coverage for has been u lawyers and exchange of ing the inves

For example, brokers who — and in electronically five undercoo posing as tra market's hav of relatively tions, but it carry relative ties.

They were the most part and early m agents and as tomeys in a 5-na-serving vi last Monday of the publi investigation, cided with a ence for com tomeys on island of St.

"If you are break open undercover and go doo time to do it the good law are out of former Depa tment attorney venting suspe

## CD RATES FOR THE SERIOUS INVESTOR.

Maturity	Rate
60 Days	8.75%
91 Days	8.80%

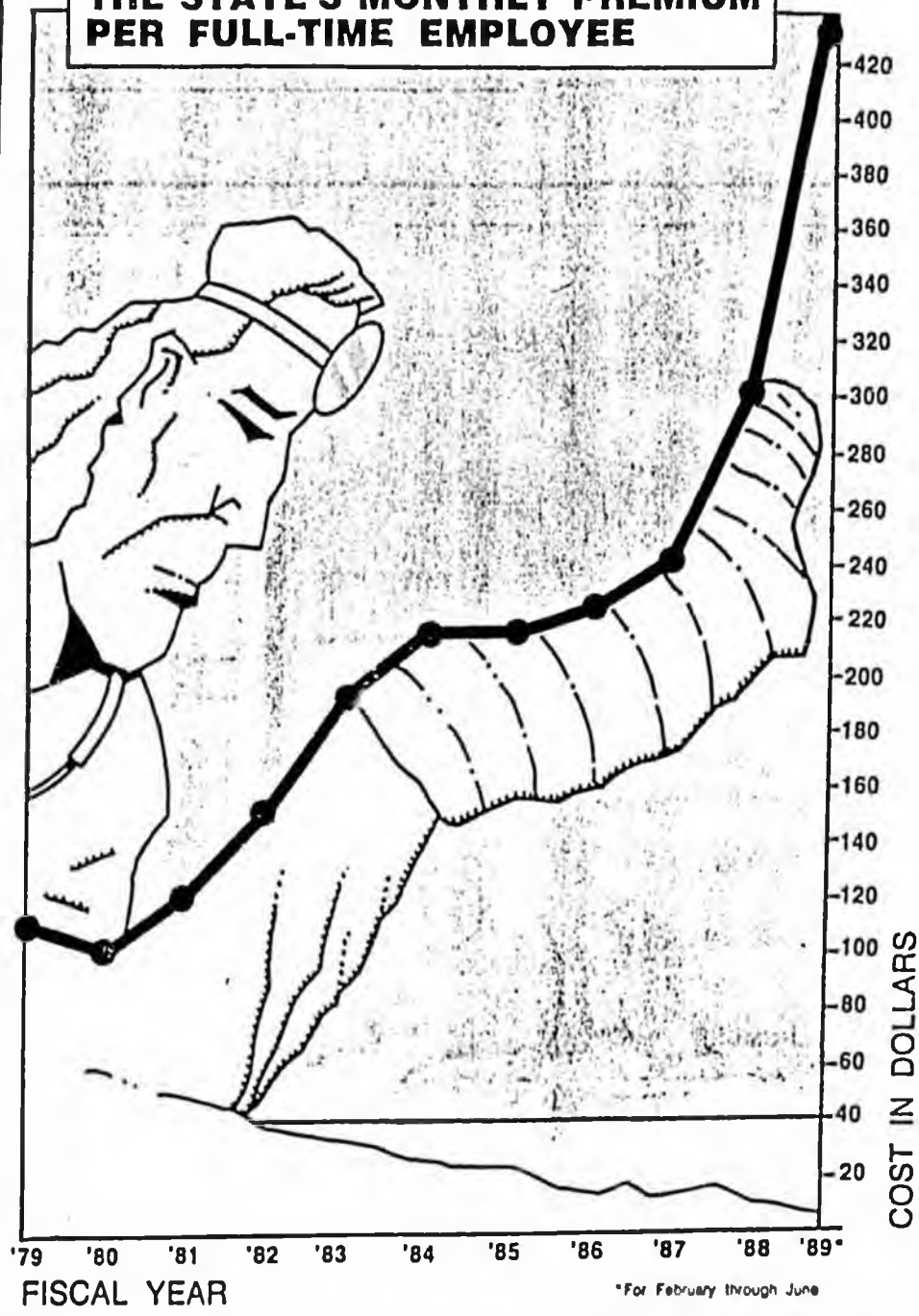
## New Year's Clearance

Christmas sales have dropped off, and our year-end inventories are far too high! To reduce our stock we've drastically cut prices on all popular computer systems. All units must go, but prices are limited to stock on hand. Save now during the largest inventory clearance in our his-



Anch Daily News

**THE STATE'S MONTHLY PREMIUM PER FULL-TIME EMPLOYEE**



Source: Alaska Department of Labor

Anchorage Daily News/Peter Dunlap/Show

# State health insurance: \$104 million

## Cowper seeks more money for state workers' coverage

By DAVID POSTMAN  
Daily News reporter

JUNEAU — State employees' top-of-the-line health insurance policy will cost \$104 million this year, \$20 million more than the state has budgeted to pay for it.

The plan costs the state an average of \$431 a month per employee, 520 percent more than it did a dozen years ago. It covers 90 percent of the costs of everything from plastic surgery to year-long stays in mental hospitals.

"We have the best plan. Everything is covered," said Chuck Taylor, deputy commissioner of the Department of Administration.

Because the policy costs more money than the state has appropriated for it, Gov. Steve Cowper is asking for a special appropriation of about \$20 million to pay for this year's increases. But Cowper, Taylor and legislative leaders say the health coverage may be too expensive for these days of limited money.

The state is locked into the plan through contracts with its labor unions. Those contracts call for the state to provide the same level of coverage even if the costs go up or there is less money to pay for the policy.

"There's not any consideration for what happens in a down economy," Cowper said at last week's budget summit with legislative leaders. "I think it's fair to say that this is just a situation nobody ever anticipated. If everything had kept going up it would have worked just fine."

But as costs skyrocketed, state income dropped and the state is now stuck with a boom-time health plan. All full-time employees, including legislators, are

Please see Back Page, INSURANCE

## INSURANCE: For state workers

Continued from Page A-1

covered by the policy at no cost. Part-time employees can buy into the plan at about half the state's cost, according to Taylor.

Under the policy, Taylor said:

- 90 percent of all medical costs are paid. Only 8 percent of public employee insurance policies in the country have 90 percent coverage.

- 100 percent of the premium for dependent coverage is paid. Alaska is one of 12 states with that provision.

- State employees have a \$100 deductible and pay less out-of-pocket medical expenses than all but 3 percent of public employees nationwide.

As medical cost have gone up, so have insurance costs. But Alaska's public employees' plan, issued by Aetna Life Insurance Company, has also gotten more expensive because of its extremely liberal terms and because people are going to the doctor a lot more often, according to Taylor.

The biggest increases have been for chiropractic care and psychiatric and substance abuse treatment, according to a survey of state employee insurance claims filed during the past two years. Charges for chiropractic care went up 27 percent in the past year. But that is not due so much to higher costs as it is to people going to the chiropractor more often.

State figures show employees visited chiropractors 25 percent more often in the past year.

A Juneau chiropractic clinic, Davis Valley Chiropractic, is No. 9 on the list of payments made to doctors and clinics, receiving \$315,620 from Aetna.

Treatment for mental ill-

ness and substance abuse accounts for 40 percent of all hospital stays paid for by the plan. For Aetna's other Alaska insurance policy holders, mental illness and substance abuse accounted for just 16 percent of all hospital stays.

And the state pays for people to go to whatever hospital they want and to stay as long as they want. Five of the 14 most expensive hospital stays paid for from July 1986 to June 1987 were for mental disorders. One 16-year-old boy, the son of a state worker, spent more than a year in Camelback Hospital in Phoenix, Ariz., at a cost of \$131,000, for neurotic depression. Another 15-year-old spent 350 days at the same hospital for what insurance records show as "childhood mental disorders."

Charter North Hospital, which specializes in mental illness and substance abuse treatment, had the highest charges per hospital admission of any hospital used by state employees last year. Charter North charged an average of \$15,441 per admission compared to Providence Hospital at \$6,115 and Humana Hospital-Alaska at \$5,487.

Taylor said some of the high costs of treatment for mental illness and substance abuse are due to high alcoholism and divorce rates in Alaska and the fact that many people do not have family here and more readily turn to professionals for help.

"It's also my opinion that you are seeing the impact of television advertising," Taylor said. "Turn on the tube and what do you see. 'Problems with your kid? Send them here. Cocaine problems, come see us.'"

Taylor also said the rise

in chiropractic costs might also be attributed to heavy television advertising.

Whatever the reason, state leaders say something must be done to at least slow the rising costs. But since the insurance is part of union contracts, there is little that can be done.

Any change would have to be negotiated with the unions or the legislature would have to amend state labor relation laws to allow Cowper to make changes in the benefit package.

Cowper, House Speaker Sam Cotten and Senate President Tim Kelly agree they will "take a look at" the benefit package, but because of the contract requirements they stop short of saying they will take action to cut the plan.

"If something was to appear before us magically maybe we could take a look at it," Kelly said at last week's budget summit.

But this week Kelly said in an interview that the costs were clearly out of control.

He said it is unfair to the Alaskans that do not share in the plan to keep paying out more and more money to insure state employees. "It comes down to creating an elite class of people who are living better than the people they are working for."

Cotten said that to balance next year's budget it might be necessary to cut services, raise some taxes and repeal an oil-company tax break, and that state employees should not be exempt from taking a hit, too.

But even with changes this year, the cost of the plan will keep going up, according to Taylor. "If I cut the plan and contain costs, I still have to deal with 20 and 30 percent increases each year."

SCR

26

STATE OF ALASKA  
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY  
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JUNEAU, ALASKA 99811  
907-465-3800

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

SCR 26

H HESS

1/16/90

# HOUSE COMMITTEE REPORT

(7)

Date Referred: April 5, 1989

FURTHER REFERRALS:

Date of Committee Action: 1/16/90

The HESS Committee considered:

SCR 26

SENATE CONCURRENT RESOLUTION NO. 26

[ALASKA FOSTER PARENTS ASSOCIATION]

Recognizing the Alaska Foster Parents Association for its contributions on behalf of children and families.

RECOMMENDATIONS:

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

ADOPTS: \_\_\_\_\_ letter of intent

ATTACHES NEW FISCAL NOTE(S):  
(Dept)

APPROVES PREVIOUS: (Date/Dept)

- fiscal impact \_\_\_\_\_
- zero fiscal note DHSS
- zero with analysis \_\_\_\_\_

- fiscal note(s) \_\_\_\_\_
- zero fiscal note(s) \_\_\_\_\_
- zero fn/analysis \_\_\_\_\_

SIGNING DO PASS:

J. Ellis  
W. Turnace  
Cheri Davis  
R. G. ...

SIGNING:  
(Check approp. column)

	Do Not Pass	No Rec	Amend
<u>John Ellis</u>		X	
<u>Mark Boyer</u>		X	
<u>Serge Jankof</u>		X	

J. Ellis  
 Chairman's Signature

## FISCAL NOTE

**REQUEST:**

Revision Date: \_\_\_\_\_ Agency Affected: DHSS  
 Title: Recognizing the Alaska Foster Parent Association BRU: \_\_\_\_\_  
 Sponsor: Senator Fischer Components: \_\_\_\_\_  
 Requestor: \_\_\_\_\_

**EXPENDITURES/REVENUES:** (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	-0-	-0-	-0-	-0-	-0-	-0-
<b>CAPITAL</b>	-0-	-0-	-0-	-0-	-0-	-0-
<b>REVENUE</b>	-0-	-0-	-0-	-0-	-0-	-0-

**FUNDING:** (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>	-0-	-0-	-0-	-0-	-0-	-0-

**POSITIONS:**

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

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

Prepared by: Russell Webb, Director Phone: 465-3170  
 Division: Family & Youth Services Date: \_\_\_\_\_  
 Approved by Commissioner: Myra M. Munson, Commissioner Date: July 15, 1990  
 Agency: Department of Health and Social Services

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

# Alaska State Legislature

SENATOR PAUL FISCHER, Chairman  
SENATOR JIM DUNCAN, Vice Chairman  
SENATOR AL ADAMS  
SENATOR LLOYD JONES  
SENATOR TIM KELLY



PO. BOX V  
ROOM 508  
STATE CAPITOL  
(907) 465-3762

## Senate Committee on Health, Education and Social Services

To: Representative Johnny Ellis, Chairman, House Health,  
Education and Social Services

From: Senator Paul Fischer *PF*

Re: SCR 26 Alaska Foster Parents Association

Date: January 10, 1990

-----  
SCR 26 recognizes the Alaska Foster Parent Association for its efforts on behalf of children and families. This association has consistently advocated programs and policies to meet the needs of foster parents. A.F.P.A. has led the foster parent community in requesting the creation of mandatory training to better equip foster parents to meet the needs of children in their care.

In summary, the Alaska Foster Parent Association has worked diligently to improve the quality of foster care throughout the state. Foster care is one of the most cost effective methods of care available for children in need of these services. The only other alternative to foster care is some type of institutional care, which costs more and does not provide the nurturing environment of a family home.

I sincerely thank you and the committee for taking the time to review this resolution.

Thank you.

## FISCAL NOTE

**REQUEST:**

Revision Date: \_\_\_\_\_ Agency Affected: DHSS  
 Title: Recognizing the Alaska Foster Parents Association for its contributions on behalf of children and families.  
 Sponsor: Senator Fischer BRU: \_\_\_\_\_  
 Requestor: \_\_\_\_\_ Components: \_\_\_\_\_

**EXPENDITURES/REVENUES:** (Thousands of Dollars)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
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REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
---------	-----	-----	-----	-----	-----	-----

**FUNDING:** (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

**POSITIONS:**

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

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

Prepared by: Yvonne Chase, Director JMC Phone: 465-3170  
 Division: Family and Youth Services Date: \_\_\_\_\_

Approved by Commissioner: Myra M. Munson, Commissioner Date: 3/29/89  
 Agency: Department of Health and Social Services

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

SENATE COMMITTEE REPORT

FIRST COMMITTEE OF REFERRAL

Date of 5-DAY NOTICE 3/23/89  
IN ACCORDANCE WITH UNIFORM RULE 23

FURTHER

\*\*FISCAL NOTE(S) MUST BE ATTACHED  
IN ACCORDANCE WITH AS 24.08.035

DATE TURNED INTO OFFICE 3/20/89

3/20/89

Mr. President:

HESS Committee considered SCR 26

Recognizing the Alaska Foster Parents Association for its contributions on behalf of children and families

and recommended:

- replace with CS \_\_\_\_\_  same title
- attached amendment(s) and  new title
- \_\_\_\_\_ letter of intent adopted

do pass

do not pass

no recommendation

individual recommendations

further referral to \_\_\_\_\_

FISCAL NOTE(S) attached  zero  
 appropriation no FN attached

fiscal impact  
 Gov. FN introduced w/ bill

MEMBERS SIGNING DO PASS

OTHER RECOMMENDATIONS

[Signature]  
[Signature]  
Tim Kelly  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

[Signature]  
Chairman signature and recommendation

Committee backup attached

SCR

38

# HOUSE COMMITTEE REPORT

(7)

Date Referred: March 28, 1990

FURTHER REFERRALS:

FINANCE

Date of Committee Action: 4/10/90

The HESS Committee considered:

CSSCR 38 (FINANCE)

CS SCR NO. 38 (Finance)

TEEN PREGNANCY TASK FORCE

Establishing a task force on adolescent pregnancy and parenthood issues.

RECOMMENDATIONS:

- be replaced with HCSSCR 38 (HESS)  the same title
- a new title
- have attached amendment(s)
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the \_\_\_\_\_ Committee

ADOPTS: \_\_\_\_\_ letter of intent

ATTACHES NEW FISCAL NOTE(S):  
(Dept)

APPROVES PREVIOUS:

(Date/Dept)

- fiscal impact \_\_\_\_\_
- zero fiscal note \_\_\_\_\_
- zero with analysis \_\_\_\_\_

- fiscal note(s) 3/21/90 / ZAA
- 3 zero fiscal note(s) \_\_\_\_\_
- zero fn/analysis \_\_\_\_\_

SIGNING DO PASS:

SIGNING:

(Check approp. column)

Do Not Pass  
No Rec  
Amend

J. Ellis  
" "  
W. H. ...  
Chairman  
Mark Bayer

	Do Not Pass	No Rec	Amend

J. Ellis  
Chairman's Signature

**FISCAL NOTE**

**REQUEST:**

Revision Date: \_\_\_\_\_ Agency Affected: Legislative Affairs  
 Title: Establishing a task force on adolescent pregnancy and parenthood BRU: Legislative Operating Budget  
 Sponsor: Senator Pearce Components: Legis. Operating Budget  
 Requestor: Senate Finance

**EXPENDITURES/REVENUES: (Thousands of Dollars)**

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES	36.5	0	0	0	0	0
TRAVEL	19.6	0	0	0	0	0
CONTRACTUAL	3.5	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
<b>TOTAL OPERATING</b>	<b>59.6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

CAPITAL	0	0	0	0	0	0
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REVENUE	0	0	0	0	0	0
---------	---	---	---	---	---	---

**FUNDING: (Thousands of Dollars)**

GENERAL FUND	59.6	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
<b>TOTAL</b>	<b>59.6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**POSITIONS:**

FULL-TIME	0	0	0	0	0	0
PART-TIME	1	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

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

Prepared by: Senator Rick Uehling, Co-chairman  
 Division: Senate Finance Committee

Phone: 465-4821  
 Date: 3/20/90

Approved by Commissioner \_\_\_\_\_  
 Agency: \_\_\_\_\_

Date: \_\_\_\_\_

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

## FISCAL NOTE

**REQUEST:**

Revision Date: \_\_\_\_\_  
 Title: Task force on adolescent pregnancy and parenthood  
 Sponsor: Senator Pearce  
 Requestor: Senate Finance

Agency Affected: Education  
 BRU: Executive Administration  
 Components: Executive Administration

**EXPENDITURES/REVENUES:** (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	0	0	0	0	0	0
<b>CAPITAL</b>	0	0	0	0	0	0
<b>REVENUE</b>	0	0	0	0	0	0

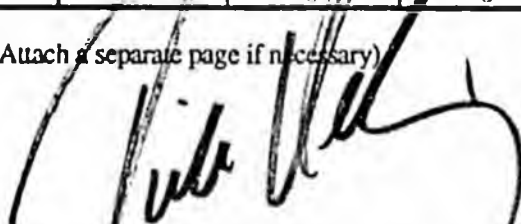
**FUNDING:** (Thousands of Dollars)

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

**POSITIONS:**

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

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



Prepared by: Senator Rick Uehling, Co-chairman  
 Division: Senate Finance Committee

Phone: 465-4821  
 Date: 3/20/90

Approved by Commissioner: \_\_\_\_\_  
 Agency: \_\_\_\_\_

Date: \_\_\_\_\_

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

FISCAL NOTE

REQUEST:

Revision Date: \_\_\_\_\_  
Title: Establishing a task force on adolescent pregnancy .....  
Sponsor: Sen Pearce, Sturaulewski, etc  
Requestor: \_\_\_\_\_

Agency Affected: Community & Regional Affairs  
BRU: \_\_\_\_\_  
Components: \_\_\_\_\_

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

There is no fiscal effect for FY 90.

Prepared by: Jim Pearson Phone: 465-4750  
Division: Municipal & Regional Assistance Date: 1-22-90  
Approved by Commissioner: David Bell Date: 1-22-90  
Agency: Community & Regional Affairs

Distribution (by preparer):

Legislative Finance  
Legislative Sponsor  
Requestor  
Office of Management and Budget  
Impacted Agency(ies)

Changes in CS-SCR 38(Fin)  
have no fiscal impact  
This fiscal note is  
appropriate. 3/21/90

# FISCAL NOTE

**REQUEST:**

Revision Date: \_\_\_\_\_ Agency Affected: Health & Social Services  
 Title: Relating to Establishment of BRU: \_\_\_\_\_  
a Task Force on Adolescent Pregnancy.  
 Sponsor: Senator Pearce Components: \_\_\_\_\_  
 Requestor: \_\_\_\_\_

**EXPENDITURES/REVENUES:** (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	-0-	-0-	-0-	-0-	-0-	-0-

<b>CAPITAL</b>	-0-	-0-	-0-	-0-	-0-	-0-
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<b>REVENUE</b>	-0-	-0-	-0-	-0-	-0-	-0-
----------------	-----	-----	-----	-----	-----	-----

**FUNDING:** (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>	-0-	-0-	-0-	-0-	-0-	-0-

**POSITIONS:**

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

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

FY 90 Fiscal impact is "0."  
 Commissioner's Office travel required by SCR 38  
 will be absorbed by the Department of Health and  
 Social Service's budget

Prepared by: Yvonne Chase, Deputy Commissioner Phone: 465-3030  
 Division: Office of the Commissioner Date: \_\_\_\_\_

Approved by Commissioner: *Wendell M. Munson* Date: 3/20/90  
 Agency: Department of Health & Social Services

**Distribution (by preparer):**

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

Changes in CS SCR 38 (Fin)  
 have no fiscal impact  
 This fiscal note is  
 appropriate. 3/20/90 AM

# Contemporary Issues

*Preventing Teenage Pregnancy*

Decisions for Your Life

Girl Scouts of the U.S.A.  
830 Third Avenue  
New York, N.Y. 10022

## *The Girl Scout Contemporary Issues Series*

*Substance Abuse: Tune In to Well-Being, Say No to Drugs*

*Preventing Child Abuse: Staying Safe*

*Growing Up Female: Girls Are Great*

*Leading Girls to Mathematics, Science, and Technology:  
Into the World of Today and Tomorrow*

*Preventing Youth Suicide: Reaching Out*

*Facing Family Crises: Caring and Coping*

*Preventing Teenage Pregnancy: Decisions for Your Life*

# **CORRECTION**

**THIS DOCUMENT  
HAS BEEN REPHOTOGRAPHED  
TO ASSURE LEGIBILITY**

# Contemporary Issues

*Preventing Teenage Pregnancy*

Decisions for Your Life

Girl Scouts of the U.S.A.  
830 Third Avenue  
New York, N.Y. 10022

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## *The Girl Scout Contemporary Issues Series*

*Substance Abuse: Tune In to Well-Being, Say No to Drugs*

*Preventing Child Abuse: Staying Safe*

*Growing Up Female: Girls Are Great*

*Leading Girls to Mathematics, Science, and Technology:  
Into the World of Today and Tomorrow*

*Preventing Youth Suicide: Reaching Out*

*Facing Family Crises: Caring and Coping*

*Preventing Teenage Pregnancy: Decisions for Your Life*

*Decisions for Your Life* should be used under the supervision of a leader who has received council permission and who has been trained in applying the principles in the booklet. The situations, activities, and issues described in *Decisions for Your Life* are designed for discussion purposes only, and do not necessarily reflect the viewpoint of Girl Scouts of the U.S.A., its advisers, or its consultants. Similarly, the publications and agencies listed as resources were selected to represent a variety of viewpoints. Their inclusion does not necessarily imply endorsement by Girl Scouts of the U.S.A., its advisers, or its consultants.

All activities undertaken by Girl Scout groups in connection with the use of *Decisions for Your Life* or any other Girl Scout materials must be in keeping with national policies of Girl Scouts of the U.S.A. and with its program standards.

# Foreword

Girl Scout leaders and other adults working with girls should remember that religious and ethical views on premarital sexual activity, contraception, and abortion vary widely among individuals and communities. It is essential for adults working with girls to respect these varying opinions and not advocate their own position on these issues during Girl Scout activities.

Girl Scout leaders should also be governed by GSUSA's Position Statement on Human Sexuality, its policies, and its program standards, which are listed below.

## **GSUSA Position Statement on Human Sexuality/Sex Education and Girl Scouting**

On January 18, 1983, the National Board of Directors adopted the following resolution:

Whereas, in 1967 Girl Scouts of the U.S.A. accepted responsibility for a supplementary role in sex education for its girl members;

Whereas, in 1978 "points to consider" were developed as a supplement to the 1973 educational guidelines and adopted to be observed by Girl Scout councils determining to include sex education and/or human sexuality as components of the Girl Scout program; and

Whereas, there have been requests from local Girl Scout councils for a further statement of the position of Girl Scouts of the U.S.A. on this very important subject; now therefore, be it

*Resolved*, that Girl Scouts of the U.S.A. hereby reaffirms that sex education and human sexuality programming developed in collaboration with the family, religious groups, school and community are components of the Girl Scout Program.

**Policies of Girl Scouts of the United States of America, *Blue Book of Basic Documents*, 1988**

### *Place of Religion in Girl Scout Program*

Girls are encouraged and helped through the Girl Scout program to become better members of their own religious group, but every Girl Scout group must recognize that religious instruction is the responsibility of parents and religious leaders.

### *Respect for Religious Opinions and Practices*

Every Girl Scout group shall respect the varying religious opinions and practices of its membership in planning and conducting activities.

### **Program Standards, *Safety-Wise*, 1988**

#### *Standard 8, Parental Permission*

Written permission from a parent or legal guardian should be obtained for participation in Girl Scouting. Leaders and girls are responsible for informing parents or guardians of the purpose of Girl Scouting; of the date, time, and place of meetings; and of the type of activities included in troop plans. When activities take place outside of the scheduled meeting place, involve travel, or focus on sensitive or controversial topics, parents and guardians should be informed and asked to provide additional written consent.

#### *Standard Guidelines*

A. Leaders inform parents or guardians about proposed activities involving unusual risk or controversial issues and discuss such activities with them before the troop makes its plans.

B. Leaders consult with council representatives before undertaking any activities involving special equipment or supervision, unusual risk, or sensitive or controversial issues.

Girl Scouts of the U.S.A. wishes to thank our religious consultants for their review of the manuscript. It was a tremendous help in preparing a final publication that would meet and respect the needs of girls and adults from various backgrounds and religious faiths.

# Introduction

In the United States, over one million teenagers get pregnant each year. For each of these girls, this one event will forever change the course of her life. For many young girls the toll on their physical and emotional health is tremendous regardless of the outcome of the pregnancy. The younger a girl is when she becomes a parent, the less likely it is that she will stay in school. And if a girl becomes a teen mother, she will earn, on the average, half the lifetime income of women who wait until the age of twenty to have their first child. Teenage pregnancy complicates not only the girl's life, but the lives of her family, friends, and the unborn child.

Teenage pregnancy and childbearing are not new problems. But they continue to be pressing concerns that are very costly both economically and socially. Fortunately, the issue of teenage pregnancy is finally being addressed in an open and honest fashion.

The information and activities in this booklet<sup>1</sup> are designed to help Junior, Cadette, and Senior Girl Scouts avoid early sexual involvement and pregnancy by helping them build their self-esteem, develop and understand their values, combat negative peer pressure, strengthen their decision-making and social skills, and develop realistic and positive options for their future. These goals are an important part of Girl Scouting's commitment to safeguard the well-being of girls, and to help them grow into confident and responsible women who will fulfill their potential.

When Girl Scout program activities include sensitive or controversial issues such as adolescent sexual activity and teenage pregnancy, you must seek guidance, support, and approval from the council. Further, since most sensitive topics are rooted in moral and religious values, parental support and understanding are crucial. Parents should be informed about proposed activities and provide written consent. Attendance should be optional for all or part of the activities.

<sup>1</sup>Related booklets that have been published as part of Girl Scouts of the U.S.A.'s Contemporary Issues series are *Preventing Child Abuse: Staying Safe* (1986) and *Growing Up Female: Girls Are Great* (1987).

Teenage pregnancy and parenthood can happen to anyone—a girl in your troop or group, your neighbor's child, even your own daughter. Below are some of the discouraging facts about teenage pregnancy:

- Each year more than one million teenagers become pregnant. Of these, about 47 percent give birth, while 40 percent of the pregnancies are terminated by abortions and 13 percent result in miscarriages.<sup>2</sup>
- One-half of all teenage mothers remain single parents and are very likely to live in poverty with their infants. Eighty-five percent of black and 72 percent of white female-headed households with mothers under 25 years old are poor.<sup>3</sup>
- Families begun by teenagers account for more than one-half of all families receiving Aid for Families with Dependent Children, food stamps, and Medicaid benefits.<sup>4</sup>
- There is a one in three chance that a teen mother will have a second child while still in her teens. Every day in the United States, 40 teenagers give birth to their third child.<sup>5</sup>
- Every year, over 10,000 births in this country involve girls less than 15 years of age.<sup>6</sup>

<sup>2</sup>National Research Council, *Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing* (Washington, D.C.: National Academy Press, 1987), Table 2-11.

<sup>3</sup>Children's Defense Fund, *Adolescent Pregnancy: What the States Are Saying* (Washington, D.C.: Children's Defense Fund, 1986), p. 4.

<sup>4</sup>*Ibid.*, p. 6.

<sup>5</sup>Children's Defense Fund, *Teenage Pregnancy: An Advocate's Guide to the Numbers* (Washington, D.C.: Children's Defense Fund, 1988).

<sup>6</sup>National Center for Health Statistics, "Advance Report of Final Natality Statistics, 1986," *Monthly Vital Statistics Report*, Vol. 37, No. 3, Supp. DHHS, Pub. No. (PHS) 88-1120. Public Health Service, Hyattsville, MD.

## Risk Factors

While there is no single strategy—no simple answer—that will eliminate teenage pregnancy, recognizing and understanding some of the risk factors can be a first step in reducing the numbers.

Some adolescent pregnancies are the result of ignorance—inadequate or inaccurate knowledge about sexual matters, including reproduction and contraception. Often teens receive misinformation from their friends (for example, “You can’t get pregnant the first time” or “You can never get pregnant if you have sex during your period”).

A sense of invincibility is characteristic of adolescence. “It won’t happen to me” is a common attitude leading to high-risk behavior, even among those who know the facts. When the pregnancy test comes back with positive results, a teenager often has a hard time accepting that it *could* and did happen to her.

Because of the strength of their sexual feelings, adolescents frequently struggle with conflicts between their desires and their basic values and religious beliefs. Many of those who become sexually active at an early age—about a third of 15- to 17-year-old girls are sexually active today—have a difficult time reconciling their actions with their self-image, personal ideals, and religious and moral beliefs. Many girls do not use any method of contraception, and many do not see a health professional until pregnancy occurs.

Even though they may not be ready for or want a sexual relationship, girls sometimes become sexually active because their friends are. Their intense need to win a peer group’s approval may force them to go along with others. Girls who blindly follow their peers often have poor self-esteem and do not recognize that honest disagreements and confrontations will not destroy a true relationship. Indeed, in the long run, saying no might even strengthen a real bond of friendship and find support from other peers.

Some pregnancies occur because girls are pressured into sex by their boyfriends. Girls may agree to sex, thinking it keeps or wins a boy’s love or affection. Putting themselves into risky situations—such as accepting an invitation to a party given by a much older teen or going to a boy’s house when his parents aren’t home—may lead to sex. The use of alcohol and drugs may also reduce inhibitions, leading to sexual activity.

Many boys feel pressured themselves to engage in sexual relations with girlfriends in order to demonstrate their masculinity or sexual prowess to peers. Some teenage boys are happy about a girlfriend’s pregnancy, even when they do not intend to help care for the child. The attitude that a girl’s pregnancy affirms the boy’s masculinity continues to exist among many young males.

The media—television, videos, movies, contemporary music, and advertising—have become some of the most influential forces in our society today. They have the potential to both positively and negatively affect the knowledge and attitudes of teenagers. Through various media, young people are bombarded with the message that early sexual activity is not only acceptable, but desirable. The media also give the message that everyone is “doing it” when everyone is not. Teenagers need access to accurate information about sexuality and pregnancy if they are to develop healthy attitudes and make informed decisions about sexual behavior.

Teenagers who are motivated, successful in school, and have a reasonably bright future are more likely to postpone sexual involvement. Youngsters who are living in poverty, have poor academic skills, have low self-esteem, and are lacking in communications and other basic skills do not see real opportunities in their future. They are five times as likely to become parents before age 16 as those with average basic skills. Child-bearing, for many of these youngsters, becomes an accomplishment they can realistically attain. Pregnancy and parenthood may not be unwelcome. Their sense of deprivation, hopelessness, and worthlessness lessens—even if only temporarily—as they get attention and fill a void in their lives.

Attitudes, values, religious beliefs, and communications within the family are important predictors of teenage sexual involvement. Teenage girls who have a good relationship with their mothers, and who have parents who supervise their dating and are not permissive in their attitudes toward early sexual activity and pregnancy, are less likely to get pregnant during their teenage years. Those girls whose mothers or older sisters were teenage mothers are at higher risk themselves of becoming pregnant at a young age. These teens often lack role models who might show them positive life options. Some girls become pregnant to assert their independence, punish their families, or get away from intolerable family situations.

## *Prevention Approaches*

Teen pregnancy prevention programs must not only provide basic sex education or family life education; they must also seek to address the underlying causes of the problem—the limited opportunities, the poor self-esteem, the confused values, the lack of positive role models, and the despair.

It is critical that teenage girls have good reasons not to have children. They need a sense of the future—constructive personal and vocational goals and the skills and opportunities to reach them. Developing their assertiveness, communication abilities, and decision-making and planning skills can help young people make informed decisions and carry them out. A supportive, nurturing climate can increase their feelings of self-worth and give them hope. They need to understand that having and raising children is a task for adults, not adolescents. Building basic academic and work-related skills is important also. And for those who are doing poorly in school, opportunities for success in nonacademic areas, like Girl Scouting, can be a vital way to break the cycle of failure.

It is important for adults to understand and respond to the very real pressures and sexual drives young people are experiencing in our modern world. Adults can help adolescents recognize that sexual activity is far too significant to be started at a young age or treated in a casual manner.

Although helping teens say no to sexual involvement is not a strategy that will realistically work with everyone, it is a strategy that should be emphasized. Girls may need to be encouraged to think about some of the possible consequences of early sexual activity:

- Guilt for going against their personal values and religious beliefs
- Emotional trauma
- Lowered self-esteem
- Risk of pregnancy and the adult responsibility of parenthood
- Hurting a relationship with parents
- Being labeled by their peers as someone who is promiscuous
- Risk of sexually transmitted diseases, including AIDS

Adolescent girls may need to be reminded that certain phrases voiced in a dramatic tone might signal the application of psychological pressure. When teens hear manipulative lines such as "Don't worry about it; nothing will happen," their guard should go up immediately. Many girls do not have the communication skills or courage to convey their true attitudes or to defend their own position on an issue. Girls should learn to recognize that when they fail to assert themselves in a social situation, they are really saying, "What someone else thinks is more important than what I think" and "I trust others more than I trust myself."

It is helpful for adolescents to have a variety of ready responses to deal with social pressure. Girls may need practice communicating control and self-confidence as they respond to a boy's smooth-talking sales pitch. Some responses girls can use include:

- Say no or use a phrase that clearly means no (for example, "I'm not interested" or "I'm not ready").
- Suggest an alternative activity (for example, "I don't want to. Let's see what's on TV instead").
- Explain that your personal or religious beliefs do not allow sexual activity at this time (for example, "I believe that teenage sex is wrong" or "My religion says that sex belongs in marriage only").

■ Make an excuse (for example, "My parents would never forgive me"). This is particularly useful for girls who have difficulty saying no directly.

■ Say, "I don't want to risk becoming pregnant. I'm not ready for the tremendous responsibility of being a mother."

■ Tell him you have the right to say no now, even though you've been sexually active previously (with him or anyone else).

■ Respond to the argument without getting defensive (for example, to a boy who says "There's only one chance in a million that you'll get pregnant," a girl might say "That's one chance too many for me"; or to a boy who says, "I thought you loved me," a girl might say, "I do love you, but I'm not ready to have sex. That's my decision").

■ End the conversation or leave the situation if firmly saying no has had no effect. Even the strongest individual might eventually yield to a persistent and convincing argument.

Girls need to remember that in some instances, avoiding risky situations altogether—for example, declining an invitation to go for a drive to a romantic, isolated spot—may be the best course of action.

Teens need to receive clear, consistent messages about values and beliefs from parents, clergy, teachers, Girl Scout leaders, and other important adults. Often messages about values and beliefs are provided in indirect ways—through behavior rather than words. However, direct communication is important as well. Young people need to know what is expected of them—that too-early sexual activity, pregnancy, and childbearing are undesirable.

By understanding her own values, a girl can make decisions consistent with those ideas and beliefs that are most important to her. Strongly held personal values can help girls resist pressure to conform to someone else's values and behaviors.

Certain values help to build good relationships and make decisions. For example, those who hold self-respect as a value won't allow themselves to be exploited sexually. Believing in honesty can prevent someone from saying "I love you" just to get sex. And a keen sense of responsibility and respect for others can lead individuals to answer for their actions and treat people with dignity in sexual and other spheres.

Some teenagers who have already been sexually involved experience a conflict between their behavior and their values and religious beliefs. They may want and need adult support in refraining from further sexual activity until they are older. Research has found that behavior often changes when it is made clear to the individual that her basic values are not consistent with her actions.

A successful teen pregnancy prevention program should involve boys as well as girls. The attitude among many teenagers that pregnancy is an affirmation of a boy's masculinity needs to be discarded. Boys can bolster their self-esteem by developing competence in school, at work, in athletics, or in a field in which they are talented. Positive role models may also be helpful. Community leaders, clergy, family members, neighbors, or well-known males who have combined fatherhood with personal success and satisfaction can communicate that masculinity represents more than the capacity to get a girl pregnant. Moreover, boys may also emulate men who have deferred having a family until they were capable of sharing the responsibility that raising children entails. Boys may need to learn that they, too, can say no when girls pressure them into sexual activity.

For girls who are already pregnant, support is needed to make sure they receive early and comprehensive prenatal and postdelivery care (reducing the likelihood of low-birth-weight infants); to help them stay in school at least until they finish high school (providing child care, for example); to provide them with skill building that can help them get jobs; and to decrease the probability of another pregnancy while they are still adolescents. These girls have a special need for the caring support of their Girl Scout leader and group.

## Specific Tips for Girl Scout Leaders

As a caring and trusted Girl Scout leader, you have the opportunity to be a positive role model for girls and to help them develop the skills, values, and attitudes that will increase the odds against their becoming sexually active and pregnant at an early age. Here are some things you can do:

- Recognize and acknowledge that the problems of peer pressure, teen sexual activity, and teen pregnancy exist in your community.
- Believe you can make a contribution to reducing the problem of teen pregnancy. Seek further guidance, support, and approval from your council. Work with the resources that are available in your community.
- Learn the facts about teen pregnancy and then educate others.
- Help girls develop their own values and behaviors consistent with healthy relationships.
- Help girls learn and practice decision-making techniques.
- Provide an open, trusting atmosphere so that girls will feel comfortable expressing their feelings and seeking advice from you. Their trust in you as an adult may increase their trust in their parents.
- Encourage girls to listen to and respect each other.
- Give girls recognition, responsibility, and ample opportunities for success to help support their self-image and prepare them for the future.
- Foster the idea of peer support—girls helping each other.
- Offer guidance and encouragement that are meaningful and honest. For example, if a girl is doing poorly in school, offer to help her and her parents find a tutor.
- Give factual information to girls in terms they can understand. Teenagers need information to counteract the myths they may hear, and to help them make informed, responsible decisions.
- Help girls realize they can say no to sex even if they have said yes before.
- Use role-playing to help girls practice being assertive and become more self-confident. Let them know it's okay to disapprove of a peer's ideas or actions.
- Be clear about and sensitive to the values you are communicating to the girls in your troop or group. If you do not feel comfortable discussing certain topics or guiding girls through some of the activities, seek help in facilitating the group.
- Take a preventive approach. Help girls feel good about themselves and their future. If girls are encouraged to do activities that will enable them to build their self-esteem and to acquire important skills, they will be better able to resist peer pressure and avoid early sexual involvement and teen pregnancy.
- Respect different points of view and strategies for combatting problems. People can pursue the same goal in various ways.
- Encourage girls to communicate with their parents and involve parents when planning program activities related to preventing teenage pregnancy.
- Recognize that religious leaders in the community are an important resource. Help girls become comfortable in seeking their assistance when necessary.
- Find out what agencies in your community can help girls who might be or are pregnant. Advise girls to speak with a family member, religious leader, or other trusted adult. Contact your council office for sources of professional help.

## Suggested Troop/Group Activities to Prevent Teenage Pregnancy

As a Girl Scout leader, you will want to focus on activities that promote good self-esteem and help girls see the positive future options that lie before them. You can help them in understanding the significant consequences of early sexual involvement, teenage pregnancy, and teenage parenthood.

The activities in this booklet are designed to help adolescents learn strategies to fight negative peer pressure, enhance their self-esteem, and develop decision-making, communication, and other skills that can lead to a brighter future. Some activities focus on giving girls a realistic picture of teenage parenthood so that they can better understand and hopefully avoid this role.

The "Decisions for Your Life" Girl Scout patch is available to Junior, Cadette, and Senior Girl Scouts who participate in activities related to preventing teenage pregnancy. Information on ordering the patches is available from your council.

## Junior Girl Scout Activities

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Junior Girl Scouts can participate in the following activities:

1. Write a story illustrated with photos and drawings that reflect your hopes and dreams for the future.
2. Make a "Success" collage that shows experiences you have had where you felt successful.
3. Discuss, in a small group, how your values and the values of your family, religion, and friends influence your decisions and actions. Share an experience in which your values helped you make an important decision.
4. As a group, brainstorm a list of lines people use to pressure others into doing something they may not want to do—for example, "Everybody's doing it" or "Don't you want to try it to see what it's like?" Role-play a number of positive responses to such lines.
5. Make a poster to highlight the problem of teen pregnancy. You can get resources, such as booklets, from the library and from health agencies. Get permission to hang the poster in a school, library, synagogue, church, shopping mall, fast food restaurant, or other setting where teenagers are likely to see it.
6. Find a role model who is successful in a field in which you are interested. Interview her and observe her in her workplace. Ask what skills, experience, and education were needed to achieve her position. Find out if having a baby as a teenager might have hindered this opportunity.
7. Watch a movie or television program or read a book about a relationship between pre-teenagers or teenagers. Discuss or think about these questions: How realistic were the characters? What kinds of pressures from friends and family members did the characters experience? What were the consequences of the characters' actions? How similar were the relationships to what you and your friends have experienced?
8. Create a board game about dating that can be played by both boys and girls. Play it with some friends.
9. On a weekend day, observe parents with their babies or young children in several different situations (for example, in a grocery store, shopping mall, church, synagogue, parking lot, restaurant, or park). Pay special attention to positive and difficult behaviors of children. Note how parents act toward their youngsters. Discuss your findings with a friend or relative.
10. With a group, design an event for girls and their families to communicate and share time together. It can be a one-time project or an ongoing activity.
11. Role-play being a parent by taking care of a raw egg (or any delicate object) representing a baby for at least two days. You will have full responsibility for your "baby," making sure it is always safe and warm. If you need to leave your egg, even for a short time, you must find a babysitter. The activity works best when several people act as parents, each with her (his) own egg. After the agreed-on period, share your experiences. Talk about how your "baby" changed your lifestyle, outlook, and relationships with family and friends.

## Cadette and Senior Girl Scout Activities

Cadette and Senior Girl Scouts can participate in the following activities:

1. Write a contract with yourself to reach a personal goal. Work out an overall strategy and the individual steps you will need to take to be successful. Monitor your progress.

2. What is required to be a parent? How do the specific skills needed to be a parent change as children grow? In a small group, create classified ads for each position as a parent of:

- an infant
- a toddler
- a school-age child
- a teenager

Describe the skills, experience, and resources needed, the number of hours required each day, and the benefits that come with this position. At least one of the ads should be written for a parent in a single-parent household and another should be written for a parent of a child with a disability.

3. Design a television commercial or magazine advertisement to combat teen pregnancy.

4. List the characteristics that you think are important in a boyfriend and those you might value in a marriage partner. Compare these two lists.

5. Interview boys and girls who are seriously dating. Ask about the drawbacks and advantages of this type of dating. Talk to several parents of teenagers to get their opinions also about this practice.

6. Find out how much it costs to have and care for a child during the first year of life. Talk to parents and health workers; visit stores and look through catalogues to get up-to-date information. Include medical expenses, baby furniture and supplies, food, and other necessary items in your estimate.

7. Brainstorm a list of reasons why teenagers should not be sexually active.

8. In a group, discuss the relationship between values and decision-making. Think of particular instances in which your values helped you to make difficult decisions.

9. Start a discussion group for parents and their teenage children to provide a regular forum for voicing concerns. Ask a guidance counselor, school psychologist, social worker, religious adviser, or other knowledgeable, caring professional to serve as a moderator for the group.

10. Establish a support group to help girls complete high school. Invite a guidance counselor or school psychologist to facilitate the group.

11. For a week, keep a record of how male female interactions are portrayed on television. For example, how often are the relationships shown as stable and loving? How often as temporary and manipulative? Do programs encourage teenagers to make responsible decisions about sexual involvement? What values are represented in these programs and which are missing? What changes would you make in the programs?

**12.** With some other girls and adults, plan and carry out a job preparation workshop. The topics covered might include preparing a résumé, filling out a job application, interview tips, and career planning. Contact resource people in your community who can help you.

**13.** Meet weekly with other teens—both boys and girls—for about a month to discuss the following questions in small groups:

- What goals do you have that would be affected by teenage parenthood?
- How does having a baby change a person's life? Are the changes different for males and females?
- How is parenthood different for teens and those in their twenties and older?

**14.** To gain work experience in an area in which you might be interested, volunteer your service for at least three hours a week for two or three months. Consider day-care centers, businesses, hospitals, law firms, libraries, schools or universities, museums, and your Girl Scout council office as possible sites.

**15.** Develop a strategy for making decisions that can be taught to younger girls. Refer to the *Brownie Girl Scout Handbook*, pp. 49-51 and 68-70, and the *Junior Girl Scout Handbook*, pp. 55-64. Teach the strategy to Daisy, Brownie, or Junior Girl Scouts.

**16.** With some friends, practice saying no to a boy who wants you to have sex with him. Think of ways boys might pressure you and come up with different ways to respond. For instance, if a boy says, "If you don't have sex with me, I'll find someone else who will," the answer might be, "If that's all I mean to you, then you'd better find someone else."

**17.** Interview at least two mothers of different ages (perhaps a teen mother and a mother in her thirties) who have an infant age six months or younger. Ask questions such as: Why did you decide to have a baby when you did? How has parenthood changed your life? What is a typical day like? What parenting responsibilities does the baby's father take on?

**18.** Volunteer to babysit for a full day for an infant or young child. Follow the family's rules and keep to the child's typical daily schedule of meals and naps. Discuss with others what it would be like to care for a child day after day.

**19.** Find out about organizations in your community that are working to educate people about teen pregnancy or help teenage mothers. Share this information with other girls in your community.

**20.** With the girls in your group, discuss how participation in Girl Scout activities can help prevent teenage pregnancy. Bring a friend who is not yet a Girl Scout to an activity and encourage her to continue by joining Girl Scouting.

# Program Links

The following program links provide additional activities and ideas for Junior, Cadette, and Senior Girl Scouts on issues related to the prevention of teenage pregnancy.

## For Junior Girl Scouts

### *Girl Scout Badges and Signs*

The World of Well-Being: Child Care, pages 13-14; Tending Toddlers, pages 40-42. The World of the Arts: Communication Arts, pages 128-130.

### *Junior Girl Scout Handbook*

"Who Am I?," pages 21-42; "Relationships," pages 43-64; "Hopes and Dreams," pages 119-127. Leadership badge, page 173; Communication badge, pages 175-176; Careers badge, page 183.

## For Cadette and Senior Girl Scouts

### *Cadette and Senior Girl Scout Handbook*

"Personal Development," pages 19-26; "Relationships," pages 27-41; "Stress Management," pages 67-70; "Making Decisions," pages 74-75; "From Dreams to Reality: Career Exploration," pages 81-104.

### *Cadette and Senior Girl Scout Interest Projects*

"Child Care," pages 14-15; "Family Living," pages 22-23; "Managing Stress," pages 27-29; "Skills for Living," pages 32-34; "Leadership," pages 56-58; "Understanding Yourself and Others," pages 61-62; "Career Exploration," pages 75-76; "Money Management," pages 87-88; "Creative Writing," pages 98-99.

# Resources

**Consultants:** psychologists, nurses, family therapists, clergy, social workers, youth workers, health educators, physicians.

**Local groups:** school, religious groups, social service agencies, hospitals, public health departments of universities, civic groups, youth-serving agencies.

## National Organizations

American Public Welfare Association  
1125 15th Street, N.W., Suite 300  
Washington, D.C. 20005

Association of Junior Leagues, Inc.  
660 First Avenue  
New York, N.Y. 10016-3241

Catholic Charities  
1319 F Street, N.W., #400  
Washington, D.C. 20004

Center for Population Options  
1012 14th Street, N.W., Suite 1200  
Washington, D.C. 20005

Center for Public Advocacy Research  
12 West 37th Street  
New York, N.Y. 10018

Center of Early Adolescence  
Suite 223  
School of Public Health  
University of North Carolina at Chapel Hill  
Carrboro, N.C. 27510

Child Welfare League of America  
Suite 310  
440 First Street, N.W.  
Washington, D.C. 20001

Children's Defense Fund  
Adolescent Pregnancy Prevention Clearinghouse  
122 C Street, N.W.  
Washington, D.C. 20001

Federation of Protestant Welfare Agencies  
281 Park Avenue  
New York, N.Y. 10010

Jewish Welfare Board (JWB)  
15 East 26th Street  
New York, N.Y. 10010-1579

March of Dimes Birth Defects Foundation  
1275 Mamaroneck Avenue  
White Plains, N.Y. 10605

National Clearinghouse for Maternal and Child Health  
38th and R Streets, N.W.  
Washington, D.C. 20057

National Council of Young Israel  
3 West 16th Street  
New York, N.Y. 10011

National Organization on Adolescent Pregnancy and Parenting, Inc.  
P.O. Box 2365  
Reston, Va. 22090

National PTA—National Congress of Parents and Teachers  
700 North Rush Street  
Chicago, Ill. 60611

National Urban League, Inc.  
500 East 62nd Street  
New York, N.Y. 10021

Share Resource Center on Teenage Pregnancy Prevention  
P.O. Box 2309  
Rockville, Md. 20852

Union of Orthodox Congregations of America  
70 West 36th Street  
New York, N.Y. 10018

## Printed Materials

### For Girls

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SCR

44

STATE OF ALASKA  
THE LEGISLATURE

POUCHY - STATE CAPITOL  
JUNEAU, ALASKA 99811  
907-465-3800

LEGISLATIVE AFFAIRS AGENCY  
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Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files. .

Mary Van Nimwegen

SCR 44

H. HESS

3/13/90

# HOUSE COMMITTEE REPORT

(7)

Date Referred: March 5, 1990

FURTHER REFERRALS:

Date of Committee Action: 3/13/90

The HEALTH, EDUCATION, & SOCIAL SERVICES Committee considered: SCR 44  
SENATE CONCURRENT RES. NO. 44 ALCOHOL-RELATED BIRTH DEFECTS AWARENESS  
Relating to Alcohol-Related Birth Defects Awareness Week.

RECOMMENDATIONS:

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

ADOPTS: \_\_\_\_\_ letter of intent

ATTACHES NEW FISCAL NOTE(S):  
(Dept)

APPROVES PREVIOUS: (Date/Dept)

- fiscal impact \_\_\_\_\_
- zero fiscal note \_\_\_\_\_
- zero with analysis \_\_\_\_\_

- fiscal note(s) \_\_\_\_\_
- zero fiscal note(s) 2/27/90 DHS
- zero fn/analysis \_\_\_\_\_

SIGNING DO PASS:

JL Ellis

Debra Davis

John Jones

Mr. [Signature]

SIGNING:

(Check approp. column)

	Do Not Pass	No Rec	Amend

JL Ellis

Chairman's Signature

## FISCAL NOTE

**REQUEST:**

Revision Date: \_\_\_\_\_  
 Title: Related to Alcohol-related  
 birth defects awareness week  
 Sponsor: Senator Binkley  
 Requestor: \_\_\_\_\_

Agency Affected: Health & Social Services  
 DRU: \_\_\_\_\_  
 Components: \_\_\_\_\_

**EXPENDITURES/REVENUES:** (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	-0-	-0-	-0-	-0-	-0-	-0-
<b>CAPITAL</b>	-0-	-0-	-0-	-0-	-0-	-0-
<b>REVENUE</b>	-0-	-0-	-0-	-0-	-0-	-0-

**FUNDING:** (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>	-0-	-0-	-0-	-0-	-0-	-0-

**POSITIONS:**

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

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

Fiscal impact for FY 90 is "0".

Prepared by: Sally Head, Coordinator  
 Division: Office of Prevention  
 Approved by Commissioner: Myra M. Munson  
 Agency: Department of Health & Social Services

Phone: 561-4211  
 Date: \_\_\_\_\_  
 Date: 2/26/90

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



Official Business

# Alaska State Legislature

SENATE


*Committee on Finance*

P.O. Box V  
State Capitol  
Juneau, Alaska 99811

MEMORANDUM

March 9, 1990

TO: Representative Johnny Ellis, Chairman  
Health, Education and Social Services Committee

FROM: Senator Johne Binkley 

RE: SCR 44 - Relating to Alcohol-Related Birth Defects  
Awareness Week

---

SCR 44 requests the Governor to declare Mother's Day Week, May 13-19, as Alcohol-Related Birth Defects Awareness Week. A similar resolution has been passed by the Legislature for the past three years.

ARBD Awareness Week calls on the people of Alaska, including schools, health care organizations and practitioners, and other public and private agencies to observe this week with appropriate activities to increase public awareness and education about the problems associated with drinking alcohol during pregnancy.

Medical authorities estimate that a minimum of 87 children are born each year in Alaska with Alcohol-Related Birth Defects. The number may be as high as, or higher than, 319. Twenty-nine of these children are born with the most severe damage called Fetal Alcohol Syndrome.

Babies with FAS are smaller than they should be, and they don't catch up. They have heads and brains that are too small and varying degrees of mental retardation. They are jittery and poorly coordinated; many have short attention spans and behavioral problems. Facial features are frequently distorted and many have heart defects or defects of other body parts. The medical and societal costs of these children, over their lifetime, average more than \$1.4 million each. Most FAS children are not being raised by their natural mothers.

More and more mothers are learning to make the wise decision to abstain from alcohol during their pregnancy. These women need support and encouragement from their family, friends, and health and social service providers. Women who have not made that choice need to be encouraged and supported by these same people.

The resolution has a -0- fiscal note and is supported by the Department of Health and Social Services.

# STATE OF ALASKA



## Executive Proclamation

by

*Steve Cowper, Governor*

Fetal Alcohol Syndrome (FAS) is a leading cause of birth defects in Alaska and is the most common cause of mental retardation.

FAS usually results in serious health problems for these children. Children with FAS often need extraordinary medical attention and lifelong special care. The cost of care for FAS children is enormous for families and government and the quality of life of FAS children is diminished.

The burdens FAS creates can be reduced if pregnant women and women who plan to become pregnant abstain from alcohol consumption. Additionally, research is now indicating the father's alcohol consumption may impact the health of his unborn children.

FAS is preventable through public education about the effects of alcohol on unborn children and through individual efforts on the part of pregnant women to abstain from alcohol consumption.

NOW THEREFORE, I Steve Cowper, Governor of the State of Alaska, do hereby proclaim Mother's Day Week, May 14-20, 1989, as:

### *Fetal Alcohol Syndrome Awareness Week*

In Alaska, and urge all residents to learn the effects of alcohol on unborn children and to give support to women who make the wise decision not to drink during pregnancy.

DATED: MAY 1, 1989

DONE BY



A handwritten signature of Steve Cowper in black ink.

*Steve Cowper, Governor,  
who has also authorized the seal  
of the State of Alaska to be  
affixed to this proclamation*

POSITION PAPER

Senate Concurrent Resolution No. 44

SCR 44 designates the week of May 13 -- 19, 1990 as Fetal Alcohol Syndrome Awareness Week. This special designation coincides with national efforts to warn pregnant women about the dangers of drinking alcohol during pregnancy.

BACKGROUND

In 1981, the United States Surgeon General recommended that women who are pregnant or are considering pregnancy, abstain from alcoholic beverages and be aware of the alcohol content of foods, beverages, and medication. However, to date, this warning has not been adequately reinforced in our society.

The public is not sufficiently aware of all of the short- and long-term effects of alcohol on their health and their children's health. People simply do not know that Fetal Alcohol Syndrome (FAS) is one of the leading causes of mental retardation. It is the only cause which is completely preventable -- if women abstain from all alcohol during pregnancy or when they are trying to become pregnant. Since there is no way to predict how much alcohol is "safe," women planning a pregnancy are strongly advised to stop consuming alcohol before attempting to conceive and throughout pregnancy and nursing.

POSITION

Establishing an FAS Awareness Week will help inform pregnant women, women who are considering pregnancy, and other Alaskans of the dangers of alcohol use during pregnancy.

The Department of Health and Social Services supports this legislation.

Recommended by:

Sally Mead  
Sally Mead, Coordinator  
Office of Prevention

Date:

\_\_\_\_\_

Approved by:

Myra H. Munson  
Myra H. Munson, Commissioner  
Department of Health and  
Social Services

Date:

2-15-90

FISCAL NOTE

REQUEST:

Revision Date: \_\_\_\_\_  
Title: Related to Alcohol-related birth defects awareness work  
Sponsor: Senator Binkley  
Requestor: \_\_\_\_\_

Agency Affected: Health & Social Services  
BRU: \_\_\_\_\_  
Components: \_\_\_\_\_

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

ANALYSIS : (Attach a separate page if necessary)

Fiscal impact for FY 90 is "0".

Prepared by: Sally Head Coordinator  
Division: Office of Prevention  
Approved by Commissioner: Ed H. Munson  
Agency: Department of Health & Social Services

Phone: 561-4211  
Date: \_\_\_\_\_  
Date: 01/26/90

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)



## NCADD FACT SHEET: ALCOHOL-RELATED BIRTH DEFECTS

### DEFINITIONS

- Fetal alcohol syndrome (FAS) is one of the top three known causes of birth defects with accompanying mental retardation—and the only preventable cause among those three. FAS can be prevented by abstaining from alcohol consumption during pregnancy.<sup>1</sup>

FAS is characterized by a cluster of congenital birth defects that develop in the infants of some women who drink heavily during pregnancy. These defects include prenatal and postnatal growth deficiency; facial malformations such as a small head circumference, flattened midface, sunken nasal bridge and flattened and elongated philtrum; central nervous system dysfunction; and varying degrees of major organ system malformations.<sup>2</sup>

- Fetal alcohol effects (FAE), a less severe version of FAS, is characterized by milder or less frequent FAS signs. Low birthweight, subtle behavioral problems or a partial display of physical malformations, for example, may be seen in the newborns of women who consumed less alcohol during pregnancy than women with FAS newborns.<sup>3</sup>

### INCIDENCE AND RISK FACTORS

- Nearly 5,000 babies – one in every 750—are born with FAS every year. (FAS prevalence rates range from one in 1,000 to one in 200.) Comparatively, FAE may affect 36,000 newborns each year.<sup>4</sup>
- One in six women in the peak childbearing years of 18-34 may drink enough, either chronically or episodically, to present a hazard to an unborn infant.<sup>5</sup>
- Alcoholic women are at highest risk of bearing children with FAS. Alcoholism is a chronic, progressive and potentially fatal disease characterized by tolerance and physical dependency or pathologic organ changes, or both.<sup>6</sup>
- FAS is prevalent in 9.8 of every 1,000 American Indians from a particular high risk culture. Other American Indian populations have rates ranging from 1.3 to 10.3 for every 1,000.<sup>7</sup>
- An average of one to two reported drinks daily is linked to decreased birthweight, growth abnormalities and behavioral problems in the newborn and infant. Increased risk of spontaneous abortion has been found at an even lower dose: one to two drinks twice weekly.<sup>8</sup>
- The probability of having a child with FAS or FAE increases with the amount and frequency of alcohol consumed. Whenever a pregnant woman stops drinking, she reduces the risks of FAE and the consequences of alcohol exposure.<sup>9</sup>
- There is no known safe dose of alcohol during pregnancy, nor does there appear to be a safe time to drink during pregnancy. Although 90 percent of the public is aware that drinking during pregnancy may damage the fetus, one study showed that one-third of women interviewed believed that drinking more than three drinks a day during pregnancy was safe.<sup>10</sup>

## ECONOMIC FACTORS

- Assuming a conservative estimate of one FAS newborn for every 1,000 live births in 1980, it cost approximately \$14.8 million to treat them; \$670 million to treat the 68,000 FAS children under 18; and \$760 million to treat 160,000 FAS adults. Plus, indirect productivity losses were \$510.5 million.<sup>11</sup>
- Women are now heavily targeted for marketing of alcoholic beverages. (Women will spend \$30 billion on alcoholic beverages in 1994, up from \$20 billion in 1984.)<sup>12</sup>

## PUBLIC HEALTH RECOMMENDATION:

- The best advice for pregnant women is to abstain from alcohol consumption during pregnancy. There is no evidence to establish an alcohol consumption level free of risks to the fetus.<sup>13</sup>
- Women who breastfeed should continue to abstain from drinking alcohol until their babies are weaned. Alcohol readily enters breast milk and heavy alcohol consumption has been shown to reduce lactation.<sup>14</sup>
- As of January 1990, nine states and 17 cities/counties require that signs warning of the dangers of drinking during pregnancy be posted wherever alcoholic beverages are served or sold.<sup>15</sup>

## SOURCES

<sup>11</sup>H. J. Harwood et al., *Economic Costs to Society of Alcohol and Drug Abuse and Mental Illness—1980* (Research Triangle Park, N.C.: Research Triangle Institute, 1984), p. B-3. <sup>12</sup>"Fetal Alcohol Syndrome," *Alcohol Topics in Brief*, National Institute on Alcohol Abuse and Alcoholism (NIAAA), April 1985, p. 1. K. Warren, "Alcohol-Related Birth Defects: Current Trends in Research," *Alcohol Health and Research World*, NIAAA, Vol. 10, No. 1 (Fall 1985), p. 4. <sup>13</sup>R. Little and C. Ervin, "Alcohol Use and Reproduction," eds. S. Wilsnack and L. Beckman, *Alcohol Problems in Women* (New York: The Guilford Press, 1984), p. 158. <sup>14</sup>Harwood et al., op. cit., p. B-3; H. J. Harwood and D. M. Napolitano, "Economic Implications of the Fetal Alcohol Syndrome," *Alcohol Health and Research World*, NIAAA, Vol. 10, No. 1 (Fall 1985), p. 41. <sup>15</sup>"Behavior Risk—Factor Surveillance—Selected States," *Morbidity and Mortality Weekly Report*, February 1983, pp. 32–155. <sup>16</sup>NIAAA, *Fourth Special Report to the U.S. Congress on Alcohol and Health*, ed. J.R. DeLuca, DHHS Pub. No. (ADM) 82-1080, 1981, p. 36. <sup>17</sup>P. May, et al., "Epidemiology of Fetal Alcohol Syndrome among American Indians of the Southwest," *Social Biology*, Vol. 30 (1983), pp. 374–387. <sup>18</sup>Little and Ervin, loc. cit., p. 162. <sup>19</sup>J. Funkhouser and R. Denniston, "Preventing Alcohol-Related Birth Defects," *Alcohol Health and Research World*, NIAAA, Vol. 10, No. 1 (Fall 1985), p. 56. <sup>20</sup>Ibid., p. 54. <sup>21</sup>Harwood et al., *Economic Costs to Society*, p. B-11 and B-15. <sup>22</sup>"Betty Briefcase Buys More Bottles," *Advertising Age*, Thursday, September 12, 1985, *Impact*, Vol. 19, No. 15 (August 1, 1989). <sup>23</sup>NIAAA, *Sixth Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health and Human Services*, DHHS Pub. No. (ADM) 87-1519, 1987, p. 93. <sup>24</sup>R. Niven, "Alcoholism—A Problem in Perspective," *Journal of the American Medical Association*, Vol. 249 (1983), pp. 2029-2033. <sup>25</sup>NCADD Office for Public Policy, Washington, D.C.

## WHAT IS NCADD?

NCADD is a national nonprofit organization combating alcoholism, other drug addictions and related problems through its national office, 200 state and local Affiliates, and thousands of volunteers in communities throughout America. Founded in 1944, NCADD's primary mission is education, prevention and public policy advocacy.

NCADD provides education about alcoholism and other drug addictions as treatable diseases; offers prevention programs for schools, organizations and communities; sponsors medical/scientific information; answers questions from the public, legislative bodies and the media; and publishes a variety of publications. NCADD also offers information and referral services to children, teenagers, and adults seeking help with alcoholism, other drug dependencies, and related problems.

NCADD annually, and has every year since 1952, a prestigious national conference where leaders in the field convene to report their latest findings and to discuss emerging trends and values of recovery. NCADD also sponsors National Alcohol Awards Month in April and National Alcohol Birth Defects Awareness Week beginning just before Father's Day each year.

Programs, services, more information, assist referrals are available at any NCADD Affiliate in their area or the NCADD's national toll-free telephone: 1-800-NCACALL.

## NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC



12 West 21st Street, New York, NY 10010 • (212) 206-6770  
1511 K Street, N.W., Washington, D.C. 20005 • (202) 737-8122

**MEN,**

**ALCOHOL and**

**BABIES**

*Having a healthy baby was once  
thought to be the woman's  
responsibility...*

It's true that what a mother-to-be eats and drinks affects her baby. That's why pregnant women are advised not to drink alcohol - because it can cause a birth defect called **FETAL ALCOHOL SYNDROME (FAS)**. With **FAS** the baby is growth and mentally retarded, and has facial deformities as well as other physical problems.

### **BUT THE FATHER'S DRINKING ALSO AFFECTS HIS CHILDREN:**

- It affects his ability to father children.
- It increases the chance of other birth defects in his children.
- It lowers his babies' birthweight.

The father's support of the mother during the pregnancy is the most important action a man can do to have a healthy baby. The father can:

- Make an agreement that neither you nor the mother-to-be will drink alcohol, smoke cigarettes or marijuana, or use any drugs during the pregnancy. This agreement makes it easier for a woman to maintain a healthy life style.

- Encourage regular prenatal care, and go with her to the checkups.

- See to it she eats a balanced diet, and takes prenatal vitamins and iron if prescribed.

- Remind her not to take any medicine during the pregnancy unless told to by her doctor.

**REMEMBER, IT'S YOUR BABY TOO!**