

ALASKA LEGISLATURE COMMITTEE FILES, 1989-1990 8672

6280 SENATE HEALTH, EDUCATION AND SOCIAL SERVICES



Senate Health, Education and
Social Services Committee

Senator Paul Fischer, Chairman

Senator:

The fiscal notes were ordered for SB 169
and SCR 18.

Health and Social Services was contacted
and are aware that these are on the agenda.

DCM

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.

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

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: Relating to inhalant abuse

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

Sponsor: Binkley, et.al.
Requestor: _____

Components: Administration

EXPENDITURES/REVENUES: (Thousands of Dollars)

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

CAPITAL	0	0	0	0	0	0
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REVENUE	0	0	0	0	0	0
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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 Munder
Matthew C. Felix Phone: 586-6201
Division: Alcoholism & Drug Abuse Date: _____

Approved by Commissioner: Moya M. Munn Date: 3/29/89
Agency: _____

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

Senator Johne Binkley

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




Finance Committee
Co-Chairman

MEMORANDUM

March 10, 1989

TO: Senator Paul Fischer, Chairman
Senate Health, Education and Social Services Committee

FROM: Senator Johne Binkley 

RE: SB 169 and SCR 18, relating to inhalant abuse

The two above-referenced pieces of legislation were referred to your committee on February 9. SB 169 would extend the powers and duties of the State Office on Alcoholism and Drug Abuse to include programs relating to the misuse of volatile substances; that is, inhalants. The purpose of the bill is to recognize SOADA as the clearinghouse for inhalant information and assistance.

SCR 18 asks the Departments of Education and Health and Social Services to work with SOADA to get the information on the dangers of inhalant abuse out to the public. It also asks that the purchasing agents for each State agency within each branch of government buy when available products that do not contain chemicals that can be abused.

Attached is information for the committee members on inhalants. I would appreciate your scheduling these pieces of legislation at the earliest possible date. Please let me know so that I may plan on attending the hearing personally. Thank you.

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

(3) Lifetime Experience with a Drug

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

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

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

*N=3814 (Unweighted) **N=3609 (Unweighted)

*** $p < .01$.

**** $p < .05$.

From Alcohol and Drug Use among Youth
Study, University of _____
Dr. Bernie Segal.

in other research.

(g) Depressants

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

(h) Tranquilizers

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

(i) Inhalants

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

(j) Alcohol

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

QUALITY SERVICES

Date JUL 18 1988

Tundra Drums

Client No. 000

Boy dies at party

ANCHORAGE (AP) — A 14-year-old Emmonak boy died during a weekend party near his village after he reportedly drank home-brewed liquor and sniffed gasoline, the Alaska State Troopers reported.

Troopers identified the youth as Robert Hamilton.

They said he had been at a party with other youths on a beach along the Yukon River early Sunday. He passed out and could not be revived, troopers said.

An autopsy was scheduled for Tuesday in Anchorage.

ALL-STATE

CHRYSLER

Client No. _____

Youth found dead near open gasoline container

ANCHORAGE (AP)—When last seen alive, 14-year-old Freddy George was wandering the streets of Pilot Station in the middle of the night.

A police officer told the boy to go home, but instead he went to a ramshackle cabin near the Yukon River used to store fishing gear.

The Alaska State Troopers say Freddy George apparently died that night after inhaling fumes from an open can of gasoline.

John Evan and his son, Freddy, 12, found his body the next morning on Aug. 10 as they prepared to go fish-

ing. "When I first saw him, I thought he was sleeping. I couldn't recognize him for awhile," Evan said. "I asked my Freddy to come see who I was. I've been feeling pretty bad about that."

Freddy George often stayed out late, said Patrick Nick, the village public safety officer. When the boy went home, it was usually to his married sister's house. He and his sister and their mother, Sarah, were the only living members of the immediate family, Nick said.

The boy is the second in the Yukon Delta to die in recent weeks after inhaling gas fumes. A 14-year-old Emmonak boy died during a party in late July after he reportedly drank some brewed liquor and inhaled gasoline fumes.

Officials said gas-sniffing is a dangerous form of substance abuse that can be addictive and sometimes leads to death from asphyxiation.

"That goes on in the Bush," said Trooper Capt. Glenn Godfrey, who heads the agency's rural law en-

forcement unit. "Quite often, it's younger teenagers and the ones who are experimenting with things. They get into a bad habit, being fatal to themselves. You get a quick start and you're suddenly, 'Oh, my!'"

There is no way to tell if Freddy George was carrying a can of gasoline with him when he died, said Trooper Capt. Godfrey. "It's an indeterminate matter at this time. We're not going to get any further."

Evan said he may have troubled about the boy's morning disappearance and his body.

"That's the first time I've found a man alive that," he said. "It's pretty hard to take. I didn't want to go fishing. When I got home, I called the police. I talked to him. I didn't want to keep it in me. If you keep it inside, it seems to get worse."

social settings and situations which prompt abuse.
410. *Internal Medicine News*, July 15-31, 1987, p 13.

COCAINE PRECIPITATES HEART ATTACK IN YOUNG ADULTS

Cocaine can be a major factor in the occurrence of heart attack in young adults. At an annual meeting of the American College of Cardiology, Henry W. B. Smith, III, M.D., reported his experience with nine heart-attack victims between the ages of 23 and 39 who were also cocaine users.

Four patients used cocaine twice a week or more for at least two months prior, and five patients were occasional users. Most also smoked cigarettes, and one had a history of heart disease in her family. Both of these factors contributed to the occurrence of heart attack.

After treatment, six patients stopped their cocaine use. Of the remaining three, two experienced later episodes of chest pain, and one died of a second heart attack which also resulted from cocaine use.

These findings indicate that cocaine can precipitate heart attack when it is smoked, inhaled or injected. Symptoms usually occur within one hour of use.

411. *Internal Medicine News*, June 1-14, 1987, p 8.

COCAINE CAN CAUSE HEART PROBLEMS IN FIRST-TIME USERS

First-time users of cocaine can experience heart problems, says Peter Martin, M.D., director, alcohol and substance abuse division, Vanderbilt University College of Medicine. Dr. Martin wishes to dispel the myth that only long-term abusers who take large amounts of the drug can develop heart complications.

Another myth is that snorting cocaine, instead of injecting or smoking it, reduces the risk of heart complications.

Of seven patients entering one hospital emergency room, six had snorted cocaine and one had smoked a freebase preparation. Four patients experienced heart attack, and three developed other heart problems. Two patients died suddenly.

According to statistics for 1981 from the National Institute on Drug Abuse, cocaine use resulted in 3,296 visits to emergency rooms and caused an additional 195 deaths. In contrast, 9,946 visits to emergency rooms and 580 deaths resulted from cocaine use in 1985. Even more reports of complications may occur since the price of cocaine has gone down and is affordable for more people.

Dr. Martin says that the treatment goal for all cocaine abusers must be total abstinence.

412. *Internal Medicine News*, June 1-14, 1987, pp 9-10.

HEROIN

HEROIN ABUSE MAY LEAD TO DEVELOPMENT OF ASTHMA

In a study of 2,276 heroin addicts, 112 had a history of asthma. Of those, 31 showed an association between their heroin abuse and the development of asthma. In addition, more women developed asthma subsequent to heroin abuse than did men.

413. *Internal Medicine News*, July 1-14, 1987, p 6.

MARIJUANA

CHEST PAIN RESULTS FROM MARIJUANA AND COCAINE ABUSE

Maximo A. Lague, III, M.D., and colleagues of Tampa General Hospital, report the case of an 18-year-old male who developed chest pain and short-

ness of breath after using marijuana and cocaine. Previously, these problems have been noted in cocaine and marijuana abusers who use positive pressure devices or techniques which supposedly enhance the drugs' effects.

The patient in this case denied using any such techniques or devices. With the increased problem of drug abuse among adolescents, the author advises physicians to routinely question adolescents who complain of chest pain about their use of drugs.

414. *Podiatric Emergency Care*, Vol 3, No 2, 1987, pp 107-109.

MARIJUANA HARMFUL TO LUNGS

Researchers at UCLA School of Medicine have examined the effect of smoking tobacco and marijuana on the lungs. At the cellular level, they compared the effect on 43 smokers and 19 nonsmokers of smoking cigarettes, marijuana or both.

Clearly, cigarette and marijuana smoke had a negative effect on the lungs. Further, the effects of marijuana are separate from those of cigarettes and actually add to or worsen the effects of cigarette smoke.

415. *American Review of Respiratory Diseases*, Vol 135, 1987, pp 1271-1275.

INHALANTS

TRICHLOROETHANE TOXIC TO HEART

Adolescents who sniff glue may be exposed to a toxic substance called trichloroethane, or TCE, a commonly used solvent found in various glues, dry cleaning fluids, plaster remover and typewriter-correction fluid.

A report recently appeared in Britain of a 14-year-old boy who sniffed trichloroethane and who later developed irregular heart rhythm during surgery for removal of his tonsils. It appears that the anesthetic used during surgery added to the heart toxicity caused by trichloroethane.

A 54-year-old man who had occupational exposure to trichloroethane experienced similar problems during surgery. Both cases demonstrate that damage to the heart is a possible result of long-term occupational exposure or short-term abuse of trichloroethane.

416. *British Medical Journal*, Vol 294, 1987, pp 727-729.

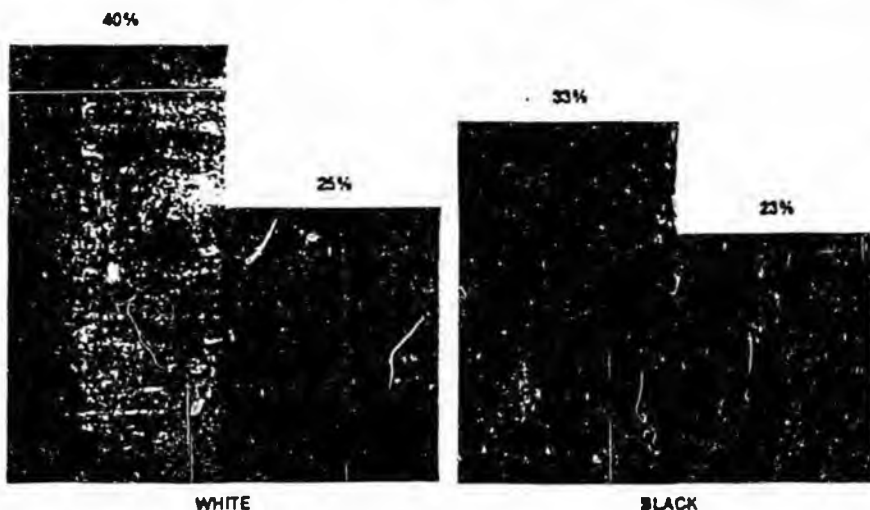
OTHER DRUGS

DOCTOR CALLS NASAL VITAMIN PURE RIPOFF

The Food and Drug Administration is investigating a nasal vitamin B12 product called Ener-B. When squeezed into the nose, Ener-B delivers large doses of vitamin B12 which consumers of the product believe will give them extra energy.

One critic of Ener-B, Victor Herbert, M.D., of the Bronx Veterans Administration Medical Center, submitted a petition to the Food and Drug Administration which states that Ener-B is a pure economic ripoff with no health or

SMOKING DURING PREGNANCY*



* 1987 ■ 1980 *Married women 20 years of age and older. See page 7.

ALCOHOL HIDDEN INGREDIENT IN NUMBER OF MEDICINES

She was prim and proper ... a real lady, polite and soft spoken. Her clothes weren't expensive, but she was neat and fashionable for a woman in her sixties.

The check-out clerk in the supermarket bagged her groceries, helped her out the door and turned to me with a bemused smile. "That's the second bottle of NyQuil this week," she said. "She's been buying the stuff like it's going out of style. Could her cold really last for four months?"

While it's entirely possible that this sweet, silver-haired lady had a persistent evening cough, it could also be that she was using this over-the-counter cold remedy as a nightcap.

NyQuil contains 25% alcohol (equal to 50 proof) combined with cough suppressant, decongestant, pain reliever and the antihistamine doxylamine. A nip of NyQuil could become a habit for some folks who, like our supermarket shopper, would probably never dream of drinking liquor.

Around the turn of the century, a lot of strait-laced ladies relied on Lydia E. Pinkham's Vegetable Compound, which was widely promoted for "women's problems." Many of these women disapproved quite strongly of drinking and would have been shocked to realize that their favorite tonic was stronger than wine.

Just last week, we learned of a foreman who sipped Listerine throughout the day. No doubt he would have been fired had he guzzled beer or whiskey so openly, but his boss was unaware the mouthwash was more than 25% alcohol.

Many popular liquid medications do contain substantial amounts of alcohol. Comtrex Liquid, for example, is 20% alcohol, nearly as much as NyQuil.

While this may not be dangerous in itself, if people take the cold remedy at the recommended dose for a limited time, it can pose a problem for those who must take prescription medicines that don't mix well with alcohol. They should beware of cough syrups such as terpin hydrate elixir (more than 80 proof) as well as cold remedies, including Contac Severe Cold Formula and Dristan Ultra Colds Formula. Liquid iron or vitamin formulas also may contain alcohol.

(Continued on back page)

INHALANT UPDATE

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

ADDITIVES

gasoline additives

ADHESIVES

building supply adhesives

false eyelash adhesives

fingernail adhesives

PCV pipe adhesives

AGENTS

engine drying agents

CEMENTS

household cement

model cement (glue)

CLEANERS

auto body cleaners

car engine cleaners

electronic equipment cleaners

gun cleaning solvent

window cleaner

COATINGS

aerosol leather coatings

frying pan/pot coatings

DE-ICERS

windshield de-icers

FLUIDS

brake fluid

charcoal starter fluid

fire extinguisher fluid

lighter fluid

power steering fluid

printer fluid

transmission fluid

typewriter correction fluid

FUELS

lantern fuel

stove fuel

GASOLINE

HARDENERS

fingernail hardener

MARKERS

felt tip markers

dry erase marker

OCTANE BOOSTERS

PAINTS

aerosol paint

lacquer paint

liquid paint

PENS

fast-drying pens

POLISH

fingernail polish

shoe polish

PRODUCTS

fiberglass refinishing products

photographic chemical products

resin products

shoe shine products

water proofing products

PROPELLANT GASES

fluorocarbons

hydrocarbons

REMOVERS

asphalt remover

fingernail polish remover

paint remover

stain remover

tar remover

SEALANT

tire sealant

STRIPPERS

paint strippers

varnish strippers

SUPPLIES

art supplies

household cleaning supplies

furniture refinishing supplies

THINNERS

paint thinner

VARNISH

furniture varnish

wood varnish

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

Inholomis

AADAC

AWARD

Introduction

Breathing in chemical fumes to become intoxicated is commonly called "glue sniffing".

Using inhalants to get "high" is not new. Their use goes as far back as the mid-1800s. During the 1930s and 1940s, it was popular to sniff gasoline fumes. By the mid-1960s, when model airplane glue was sold, the number of persons who used inhalants increased. The term "glue sniffing" then became popular.

Today, there are a number of household items which can be used for sniffing. These include model airplane glue, nail polish remover, paints, lacquers, lighter fluids, aerosol sprays, non-stick cooking sprays, cleaning fluids, anti-freeze and gas.

Whatever the substance used, sniffing is very dangerous. It is a form of drug use which can have effects ranging from headaches to death.

One of the best ways to fight this and other forms of drug abuse is to inform everyone of the problem and the dangers. This pamphlet has been prepared to tell you more about inhalants, the risks which they present and their users.

Who Uses Inhalants?

Most inhalant users are children or teenagers. Alberta wide surveys of students in Grades 7 to 12, showed about eight per cent of the students had "sniffed" in the six months before the survey.

Most users were between 13 and 15 years of age. There was a sharp decline in use by students in higher grades.

Many occasional users are ordinary teenagers who try it once and leave it alone. There are a number of long-term users, though, with troubled backgrounds at school or at home.

What Are The Effects Of Inhalants?

After the first few deep breaths, there is a feeling of dizziness, relaxation and well-being. There may also be body "rushes", hot flushes, flashes of light and a sense of floating away. The actual "high" may only last a few seconds, although the effects usually last from five to 40 minutes.

Once the effects wear off, the user may experience a period of drowsiness. Headache and sickness may accompany recovery, and the user may not be able to remember what happened.

Constant use of inhalants can lead to such symptoms as nosebleeds, bloodshot eyes, bad breath, and thirst. There may also be tiredness, and slow movement.

Continued use can have dangerous effects. Some of these include memory loss, personality changes, and troubled links with family and friends.

In most cases, these effects disappear when the user stops using inhalants.

How Dangerous Are Inhalants?

The major danger in inhalant use is the chance of death by suffocation. If the user passes out while a plastic bag is over the nose and mouth, the danger is extreme.

Some substances — such as cleaning fluids or aerosol sprays — can bring about sudden death from a heart attack.

Some further effects include:

- Damage to the kidneys, lungs, nerves and other body parts.
- Increased danger when used with alcohol.
- A changed sense of judgement and self-control which can lead to violence and accidents.
- Burns and property damage caused by explosion of flammable inhalants.

Tolerance/Dependence/Withdrawal

A person develops "tolerance" to a drug when he or she must take more of it to cause its usual effects. Using inhalants often can lead to tolerance.

Dependence occurs when the body grows used to a drug and needs it to feel good. Inhalants can lead to a physical and mental dependence.

Withdrawal symptoms occur when the use of an addictive drug is suddenly stopped. Signs of withdrawal such as chills, headaches and hallucinations have been reported in cases where users have suddenly stopped.

Inhalants, Society and You

Most inhalant users are children or teenagers. Some young people will try inhalants once or twice and give it up quickly. Another group tend to use them more frequently. These young people very often have serious problems both at school and at home.

Pay close attention to your children and teenagers. Watch for symptoms which may suggest that your child is using inhalants. These include nosebleeds, increased saliva and spitting, mouth and nose sores, dry throat, bloodshot eyes, bad breath, unusual thirst, awkwardness and being tired all the time. If you notice some of these symptoms, a doctor or counsellor can help you determine the cause and suggest people to help your child.

In Alberta using inhalants or getting someone else to use them is against the Public Health Act.

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

Goodwin May Be Named

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

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

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

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

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

* * *

Incidence

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Special Report

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

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

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

§ 47.37.030 WELFARE, SOCIAL SERVICES & INSTITUTIONS § 47.37.030

Health & Social Servs., Sup. Ct. Op. No.
2929 (File No. S-279), 698 P.2d 1190
(1985).

Sec. 47.37.030. Powers of office. The office may

(1) plan, establish, and maintain programs for the prevention and treatment of alcoholism and drug abuse;

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

(3) solicit and accept for use a gift of money or property or a grant of money, services, or property from the federal government, the state, or a political subdivision of it or a private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for a grant;

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

(5) coordinate its activities and cooperate with alcoholism and drug abuse programs in this and other states, and make contracts and other joint or cooperative arrangements with state, local, or private agencies for the treatment of alcoholics, intoxicated persons, and drug abusers, and for the common advancement of alcoholism and drug abuse programs in this and other states;

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

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

(8) acquire, hold, or dispose of real property or any interest in it, and construct, lease, or otherwise provide treatment facilities for alcoholics, intoxicated persons, and drug abusers; however, the office shall encourage local initiative, involvement, and financial participation under grants-in-aid whenever possible in preference to the construction or operation of facilities directly by the office; contracting and construction under this paragraph are governed by AS 36.30 (State Procurement Code). (§ 1 ch 207 SLA 1972; am § 1 ch 117 SLA 1978; am § 61 ch 106 SLA 1986; am E.O. No. 71, §§ 13 — 17 (1988))

Effect of amendments. — The 1986 amendment, effective January 1, 1988, added "contracts under this paragraph are governed by AS 36.30 (State Procurement Code)" at the end of paragraph (2) and added "contracting and construction under this paragraph are governed by AS 36.30 (State Procurement Code)" at the end of paragraph (8).

The 1988 amendment, effective July 1, 1988, rewrote paragraph (1), which read "plan, establish, and maintain treatment programs"; substituted "alcoholics, intoxicated persons, or drug abusers; to the maximum extent possible, contracts and

grants must" for "alcoholics or intoxicated persons; to the maximum extent possible, contracts and grants shall" in paragraph (2) and "alcoholics, intoxicated persons, and drug abusers of state plans" for "alcoholics and intoxicated persons of any state plan" in paragraph (4); in paragraph (5), inserted "and drug abuse" twice and substituted "alcoholics, intoxicated persons, and drug abusers," for "alcoholics and intoxicated persons"; and, in paragraph (8), substituted "alcoholics, intoxicated persons, and drug abusers" for "alcoholics and intoxicated persons" and made a minor punctuation change.

Sec. 47.37.040. Duties of office. The office shall

(1) develop, encourage, and foster statewide, regional, and local plans and programs for the prevention of alcoholism and drug abuse and treatment of alcoholics, intoxicated persons, and drug abusers, in cooperation with public and private agencies, organizations, and individuals, and provide technical assistance and consultation services for these purposes;

(2) coordinate the efforts and enlist the assistance of all public and private agencies, organizations, and individuals interested in prevention of alcoholism and drug abuse and treatment of alcoholics, intoxicated persons, and drug abusers;

(3) cooperate with the Department of Corrections in establishing and conducting programs to provide treatment for alcoholics, intoxicated persons, and drug abusers, in or on parole from penal institutions;

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

(5) prepare, publish, evaluate, and disseminate educational material dealing with the nature and effects of alcohol and drugs;

(6) develop and implement, as an integral part of treatment programs, an educational program for use in the treatment of alcoholics, intoxicated persons, and drug abusers, which includes the dissemination of information concerning the nature and effects of alcohol and drugs;

(7) organize and foster training programs for all persons engaged in treatment of alcoholics, intoxicated persons, and drug abusers, and establish standards for training paraprofessional alcoholism and drug abuse workers;

(8) sponsor and encourage research into the causes and nature of alcoholism and drug abuse and treatment of alcoholics, intoxicated

persons, and drug abusers and serve as a clearinghouse for information relating to alcoholism and drug abuse;

(9) specify uniform methods for keeping statistical information by public and private agencies, organizations, and individuals, and collect and make available relevant statistical information, including number of persons treated, frequency of admission and readmission, and frequency and duration of treatment;

(10) advise the governor in the preparation of a comprehensive plan for treatment of alcoholics, intoxicated persons, and drug abusers;

(11) review all state health, welfare, and treatment plans to be submitted for federal funding, and advise the commissioner on provisions to be included relating to alcoholics, intoxicated persons, and drug abusers;

(12) assist in the development of, and cooperate with, alcohol and drug abuse education and treatment programs for employees of state and local governments and businesses and industries in the state;

(13) use the support and assistance of interested persons in the community, particularly recovered alcoholics and drug abusers, to encourage alcoholics and drug abusers to voluntarily undergo treatment;

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

(15) encourage hospitals and other appropriate health facilities to admit without discrimination alcoholics, intoxicated persons, and drug abusers, and to provide them with adequate and appropriate treatment;

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

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

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

(19) develop curriculum materials on drug and alcohol abuse for use in grades kindergarten through 12, as well as a course of instruction for teachers to be charged with presenting the curriculum. (§ 1 ch 207 SLA 1972; am Executive Order No. 39, § 11 (1977); am §§ 2, 4 ch 117 SLA 1978; am E.O. No. 55, § 45 (1984); am E.O. No. 71, § 18 (1988))

Effect of amendments. — The 1988 amendment, effective July 1, 1988, substituted "and drug abuse and treatment of alcoholics, intoxicated persons, and drug abusers" for "and treatment of alcoholics

and intoxicated persons" in paragraphs (1), (2), (4), and (8), "alcoholics, intoxicated persons, and drug abusers" for "alcoholics and intoxicated persons" in paragraphs (3), (6), (7), (10), and (15), "alco-

of the department, considers this an effective and economical course to follow. Contracting under this subsection is governed by AS 36.30 (State Procurement Code). (§ 1 ch 207 SLA 1972; am § 5 ch 150 SLA 1980; am § 62 ch 106 SLA 1986; am E.O. No. 71, § 21 (1988))

Effect of amendments. — The 1986 amendment, effective January 1, 1988, added the last sentence in subsection (g).

The 1988 amendment, effective July 1, 1988, in subsection (a), substituted "alcoholics, intoxicated persons, and drug

abusers" for "alcoholics and intoxicated persons" in the first sentence and "and, when feasible, programs must" for "and when feasible; programs shall" in the third sentence.

Sec. 47.37.150. Acceptance for treatment. The coordinator shall adopt regulations for the admission of persons into the treatment program, considering available treatment resources and facilities, for the purpose of early and effective treatment of alcoholics, intoxicated persons, and drug abusers. In adopting the regulations the coordinator shall be guided by the following standards:

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

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

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

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

(5) provision must be made for a continuum of coordinated treatment services, so that a person who leaves a facility or a form of treatment will use other appropriate treatment and facilities. (§ 1 ch 207 SLA 1972; am E.O. No. 71, § 22 (1988))

Effect of amendments. — The 1988 amendment, effective July 1, 1988, substituted "alcoholics, intoxicated persons, and drug abusers" for "alcoholics and intoxicated persons" in the first sentence in the

introductory paragraph, "must" for "shall" in paragraphs (1), (2), (4), and (5), "may" for "shall" in paragraph (3), and "use" for "utilize" in paragraph (5).

Sec. 47.37.170. Treatment and services for intoxicated persons and persons incapacitated by alcohol. (a) An intoxicated person may come voluntarily to an approved public treatment facility for emergency treatment. A person who appears to be intoxicated in a public place and to be in need of help or a person who appears to be intoxicated in or upon a licensed premise where intoxicating liquors are sold or consumed who refuses to leave upon being requested to leave by the owner, an employee or a peace officer may be taken into protective custody and assisted by a peace officer or a member of the emergency service patrol to the person's home, an approved public

Facts About...

Inhalants

Presented By:
Health
Communications,
Inc.

WHAT IS IT?

From time to time, the phenomenon of inhalant use is brought to public attention. In the 1960s we had an "epidemic" of glue sniffing. Nowadays, there is still a small but consistent use of various solvents, aerosols and gases across the nation, and in certain locations, the problem is much more serious.

Some inhalant anesthetics (nitrous oxide, ether, chloroform) were used recreationally in the 19th century and inhalation parties were common at that time among students and physicians.

In the 1960s, the inhalation of volatile substances such as plastic model glue, nail polish removers, and aerosol sprays occurred frequently among adolescents.

A wave of anti-glue sniffing publicity which ensued at the time resulted in many local and state laws prohibiting buying of such substances by minors. In spite of these laws, inhalant vapors and sprays continue to be used to this day, partially because of the widespread application of such products in household use, and partially because of ineffective legislation and enforcement.

THE SUBSTANCES

Certain solvents and gases have some euphoric and intoxicating properties. Many are volatile hydrocarbons; most are gases at room temperature or turn to gas when exposed to air.

Some of the most common products are: fast drying glues and cements; many paints, lacquers and varnishes as well as thinners and removers, lighter and dry

THE SUBSTANCES (Con't.)

cleaning fluids, kerosene and some other petroleum products, nail polish remover, various aerosol products.

The active chemicals in these products include toluene, benzene, acetone, naphtha, hexane, cyclohexane, trichlorophane, trichloroethylene, carbon tetrachloride, chloroform, ethyl ether, various alcohols, ketones, and acetates.

FREQUENTLY USED INHALANTS

Nitrous Oxide

This is a clear gas which is used to kill pain in dentistry, and is also used as a propellant in some commercial products, such as canned whipped cream. No evidence exists regarding permanent harm resulting from its use. However, accidental suffocations have taken place when the gas was used through a strap-on face mask without oxygen. The high is a very brief one, lasting a few minutes at most.

Freon

This gas, like other cryogenics, comes out frozen. If inhaled directly it can freeze the larynx and lungs, causing suffocation. Nitrous oxide, freon and other pressurized gases can literally cause the lungs to "burst" blood vessels, and can cause death, due to the pressure at which the gas is expelled, if the mouth is placed directly on the container. Freon produces effects which generally last only a few minutes.

Butyl Nitrite

This is a liquid currently legal in most states. It is a powerful, short-acting heart stimulant and vasodilator. Sniffing butyl nitrite produces a "rush" of euphoria which lasts just a few seconds. It is also

FREQUENTLY USED INHALANTS

said to increase sexual enjoyment at the point of orgasm. At this time, there is no evidence to suggest that this substance causes any short or long-term damage. However, when used standing up there is a possibility of injury due to falling, if the user accidentally blacks out for a few seconds. There is no apparent tolerance, and some users inhale butyl nitrite constantly for hours while dancing or at parties. Some danger may exist for persons who, because of defective blood vessels, cannot handle the sudden vasodilation. **Amyl nitrite**, a chemically related substance to butyl nitrite, is a prescription drug with approximately the same effects, commonly used for angina pectoris.

THE EFFECTS

Users report a feeling of well-being, a reduction of inhibitions, an elevated mood. In many respects the effects are similar to those produced by alcohol and other sedatives.

Higher doses often produce laughing and giddiness, feelings of floating, dizziness, time and space distortions, and illusions. Some substances are said to induce psychedelic-like effects.

These effects may last anywhere from five minutes to an hour, depending on the substance and the dose.

ADVERSE ACUTE EFFECTS

Acute use of solvents often brings on confusion, drunkenness, slurred speech, a feeling of numbness, runny nose, tears, headaches and muscular incoordination. Frequently there is nausea and vomiting.

In case of high dose, the general sedative-anesthetic effects take over and drowsiness, stupor, respiratory depression and unconsciousness may result. There have been reports of extremely heavy use inhibiting breathing and bringing on death.

Judgment is often impaired. There is confusion, hyperactivity, irritation, tension, often fright. Acute psychoses have been reported. There have also been reports of panic, and physical aggression. Some deaths have been attributed to solvent use, but these have generally occurred due to mechanical suffocation caused when the user fainted from inhalation and his nose and mouth remained covered by a plastic bag. A few fatalities have also been attributed to vomit suffocation.

Many of these substances appear to be capable of sensitizing the heart to adrenaline, which is manufactured in the body in the event of a sudden scare. Since the early 1960s, heart failure due to this effect, known as "Sudden Sniffing Death" Syndrome, or SSD, has been suspected in hundreds of users.

LONG TERM EFFECTS

Permanent, irreversible damage on either physical health or intellectual functioning among solvent sniffers has not been conclusively demonstrated. But temporary abnormalities have been

LONG TERM EFFECTS (Cont.)

shown in respect to liver and kidney function, bone marrow activity, gastritis, hepatitis, jaundice, blood abnormalities and peptic ulcers.

Some chronic users have exhibited slow-healing ulcers around the mouth and nose, loss of appetite, weight loss, and nutritional disorders. There have been reports of brain damage as a result of regular solvent use but mostly this has been shown to be reversible (without permanent effect) once the use was stopped.

There have also been reports of chromosome damage and blood abnormalities as a result of sniffing, but such effects have not yet been conclusively proven, and remain under study.

With so many different formulations of solvents and other hydrocarbon products on the market, it is impossible to predict the long-term effects of the inhalation of all possible substances. But recent information suggests that some substances, like toluene, may actually be less harmful than previously believed. On the other hand, long term use of other substances such as n-Hexane, which is commonly found in some plastic cement, gasoline, various adhesives and rubber cement, may cause permanent damage to the muscles.

TOLERANCE AND DEPENDENCE

When use of volatile substances continues for a long time and becomes heavy, tolerance may develop in that the user requires more and greater quantities of the drug to achieve the desired effects.

TOLERANCE AND DEPENDENCE

Physical dependence has also occurred among some chronic users, with withdrawal symptoms showing up when they sought to discontinue use. These symptoms include hallucinations, headaches, chills, delirium tremens, and stomach cramps. Hangovers lasting several days have also been known.

There is also cross tolerance between some solvents and central nervous system depressants.

In some economically depressed communities, where adult use of solvents occurs, sniffing of hydrocarbon vapors from kerosene, spray paint, etc., is often substituted by alcoholics who have run out of liquor as a way of forestalling withdrawal and delirium tremens.

Alcohol and barbiturates have been shown to augment some of the adverse effects of certain solvents. Consequently, there is risk of unconsciousness or even heart failure if the effects of alcohol are added to the effects of volatile solvents.

WHO ARE THE USERS?

T. Rubin, in a review of American studies in the mid-1960s, (and reported in the LeDain Commission Final Report, 1973) found that the average age of sniffers varied from a low of 12 years to a high of 15. He also showed that boys were much more likely to sniff solvents than were girls.

In one study of senior high school students, conducted in 1981 by the Institute for Social Research, 27.5% had used inhalants at some time, though by the final year of high school only about 5% continued to be current users.

SUMMARY

The use of inhalants and volatile substances by youth is still not uncommon. This is a major reason for concern given that it is difficult to safely gauge the dosage of these substances, the possibility of suffocation, and the unstable nature of solvents or other fluids which raises the risk of fire.

The laws attempting to regulate these substances are not listed here since most of the compounds discussed are available in common household products.

The result has been poorly worded laws with many loopholes, ineffective and confusing enactment of those laws when enforcement was attempted.

Facts About...

FACTS ABOUT SERIES is a publication of Health Communications, Incorporated.

Other pamphlets in this series:

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INHALANTS

'poppers'

'rush'

'laughing gas'

sniffing fumes

from glue,

paint thinner,

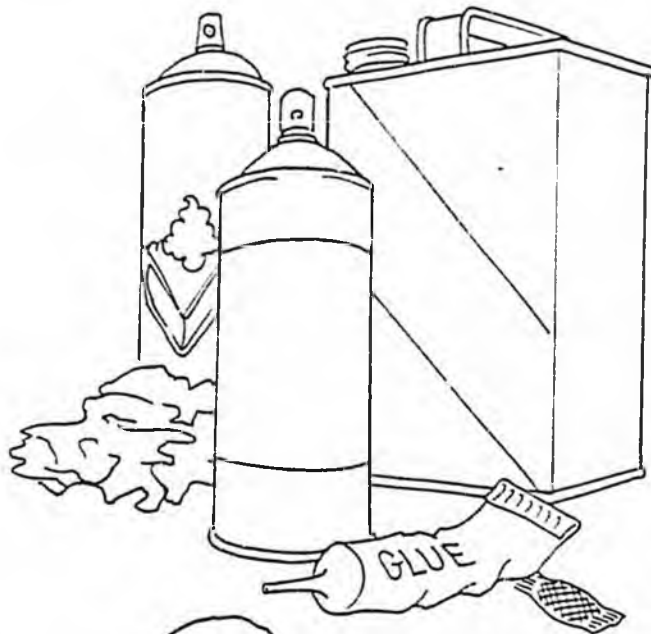
etc.



What are
INHALANTS
?

They're chemicals that give off fumes or vapors that cause a drunken feeling when they're breathed in. They include:

- Solvents – paint thinner, glue, gasoline, etc.
- Aerosols – chemicals used in spray cans for spray paint, deodorant, cooking oils, etc.
- Amyl and butyl nitrite (see below) and nitrous oxide ("laughing gas").



LEGAL CLASSIFICATION

- Amyl nitrite – prescription drug used for heart pain (angina)
- Others – state and local laws vary

FORMS

- Amyl nitrite – cloth-covered bulb that "snaps" or "pops" when broken
- Butyl nitrite, solvents – liquid
- Aerosols, nitrous oxide – gas

HOW THEY'RE USED

Inhaled from a cloth, plastic bag, mask, etc.



WHY
do people abuse
inhalants
?

People may try inhalants for a variety of reasons:

- For "kicks" or to get "high"
- To experiment
- Because inhalants are easy to get
- To go along with friends.

**PEOPLE WHO
CONTINUE USING
INHALANTS**

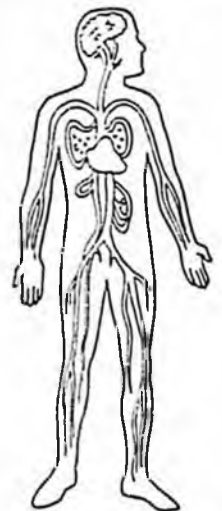
build up tolerance - they need more and more of the drug to get the same effect.



HOW
do inhalants
affect the
mind and body
?

PHYSICALLY,
they:

- Are absorbed into the bloodstream and passed to organs within seconds
- Slow the flow of oxygen by replacing it with vapor
- May cause dizziness, double vision, slowed reflexes, convulsions, even death.



MENTALLY,
they:

- May cause confusion, mood swings, delusions or hallucinations
- May have no effect at all, in the case of nitrites.

INHALANTS CAN BE DANGEROUS!

Dangers include:

PHYSICAL HARM

- They may cause permanent damage to the nervous system, lungs, kidneys, and other organs.
- An overdose of solvents and aerosols can result in coma or death.
- They endanger unborn children when used by pregnant women.

Nitrites may harm the body's disease-fighting immune system.

ACCIDENTS AND CAR CRASHES

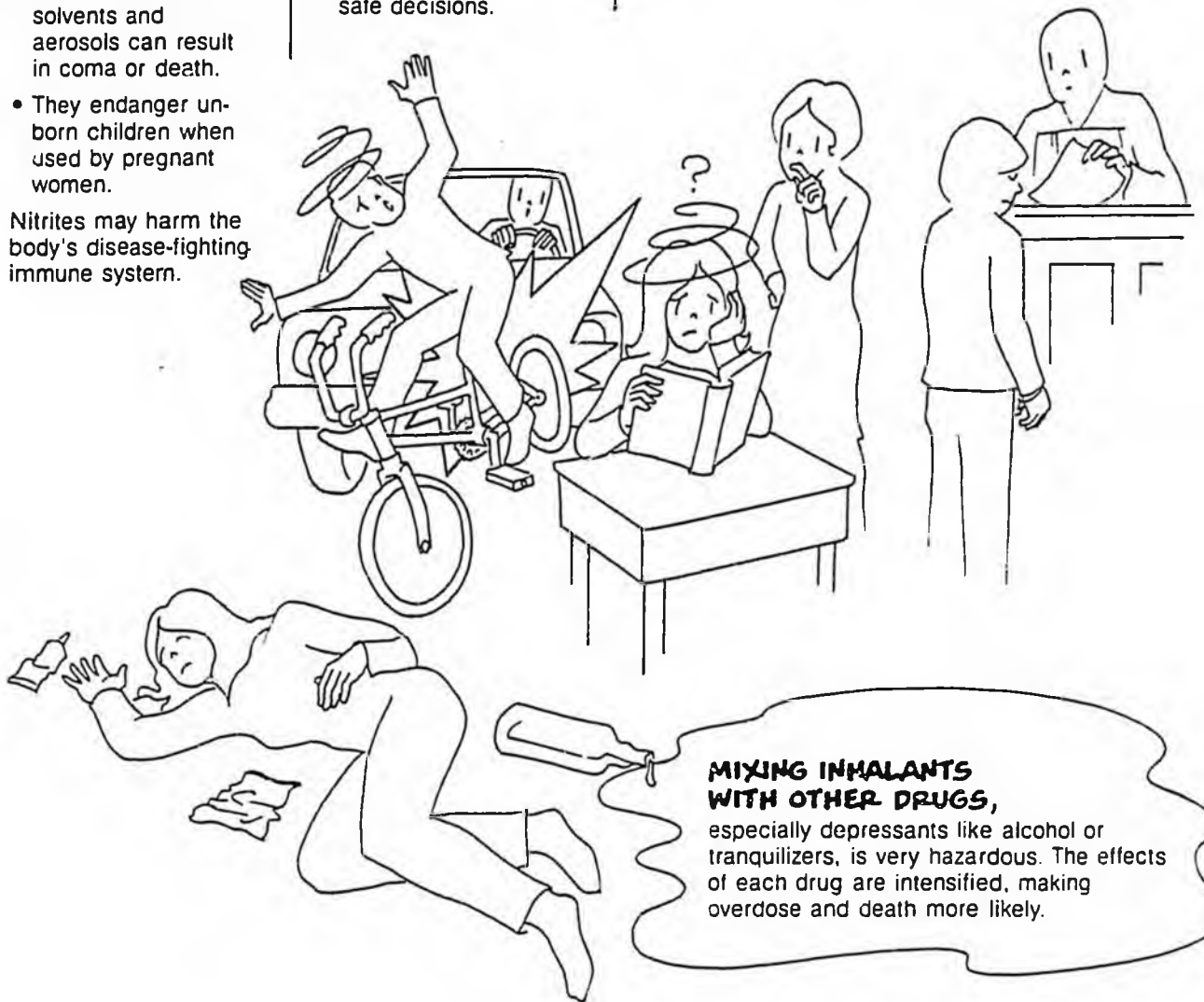
Inhalants affect judgment, vision, coordination, and many other skills needed for safe driving and making safe decisions.

SOCIAL PROBLEMS

Using inhalants can harm relationships with family and friends and destroy school and job performance.

LEGAL PROBLEMS

Depending on the drug and local laws, a user may risk a fine and jail terms.



MIXING INHALANTS WITH OTHER DRUGS,

especially depressants like alcohol or tranquilizers, is very hazardous. The effects of each drug are intensified, making overdose and death more likely.

Soo--

INHALANTS ARE DANGEROUS!

Don't start using them in any form
-- stop if you already do. Get help,
if you need it, from:

- ✓ Family and friends
- ✓ Hotlines and referral services
- ✓ Drug treatment programs
- ✓ Employee assistance programs
- ✓ Mental health agencies
- ✓ Drug abuse counselor
- ✓ Your physician or other health professional.



Check the Yellow Pages under
"Drug Abuse" for organizations in
your area.

INHALANTS

INHALANTS

Inhalants are chemicals which have a psycho-active or mood-altering effect when their vapors are inhaled or sniffed. Often they are not thought of as drugs since they are usually produced as commercial products. Most inhalants fall into one of three categories: solvents, aerosol sprays or anesthetics. Vasodilators (substances that enlarge the blood vessels) such as amyl and butyl nitrite are also inhalants.

Solvents include commercial products such as glue, gasoline, kerosene, lighter fluid, paint products, lacquer thinner, spot-remover, and nail polish remover. Aerosols include products such as hair sprays, deodorants, insecticides, restaurant food chillers, and cookware coating sprays.



Anesthetics used as recreational inhalants include ether, chloroform and nitrous oxide.

Solvent and aerosol users, are typically, among the youngest or poorest drug users. Inhalant use is higher among students in the lower grade levels than it is among students in the upper grade levels.

HOW USED

The fumes or vapors from the inhalant are sniffed through the nose. Sometimes the inhalant is put in a bag or the vapors are captured in a balloon to increase the concentration of the fumes.

COMMON STREET NAMES

- | | |
|----------------|---|
| Amyl nitrite: | snappers, poppers, pearls, amys |
| Butyl nitrite: | room odorizer, intimate incense, Rush [®] , O ₂ , Locker Room |
| Nitrous Oxide: | laughing gas, nitrous, gas |

HISTORY

The history of inhaling vapors for their psychoactive effect goes back to ancient Greece. The psychoactive effects of inhalants such as nitrous oxide and chloroform were noted in the early 1800's. Ether was first inhaled for its psychoactive effects at the beginning of the twentieth century. Sniffing of solvents such as glue, gasoline, and paint products began in the late 1950's. The use of aerosols for their psychoactive effects began in the 1960's. The recreational use of the vasodilator amyl nitrite is an even more recent phenomenon, beginning in the late 1970's.

PHYSICAL EFFECTS

Nearly all inhalants act as central nervous system depressants. (They slow the users heart rate, brain activity and breathing.)

Other effects of inhalants include slurred speech, blurred vision, inflamed mucous membrane, light headedness, ringing in the ears, watering eyes, loss of coordination, and excessive nasal secretions. At high doses the user may lose consciousness or have seizures.

Symptoms of inhalant use include blood shot eyes, nosebleed and bad breath.

Inhalants' effects are immediate and may last from 20 - 45 minutes after the last inhalation. Drowsiness, headache and nausea can follow use.



Chronic use of some inhalants is thought to be damaging to the liver, kidneys, blood and bone marrow. Depending on the type of inhalant this damage may or may not be reversible. Chronic sniffing of the solvent

toluene, found in gasoline, paint thinners and commercial cleaners has been shown to cause irreversible brain damage.

Research is in progress to study whether inhalant use causes chromosome damage or blood abnormalities.

Some inhalants create tolerance in the user. Tolerance means the user needs to sniff more of the inhalant (with each use) to get the desired effect.

There is disagreement over whether inhalants cause physical dependency. Some sources indicate that chronic users who stop using inhalants experience withdrawal symptoms such as chills, hallucination, headaches, stomach pains, cramps and delirium tremors.

Little is known about the effects of inhalants on pregnancy or fetal development.

PSYCHOLOGICAL EFFECTS

At low doses users may feel stimulated and energized. At higher doses the user may feel an uninhibited euphoria similar to an alcohol induced "high." Some users experience amnesia for the period of inhalant intoxication.

Chronic use of inhalants may result in forgetfulness, inability to think clearly, depression, irritability, hostility and paranoia.

Some users of inhalants may develop psychological dependency. This occurs when the effects of the inhalant become so essential to the user that he/she experiences emotional discomfort when not using inhalants.

MEDICAL USES

There is no legitimate medical use for the inhalants which are produced as commercial products. However, nitrous oxide is used as an anesthetic in dentistry. Amyl nitrite is used as a vasodilator to revive individuals who have lost consciousness, especially when the loss of consciousness is associated with a heart problem.

LETHAL DOSAGE

Sniffing high amounts of aerosol or solvent inhalants can cause an irregular heartbeat which may result in sudden death.

Death from inhalants is usually caused by suffocation since the inhalant displaces oxygen in the lungs. Sniffing inhalants from a bag or balloon increases the risk of suffocation.

Misuse of commercial aerosol products such as whip cream chillers has been reported to cause death by freezing the user's lungs.

POTENTIATION

The central nervous system depressing effects of inhalants are increased when they are used with other CNS depressing drugs such as alcohol, sleeping pills, pain pills, tranquilizers or Quaaludes®. This increases the chance of accidental or intentional overdose.

CRISIS TREATMENT

Individuals experiencing an inhalant overdose should receive immediate medical attention. While medical attention is being sought those in attendance should take care to see that the individual's airway (mouth, throat) is free from all obstructions. Efforts should also be made to keep the individual awake by having him/her talk, walk or move.

TREATMENT OF LONG TERM INVOLVEMENT

A chronic user of inhalants may need medical supervision to deal with the symptoms of withdrawal. Individuals who want to discontinue the use of inhalants will probably need both individual and group support.

RESOURCES

Individuals wishing to get treatment should contact their single state agency for drug abuse services or the National Institute on Drug Abuse, 5600 Fishers Lane, Rockville, Maryland 20857. (In Charlotte, NC, treatment services are available from Open House Counseling Service, Inc., 801 S. Graham Street.)

LEGAL CONTROL

Inhalants are not covered by the Federal Controlled Substances Act. In North Carolina inhalants are not covered by the State Controlled Substances Act. However, the State Toxic Vapors Act prohibits inhaling fumes for the purpose of intoxication and forbids selling, possessing or giving away such a substance. Sale or possession of inhalants intended for sniffing is a misdemeanor punishable by up to two years in prison, a maximum fine of \$2000 or both.

RELATED READING

Inhalants Factsheet. Addiction Research Foundation, 33 Russell St., Toronto, Canada M5S 2S1.

Inhalants. National Clearinghouse for Drug Abuse Information, 5600 Fishers Lane, Rockville, MD 20857.

Inhalant Use and Treatment. National Institute on Drug Abuse, 5600 Fishers Lane, Rockville, MD 20857.

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FIGHTING BACK:

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HELPING
YOUNG PEOPLE
KICK THE
SNIFFING HABIT

This brochure may help someone you care about, or even save their life. You may have heard about sniffing addiction, and wondered what it is and whether it will affect your family. Or perhaps sniffing addiction has already become a problem for your children. Whether or not they are active sniffers, you should keep in mind that continued sniffing, for the price of a quick "high," can lead to serious mental and physical deterioration and even result in death.

You may be a parent, an older brother or sister, a teacher, or a concerned person in the community, anxious to help an addicted youngster find the road back to health and a more productive life. This brochure will help you understand the sniffing problem, and describe your role as a crucial link in educating the young to the hidden and actual dangers that await those who "sniff to get high."



Inhalants: The Substances Abused Through Sniffing

Intentional misuse of gasoline, solvents, aerosols and other substances through sniffing or huffing has been a problem among young people since the early '60s. Inhalant abuse is itself part of the total drug abuse problem. Inhalant abuse may be described as the willful and deliberate, deep breathing and prolonged holding in of gases from certain substances to attain a modified state of consciousness, usually described as a euphoric, mind-altering "high." As distinguished from normal breathing or inhalation, inhalant abuse is intentional and voluntary, its only purpose being to draw these inhalants repeatedly deep into the lungs until the desired level of intoxication is reached.

Inhalants are a diverse group of chemicals that produce vapors which, when inhaled, interfere with normal functioning of the mind and body. Concentrated vapors of solvents in a variety of products such as glue, paint thinner, nail polish remover, cleaning and lighter fluid, typewriter correction fluid, refrigerant gases, and some aerosol products may act in this manner. These products are among the substances that continue to be misused and abused by young people today.

Sniffing is hard to control because it involves consumer products that are sold for legitimate purposes, are readily available, and are not harmful if used as directed. Certain chemicals in these products, which make them effective for lawful uses, also make them suitable for sniffing. By breathing in vapors from concentrated doses of these substances, instead of using them for the purpose intended by manufacturers, youngsters may induce a state of "high." Past efforts to regulate specific chemicals in products subject to abuse have not successfully deterred youngsters from sniffing them. In addition, such regulations unfairly discriminate against legitimate users of these products. It therefore appears that the sniffing problem cannot be curbed by banning the products, but only by preventing their willful misuse.

A Sniffer's Profile: The Path to Addiction

Studies show that youngsters begin abusive sniffing at a relatively young age—i.e., eight to 12 years of age. Although there are more male than female sniffers, the habit is common to both sexes. In the recent past, sniffers tended to come from poor, broken homes, mostly from minority populations in the Southwest. This pattern, however, is slowly changing, and now involves children from all walks of life.

Sniffing aerosols and other chemical products is attractive to youngsters because it offers them an easy, cheap thrill. These potentially inhalable products, made for

bonafide uses, are accessible in many retail outlets—supermarkets, hardware stores, drugstores, stationers. Young people who have not reached the legal drinking age can resort to inhalants in place of alcohol. With their limited spending power, youths find that these products are very affordable as compared to drugs which may be preferred. Given these "advantages," once hooked on sniffing, youngsters may find it extremely difficult to break the habit.

Sociologists, medical authorities and law enforcers have helped form a composite picture of why young people get hooked on sniffing. One of the most important factors, according to studies, is peer pressure. The wish to belong is overwhelming. Sniffing victims, moreover, often come from a home lacking the supervision and interest of caring, nurturing parents. Dealing on their own with the pains and problems of growing up, children raised in such an environment have low self-esteem and seek escape rather than face reality. Research also shows that chronic sniffers have time on their hands. Bored, depressed and anti-social, they find sniffing a preoccupation and lifestyle. Other reasons given are the absence of church influence, rebellion against authority, and idle curiosity—the urge to try anything once.



It is easy to reason that the young are unaware of the mental and physical harm they inflict on themselves through sniffing. Yet, certain body signals will tell the addict that something is wrong, even as the mind weakens in its ability to grasp the full meaning of the situation. Thus, no matter how frivolously or tentatively begun, sniffing becomes an addiction to these unsuspecting youngsters.

This is why you, concerned and responsible adults, can effectively intervene. You need, however, to be aware of the actual physiological effects of sniffing and of how you can tell, by observing your youngsters, if they are "hooked."

Gradual Destruction: The Toll on Mind and Body

The mental and physical effects of long term sniffing are deadly. It can be summed up with the phrase, "permanent damage to vital body organs."

Immediate effects. After quickly passing through the sniffer's nostrils or mouth, these gases invade the lungs and bloodstream, producing a "high" in a matter of seconds. The invading gases may cause varying allergic reactions: temporary paralysis, asphyxiation, irregular heartbeat, nausea, partial amnesia during intoxication, blurred vision, and reduced muscular coordination. These symptoms can last from 15 to 45 minutes after sniffing stops. Young people have confessed to sniffing intermittently through the day, for hours at a time.

Long term consequences. If the abuser continues to sniff and is still alive (there have been cases where the curious, unaddicted, first-time sniffer has dropped dead), long-term consequences set in with repeated abuse. Although physical and mental disorders from short-term sniffing are generally reversible, some damage may be difficult to heal. And, as heavy sniffing persists, the condition of the body's central nervous system declines, reducing the young person's physical and mental capabilities.

As the lungs are insulted by these extremely high levels of chemicals for a long period of time, their air capacity is diminished. The body's resistance to respiratory disease becomes greatly weakened. Permanent lung disorders, including chronic pneumonia, may result. Irreparable damage to liver, kidneys, blood and bone marrow, may occur. In addition, irreversible brain damage may set in.

The final result, death. The National Institute on Drug Abuse (NIDA), in its brochure entitled "Inhalants," states that sniffing highly concentrated amounts of some of these chemicals can produce heart failure and instant death. Known to medical personnel as "sudden sniffing death," heart stoppage can result without warning, even on the first try. The NIDA brochure also states that these abused inhalants, when taken in high enough doses, can cause death.



Sniffing can hurt young people in many other ways. As their tolerance for inhalable substances grows, they will seek larger and larger amounts to get the desired effects. And, as they sink deeper into addiction, they lose the chance to learn how to cope normally with their world and develop into responsible young adults.

Do You Have a Sniffer in Your Life?

Be alert to the tell-tale signs of early addiction. While the overt symptoms might elude you at first, sniffers are often unaware that their changing behavior and attitudes,

over which they gradually lose control, give them away. These changes are the critical signals, which you can spot if you know what to look for.

The signs of sniffing will be revealed to you by what you see, smell and hear, as well as observe generally over a period of time. Study your suspected sniffer subtly but thoroughly. Here are some suggestions for detecting this destructive habit.

When he or she walks through the front door, because it is perfectly natural to look into the child's face as you exchange greetings, you have the opportunity to study the eyes, face and general appearance.

You might see: dilated pupils, glazed, reddened, unfocused eyes; a guarded expression; a disoriented manner; blisters around nose; sore, cracked lips; unusual salivation; strange stains on clothing and body; unsteady muscle coordination, as though intoxicated.

Try to get physically near the youngster—help if there are books to carry, parcels to set down, a coat to take off.

You might smell: bad, unpleasant breath; chemical odor on clothing.

In addition, try making conversation, sticking to a general, non-controversial subject, but one that would require the youngster's response.

You might hear: uncontrolled, irrelevant giggling; slurred speech; conversation indicating distorted perception of time and distance; too much coughing; sniffing; expressions of invincibility and might.

If you fail to establish a dialogue, because the youngster deftly avoids you, or tells you he or she is ill and does not feel up to sitting down for a chat, take the cue. In the event that the child is suffering from sniffing addiction and not an ordinary bug, the young person in your charge is sick, and feels terrible.

You might notice: abnormal drowsiness; painful withdrawal symptoms, such as severe headaches, as well as stomach and leg muscle cramps.

If, for various reasons, you are unable to conduct a similar "study" in your home or classroom at the time the youth needs it most, other clues will help you. Strange "toys" may well be the paraphernalia of an active sniffer.

You might find: rags or cloths in the closet and other hidden corners in the backyard; dried stains on clothes smelling of chemicals; empty containers of abused products; old socks, plastic bags.

Over a period of time, you might begin to notice those changes in behavior mentioned earlier. If you are quite sure that these changes are unrelated to a genuine physical malady, they will be your final sign that your youngster needs help.

You might notice the young person's: chronic laziness; loss of appetite; slovenly appearance; detachment from family, ordinary youthful interests, former hobbies; vacant expression; restlessness; moodiness; nightmares.

While some of these characteristics are usually associated with a phase that all normal children go through while growing up, you can, within reason, sort out which of these are no cause for worry, and which are the danger signals. If a combination of several of these signs comes uncomfortably close to behavior you have noticed in your young, you must ask yourself: do I have an active sniffer in my life?

If yes, or maybe, plan to act now!

The first thing you should do is face the facts, and look into the resources available to you, in order to help both yourself and the young person in trouble. Before you act, however, keep in mind these important "don'ts."

Don't confront the child, especially when he or she is "high"; try not to lose your temper; and don't think that sniffing is a passing fancy that the child will outgrow.

Investigate why your youngster is abusing products through sniffing. If it is to try to conform to a group, a new interest might divert the child's attention and you should explore this promptly.

Your community center is a good place to start. If your youngster, however, is far advanced in the sniffing habit, contact your local drug center or seek professional help. Above all, remember that a loving home is a refuge for the young ones. Try to instill in the home or classroom an environment of understanding, enlisting the cooperation of other persons, such as the parents of your child's friends, as well as those who come in daily contact with the recovering sniffer. Discuss the issue openly and plan together to protect all the kids involved.

A Helping Hand: How Industry is Responding

Just as industry considers it important to provide safe, convenient products for home and personal use, it recognizes the need to educate consumers in the safe and correct use of these products. In accordance with applicable laws and regulations, the products are labeled for proper use and, in addition, with caution statements to help the consumer properly use the product. The label is



thus a guide to help the intended user. In addition, there are certain guidelines which supplement the laws that must be followed. There is no practical way for the label to tell young people who wish to abuse or misuse a product of all the potential dangers or harm that might befall them. The industry believes, therefore, that information such as that contained in this brochure should be made available to those who can influence and direct young people.

Consumer Responsibility: The Role of CSMA

The Chemical Specialties Manufacturers Association, which represents 85 percent of the chemical specialties industry, comprises a responsive and involved group that is as concerned about consumer health, as it is about assuring that its customers realize the benefits of its products. Some of the types of products subject to inhalation abuse include glue and adhesives, typewriter correction fluid, cleaning and lighter fluid, and a variety of aerosol sprays—paints, shoe polish and waterproofer, art supplies, cooking sprays, etc. The Association, therefore, takes a responsible role in the battle against sniffing.

When the problem of aerosol sniffing surfaced in the '60's, it became evident that educating the young, as well as parents, teachers and others who work with youth, was the key to changing their destructive habit. Thus, CSMA, together with a group of organizations affected by sniffing abuse, formed the Aerosol Education Bureau. This educational arm of the industry was charged with the task of instructing young persons, as well as adults in positions of authority, about the inherent dangers of abusive aerosol sniffing. By clearly demonstrating the risks associated with the habit, the industry hoped that a positive deterrent effect would result.

Over the years, since its founding in 1969, the bureau has administered a broad educational program to inform youngsters who deliberately seek intoxication through sniffing. Getting the message to its primary target audience through schools, community groups and the media, AEB has successfully called the public's attention to the fact that sniffing is a problem—and that the solution, which stresses education, requires everybody's cooperation.



In the belief that education will deter young people from risking their lives, the aerosol industry and other businesses affected by product abuse, ask public officials, teachers, parents, and the helping professions to join in spreading accurate and appropriate information on the dangers of sniffing. Health and social service workers need to be alerted to the symptoms of sniffing abusers, who are taken to treatment centers for sniffing-related disorders. Sometimes, these symptoms can be easily mistaken for a flu virus—runny nose, red eyes, sore throat, etc. Thus it is important that hospital workers have full access to information that would help them better identify sniffing symptoms and aid in obtaining cure for the afflicted youngsters. Sniffing is dangerous to the nation's children. It is important for all to know that this destructive habit can eventually maim or kill young people who do not realize the inherent dangers, and do not know how to secure the help they need.



Parents and other relatives, educators and friends of addicted sniffers can help disseminate information about sniffing within their communities. National and state organizations dealing with drug abuse, as well as local community resources such as youth groups, schools, libraries, churches and drug information centers offer information that will help concerned adults in the fight against inhalant abuse. Two national resources are:

The National Clearinghouse for Drug Abuse Information
Dept. CS
P.O. Box 1706
Rockville, Maryland 20850

and

The National Federation of Parents for Drug-Free Youth
P.O. Box 722
Silver Spring, Maryland 20901
(Toll free) 800/554-KIDS

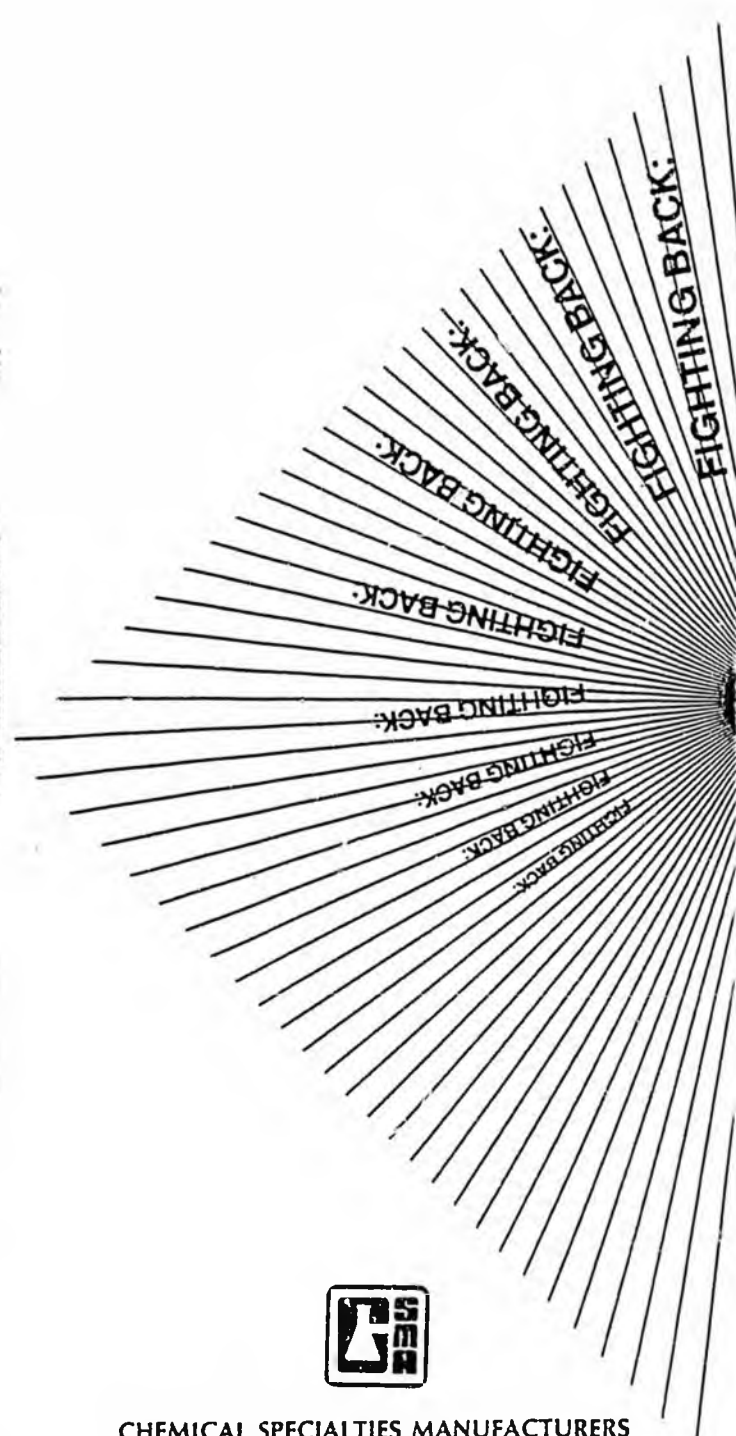
In addition, the AEB is a valuable industry resource which can supply educational tools at minimal cost, as it has done for many years in its efforts to warn the general public of this dangerous habit. If you know of any organization in your neighborhood that might be a good distribution center for this brochure, you may refer them to the bureau.

Write or call:

Aerosol Education Bureau
1001 Connecticut Avenue, NW—Suite 1120
Washington, DC 20036
202/872-8155

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**CHEMICAL SPECIALTIES MANUFACTURERS
ASSOCIATION, INC.**

1001 Connecticut Avenue, N.W.
Washington, D.C. 20036

S C R

19

SENATE COMMITTEE REPORT

FIRST COMMITTEE OF REFERRAL

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

FURTHER

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

2/9/89

DATE TURNED INTO OFFICE 5/4/89

Mr. President:

HESS

Committee considered SCR 19

alcohol and drug education programs

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

Loy Jones

Tim Kelly

OTHER RECOMMENDATIONS

Paul Grube (DOPan)
Chairman signature and recommendation

Committee backup attached

APR 19 1989

Senator John Binkley


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

Finance Committee
Co-Chairman

MEMORANDUM

April 17, 1989

TO: Senator Paul Fischer, Chairman
Senate Health, Education and Social Services Committee

FROM: Senator John Binkley 

RE: SCR 19, relating to drug and alcohol education

The above-referenced Resolution is similar to a resolution I introduced last year that did not have the opportunity to be heard in your committee before the session ended. SCR 19 was referred to your committee on February 9; on March 23 I made my first request for a hearing.

Once again, we are coming up to the end of the session. Although the Resolution will survive to next year, the HESS committee is its first committee of referral and it would be my hope to get it moving before May 8.

I realize that, although you have co-sponsored this Resolution, you may have questions on it. If that is the case, please let me know. I will be happy to discuss it with you in detail. I would very much like to have the Resolution heard. Please let me know what your thoughts are on this.

Senator Johne Binkley

MAR 22 1989

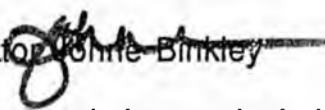
Senate Finance Committee
P.O. Box V • Juneau, Alaska 99811 • (907) 465-4985

Finance Committee
Co-Chairman

MEMORANDUM

March 23, 1989

TO: Senator Paul Fischer, Chairman
Senate Health, Education and Social Services Committee

FROM:  Senator Johne Binkley

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

The above-referenced resolution was referred to your committee on February 9. It 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. The Department of Public Safety is also preparing a position paper in support of this Resolution.

A part of the duty of the State Office on Alcoholism and Drug Abuse is to assist in curriculum development. I think it's obvious that the importance of this kind of educational effort cannot be underestimated. A policy statement like this from the Legislature should go along way toward helping our children.

I would appreciate your scheduling this Resolution for a hearing at the earliest possible time. Please let either me or Janice Adair of my staff know when the hearing will be held so that I can attend personally.

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

ALCOHOL EDUCATION AND REHABILITATION
FOR YOUTH

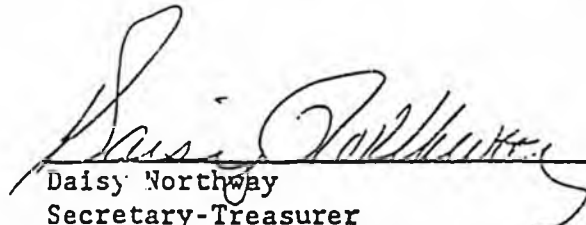
- WHEREAS, the Native Elders have declared a war against alcohol and drug abuse; and
- WHEREAS, an alarming number of minors use alcohol and drugs; and
- WHEREAS, problems related to alcohol and drug abuse such as suicide and motor vehicle accidents have become the major health problems in teenagers;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

BILL NO: SCR 19

DATE: March 13, 1989

TITLE: Relating to alcohol and
drug education programs

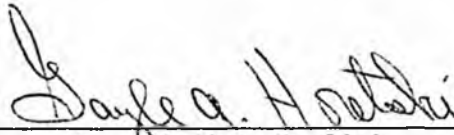
CONTACT: Gayle A. Horetski
Deputy Commissioner
465-4322

DEPARTMENT OF
PUBLIC SAFETY

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

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~~ 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

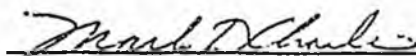
WHEREAS, the abuse of drugs and alcohol is the areas number one health concern; and

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

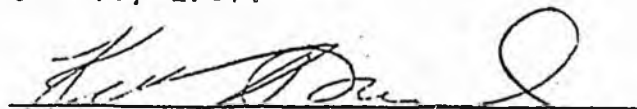
WHEREAS, the elementary and secondary schools are the logical and best place for education to occur.

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

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 "Rosselvet."

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.

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; Kumphier, 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.

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

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

^aN=3814 (Unweighted) ^bN=3609 (Unweighted) ^cp<.01 ^dp<.05

* (Have tried during one's lifetime)

<p>SUMMARY OF ESTIMATED ALCOHOL/DRUG RELATED COSTS TO ALASKANS</p>
--

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

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

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

Source: The Economic Cost of Alcohol and Other Drug Abuse in Alaska by the State Office of Alcoholism and Drug Abuse, Department of Health and Social Services; 1989.

TANANA CHIEFS CONFERENCE, INC.
Board of Directors
Resolution No. 89-104

EDUCATION ABOUT ALCOHOL AND DRUGS

WHEREAS, the Elders of the Tanana Chiefs region have declared war on alcohol and drugs; and

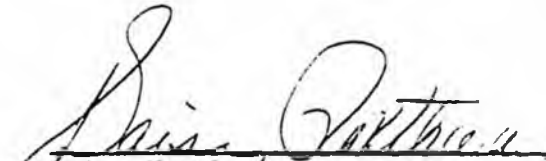
WHEREAS, education is an important element in solving the problems of alcohol and drug abuse in Alaska; and

WHEREAS, education about alcoholism and drug abuse must begin at an early age and continue through adolescence to be as effective as it can be in preventing alcohol and drug abuse.

NOW THEREFORE BE IT RESOLVED that the Tanana Chiefs Conference Board of Directors support legislation that directs and requires the Department of Education to begin alcohol and drug abuse education in kindergarten and continue through high school.

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 16, 1989 at Fairbanks, Alaska and a quorum was duly established.


Daisy Northway
Secretary-Treasurer
Tanana Chiefs Conference, Inc.

Submitted by: Alcohol Workshop



TIP

TARGET INTERACTIVE PROJECT

TARGET, a service organization of the National Federation of State High School Associations dedicated to helping students cope with alcohol and other drugs, proudly announces the introduction of the TARGET INTERACTIVE PROJECT (TIP).

TIP — an interactive experience to assist high-school students in developing decision-making skills relative to the use of alcohol and other drugs, and to be delivered via IBM InfoWindow™ touchscreens — has been under development since early '87. The full TIP system will be available to high schools across America for the 1988-89 academic year. Future offerings for the same delivery system are already in the advanced planning stages.

BENEFITS of TIP:

- is complementary to existing programs
- provides a consistent message
- teaches decision-making skills
- teaches refusal and coping skills
- delivers a message without moralizing
- capitalizes on positive peer pressure
- is user driven; not dictatorial
- kids relate to technology
- provides for confidentiality

TIP employs an exciting technology to create an environment far beyond that which high school students are used to experiencing. Here's what happens and how it works. . . .

Cathy's parents have left for the evening. A large group of friends appear for an impromptu 'surprise' party and Cathy is suddenly a hostess. The broad range of characters invites an evening of interesting encounters, fun and some very real challenges.

The viewer can select any one of seven different characters to be for the evening. As the party progresses, each character encounters situations that call for decisions . . . and every time the viewer can 'choose' which decision is made. . . .

The viewer shares each choice with his/her character . . . and the consequences of this choice. Some choices have immediate consequences, while others may not become obvious until the next day. A major advantage of TIP is that all choices are immediate — as quickly as the viewer makes a choice, the party continues. The result is an experience that closely mirrors a movie or television program . . . except the viewer controls what happens next!

Technically, the heart of the delivery system is the IBM InfoWindow. Two laserdiscs are utilized so that reaction to viewer choice is immediate. For example, if a drink is offered, the program responds with the character either taking or refusing the drink as soon as the viewer touches the screen. An integrated sync generator keeps the presentation 'visually seamless.' And an IBM Personal System/2 Model 30⁹ computer controls all forward and historical logic required for TIP to 'make sense.'

Computer control permits three additional breakthroughs. First, most characters make not one but several choices throughout the evening; what happens to each is a result of all these choices. Second, random elements can be introduced with statistical precision; this means that viewers may encounter different experiences even with identical decisions. Pedagogically, this feature is not only 'realistic' (since chance is always a factor in real life, and the good guys do not always win), but it enhances student interest (because the viewer never knows if he/she has seen all of the possible outcomes). Third, the computer permits the same program material to be used in many different ways. For example, the computer can 'replay' the last set of choices — or 'show' the alternate choices; a teacher can 'plan' a particular set of program decisions, and play this 'custom program' to a class without interruption for a special purpose; or the viewer can make all the alcohol decisions for all characters (rather than selecting a single character).

TIP is not a program on addiction or abuse. The intended viewer is the average high school student in North America — one who has, at most, used alcohol or drugs on an experimental or occasional basis. TIP does not moralize, although its message is very clear. Instead, TIP deals with the full complexity of realistic teenage situations in a realistic manner . . . and puts the viewer in full control.

TIP, recognizing its teenage audience as the most visually sophisticated in history, features a first-rate cast of teenage performers, network production values . . . and a very funny script. The entire project, from concept through production, is the work of Magnus Communications Design, one of the continent's leading firms in advanced interactive applications. The collection of talent assembled for TIP — from writers of 'Family Ties' to the location unit of Emmy-Award winning 'Degrassi Junior High' — has produced a quantum breakthrough in 'educational' programming and 'drug use' literacy.

This is a very entertaining, intriguing and provocative event. And it's downright fun!

A Final Word . . .

For TIP to become a major factor in helping students cope with alcohol and other drugs, it must be in the schools across America. Making this happen is not just a task for educators . . . we all must share responsibility for our children's future and knowledge. Like any worthwhile product, TIP costs money.

The hurdle is not the cost of the TIP program, but of the hardware needed to run this simulation of reality. The equipment is a one-time cost; once it is in schools, then many other programs like TIP will be possible and affordable within operating educational budgets. But first the hardware must be in place. . . .

TIP offers a world of sophisticated, intelligent drama to the high school student and classroom . . . it provides a level of realism previously not available for use by students in coping with alcohol and other drugs . . . every encounter is unique, the consequences real. . . .

TIP . . . the program of choice!

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The Videodisc Monitor

covering application, innovation, and technology within interactive video, compact disc, and related technologies

June 1988

Volume VI Number 6

Just Say "No," Interactively

In an initiative that could place interactive video systems in each of the nation's 81,000 public and private schools (K-12), the National Federation of State High School Associations has launched the Target Interactive Project (TIP). The program is part of NFSHSA's ongoing campaign to combat alcohol and drug abuse among the nation's youth.

TIP consists of a video dramatization of a typical teenage party attended by familiar characters. The program allows viewers to follow up to nine different characters through the evening's events.

As the party progresses, the characters are presented with choices, such as the opportunity to drink beer or light up a cigarette. After the viewer responds, the party continues accordingly — allowing the viewer to vicariously experience the consequences of his or her decisions.

Using a script authored by writers from the *Family Ties* television series (with assistance from Minnesota's Hazelden-Cork Foundation), the TIP dramatization attempts to provide realistic alternative responses for teens who face peer pressure to use alcohol and drugs. The program, produced by Magnus Communications, was developed with start-up funding from IBM Corporation.

"We're not preaching to anyone," said Paul Palmer (project director). "It's not a 'thou shalt not drink and use drugs' program. Here, the kids actually make their own decisions based on their reactions to the developing scenarios. Whatever decisions they make, the program takes a different, realistic path."

Although originally intended for use by individuals or small groups of junior and senior high school students, teachers



can pre-program the TIP equipment for group discussions. The program also can be customized by inserting local telephone numbers, such as the contact for a nearby Alcoholics Anonymous chapter.

The first TIP program addresses alcohol, tobacco, smokeless tobacco, marijuana, and cocaine. In the planning stages are a program on AIDS and an adaptation of the alcohol and drug dramatization aimed at elementary school students.

Hardware for the program consists of an IBM InfoWindow touch monitor, two Pioneer LD-V6200A videodisc players, sync generator, and IBM PS/2 model 30 computer. The program is now installed at ten schools for pilot testing and evaluation (*see list, p3*).

School districts purchase equipment and software directly from the NFSHSA. The cost for each complete unit, including cabinet and software, is \$11,950.

NFSHSA TIP story continues on page 3



'Live party' video teaches teens to make choices

id Press International

ANSAS CITY, Mo. — The scene on the vision screen — teenagers at an impromptu party — is as realistic as their usual offerings of alcohol, drugs and cigarettes, but the characters' decisions change with every viewing. And they change at the whim of the viewer.

The teenage party depicted in a video called "Target Interactive Project" (TIP), the viewer makes choices for the partygoers. The party is populated by several recognizable types, including a party animal, jock, a smart-mouthed little sister and a designer-conscious girl who gave "daddy's charge cards a work-

developed by IBM Advanced Educational Systems in Atlanta and Magnus Communications Design, a Canadian computer firm, the video will be offered to school districts this fall by the National Federation of State High School Associations, which is using TIP in its campaign against alcohol and drug abuse among youth. The Kansas City-based

federation sets guidelines for U.S. high school sports, speech, drama and music.

In the video, the viewer follows seven selectable characters through a party made possible when Cathy's parents leave for the evening, and the storyline of each depends on the choices made by the viewer.

One character has 11 different ways to end or leave the party, again, depending on the viewer's choices. Four more characters have major roles in the storyline, but their lines are not selectable.

There are five drugs involved: alcohol, cigarettes, smokeless tobacco, marijuana, cocaine.

When a character is offered any one of the five, the scene freezes, and choices flash on the screen in separate boxes. For example, one box shows a picture of an opened beer can; the other shows a hand tossing the can back. The characters' thoughts sometimes are shown written in balloons, usually before they're about to make a decision.

"One of the things we wanted to do was to include as much high-level realism, as

possible so kids could vicariously experience the situations and learn something about decision skills," said Paul E. Palmer, director of TIP.

"What's unique here is that we're not preaching to anyone," Palmer said. "It's not a 'thou shalt not drink and use drugs' program. All of us would prefer that teenagers not do that. But realistically, that's not going to happen. Here, the kids actually make their own decisions based on their reactions to the scenarios that develop."

Federation officials took the video to 10 pilot schools last spring to see what youths thought of it.

"Kids felt it was overall extremely realistic," Palmer said. "They liked being able to make decisions rather than being lectured to."

At one point in TIP, a girl offers her boyfriend a cigarette, saying she thinks it's sexy to smoke. The boy responds by referring to his uncle, a smoker who died of lung cancer.

"It didn't look too sexy to me," he says of his uncle's illness.

One scene involves whether the quarterback, Burt, should have a beer or not. Rejecting the offer, he tosses it back to his friends and says, "Thanks but no thanks. We have a big game tomorrow."

His refusal prompts peer pressure, with his friends saying: "Oh come on Burt, it's only one beer. This is a party." But he sticks to his decision, asking: "Is this the last party we're ever going to have?"

If the viewer makes the "yes" choice, the friends toss a beer to Burt. The hostess' little brother then calls Burt's attention to the big game tomorrow. "So what. We're going to kill them," responds Burt, giving a signal to his friends for another beer. His peers, laughing and cheering him on, toss another to him.

The consequence of that decision is seen much later, when the video shows a dejected Burt in the locker room. His team lost and he did not perform well. Burt feels that he let the team down.

The script for the TIP video was penned by writers from the "Family Ties" television series, with help from the Hazelton-Cork Foundation.

TARGET program teaches students about the perils of alcohol and other drugs

On the surface, they appear to be wall-flowers.

They stand or sit, watching a party going on and pass judgment on social behavior exhibited by the partygoers.

But these teenagers are not social misfits choosing to remain uninvolved and on the sidelines.

They're intense observers in a high-tech, real-life decision making process designed to teach teens about the perils of alcohol and other drugs—to help students develop refusal skills to cope with peer pressure regarding alcohol and drug decisions.

The program, called TARGET Interactive Project (TIP), utilizes an IBM interactive videodisc system called InfoWindow™ to recreate real-life scenarios through computer-controlled branching and situational learning techniques.

The organization behind TIP is called TARGET and was formed in 1985 as a non-profit service of the National Federation of State High School Associations. The TIP program is a result of TARGET's work with Magnus Communications Design Inc. of Vancouver, B.C. Canada; Hazelden-Cork Foundation of Minneapolis, Minnesota; and IBM's Advanced Education Systems in Atlanta, Georgia.



▲ The top (left) video screen shows some of the people at "Cathy's party." The other screens illustrate typical dramatized party situations in the TIP program that students respond to by touching the appropriate symbols on the screen.

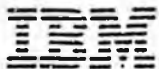
TIP features professional actors in a dramatized party situation. The party setting appears real in every respect, through the use of typical teenage role models and situations, as well as some contemporary language. The videodiscs allow random accessing.

Students use the system, either individually or in group sessions, by simply touching the video screen in response to symbols that step them through the material. This simplicity of operation requires no previous knowledge or use of computers.

The on-screen symbols allow the user to repeat a given sequence, move ahead to another scenario, choose a given alternative or stop the program.

In a typical high school environment, the program will enable students to assess their judgment and values regarding one of the most pressing issues facing the nation's youth.

The use and abuse of alcohol and other drugs is widely perceived as a major contributing factor in such youth problems as crime, suicide, pregnancy, auto accidents, youth unemployment and dropping out of school.



Group Aims at Keeping Kids Off Drugs

By CAROL DEEGAN
AP Newsfeatures Writer

NEW YORK (AP) — A common belief that young people who participate in sports are less likely than other students to use alcohol and other drugs may be a myth, one expert says.

Brice Durbin, executive director of the National Federation of State High School Associations, based in Kansas City, Mo., says surveys have found that young people who participate in sports are just as likely to use alcohol and other drugs as those who don't play sports.

These surveys conflict with the common belief that "if we can get young people involved in sports, they will be off the streets and out of the alcohol and drug scene," he notes.

Two recent surveys by the Hazelden-Cork Sports Foundation in Minnesota said that athletes actually reported more alcohol use than other students.

"When one examines the connection the media makes between athletic events and the use of alcohol, it is surprising that athletes don't use alcohol even more than the average student," Durbin said in an interview here.

The National Institute on Alcohol Abuse and Alcoholism says a survey of high school seniors indicates alcohol is the drug most widely used by American youth. More than half the students surveyed said they had tried alcohol prior to 9th grade; 15 percent said they had used marijuana; and 2 percent said they had used cocaine by the same grade.

The National Federation of State High School Associations is sponsoring TARGET, a program designed to educate school-age youth and to promote the prevention of alcohol and drug abuse among them.

TARGET seeks to provide



widespread understanding among high school students that healthy living is beneficial — and that abuse of alcohol and drugs has serious consequences, both now and in the future.

The federation, through its network of 51 associations, works with coaches and sponsors of activities. It created the rule books for virtually every high school sport in America and is involved with speech, debate, drama and music activities.

Durbin says the National Federation's influential network of state activity associations is the element that sets TARGET apart from all other organizations.

He points out that the federation has the unique ability to reach into the nation's schools state-by-state, from the top down, using valuable role models that include administrators, teachers, coaches and activity sponsors.

In addition, Durbin says, TARGET uses a peer approach, primarily through the most influential high school

student leaders — those involved in sports, music and debate.

Durbin says education and prevention are the keys to TARGET, and that faculty, students and parents are all needed for the program to be successful.

He says TARGET has four basic tools:

- A computerized reference bank of information on chemical abuse and prevention, especially as it relates to school-age youth and extracurricular activities, including high school sports.

- "On TARGET," a monthly publication that is scheduled to become biweekly in January 1988, which provides, among other things, information on alcohol and drug projects in schools throughout the nation.

- A nationwide insurance plan that covers all students. The insurance assures two stages of drug and alcohol treatment and is scheduled to go into effect for the 1987-88 school year.

- Training programs for adult volunteers and for high school students who are committed to promoting healthy behavior among their peers.

Durbin said TARGET is funded by the National Federation and receives outside support from corporations, foundations, endowments, organizations and individuals.

The president of TARGET is Bowie Kuhn, the former commissioner of major league baseball. The chairman of the board is William E. Simon, and First Lady Nancy Reagan is honorary chairman of the board.

"Typically, one student in the group would operate the system, getting frequent requests from other students in the group to change the choice of decisions and vary the outcome of a sequence. You can tell from the students' responses that they're taking something away from the experience. One example that TIP was getting through to them was that many came back to use it over and over again, to explore additional alternatives.

"It's very apparent they're eager to control the system," continues Stafford. "When the 'control' person sitting near the computer left, there was a scramble to occupy that seat. In today's environment, students have very strong opinions about different issues. And they're attuned to both television and video and many of them have their own computers at home.

"So this is a medium that is both very familiar to them and very effective for teaching and instruction," he adds. "This probably has something to do with the fact that students embrace the interactive videodisc—which is totally new technology—much faster than their teachers and administrators did."

Positive student reaction

High school students involved in the pilot programs at all locations have given it high marks, including a very positive reaction for not being "preachy."

Among the comments received during the study were:

- "The TIP program was much better than most other films/videos I've seen at school."
- "Thinking about the TIP situations, they were similar to situations that I've encountered at parties."
- "I think my parents would get something out of interacting with TIP. They should see it."
- "I would like my little brother and sister to see this."
- "I want to see more interactive programs like TIP available in my school."

Students also recommended other subjects to be treated in interactive videodisc instruction, including teen pregnancy and drinking and driving.

With the random sequencing of events and the near spontaneous feature of the TIP program, students may choose the same alternative each time and still have a different outcome for a given scenario. In fact, one character had different outcomes, including being killed in an auto accident.

Another of the advantages of interactive videodisc is that the system response time is instantaneous. As quickly as the viewer makes a choice the scenario is changed and the party continues. For example, if a drink is offered, the program responds with the character either taking or refusing the drink as soon as the viewer touches the screen.



▲ *TIP is so simple to operate that a student doesn't need any previous knowledge of computers.*

The IBM Personal System/2[®] controls all logic required for the TIP system to "make sense." The TIP system consists of an IBM InfoWindow, two laser videodisc players and an IBM Personal System/2 Model 30.

A strong educational tool

The program, according to TARGET officials, does not moralize but instead allows the student to see the consequences of his or her decisions. This introduces the element of chance as a factor in real life and the fact that good guys don't always win. This feature, according to TARGET officials, is meaningful and enhances student interest in using the system.

Developers of the program see TIP as a very positive step in the process of educating the nation's young people to the hazards of alcohol and drug abuse. Education and awareness, they feel, may be one of the strongest deterrents for teenagers to stay away from drugs.

TIP developers believe the system:

- Compliments existing awareness programs
- Provides a consistent message
- Teaches decision-making skills
- Teaches refusal and coping skills
- Delivers a message without moralizing
- Capitalizes on positive peer pressure
- Is user driven; not dictatorial
- Capitalizes on kids' identifying with technology
- Provides for confidentiality

As a follow-up to the White House Conference on Drug Abuse, Nancy Reagan recently held a celebrity fund raising event at the White House and a check for \$50,000 was awarded to TARGET to place four TIP units in schools across the country.

Program developers are optimistic about the potential of the TIP system. They point to a recent poll which revealed a wide-spread belief that effective programs can curb drug use if done properly and if young people are reached before it's too late.

Developers say TIP is not a program on addiction or abuse. The intended viewer is the average high school or middle school student in the United States—one who has, at most—used alcohol or drugs on an experimental or occasional basis. They see TIP as a prevention, not as a correction for drug abuse. But they feel it is, nevertheless, a solid step in the direction of curbing a serious drug abuse problem.

The TIP program combines high technology and a challenging approach to learning that students have referred to as "real-life," and "in touch with what's going on." It enables the student to play "what if" in determining the outcome of situations portrayed by any one of several different characters in the party setting.

Introduced and demonstrated in February of 1988 at the White House Conference for a Drug Free America, the TIP program was pilot tested at 10 regional U.S. high schools in May and June of 1988. Included in the pilot program were high schools in Baldwin City, Kansas; Caldwell, Idaho; Cedarburg, Wisconsin; Champaign, Illinois; Elizabeth, New Jersey; Long Beach, New York; Albuquerque, New Mexico; Tolleson, Arizona; Atlanta, Georgia; and Worthington, Ohio.



▲
John Stafford, Athletic Trainer and Athletic Coordinator at Walton High School near Atlanta, Georgia, was a coordinator for one of the TIP pilot tests.

Dramatized high school party

In the course of the dramatized high school party, students are offered alcohol or other types of drugs. The party takes place when Cathy's parents leave for the evening. A large group of friends appear for an impromptu "surprise" party and Cathy is suddenly a hostess.

The broad range of characters invites an evening of interesting encounters and some very real challenges. The viewer can select to be any one of nine different characters for the evening.

As the party progresses, each character encounters situations that call for decisions...and every time a decision is made—by touching the appropriate symbol on the screen—the story is affected accordingly.

Some choices have immediate consequences, while others may not become obvious until the next day of the drama. The entire program has been compared by students to a real-life drama or "TV soap opera" with the viewer controlling what happens on the screen.

"TIP," says TARGET, "enables high school students to make decisions in a simulated social environment and to see the results of those decisions—whether good or bad. This system represents a knothole view of real life, providing students an opportunity to see the consequences of drug and alcohol use without having to suffer through the actual experience."

Decisions concern such things as how to handle party crashers. It also involves such choices as "having one more drink," "chugging beer" or using various types of drugs.

Subsequent events in the program, all of which are governed by the student's choices, graphically illustrate the positive outcome of refusing alcohol and drugs, as well as the sometimes nightmarish turn of events that can come out of drug or alcohol abuse.

In one scenario, a youth is killed in an automobile accident as a result of mixing heavy drinking and driving. Students may choose from several different choices in making decisions facing his or her assumed character role, and can see what happens to that character as a result of those decisions.



▲
Students can use the TIP system, either individually, or in a group session like this one. These students are from Long Beach High School in Long Island, New York.

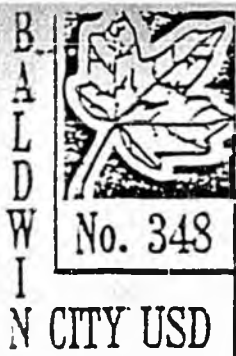
A real and believable environment

Among the high schools participating in the pilot test of TIP was Walton High School in suburban Atlanta, Georgia. Coordinator for the program there was John Stafford, Athletic Trainer and Athletic Coordinator.

"This program," says Stafford, "has a believability to it that most of the kids had never seen before in socially instructional material. Fundamentally, this provides an environment of realism and believability that contributes to student acceptance of what is being said."

The TIP system at Walton was installed in an open, high-traffic area used jointly as a study hall and library reference center. The system was made available for random and on-going student use as it fit their class schedules. In addition, the system was periodically moved to a large classroom for inclusion in social science class discussions.

According to Stafford, the Walton students were at first skeptical about using the system—particularly in a public area. "In peer group situations of this kind," he says, "it's frequently not cool to react openly to something like this. But the program caught on very quickly and students began to gather around the system in large numbers and participate as a group.



UNIFIED SCHOOL DISTRICT NO. 348

BOX 67 BALDWIN CITY, KANSAS 66006

1-(913) 594-3535

May 23, 1988

Mr. Paul E. Palmer, Director
Target Interactive Project (TIP)
National Federation of State
High School Associations
11724 Plaza Circle, P. O. Box 20626
Kansas City, MO 64194

Dear Mr. Palmer:

It has been a great honour for Baldwin High School to have been selected as one of ten representative high schools for a TIP pilot site.

Since the arrival of the IBM InfoWindow touch-screen system our students and faculty have become very involved with the Target-Interactive Project. The only "down" time for TIP is provided when the lights have been turned off and the doors locked for the day. Not since the introduction of computers into the school system have I seen something capture the awareness and involvement of students with such immediate intensity as TIP has done for Baldwin High School. In fact, TIP has had an impact beyond the walls of Baldwin High School by touching members of our community and neighboring communities. The level of realism created by TIP can be credited for this contagious exposure.

Through its development of TIP, I believe TARGET has found a very viable and unique approach in its efforts dealing with teenage social aspects of alcohol and drug abuse. TIP will have an impact in assisting students to choose health lifestyles. TIP will make a difference!

Again, thank you for the opportunity to have been touched by this experience.

Sincerely,

Mrs. Ginny Honomichi
Instructor / Coach
Baldwin High School
N.F.I.C.A. President-Elect
TARGET KANSAS Team Member
Baldwin City, KS 66006

FUNDING FOR TIP

1. The primary Federal programs which could be sources of funding for TIP purchases at the local level include: (a) Chapter 2, which sets aside twenty percent of the state set-aside for at-risk youth; (b) Dropout Prevention Program, created in 1988 and reauthorized for 1989; (c) the reauthorized "drug education program" which allocates funds to governor's offices and, in turn, to local districts; and (d) the secondary-level Chapter 1 set-aside program, for which \$200 million has been authorized. Enclosed are brief descriptions of these particular programs.
2. A significant market opportunity may also exist within the Job Training Partnership Act (JTPA) System. Refer to the JTPA information in the funding package recently distributed to the field for more information and key contacts.

**POTENTIAL FEDERAL FUNDING SOURCE FOR TECHNOLOGY:
DROPOUT PREVENTION/DEMONSTRATION PROGRAMS**

Appropriations		
FY87 \$0	FY88 \$23.9 Million	FY89 Request \$23.9 Million

In the late 1970s and early 1980s, ESEA Title VII was amended to authorize funding, ranging between \$10 million and \$20 million, for dropout prevention programs. This program funded a large number of "school-within-a-school", alternative school, and community-based organization dropout prevention programs. Many of these programs were also supported by the Model Cities Program, which provided additional funding to school districts. States also designed and funded similar dropout prevention programs (e.g., Illinois, Michigan). The school-within-a-school, dropout prevention, and other programs were often operated by firms under a performance contract. These firms included Alpha Learning Corporation (now Hartley Courseware), Behavioral Research Labs, Dorsett Educational Systems, Hoffman Learning Systems, Learning Unlimited, New Century Corporation, and Westinghouse Learning Corporation, among others.

Since the Title VII Dropout Prevention Program was phased out in 1972, Congress has become increasingly interested in secondary-level dropout prevention and related programs for at-risk youth. For FY88, Congress enacted the Dropout Demonstration Program and included \$23.9 million for two-year grants, which will be made to local education agencies and community-based organizations. The purpose of these demonstrations is to test approaches for identifying potential dropouts and encouraging them to remain in school; it will also encourage dropouts to resume their education (e.g., dropout recovery programs). The grants will be made to local education agencies of various sizes and in different regions of the country. Some funds are reserved for educational partnerships involving industry and other groups. The Administration will most likely give priority to projects which will: attempt to replicate approaches previously found to be successful, serve districts with high percentages of dropouts, and involve parents, or will attempt intervention with elementary and middle school children. Guidelines are currently being developed. The Administration's FY89 request is equal to the FY88 appropriation, to continue the demonstration programs. Also, Congress mandated that the Department of Education conduct a study of the "dropout problem" in 1989.

The Department of Education will most likely not develop specific regulations for this program. Rather, it will rely on EDGAR, a general set of regulations which all education programs must follow unless exemptions are made in specific regulations. For the most part, guidelines will follow the specific language in the amendment creating the program.

First, 25 percent of funds must be allocated to LEAs which have 100,000 or more enrollment; 40 percent to districts with enrollment between 20,000 and 100,000 students; 30 percent to districts with less than 20,000 enrollment; and five percent directly to community-based organizations (CBOs). CBOs can be involved, however, with LEAs on other proposed projects; however, the LEA

must submit the proposal. Second, the proposal must focus on: (a) programs which have been demonstrated to be successful in other sites with the intent of replicating these programs; and (b) schools with a high percentage of dropouts. Ten percent matching is required by applicants. The types of approaches which are encouraged include: (a) coordinated services with JTPA; (b) use of educational technologies -- telecommunications, computers, broadcast-TV; (c) development of competencies which link job skill preparation with jobs; and (d) early intervention approaches. At least 30 percent of projects must focus on dropout prevention; 30 percent on dropout recovery.

**POTENTIAL FEDERAL FUNDING SOURCE FOR TECHNOLOGY:
DRUG-FREE SCHOOL AND COMMUNITY PROGRAM**

Appropriations		
FY87 \$200 Million	FY89 \$229.8 Million	FY89 Request \$250 Million

An Administration priority since the mid-1980s, the Drug-Free Schools and Community Program has experienced budget increases over the last several years. Approximately 83 percent of the total funds are allocated to the states and territories on the basis of school-age populations (e.g., \$191.5 million in 1988, and \$207 million requested for 1989). Thirty percent of each state grant is reserved for local programs administered from the Office of the Governor. The remaining 70 percent is administered by the state education agency which, in turn, must distribute at least 90 percent of its share to local education agencies. Eight percent of the grants go to institutes of higher education, which can be used for teacher training, workshops, and the development of model demonstration programs for elementary and secondary schools. The remaining funds are used for Federal activities (3.5 percent), mostly for the development and dissemination of audiovisual and other curriculum materials, research, and development; one percent is used for Indian youth; and 4.5 percent for five regional centers established to train school teams in effective approaches to drug and alcohol abuse prevention, assistance in developing training programs, and disseminating information on effective programs. Most of the funds for developing audiovisual materials, supporting information networks, evaluating curricula, and related purposes were discontinued in the FY88 budget and are not included in the proposed FY89 budget. In the FY88 appropriation, a provision was included to allow state education agencies to allocate funds to local and intermediate education agencies and consortia on the basis of their relative enrollments in public and private nonprofit schools.

In the pending reauthorization legislation for this program the Administration is proposing to introduce accountability requirements at the state and local level and to be given explicit authority to conduct evaluations.

Most of the expenditures at the Federal, and to some extent, the state and local levels have been used to develop and disseminate information in video formats. For example, using FY87 funding, the Department made eight awards to various institutions to produce and distribute videotapes and supporting materials as part of the Department's Challenge Campaign to reduce drug abuse in schools. A number of successful awardees propose to use interactive distance learning as a delivery system. Few, if any, proposals which relied heavily on microcomputer or interactive videodisc technologies received high evaluations.

On the other hand, funds under this program have been used at the local district level to purchase such microcomputer software programs as Drug Alert (Mindscape), such videodisc programs as What's Next (Interactive, Inc.), and adjustable programs which allow teachers to modify or expand the program (e.g., Word List), among others.

POTENTIAL FEDERAL FUNDING SOURCE FOR TECHNOLOGY:
CHAPTER 1 PROGRAM

Appropriations		
FY87	FY88	FY89 Request
\$3.944 Billion	\$4.327 Billion	\$4.566 Billion

Chapter 1 reauthorization is currently pending in conference. The budget reconciliation act for FY1988 includes an increase of grants to LEAs from \$3.453 billion to \$3.829 billion. The Administration's request estimates an increase to approximately \$4 billion. However, in the proposed budget, the Administration stated that when Congress reauthorizes Chapter 1, a formal budget request will be transmitted.

Most observers feel that the reauthorization will attempt to introduce more accountability into the program, target resources more effectively, provide incentives to encourage innovation and more successful practice, and enhance parent involvement and choice. There also exist a number of issues regarding the Supreme Court's Aguilar vs. Felton decision, which affects private school participation.

In most states, Chapter 1 funds are a major source of funding software and to some extent hardware purchases for disadvantaged and LEP students served in Chapter 1 programs. Over 60 percent of Chapter 1 teachers currently use computers for instructional purposes within Chapter 1 programs. Some state have imposed rigorous criteria which have to be met before Chapter 1 funds can be used to purchase software for functions (e.g., computer literacy) which could be considered "supplanting" services required by state law. Several firms have provided private schools with networked and/or on-line computer-based instructional delivery systems to circumvent certain interpretations of the Aguilar vs. Felton Supreme Court case. The language in the Congressional reauthorization could affect future use of computers in this area.

POTENTIAL FEDERAL FUNDING SOURCE FOR TECHNOLOGY:
CHAPTER 2 PROGRAM

Appropriations		
FY87 \$500 Million	FY88 \$478.7 Million	FY89 Request \$540.5 Million

For FY88 the budget reconciliation act also includes an additional \$29.7 million for the Secretary's discretionary funds which before were include in Chapter 2 programs (thereby explaining the apparent decrease in state block grants for FY88). In passing the FY88 appropriation, Congress earmarked several components of the Secretary's discretionary fund, including: (a) \$1.9 million to be used to develop and promote exemplary early intervention programs, including pre-kindergarten programs; and (b) \$10.2 for the National Diffusion Network.

In the proposed administrative request for FY89 which represents a 13 percent increase over FY88 (\$61 million), the Administration argues that such funds are to be used by state and local education agencies to continue and expand their efforts at achieving "school improvement and reform". The Administration's proposed reauthorization language pending in Congress requires that such funds focus specifically on education reform and at-risk students. Traditionally, since the creation of the block grant (e.g., ECIA Chapter 2), 80 percent of a state's allocation of Chapter 2 funds have flowed through directly to LEAs. In turn, LEAs had great discretion and flexibility in determining how these funds should be used. Twenty percent of these funds were reserved for administrative and state-level improvement initiatives. In 1985, approximately 20 percent of Chapter 2 funds expended at the state and local level were used to purchase hardware (\$85 million) and software (\$18 million).

NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS

TARGET

TIP - CONTRACT and ORDER FORM

Individuals, school districts, or other agencies wishing to purchase TIP, TARGET Interactive Project, are to read, complete and return this form.

SCHOOL/AGENCY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____

I authorize the order and purchase of _____ TIP units, at the price of \$12,250* per unit, subject to the conditions listed below, and represent that I have authority to enter this order. If interested, LEASING options are available.

- * A price increase will be effective October 1, 1988. At that time TARGET will begin charging for the software. Total price, \$14,250.
- * The price is subject to change without notice.

Purchase Authorized By: _____

Title: _____

Signature: _____

Date: _____

TERMS OF PAYMENT: 30 Days from Order Shipment Date.

SHIPPING: Shipping will be by regular TARGET truck carrier unless the school specifies a different method of shipment at the time the order is placed.

Upon receipt of this order, TARGET will acknowledge and enter the order. Shipment should occur within thirty days and will include all the hardware (equipment necessary to run the program) as well as all the software, (the diskettes plus the videodiscs) including the TIP application.

DATE ORDER RECEIVED: _____ ORDER STAGED: _____ ORDER SENT: _____

TARGET
11724 Plaza Circle, P.O. Box 20626
Kansas City, Missouri 64195
816/464-5400



FISCAL NOTE

RECEIVED MAR 1 1989

REQUEST:

Revision Date: _____
Title: Relating to alcohol and drug education programs
Sponsor: Binkley, Kelly, et. al.
Requestor: _____

Agency Affected: Education
BRU: Education Program Support
Components: Basic education and instructional improvements

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES		69.4	69.4	69.4	69.4	69.4
TRAVEL		7.0	7.0	7.0	7.0	7.0
CONTRACTUAL		7.0	13.0	13.0	13.0	13.0
SUPPLIES		1.0	1.0	1.0	1.0	1.0
EQUIPMENT		6.0				
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	90.4	90.4	90.4	90.4	90.4

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	0	90.4	90.4	90.4	90.4	90.4
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

See attached analysis.

Prepared by: Mary Hakala Phone: 465-2800
Division: Commissioner's Office Date: 2/27/89
Approved by Commissioner: William G. Demmert Date: 2/27/89
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	
				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.					
Type of Expenditure		Amount							
1		2		3					
Salary		41.4							
Benefits		13.0							
Premium Pay									
Other									
Total Personal Services		54.4							
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		1006							
CIP Receipts		1061							
Other									

**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
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.				
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				

**Request For
New Position**

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

Page 4 of 4
 Revised Date

FY 90

THE ECONOMIC COST OF ALCOHOL AND OTHER DRUG ABUSE IN ALASKA



STATE OFFICE OF ALCOHOLISM AND DRUG ABUSE
BOX H05F, JUNEAU, ALASKA 99811-0607
AK/DHSS/SOADA/89-1

<p>SUMMARY OF ESTIMATED ALCOHOL/DRUG RELATED COSTS TO ALASKANS</p>
--

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

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

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

INTRODUCTION

This document updates estimates of the cost of alcoholism and drug abuse published in 1986 by the State Office of Alcoholism and Drug Abuse for fiscal year 1984. The data in this report covers the most recent year for which a majority of the statistical information could be gathered which is fiscal year 1985. Further updating of this report will be considered as new data becomes available.

The summary figures were calculated using a variety of sources to estimate the percent of each outlay of funds which was related to alcohol or drug abuse. Sources are listed under each table.

The following list describes what types of costs have been included in each cost category:

Assistance Payments: Includes AFDC, Aid to the Disabled, Food Stamps and Medicaid;

Social Services: Includes Youth Services, Foster Care, Day Care, Institutional Care for Children, Homemakers Services, Protective Services, and Substance Abuse Treatment;

Criminal Justice System: Includes Prosecution, Courts, Law Enforcement, and Corrections;

Department of Public Safety: Includes the Highway Safety Planning Agency and the Council on Domestic Violence and Sexual Assault, but not the State Troopers, who are counted with Law Enforcement;

Medical Care: Costs include API, Mental Health and State Insured Treatment Expenses.

Not all potential costs are included in this report due to scarcity of data in some areas. Some categories excluded are the cost of: health care and social services for Fetal Alcohol Syndrome children; insurance claims for non-state workers; increased insurance premiums due to injuries, property loss and illness; accidents on the job; most ambulance calls; private security; and out of state treatment.

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TABLE 1

AID TO FAMILIES WITH DEPENDENT CHILDREN--ASSISTANCE PAYMENTS
FY 85

Average # of AFDC Cases per Month	Percent Estimated Alcohol- Related	of Alcohol- Related Cases per Month	Average Cost per Case per Month	Cost of all Alcohol-Related Cases	
				Per Month	Per Year
6,373*	15%**	956	\$ 571.92*	\$ 546,756	\$ 6,561,072

Source: *Div. of Public Assistance, DHSS, Caseload & Benefit Issuance Summary FY84-90; **Vol. I, The Economic Impact of Alcohol and Alcoholism in Alaska

TABLE 2

AID TO THE DISABLED--ASSISTANCE PAYMENTS
FY 85

Average # of Aid to Disabled Per Month	Percent Estimated Alcohol- Related	of Alcohol- Related Cases per Month	Average Cost per Case per Month	Cost of all Alcohol-Related Cases	
				Per Month	Per Year
2,366*	20%**	473	\$ 224.24*	\$ 106,066	\$ 1,272,786

Source: *Div. of Public Assistance, DHSS, Caseload & Benefit Issuance Summary FY84-90; **Vol. I, The Economic Impact of Alcohol and Alcoholism in Alaska

TABLE 3

FOOD STAMP PROGRAM
FY 85

Average # Food Stamp Cases Per Month	Percent Estimated Alcohol- Related	of Alcohol- Related Cases per Month	Average Cost per Case per Month	Cost of all Alcohol-Related Cases	
				Per Month	Per Year
7,208*	5.3%**	382	\$ 272.29*	\$ 104,015	\$ 1,248,180

Source: *Div. of Public Assistance, DHSS, Caseload & Benefit Issuance Summary FY84-90; **Research Triangle Institute, 1984

TABLE 4

MEDICAID PAYMENTS RELATED
TO ALCOHOL, FY 84 & 85

ESTIMATES FOR FY 84:

Medicaid Cost for AD's * Per Year	Estimated Percent Alcohol-Related AD Cases	Medicaid Alcohol-Related Costs for AD's Per Year	Medicaid Cost for AFDC & Under 21 Per Year	Estimated Percent Alcohol-Related AFDC & Under 21	Medicaid Alcohol-Related Costs for AFDC & Under 21 Cases/Year	Total Medicaid Costs for Alcohol-Related AFDC, 21 AD Cases Per Year
\$16,117,431	20%	\$3,233,486	\$16,182,708	15%	\$2,427,406	\$5,660,392

ESTIMATES FOR FY 85 -(Reduction of.02%):

\$16,114,292	20%	\$3,222,858	\$16,179,556	15%	\$2,426,933	\$5,649,791
--------------	-----	-------------	--------------	-----	-------------	-------------

Source: Division of Medical Assistance, Dept. of Health and Social Services; reduction based on actual funding from budget documents

* AD = Aid to the Disabled

TABLE 5

MEDICAL AND PUBLIC ASSISTANCE AGGREGATED DIRECT COSTS ATTRIBUTABLE
TO ALCOHOLISM AND ALCOHOL ABUSE, FY 85

Category	Cost of All Alcohol-Related Cases Per Year
Aid to Families (AFDC)	\$ 6,561,072
Aid to Disabled	1,272,786
Food Stamps	1,248,180
Total Pub. Assistance	\$ 9,082,038
Medicaid	5,649,791
Total Alcohol Related Assistance Payments	\$14,731,829

TABLE 6
ESTIMATED ALCOHOL/DRUG RELATED COSTS
FOR SELECTED SOCIAL SERVICE PROGRAMS, FY '85

Homemaker Services	Day Care	Residential Child Care	Protective Services	Foster Care
\$303,700	\$437,100	\$10,824,900	\$2,259,500	\$6,076,700
Total State Cost: \$ 19,901,900				

Percent Attributable to Alcohol/Drug Problems:

10%*	44%	44%	44%	44%
------	-----	-----	-----	-----

Estimated Alcohol/Drug Related Service Costs:

\$30,370	\$192,324	\$4,762,956	\$994,180	\$2,673,748
Total State Cost: \$ 8,653,578				

The percent attributable to alcohol/drug related problems is based upon a weighted average, determined by a prior survey of actual cases reported by social workers which showed child neglect to be 47% alcohol-related and child abuse to be 32% alcohol related. The resultant is 44%.

YOUTH SERVICES:

An estimated 48 % of all Youth Services (both detention and probation) are alcohol/drug related. Youth Service Costs for FY 85 were \$ 13,217,600; \$ 6,344,448 alcohol/drug related.

(* supplied by The Drug Abuse Report, Vol. 3, No. 18)

Source: Division of Family and Youth Service, DHSS

TABLE 7
ECONOMIC COST OF SOCIAL SERVICES AND TRANSFER PAYMENTS
ATTRIBUTABLE TO ALCOHOLISM AND ALCOHOL AND DRUG ABUSE
ALASKA, FY 85

Category:	Economic Cost:
Social Services	\$ 8,653,578
Youth Services	\$ 6,344,448
Total Social Services	\$14,998,026

TABLE 8
ESTIMATED PROPERTY LOSS DUE TO ALCOHOL/DRUG ABUSE

TYPE OF LOSS:	ESTIMATED LOSS, FY85
DWI Fines (100.0%)	\$ 1,519,977
Theft/Fraud/ Forgery (53.7%)	14,710,291
Fire Loss (45.0%)	17,440,108
MV Accident (14.4%)	3,082,541
TOTAL PROPERTY LOSS:	\$ 36,752,917

Source: Table 9, Table 10, Table 14-B, and "Crime In Alaska, 1985"

TABLE 9
ECONOMIC COSTS OF EXCESS MOTOR VEHICLE ACCIDENTS
ATTRIBUTABLE TO ALCOHOLISM AND ALCOHOL ABUSE
ALASKA, FY 85

Accident Catagory:	1 Number	2 Unit Cost (dollars)	3 Total Cost (dollars)	4 EAA	5 Excess Cost (dollars)
Fatalities	127	\$306,000	\$38,862,000	54.3%	\$21,114,000
Injuries	6,165	5,000	30,825,000	14.4%	4,438,800
PDO*		(average)			
Accidents	13,423	\$ 2,982	40,032,994	7.7%	3,082,541
Excess Cost Attributable to Alcohol Abuse:					\$31,903,046
* PDO = Property Damage Only					

Sources:

- Column 1. Provided by Alaska Department of Public Safety, and the Department of Highways.
- Column 2. Unit Costs for Alaska provided by Mr. Mike Lewis, Alaska Highway Safety Planning Agency
- Column 3. Product of Columns 1 and 2. Total Cost for Property damage accidents provided by actual reported damages.
- Column 4. Excess proportion due to alcohol abuse.
- Column 5. Product of Columns 3 and 4.

TABLE 10
COST OF ALCOHOL RELATED FIRE LOSS, FY 85

Number of Fire Deaths	29	
Alcohol/Drug Related Fire Deaths	13	45 %
Number of Fires in Alaska	3,469	
Number of Fire Injuries*	116	
Estimated No. Alc/Drug Fire Injuries	52	45 %
Property Loss by Fire	\$ 38,755,796	
Est. Alc/Drug Property Loss	\$ 17,440,108	45 %
Est. Alc/Drug Death Expense**	\$ 50,050	
Total Estimate of Costs	\$ 17,490,158	

* Service & civilian injuries

** Funeral expenses & burial estimated at \$3,500;
ambulance \$200; emergency room & physician \$150

Note: Alaska leads the nation in deaths by fire per Capita

Source: Div. of Fire Prevention, Dept. of Public Safety

TABLE 11
COST ESTIMATION OF LOST INCOME
DUE TO ALCOHOL/DRUG ABUSE, 1985

CAUSE OF TIME LOSS:	ESTIMATED LOSS
Incarceration:	
DWI Incarceration	\$ 2,732,123
Other Incarceration	22,615,390
Parole/Probation	474,050
Premature Death	6,853,716
Related Injuries	2,342,623
Alcohol/Drug Treatment	5,318,752
Mental Health Treatment	
API (14.1% of pat. days)	458,143
CMHC (4717 hours)	10,083
TOTAL	\$ 40,804,880

Note:

Income estimate: \$18,726 - Dept. of Labor; time loss figured from estimates from the Mental Health Annual Report, Annual Corrections Report, SOADA M.I.S. Annual Report, Vital Statistics Annual Report, and Occupational Health Annual Reports