

ALASKA LEGISLATURE COMMITTEE FILES 1991-1992 8672

6863 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

# FISCAL NOTE

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

BILL NO. CSHB 498

Revision Date: March 10, 1992 Dept. Affected Health & Social Services  
 Title: An Act Providing Medicaid Coverage BRU: Alcohol & Drug Abuse Services  
for pregnant women... Component: Administration  
 Sponsor: Lincoln, Ellis, Ulmer, B. Davis et al  
 Requestor: \_\_\_\_\_ COMPONENT SERIAL NO. 302

**Expenditures/Revenues**

(Thousands of Dollars)

| OPERATING              | FY93        | FY94        | FY95        | FY96        | FY97        | FY98        |
|------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| PERSONAL SERVICES      | 45.4        | 47.1        | 48.9        | 50.7        | 52.6        | 54.6        |
| TRAVEL                 | 5.0         | 5.5         | 6.0         | 6.6         | 7.2         | 7.8         |
| CONTRACTUAL            | 5.0         | 5.3         | 5.6         | 5.9         | 6.2         | 6.5         |
| SUPPLIES               | 1.0         | 1.1         | 1.2         | 1.3         | 1.4         | 1.5         |
| EQUIPMENT              |             |             |             |             |             |             |
| LAND & STRUCTURES      |             |             |             |             |             |             |
| GRANTS, CLAIMS         |             |             |             |             |             |             |
| MISCELLANEOUS          |             |             |             |             |             |             |
| <b>TOTAL OPERATING</b> | <b>56.4</b> | <b>59.0</b> | <b>61.7</b> | <b>64.5</b> | <b>67.4</b> | <b>70.4</b> |

|         |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|
| CAPITAL |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|

|         |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|
| REVENUE |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|

**FUNDING:**

(Thousands of Dollars)

|               |             |             |             |             |             |             |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|
| GENERAL FUND  | 28.2        | 29.5        | 30.9        | 32.3        | 33.7        | 35.2        |
| FEDERAL FUNDS |             |             |             |             |             |             |
| OTHER         | 28.2        | 29.5        | 30.9        | 32.3        | 33.7        | 35.2        |
| <b>TOTAL</b>  | <b>56.4</b> | <b>59.0</b> | <b>61.8</b> | <b>64.6</b> | <b>67.4</b> | <b>70.4</b> |

**POSITIONS:**

|           |     |     |     |     |     |     |
|-----------|-----|-----|-----|-----|-----|-----|
| FULL-TIME | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| PART-TIME |     |     |     |     |     |     |
| TEMPORARY |     |     |     |     |     |     |

Estimate of current year impact:

ANALYSIS: (Attach a separate page if necessary)

See attached analysis

Prepared by: Suzanne W. Ferry  
 Division: Alcoholism & Drug Abuse

Phone: 465-2071  
 Date: March 10, 1992

Approved by: Commissioner: Theodore A. Mala, MD, MPH  
 Agency: Department of Health and Social Services

Date: March 10, 1992

Distribution (by preparer):

Legislative Finance            OMB  
 Legislative Sponsor        Impacted Agency(ies)  
 Requestor

# Fiscal Note

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

BILL NO. CSHB 498

Revision Date: March 10, 1992

Dept. Affected Health & Social Services

Title: An Act Providing Medicaid Coverage  
for pregnant women...

BRU: Alcohol & Drug Abuse Services

Component: Alcohol & Drug Abuse Grants

Sponsor: Lincoln, Ellis, Ulmer, B. Davis, et al

Requestor: \_\_\_\_\_

COMPONENT SERIAL NO. 1239

**Expenditures/Revenues**

(Thousands of Dollars)

| OPERATING         | FY93   | FY94   | FY95   | FY96    | FY97    | FY98    |
|-------------------|--------|--------|--------|---------|---------|---------|
| PERSONAL SERVICES |        |        |        |         |         |         |
| TRAVEL            |        |        |        |         |         |         |
| CONTRACTUAL       |        |        |        |         |         |         |
| SUPPLIES          |        |        |        |         |         |         |
| EQUIPMENT         |        |        |        |         |         |         |
| LAND & STRUCTURES |        |        |        |         |         |         |
| GRANTS, CLAIMS    | <38.1> | <83.8> | <92.2> | <101.4> | <111.6> | <122.7> |
| MISCELLANEOUS     |        |        |        |         |         |         |
| TOTAL OPERATING   | <38.1> | <83.8> | <92.2> | <101.4> | <111.6> | <122.7> |

|         |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|
| CAPITAL |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|

|         |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|
| REVENUE |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|

**FUNDING:**

(Thousands of Dollars)

|               |        |        |        |         |         |         |
|---------------|--------|--------|--------|---------|---------|---------|
| GENERAL FUND  | <38.1> | <83.8> | <92.2> | <101.4> | <111.6> | <122.7> |
| FEDERAL FUNDS |        |        |        |         |         |         |
| OTHER         |        |        |        |         |         |         |
| TOTAL         | <38.1> | <83.8> | <92.2> | <101.4> | <111.6> | <122.7> |

**POSITIONS:**

|           |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|
| FULL-TIME |  |  |  |  |  |  |
| PART-TIME |  |  |  |  |  |  |
| TEMPORARY |  |  |  |  |  |  |

Estimate of current year impact:

ANALYSIS: (Attach a separate page if necessary)

See attached analysis

Prepared by: Suzanne Perry  
Division: Alcoholism & Drug Abuse

Phone: 465-2071

Date: March 10, 1992

Approved by Commissioner: Theodore A. Mala, MD, MPH  
Agency: Department of Health and Social Services

Date: March 10, 1992

Distribution (by preparer):

Legislative Finance            OMB  
Legislative Sponsor            Impacted Agency(ies)  
Requestor

CSHB 498  
Fiscal Note Analysis

There are two primary treatment facilities which regularly treat pregnant women. There is one treatment center which is exclusively for pregnant women, and there is one post-treatment (half-way house) facility for substance abusing women.

The costs of treatment in these facilities are as follows:

1. Juneau Recovery Unit (co-ed facility) \$231/bed/day  
(specialized hospital), average length of stay 90 days
2. Reflections \$96/bed/day  
This is a 12 bed women's only facility. Pregnant women get priority. Average length of stay 90 days
3. Dena A Coy \$125/bed/day  
This is a pregnant women's only 18 bed facility. Average length of stay 200 days (This facility is primarily IHS funded. This refinancing effort would not alter the amount of federal IHS funds)
4. New Dawn (Alaska Women's Resource Center) \$70/bed/day  
This is a 10 bed women's only halfway house or post-treatment facility. Pregnant women get priority if they refuse Dena A Coy or are not accepted for some reason. Average length of stay 120 days.

The average cost is \$130/bed/day if all facilities are included. If only the primary treatment facilities are included, the average cost is \$150/bed/day.

As medicaid will not pay for room and board costs, we estimate treatment costs to be 70% of the total cost. Therefore, of a total cost of \$150/bed/day, \$105 would be medicaid reimbursable.

The assumptions which were used to develop the fiscal impact on grants include the following:

FY 93 -- six months of regulation development, and program training followed by six months of actual client activity.

-- It is estimated that each year would see a 10% increase over the initial year.

-- JRU saw 3 pregnant women during the year with each remaining in treatment for 90 days, their cost would be \$43.7.

-- Reflections saw 6 pregnant women during the year with each remaining in treatment for 90 days, their cost would be \$24.2.

-- Dena A Coy saw 6 pregnant women during the year with each remaining in treatment for 200 days, their cost would be \$105.0.

-- New Dawn (AWRC) saw 6 pregnant women during the year with each remaining in treatment for 120 days, their cost would be \$17.6.

The Division of Alcoholism and Drug Abuse recently began collecting information on pregnancy status of women. It is not possible to determine from available information how many of these women were medicaid eligible.

Substance abuse treatment for pregnant women is a relatively new approach, and targeting medicaid eligible women has not historically been done.

During the transition period, one full year after the regulations are effective, it is anticipated that treatment centers would be required to hire and train additional staff to handle medicaid billings. While this staff would not necessarily be full time, it is anticipated that a part-time person would be necessary. Therefore, a retention of 20% of grant funds would be required. That is, for each \$100 of medicaid to be reimbursed, \$20 of grant funds would not be supplanted, but would be retained.

It is also anticipated that the Division of Alcoholism and Drug Abuse would require a staff specialist in medicaid to assist programs with this effort. This position would be located in Anchorage as three out of four of the programs currently seeing pregnant women are located in Anchorage. This position would be an Administrative Assistant II at a range 14. This position would be able to provide written and on-site technical assistance to all programs seeing pregnant women. The current COLA of 3.6% was used for salaries and 5% used for other costs after FY '93. A figure of \$5.0 was used for travel as this is one half of the travel normally required of a Health Facilities Surveyor. It is anticipated that there would be several trips to Juneau, Fairbanks, and perhaps Bethel to assist programs. Contractual and supplies are standard figures used by the Division for budgeting purposes.

It is anticipated that this position would be Medicaid funded.

Estimates generally accepted in the nation are that each dollar spent on prenatal care cost-avoids up to \$11, and we believe that no one questions the value of infant health services and preventive health care. The current Healthy Baby Program makes good social and health policy sense, and it also makes good fiscal sense when it is viewed from a long-term perspective.

The poverty level increases each year. The current and proposed poverty-level income qualifying standards are:

| <u>Household Size</u> | <u>133%</u> | <u>185%</u> |
|-----------------------|-------------|-------------|
| 2                     | \$1272      | \$1769      |
| 3                     | \$1602      | \$2229      |
| 4                     | \$1932      | \$2688      |

(A pregnant women by herself is considered a household of 2.)

HB No. 498 also adds substance abuse rehabilitation services for pregnant women on Medicaid.

This service would provide Medicaid reimbursement for some of the therapies and training provided pregnant women through the Division of Alcoholism and Drug Abuse grantees' programs. However, federal restrictions on these services would not allow reimbursement for all treatment activities in these programs, and Medicaid cannot pay for the cost of room and board in residential treatment programs, which are often a most effective way of treating substance abusing pregnant women.

Our experience with case management services to pregnant women indicates that there is a very substantial need for substance abuse services for them, and there are currently very few services. We believe the sponsor of this bill intends to restrict this service to grantees of DADA, and not to open it to private sector participation at this time.

If this is correct, we support the restriction. Adding this new service will allow us to begin to introduce Medicaid federal matching funds into alcoholism and substance abuse services which have been funded exclusively with State funds. This kind of refinancing is a key strategy this Department is employing as a way of protecting essential programs in the face of declining state revenues.

However, we would be better able to control expenditures and resist pressures for expansion if this intent were made explicit by amending AS 47.07.900 (Definitions) to define substance abuse rehabilitation services for pregnant women as services provided by grantees of the Department. We respectfully recommend that the Legislature consider making this change in HB No. 498. ✓

DHSS Position

Position

We believe that HB No. 498 proposes two very important and very desirable additions to Alaska's Medicaid program. News of this bill's introduction was applauded by hundreds of Department employees across the State who work with the Healthy Baby program and with pregnant women, who know the unmet needs that exist, and who know the importance and cost effectiveness of good prenatal and newborn care.

Unfortunately, the costs of HB No. 498 are so high, and the size of our current revenue shortfall is so large, that the Department cannot support the passage of HB No. 498 at this time. The current fiscal crisis virtually guarantees that the Medicaid program will have to be reduced for FY93; to add so expensive a new eligible group now could result in the need for additional services and eligible group reductions that could be so severe as to risk the health and well-being of our existing recipients. ✓

Recommended by: Kimberly B. Busch  
Kimberly B. Busch  
Director  
Div. of Medical Assistance

Date: 3-4-92

Approved by: Theodore A. Mala  
Theodore A. Mala, MD, MPH  
Commissioner

Date: 4 March 1992

# FISCAL NOTE

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

BILL NO. House Bill 498

Revision Date: March 3, 1992 Dept. Affected: DHSS  
 Title: An Act Relating to Medicaid Coverage BRU: State Health Services  
for pregnant women and infants; and reordering the prior Component: Maternal, Child & Family Hea  
 Sponsor: Lincoln, Ellis, Ulmer, B.Davis, Gruenberg, Koponen, Bruckman  
 Requestor: House Finance Committee COMPONENT SERIAL NO. #290

Expenditures/Revenues (Thousands of Dollars)

| OPERATING              | FY93    | FY94    | FY95    | FY96    | FY97    | FY98    |
|------------------------|---------|---------|---------|---------|---------|---------|
| PERSONAL SERVICES      |         |         |         |         |         |         |
| TRAVEL                 |         |         |         |         |         |         |
| CONTRACTUAL            |         |         |         |         |         |         |
| SUPPLIES               |         |         |         |         |         |         |
| EQUIPMENT              |         |         |         |         |         |         |
| LAND & STRUCTURES      |         |         |         |         |         |         |
| GRANTS, CLAIMS         | -250.0  | -250.0  | -250.0  | -250.0  | -250.0  | -250.0  |
| MISCELLANEOUS          |         |         |         |         |         |         |
| <b>TOTAL OPERATING</b> | (250.0) | (250.0) | (250.0) | (250.0) | (250.0) | (250.0) |
| <b>CAPITAL</b>         | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     |
| <b>REVENUE</b>         |         |         |         |         |         |         |

FUNDING: (Thousands of Dollars)

|               |         |         |         |         |         |         |
|---------------|---------|---------|---------|---------|---------|---------|
| GENERAL FUND  | (250.0) | (250.0) | (250.0) | (250.0) | (250.0) | (250.0) |
| FEDERAL FUNDS | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     |
| OTHER         | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     |
| <b>TOTAL</b>  | (250.0) | (250.0) | (250.0) | (250.0) | (250.0) | (250.0) |

POSITIONS:

|           |     |     |     |     |     |     |
|-----------|-----|-----|-----|-----|-----|-----|
| FULL-TIME | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| PART-TIME | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| TEMPORARY | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

Estimate of current year impact: N/A

ANALYSIS: (Attach a separate page if necessary)

These funds will be replaced with Medicaid funds because this legislation will provide Medicaid coverage to those women who were previously covered by State General Funds.

Prepared by: Peter M. Nakamura, MD, MPH  
 Division: Public Health

Phone: (907) 465-3090

Date: 3/3/92

Approved by Commissioner: Theodore A. Mala, MD, MPH  
 Agency: Department of Health and Social Services

Date: 4 - March 92

Distribution (by preparer):

Legislative Finance      OMB  
 Legislative Sponsor      Impacted Agency(ies)  
 Requestor

FN      (250.0) Public Health      (MCH)

FISCAL NOTE

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

BILL NO. HB 498

Revision Date: 1/17/92 Department Affected: Health & Social Services  
 Title: An act relating to Medicaid Coverage BRU: Public Assistance Administration  
 Component: Eligibility Determination  
 Sponsor: Rep Lincoln  
 Requestor: \_\_\_\_\_ COMPONENT SERIAL NO. 

|   |   |   |   |
|---|---|---|---|
| 0 | 2 | 3 | 6 |
|---|---|---|---|

EXPENDITURES/REVENUES: (Thousands of Dollars)

| OPERATING              | FY 93        | FY 94        | FY 95        | FY 96        | FY 97        | FY 98        |
|------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| PERSONAL SERVICES      | 258.2        | 349.8        | 394.1        | 394.1        | 438.3        | 438.3        |
| TRAVEL                 | 2.0          | 2.0          | 2.0          | 2.0          | 2.0          | 2.0          |
| CONTRACTUAL            | 18.0         | 18.0         | 21.0         | 21.0         | 24.0         | 24.0         |
| SUPPLIES               | 1.8          | 1.8          | 2.1          | 2.1          | 2.4          | 2.4          |
| EQUIPMENT              | 21.0         | -0-          | 3.5          | -0-          | 3.5          | -0-          |
| LAND & STRUCTURES      | -0-          | -0-          | -0-          | -0-          | -0-          | -0-          |
| GRANTS, CLAIMS         | -0-          | -0-          | -0-          | -0-          | -0-          | -0-          |
| MISCELLANEOUS          | -0-          | -0-          | -0-          | -0-          | -0-          | -0-          |
| <b>TOTAL OPERATING</b> | <b>301.0</b> | <b>371.6</b> | <b>422.7</b> | <b>419.2</b> | <b>470.2</b> | <b>466.7</b> |

|         |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|
| CAPITAL |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|

|              |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|
| REVENUE      |  |  |  |  |  |  |
| FUND SOURCE: |  |  |  |  |  |  |

FUNDING: (Thousands of Dollars)

|                    |              |              |              |              |              |              |
|--------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| GENERAL FUND       | 150.5        | 185.8        | 211.3        | 209.6        | 235.1        | 235.1        |
| FEDERAL FUNDS      | 150.5        | 185.8        | 211.4        | 209.6        | 235.1        | 235.1        |
| OTHER FUND SOURCE: |              |              |              |              |              |              |
| <b>TOTAL</b>       | <b>301.0</b> | <b>371.6</b> | <b>422.7</b> | <b>419.2</b> | <b>470.2</b> | <b>470.2</b> |

POSITIONS:

|           |     |     |     |     |     |     |
|-----------|-----|-----|-----|-----|-----|-----|
| FULL-TIME | 8   | 8   | .9  | 9   | 10  | 10  |
| PART-TIME | -0- | -0- | -0- | -0- | -0- | -0- |
| TEMPORARY | -0- | -0- | -0- | -0- | -0- | -0- |

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary.)

SEE ATTACHED PAGE

Prepared By: Jan L. Hansen, Director *[Signature]* Phone: 465-3347  
 Division: Public Assistance Date: 2/4/92  
 Approved by Commissioner: Theodore A. Mala, MD, MPH *[Signature]*  
 Agency: Department of Health and Social Services Date: 4/11/92

Distribution (by preparer): Leg. Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies).

DIVISION OF PUBLIC ASSISTANCE (DPA)  
ANALYSIS - HB 498

NEW MEDICAID ELIGIBLES

HB 498 would increase the current income standards for pregnant women and infants in the Health Baby Program from 133% to 185% of the Alaska Federal Poverty Level (FPL). There will be 3 groups of eligibles affected by this legislation: Pregnant Women; Children born to mothers receiving medicaid; and Children whose mothers were not receiving medicaid at the time of birth.

Estimated Number of New Eligibles

1. 1417 newly eligible pregnant women in FY93;
2. 935 additional infants
3. 187 children under age one
4. Medicaid program application volume is expected to increase by 10% or 111 additional applications per month.

The increase in program qualifying standard is expected to provide Medicaid coverage to an additional 1417 pregnant women and 1122 children for a total 2539 eligibles. Assuming an average of two persons per case, the total caseload increase is 1270 cases month. The program application volume is increased by 111 additional applications per month.

New eligibility technicians in the Division of Public Assistance are required to review applications, conduct interviews, verify eligibility and authorize medical coupons for the new population of pregnant women and infants.

FY93 Staffing Need: Medicaid Pregnant Women/Healthy Baby

|                        |      |   |
|------------------------|------|---|
| New cases per month    | 1270 | Staffing standard 250 cases<br>per ET Positions Needed<br>5.1 |
| Applications per month | 111  | Staffing standard 86 apps<br>per ET Positions Needed<br>1.3   |

Total Eligibility Technicians and support positions needed for new workload:

|                            |            |
|----------------------------|------------|
|                            | <u>FTE</u> |
| Eligibility Technicians    | 6.4        |
| Supervisor at 1:7 ETs      | .9         |
| Clerical at 1:5 ET/SU      | <u>.7</u>  |
| <b>TOTAL FTE Positions</b> | <b>8.0</b> |

Following the change in program income standards from 133% to 185% of the Poverty Guideline Level, caseloads will gradually increase to the maintenance caseload levels projected above. In FY93 the eight Eligibility Technician staff are added in increments as the new caseload increases.

In FY94 all eight positions are budgeted at full 12-month equivalent. In FY95 and FY97 one additional Eligibility Technician is added for projected increase in the Pregnant Women/Healthy Baby caseload.

# FISCAL NOTE

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

BILL NO. House Bill 498

Revision Date: March 3, 1992 Dept. Affected: DHSS  
 Title: An Act Relating to Medicaid Coverage BRU: State Health Services  
 for pregnant women and infants; and reordering the prior Component: Nursing  
 Sponsor: Lincoln, Ellis, Ulmer, B.Davis, Gruenberg, Koponen, Bruckman  
 Requestor: House Finance Committee COMPONENT SERIAL NO. 288

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

| OPERATING              | FY93         | FY94         | FY95         | FY96         | FY97         | FY98         |
|------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| PERSONAL SERVICES      | 392.0        | 588.0        | 617.4        | 648.3        | 680.7        | 714.7        |
| TRAVEL                 | 49.0         | 70.0         | 73.5         | 77.2         | 81.0         | 85.1         |
| CONTRACTUAL            | 63.0         | 90.0         | 94.5         | 99.2         | 104.2        | 109.4        |
| SUPPLIES               | 7.0          | 1.0          | 1.1          | 1.1          | 1.2          | 1.2          |
| EQUIPMENT              | 14.0         | 12.0         | 0.0          | 0.0          | 0.0          | 0.0          |
| LAND & STRUCTURES      |              |              |              |              |              |              |
| GRANTS, CLAIMS         |              |              |              |              |              |              |
| MISCELLANEOUS          |              |              |              |              |              |              |
| <b>TOTAL OPERATING</b> | <b>525.0</b> | <b>761.0</b> | <b>786.5</b> | <b>825.8</b> | <b>867.1</b> | <b>910.4</b> |
| <b>CAPITAL</b>         | <b>0.0</b>   | <b>0.0</b>   | <b>0.0</b>   | <b>0.0</b>   | <b>0.0</b>   | <b>0.0</b>   |
| <b>REVENUE</b>         |              |              |              |              |              |              |

**FUNDING:** (Thousands of Dollars)

|               |              |              |              |              |              |              |
|---------------|--------------|--------------|--------------|--------------|--------------|--------------|
| GENERAL FUND  | 0.0          | 0.0          | 0.0          | 0.0          | 0.0          | 0.0          |
| FEDERAL FUNDS | 0.0          | 0.0          | 0.0          | 0.0          | 0.0          | 0.0          |
| OTHER         | 525.0        | 761.0        | 786.5        | 825.8        | 867.1        | 910.4        |
| <b>TOTAL</b>  | <b>525.0</b> | <b>761.0</b> | <b>786.5</b> | <b>825.8</b> | <b>867.1</b> | <b>910.4</b> |

**POSITIONS:**

|           |     |      |      |      |      |      |
|-----------|-----|------|------|------|------|------|
| FULL-TIME | 7.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 |
| PART-TIME | 0.0 | 0.0  | 0.0  | 0.0  | 0.0  | 0.0  |
| TEMPORARY | 0.0 | 0.0  | 0.0  | 0.0  | 0.0  | 0.0  |

Estimate of current year impact: N/A

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

Projections are based on need for 7 FTE Public Health Nurse 1/11's in the first year and 10 in the second and succeeding years, plus adequate travel, equipment, materials, to support the positions.  
 Formula: FY 93 new eligible children = 982 \* 5 EPSDT screens 1st. yr. @ 45 minutes ea. + 15 min. ea. for blood lead level screens - 60 minutes per screen + 60 add'l. min. per screen req'd. for referrals, followup transportation, etc. = 2 hours PHN time per screen  
 FY 93 = 2hrs. \* 5screens = 10 \* 982 children = 9820/1500 avail. phn hours for direct service = 6.5 fte's  
 FY 94 = 2 \* 5 = 10 \* 1541 = 15410/1500 = 10.27 fte's

Prepared by: Peter M. Nakamura, MD, MPH *Pm* Phone: (907) 465-3090  
 Division: Public Health Date: 3/3/92  
 Approved by Commissioner: Theodore A. Mala, MD, MPH *[Signature]* Date: 4 March 92  
 Agency: Department of Health and Social Services

Distribution (by preparer):  
 Legislative Finance OMB  
 Legislative Sponsor Impacted Agency(ies)  
 Requestor

FN 525.0 Public Health (Nursing)

POSITION PAPER  
HOUSE BILL NO. 498

"An Act relating to Medicaid coverage for pregnant women and infants; and reordering the priorities granted to optional services under the Medicaid Program; and providing for an effective date."

Analysis:

Section 1 of HB No. 498 would amend AS 47.07.020(b) to add an optional coverage group to Alaska's Medicaid program: Pregnant women and infants whose monthly countable income is between 133% and 185% of the Alaska federal poverty level.

Section 2 of HB No. 498 would amend AS 47.07.030(b) to add an optional service to Alaska's Medicaid program: substance abuse rehabilitative services for pregnant women.

Section 3 of HB No. 498 would amend 47.07.035 to place case management and nutritional services for pregnant women #4 in the list of optional services and optional eligible groups to be deleted in the event that the Medicaid appropriation is insufficient to fund some or all optional services. (Those two services were added to AS 47.07.030 in 1983, but they were not placed in the priority listing of AS 47.07.035 at that time.)

Section 3 would add substance abuse rehabilitative services for pregnant women as #1 in the priority list of AS 47.07.035, first to be deleted in the event of a funding shortfall. Section 3 places the optional group of eligible pregnant women proposed by this bill 22nd in the listing of options to be deleted.

Discussion

In 1988, the Legislature added coverage for pregnant women and infants, then an optional group in federal law, up to 100% of the Alaska federal poverty level. Federal law changes later mandated that this group be a part of regular Medicaid coverage, and in 1990, a second change in the law mandated coverage up 133% of the Alaska federal poverty level. Currently, a state may opt to cover this group at any level between 133% and 185%. 16 States have 185% coverage, and 6 exceed 133%.

Alaska's "Healthy Baby" program initiative has been an incredible success, and it is actively promoted and supported by all of the Department's field and administrative staff and by the medical community around the state. In FY91, we estimate there were 12,000 births in Alaska; 4,724 women were enrolled in Medicaid (39.4%). (27% of the state's children under 3 are enrolled in Medicaid.)

**FISCAL NOTE**

**STATE OF ALASKA  
1992 LEGISLATIVE SESSION**

BILL NO. HB 498

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

Department Affected: DH&SS

Title: Medicaid/Pregnant Women and Infants

BRU: Medical Assistance/Administration

Component: Medicaid Facilities/Non-Facilities/Claims Processing

Sponsor: Lincoln

Requestor: \_\_\_\_\_

COMPONENT SERIAL NO. 

|   |   |   |   |
|---|---|---|---|
| 0 | 2 | 3 | 0 |
|---|---|---|---|

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

| OPERATING              | FY 93          | FY 94          | FY 95          | FY 96          | FY 97           | FY 98           |
|------------------------|----------------|----------------|----------------|----------------|-----------------|-----------------|
| PERSONAL SERVICES      |                |                |                |                |                 |                 |
| TRAVEL                 |                |                |                |                |                 |                 |
| CONTRACTUAL            | 40.2           | 22.0           | 24.2           | 26.0           | 27.9            | 30.0            |
| SUPPLIES               |                |                |                |                |                 |                 |
| EQUIPMENT              |                |                |                |                |                 |                 |
| LAND & STRUCTURES      |                |                |                |                |                 |                 |
| GRANTS, CLAIMS         | 7,030.0        | 7,831.6        | 8,594.2        | 9,433.0        | 10,349.9        | 11,356.6        |
| MISCELLANEOUS          |                |                |                |                |                 |                 |
| <b>TOTAL OPERATING</b> | <b>7,070.2</b> | <b>7,853.6</b> | <b>8,618.4</b> | <b>9,459.0</b> | <b>10,377.8</b> | <b>11,386.6</b> |

|         |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|
| CAPITAL |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|

|                      |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|
| REVENUE FUND SOURCE: |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|

**FUNDING (Thousands of Dollars)**

|                    |                |                |                |                |                 |                 |
|--------------------|----------------|----------------|----------------|----------------|-----------------|-----------------|
| GENERAL FUNDS      | 3,525.1        | 3,921.3        | 4,303.2        | 4,723.0        | 5,181.9         | 5,685.8         |
| FEDERAL FUNDS      | 3,545.1        | 3,932.3        | 4,715.2        | 4,736.0        | 5,195.9         | 5,700.8         |
| OTHER FUND SOURCE: |                |                |                |                |                 |                 |
| <b>TOTAL</b>       | <b>7,070.2</b> | <b>7,853.6</b> | <b>8,618.4</b> | <b>9,459.0</b> | <b>10,377.8</b> | <b>11,386.6</b> |

**POSITIONS:**

|            |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|
| FULL-TIME  |  |  |  |  |  |  |
| PART-TIME  |  |  |  |  |  |  |
| TEMPORARY: |  |  |  |  |  |  |

Estimate of current year impact: 0

ANALYSIS: (Attach a separate page if necessary.)

Analysis attached

Prepared by: Kimberly Busch, Director *Kim Busch* Phone: 465-3355

Division: Medical Assistance Date: 3-4-92

Approved by Commissioner: Theodore A. Mala, M.D., M.P.H. *[Signature]*

Agency: Department of Health and Social Services Date: 4-Mar-92

Distribution (by Preparer: Leg. Fin., Legislative Sponsor, Requestor, OMB/EBR, Gov. Legis. Ofc., & Impacted Agency(ies))

Rev 10/7/91

FN 7,070.2 Medical Asst (Medicaid) Page \_\_\_\_\_ of \_\_\_\_\_

ANALYSIS - HB 498 DMA Fiscal Note

New Medicaid Eligibles and Claims Payments

HB 498 would increase the current income standards for pregnant women and infants in the Healthy Baby Program from 133% to 185% of the Alaska Federal Poverty Level (FPL). There will be 3 groups of eligibles affected by this legislation:

Pregnant Women;

Children born to mothers receiving medicaid; and

Children whose mothers were not receiving medicaid at the time of birth.

Analysis of numbers of new eligibles and the program cost:

FY 93

We anticipate that the 39% increase to the income standards for pregnant women will result in a 30% increase in the number of eligible women. This is based upon the caseload increase due to the 1990 standards increase from 100% to 133% of the FPL.

A 30% increase to the 4724 pregnant women eligible in FY 92 is 1417 newly eligible pregnant women in FY 93. The average cost per eligible pregnant women in FY 93 is expected to be \$2,703 (FY 92 cost of \$2,562 x 5.5% inflation). Therefore, the 1417 pregnant women will cost an additional \$3,830,151 in FY 93 (1417 x \$2,703).

Children born to mothers receiving Medicaid are automatically eligible until they are one year old irrespective of the mothers' eligibility. We estimate 66% of the 1417 newly eligible pregnant women will give birth during the year, resulting in an additional 935 children in FY 93.

By providing the mothers of these children with Medicaid during pregnancy, the women with high-risk pregnancies become eligible for case management services. To the extent that they participate in case management, the frequency of "bad births" may be reduced. The size of the fiscal note could be discounted accordingly in further years.

Children under the age of one born to mothers who are not receiving Medicaid at the time of birth, but whose families' income later falls to between 133% and 185% of the FPL during their first year of life will also become eligible. This number is difficult to predict because we believe that most families with income under the 185% FPL will access medicaid eligibility for the mother. However, there will be some children whose family's income decreased after the birth month or who move into the state after their birth who will qualify. Based on anecdotal information from front line eligibility technicians, we expect this to be 20% of number of

re: 133-185%

children who are automatically eligible due to their mothers receiving medicaid at the time of birth, or 187 (20% of 935).

The average cost of children under the age of one in FY 93 is anticipated to be \$2,767. This is based upon the average FY 92 cost of 2,623 x 5.5% inflation. Therefore, the total cost for the 1,122 new children will be \$3,236,970.

The "average cost" includes all children in the age group, including those with profound physical problems at birth, resulting in extraordinary prenatal, birth, neonatal, and post neonatal costs, which are presently uncompensated and factored into facility rates as "charity care and bad debt". Were we able to calculate the value of that uncompensated care, this fiscal note could be discounted accordingly.

Total FY 93 Program Costs:

|                        | Total        | GF           | Federal      |
|------------------------|--------------|--------------|--------------|
| Pregnant Women (1,417) | \$ 3,830,151 | \$ 1,915,075 | \$ 1,915,075 |
| Children (1,122)       | 3,104,574    | 1,552,287    | 1,552,287    |
| Total All (2,539)      | \$ 6,934,725 | \$ 3,467,362 | \$ 3,467,362 |

FY 94

We estimate a caseload growth of 4% from the 1,417 newly eligible pregnant women in FY 93, or 1,474 pregnant woman. We also expect a 4% increase to the 1,122 children under one year old, for a total of 1167 children in FY 93.

The cost per eligible is expected to increase 5.5% due to inflation, thus the cost will be \$2852 per pregnant women and \$2,929 per child.

Total FY 94 Program Costs:

|                        | Total        | State GF     | Federal      |
|------------------------|--------------|--------------|--------------|
| Pregnant Women (1,474) | \$ 4,203,848 | \$ 2,101,924 | \$ 2,101,924 |
| Children (1167)        | 3,418,143    | 1,709,071    | 1,709,071    |
| Total (2641)           | \$ 7,621,991 | \$ 3,810,995 | \$ 3,810,995 |

FY 95 and forward:

Estimate the same percentage increases as for FY 94 (we did not adjust for possible discounted costs from improved pregnancy outcomes as explained in the above narrative).

Claims Processing Costs for new eligibles:

FY 93

We expect 75% of the total payments would be hospital claims at an average of \$4500 per claims ( $\$6,934,724 \times 75\% = \$5,201,043$  divided by  $\$4,500 = 1156$ ). The remaining 25% would be outpatient claims at an average of \$141 per claim ( $\$6,934,724 \times 25\% = \$1,733,681$  divided by  $\$141 = 1230$ ). This is 2386 claims processed at \$6.23 per claim for a total processing cost of \$14,865 (costs for claims processing are 75% federal and 25% state general fund match).

FY 94

Total payments of \$7,621,991 using the same formula as above result in claims processing total costs of \$15,830.

FY 95 and forward:

Same formula as above.

**Substance Abuse Rehabilitation Services for Pregnant Women**

We assume it is the intent of HB 498 to provide rehabilitative services to approved grantees of the Division of Alcoholism and Drug Abuse, and not to open those services to the private sector at this time. Initially, this services will cover treatment services (not room and board costs) for Medicaid-eligible pregnant women in all of the 4 grantee residential programs that accept or specialize in pregnant women services.

Fy 93 costs include one-time system contractual costs for establishing a new service in the Medicaid Management Information System, report modifications, and providers manuals and training for a total of \$22.5 (75% federal, 25% state general fund match).

Because of the need to modify the system, promulgate regulations, and train providers, a start date of 1/1/93 is assumed for this service. FY 93 costs are estimated to pay for rehabilitative services during 2190 resident days, at a total cost of \$95.3 (50% federal, 50% state general fund match).

FY 94 costs are computed at FY 93 x 2 (for a full 12 months) plus a 10% growth in service as capacity grows in residential treatment facilities and other grantees offering some pregnant women outpatient therapy services enroll as providers. FY 95 and forward, we assume a 10% growth rate (both increased number of clients and rate increases).

Contractual costs for claims processing, at \$6.23 per claims, are estimated at \$2.8 for FY 93, \$6.2 for FY 94, and increasing at 10% per year thereafter. Costs are 75% federal, 50% state general fund.

Summary: Rehabilitation Services Only

|                   | FY 93        | FY 94        | FY 95        | FY 96        | FY 97        | FY 98        |
|-------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Contractual       | \$ 25.3      | \$ 6.2       | \$ 6.8       | \$ 7.5       | \$ 8.3       | \$ 9.1       |
| Grants/<br>Claims | 95.3         | 209.6        | 230.1        | 253.1        | 278.4        | 306.2        |
| <u>Total</u>      | <u>120.6</u> | <u>215.8</u> | <u>236.9</u> | <u>260.6</u> | <u>286.7</u> | <u>315.3</u> |
| GF                | 53.9         | 106.3        | 120.2        | 132.2        | 145.4        | 159.9        |
| Federal           | \$ 66.7      | \$109.5      | 118.7        | 128.4        | 141.3        | 155.4        |

*re: Substance abuse rehab*

FISCAL NOTE

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

BILL NO. HB 498

Revision Date: \_\_\_\_\_ Department Affected: Health and Social Services  
 Title: An act relating to BRU: Alcohol and Drug Abuse Services  
Medicaid Coverage Component: Alcohol and Drug Abuse Grants  
 Sponsor: Representative Lincoln  
 Requestor: \_\_\_\_\_ COMPONENT SERIAL NO. 

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 9 |
|---|---|---|---|

EXPENDITURES/REVENUES: (Thousands of Dollars)

| OPERATING              | FY 93       | FY 94        | FY 95        | FY 96        | FY 97        | FY 98        |
|------------------------|-------------|--------------|--------------|--------------|--------------|--------------|
| PERSONAL SERVICES      | 45.4        | 47.1         | 48.9         | 50.7         | 52.6         | 54.6         |
| TRAVEL                 | 10.0        | 10.5         | 11.0         | 11.6         | 12.2         | 12.8         |
| CONTRACTUAL            | 5.0         | 5.3          | 5.6          | 5.9          | 6.2          | 6.5          |
| SUPPLIES               | 1.0         | 1.1          | 1.2          | 1.3          | 1.4          | 1.5          |
| EQUIPMENT              | 7.0         | 0            | 0            | 0            | 0            | 0            |
| LAND & STRUCTURES      |             |              |              |              |              |              |
| GRANTS, CLAIMS         | (19.1)      | (41.92)      | (46.02)      | (50.62)      | (55.58)      | (61.24)      |
| MISCELLANEOUS          |             |              |              |              |              |              |
| <b>TOTAL OPERATING</b> | <b>43.3</b> | <b>22.08</b> | <b>20.68</b> | <b>18.88</b> | <b>14.72</b> | <b>14.16</b> |
| <b>CAPITAL</b>         | <b>0</b>    | <b>0</b>     | <b>0</b>     | <b>0</b>     | <b>0</b>     | <b>0</b>     |

|              |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|
| REVENUE      |  |  |  |  |  |  |
| FUND SOURCE: |  |  |  |  |  |  |

FUNDING: (Thousands of Dollars)

|                    |             |              |              |              |              |              |
|--------------------|-------------|--------------|--------------|--------------|--------------|--------------|
| GENERAL FUND       | 45.3        | 22.08        | 20.68        | 18.88        | 14.72        | 14.16        |
| FEDERAL FUNDS      |             |              |              |              |              |              |
| OTHER FUND SOURCE: |             |              |              |              |              |              |
| <b>TOTAL</b>       | <b>45.3</b> | <b>22.08</b> | <b>20.68</b> | <b>18.88</b> | <b>14.72</b> | <b>14.16</b> |

POSITIONS:

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

Estimate of current year impact: \_\_\_\_\_

ANALYSIS: (Attach a separate page if necessary.)

See Attached

Prepared By: Suzanne W. Perry *[Signature]* Phone: 465-2071  
 Division: Alcoholism and Drug Abuse Date: 13-3-92  
 Approved by Commissioner: Theodore A. Mala, MD, MPH *[Signature]*  
 Agency: Department of Health and Social Services Date: 4 Mar 92

HB 498  
Fiscal Note Analysis

There are two primary treatment facilities which regularly treat pregnant women. There is one treatment center which is exclusively for pregnant women, and there is one post-treatment (half-way house) facility for substance abusing women.

The costs of treatment in these facilities is as follows:

1. Juneau Recovery Unit (co-ed facility) \$231/bed/day  
(specialized hospital), average length of stay 90 days
2. Reflections \$96/bed/day  
This is a 12 bed women's only facility. Pregnant women get priority. Average length of stay 90 days
3. Dena A Coy \$125/bed/day  
This is a pregnant women's only 18 bed facility. Average length of stay 200 days
4. New Dawn (Alaska Women's Resource Center) \$70/bed/day  
This is a 10 bed women's only halfway house or post-treatment facility. Pregnant women get priority if they refuse Dena A Coy or are not accepted for some reason. Average length of stay 120 days.

The average cost is \$130/bed/day if all facilities are included. If only the primary treatment facilities are included, the average cost is \$150/bed/day.

As medicaid will not pay for room and board costs, we estimate treatment costs to be 70% of the total cost. Therefore, of a total cost of \$150/bed/day, \$105 would be medicaid reimbursable.

The assumptions which were used to develop the fiscal impact on grants include the following:

FY 93 -- six months of regulation development, and program training followed by six months of actual client activity.

Assuming JRU saw 3 pregnant women during the year with each remaining in treatment for 90 days, their cost would be \$43.7.

Assuming Reflections saw 6 pregnant women during the year with each remaining in treatment for 90 days, their cost would be \$24.2.

Assuming Dena A Coy saw 6 pregnant women during the year with each remaining in treatment for 200 days, their cost would be \$105.0.

Assuming New Dawn (AWRC) saw 6 pregnant women during the year with each remaining in treatment for 120 days, their cost would be \$17.6.

It is estimated that each year would see a 10% increase over the initial year.

The Division of Alcoholism and Drug Abuse recently began collecting information on pregnancy status of women. It is not possible to determine from available information how many of these women were medicaid eligible.

Substance abuse treatment for pregnant women is a relatively new approach, and targeting medicaid eligible women has not historically been done.

During the transition period, one full year after the regulations are effective, it is anticipated that treatment centers would be required to hire and train additional staff to handle medicaid billings. While this staff would not necessarily be full time, it is anticipated that a part-time person would be necessary. Therefore, a retention of 80% of grant funds would be required during this transition period. That is, for each \$100 of medicaid to be reimbursed, \$80 of grant funds would not be supplanted, but would be retained. After the programs have trained staff hired, this retention would no longer be necessary.

It is also anticipated that the Division of Alcoholism and Drug Abuse would require a staff specialist in medicaid to assist programs with this effort. This position would be located in Anchorage as three out of four of the programs currently seeing pregnant women are located in Anchorage. This position would be an Administrative Assistant II at a range 14. This position would be able to provide written and on-site technical assistance to all programs seeing pregnant women. The current COLA of 3.6% was used for salaries and 5% used for other costs after FY '93. It is anticipated that this position could be Medicaid funded. However, further analysis must occur prior to determining this possibility.

# HOUSE COMMITTEE REPORT

(7) Date Referred: February 18, 1992 FURTHER REFERRALS: Finance

Date of Committee Action: 3/13

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered: HB 498

HOUSE BILL NO. 498 MEDICAID FOR PREGNANT WOMEN/INFANTS

"An Act relating to Medicaid coverage for pregnant women and infants; and reordering the priorities granted to optional services under the Medicaid program; and providing for an effective date."

- RECOMMENDATIONS:
- be replaced with CS HB 498 (HES)  the same title
  - a new title
  - have attached amendments(s)
  - do pass
  - do not pass
  - no recommendations
  - individual recommendations
  - additional referral to the \_\_\_\_\_ Committee

ADOPTS: \_\_\_\_\_ letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) DHSS APPROVES PREVIOUS: (Dept/Date)

fiscal impact DHSS  fiscal note(s) \_\_\_\_\_

zero fiscal note \_\_\_\_\_  zero fiscal note(s) \_\_\_\_\_

| SIGNING DO PASS    | DP | OTHER RECOMMENDATIONS | D VP | NR | AM |
|--------------------|----|-----------------------|------|----|----|
| <i>[Signature]</i> | ✓  |                       |      |    |    |
| <i>[Signature]</i> | ✓  |                       |      |    |    |
| Betty Davis        | ✓  | Mary Miller           |      | ✓  |    |
| Cheri Davis        | ✓  | J. G. [Signature]     |      | ✓  |    |
|                    |    |                       |      |    |    |
|                    |    |                       |      |    |    |
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|                    |    |                       |      |    |    |

*[Signature]*  
CHAIRMAN'S SIGNATURE

FACT SHEET - *provided by Sharon Lundman-Zeman, FAS Coordinator  
State of Alaska*

- In 1981, the Surgeon General of the United States issued a health advisory recommending that women who are pregnant or are considering pregnancy should abstain from alcoholic beverages and should be aware of the alcohol content of foods, beverages and medications. In addition, he urged doctors to monitor the drinking habits of pregnant patients and those considering pregnancy, and encourage pregnant patients not to drink. (Office of the Surgeon General, 1981)
  - Fetal Alcohol Syndrome (FAS), officially identified in the U.S. in 1973, is a pattern of mental and physical defects that develop in infants born to some women who drink heavily during pregnancy. ("Fetal Alcohol Syndrome", Alcohol Topics in Brief, NIAAA, April 1985, p. 1)
  - Fetal Alcohol Syndrome (FAS) is now recognized as the leading known cause of mental retardation in the Western world and the only one that is totally preventable. (E. Abel and R. Sokol, "Incidence of Fetal Alcohol Syndrome & Economic Impact of FAS-Related Anomalies", Drug & Alcohol Dependence, 19, 1987, pp. 51-70)
  - The world-wide incidence of FAS is 1.9 per 1,000 live births. In the United States, estimates of the number of yearly FAS births would be 3,600 to 10,000. (E. Abel and R. Sokol, "Incidence of Fetal Alcohol Syndrome and Economic Impact of FAS-Related Anomalies", Drug & Alcohol Dependence, 19, 1987, pp. 51-52)
  - The incidence of Fetal Alcohol Effects (FAE) is estimated to be three to four times greater than FAS or up to 40,000 infants each year (Seventh Special Report to the U.S. Congress on Alcohol and Health, January, 1990).
  - Whenever drinking is stopped during pregnancy, the risks of fetal alcohol effects and consequences of alcohol exposure are decreased. (J. Funkhouser and R. Denniston, "Preventing Alcohol-Related Birth Defects", Alcohol Health & Research World, NIAAA, Vol. 10, No. 1, Fall 1985, p. 56)
  - Eight million American women out of 56 million of childbearing age (15-44 years) currently use one or all of four drugs: Alcohol, cocaine, marijuana, and nicotine. These drugs all appear on the official list of human teratogens, i.e. substances that cause birth defects. (E. Adams, NIDA, The New York Academy of Sciences, Fall 1988, Vol. 3, No. 2, pp. 1, 10-11)
- 
- New York spends an estimated \$43,680 per victim of FAS per year, for a lifetime cost of \$2,620,000 per child. (Center for Science in the Public Interest, 1986)

THE FOLLOWING DOCUMENT MAY NOT FILM  
LEGIBLY BECAUSE OF THE POOR QUALITY OF  
THE ORIGINAL

# SPECIAL CURRENTS™

## Maternal Addiction



C. Everett Koop, MD, ScD, the Surgeon General of the United States from 1981 to 1989, is currently writing, lecturing, and producing five 1-hour documentaries on health-related issues for NBC-TV. Dr. Koop's introduction for Special Currents: Maternal Addiction appears below.

### Introduction

Looking rationally and compassionately at women who are addicted, we find—as Dr Loretta Finnegan points out elsewhere in this newsletter—that substance-abusing women are many times more likely than other women to have suffered sexual abuse when they were children, and much more likely than others to have had a drug- or alcohol-dependent parent. Drug- and alcohol-exposed infants are thus very likely to represent a second—or a third—generation of abused children.

Assigning blame to the dysfunctional family or any of its members will not stop or prevent abuse. Incarcerating pregnant abusers will not stop fetal drug exposure. Addicted women, who typically have remarkably low self-esteem, need help to build the self-respect and confidence required to conquer a chronic, relapsing disease.

We are best advised to help these victimized women gather strength and real power to supplant the fleeting sense of strength and well-being they find in drug use. The optimal time for them to recognize their real power is during pregnancy, when many women feel self-worth for the first time—a fact that also accounts, in part, for our astonishing rates of teenage pregnancy.

Comprehensive, family-oriented treatment is essential. Punitiveness, cynicism, hopelessness, and stereotyping are contraindicated. Professionals in medicine, nursing, social service, and law enforcement must learn more about prevention and treatment of substance abuse. In 12-step and residential programs, where recovering addicts have the encouragement, opportunity, and means to help others break free of the abuse cycle, one success can be multiplied many times. In the health care professions, we feel substantial gratification upon effecting a successful cure for a difficult illness: If such gratification is available to recovering substance abusers, their redirected energy can grow exponentially and control or eliminate this epidemic.

Maternal Addiction is the second Special Currents Ross Laboratories has published to help health care professionals combat the drug epidemic. The first focused on cocaine-exposed infants; the aim of this second issue is to help prevent such exposure by elucidating the broader topic of maternal addiction.



Loretta P. Finnegan, MD, Professor of Pediatrics and Professor of Psychiatry and Human Behavior at Jefferson Medical College of Thomas Jefferson University in Philadelphia, has taught and lectured throughout the world. Her contributions to perinatology and neonatology have resulted in hundreds of publications and presentations, although she is perhaps best known for devising the standard assessment scale for neonatal withdrawal.

Dr Finnegan is also founder and Director of Family Center, a model comprehensive treatment center for pregnant addicted women and their children, located at Jefferson Hospital in Philadelphia. Since February 1990, she has also served as Associate Director of the Office for Treatment Improvement and Associate Director for Medical and Clinical Affairs of the Office for Substance Abuse Prevention in the Alcohol, Drug Abuse, and Mental Health Administration of the US Department of Health and Human Services.

### Maternal Addiction

Addiction is a chronic, relapsing disease that affects all sectors of our population. It is now widely recognized that millions of Americans use illicit drugs regularly. Many millions more are addicted to nicotine, alcohol, or both. Large numbers of people die every day as a result of nicotine's role in heart disease, lung disease, and cancer. The effects of alcoholism have wreaked incalculable damage across generations in our society. The epidemic of drug abuse has overwhelmed American women and children.

The many negative effects of drug exposure on newborns are familiar to neonatologists and are now recognized by pediatricians.<sup>1-9</sup> A 1989 survey conducted by the House Select Committee on Children, Youth, and Families<sup>10</sup> found 15 of 18 hospitals reporting three to four times as many drug-exposed births in 1989 as in 1985; since the 3 hospitals not reporting an increase kept no records of fetal and maternal drug exposure, and none of the 18 hospitals screened routinely for drug exposure, the reality is probably even worse.

The AIDS epidemic complicates this picture. Newborns who test positive for human immunodeficiency virus (HIV) usually have parents who were drug abusers or whose partners were drug abusers.<sup>11</sup> Many of these infants are "boarder babies" living in large city hospitals, physically impaired and abandoned by their parents. These

A TIMESAVER PUBLICATION  
FROM ROSS LABORATORIES 

back-up re maternal addiction

babies will be placed in foster care—when it is available—outside their families immediately on leaving the hospital.

In May 1989, the Children's Defense Fund<sup>12</sup> reported on the daily lives of our children: In America, every day, 1,293 teenagers give birth, 1,849 children are abused, 68 babies age <1 month die, and 107 babies age <1 year die.

Child abuse and drug abuse go hand in hand. In New York City, 59% of the child abuse and neglect fatalities involving children previously known to the authorities occur within the first 6 months of life—and these are usually drug-exposed babies.<sup>13</sup> In the District of Columbia, almost 90% of those reported for child abuse or neglect are active substance abusers.<sup>13</sup>

In Boston, prenatal care is free for all low-income mothers. Nonetheless, between August 1988 and February 1989, 38 babies were born at Boston City Hospital to mothers who had no prenatal care, and 37 of the babies tested positive for cocaine.<sup>13</sup>

The tragic impact of alcohol on infants and children is well known. The incidence of fetal alcohol syndrome is estimated to be one to three cases per 1,000 live births, or about 4,000 to 12,000 new cases in the United States each year. This preventable disease is one of the leading known causes of mental retardation.<sup>14</sup>

Within the context of comprehensive services for pregnant drug-dependent women at Thomas Jefferson University Hospital over the last 20 years, we learned a great deal through clinical observations and various research studies. We have found that addiction is more than a medical issue. It encompasses physical, psychological, and sociologic issues. The majority of women who are drug-dependent do not seek prenatal care and therefore have an increased incidence of obstetrical and medical complications. The common medical complications seen in these women include anemia, poor nutrition, and various infectious problems, including pneumonia, tuberculosis, urinary tract infections, sexually transmitted diseases, and now, HIV disease. Many of these women also present with the complications associated with needle use, including hepatitis, thrombophlebitis, cellulitis, abscesses, and ulcers.

Obstetrical complications abound. These include amnionitis, chorioamnionitis, premature rupture of membranes, abruptio placentae, intrauterine growth retardation, and preterm birth. The host of medical and obstetrical complications experienced by these women demand that a large number of their infants be admitted to neonatal intensive care units for observation and treatment.

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Moreover, the women are further weakened by unemployment, illiteracy, homelessness, and legal issues. Many environmental variables have contributed to addictive behaviors. At least 70% of drug-dependent women have experienced sexual abuse before reaching age 16 years, and 83% have a parent who was addicted to alcohol or illicit drugs.<sup>4</sup>

Drug addiction is one of the most debilitating diseases due to its chronicity and intermittent relapses. Moreover, and specifically with regard to children, it has long-range and intergenerational implications. Addiction is even more devastating to drug-dependent pregnant women and mothers, who frequently do not have the resources for recovery available to them. The words of one of our patients, a 35-year-old white woman with three children who was physically and sexually abused as a child by her alcoholic father and who began to use psychoactive drugs after her mother died when she was 15, are most relevant. She says, "Drug addicts are human beings who have the same hopes and dreams that you do. Drug-addicted mothers love their children just like any other mother. I love my children, but it is not easy to stop using drugs. Treatment has helped me to recognize how my background has influenced my addiction. I medicated my pain for a very long time. Now I can talk about this pain and face it without running away through the euphoria of drugs."

Among industrialized countries, the United States ranks 22nd in infant mortality. In the state of Pennsylvania, nearly 1,700 babies die within their 1st year of life—a rate that far exceeds the US national rate of 10 deaths per 1,000. The primary cause of infant mortality is low birth weight, and it is often the result of lack of quality prenatal care. By treating potential problems early in pregnancy, much can be done to prevent premature birth and associated complications—a fact that we have known for many decades.

Although the overwhelming majority of women needing prenatal care are poor, lack of care during pregnancy is not confined to the disadvantaged. Many middle-income families also fall into the cracks, due to the lack of adequate health insurance. Approximately one fifth of pregnant women do not receive sufficient prenatal care.

The results are tragic. Without prenatal care, women are three times as likely to give birth to a low-birth-weight baby—one that will be 40 times as likely to die during his or her first 4 weeks of life than a normal-birth-weight infant. Many of those who live will require custodial care, sometimes for the rest of their lives. The cost to "graduate" a sick infant from the intensive care unit can be \$150,000 for the first 3 months of life. In spite of this tremendous cost, some never survive to 1 year of age. Lifetime custodial care for these prematurely born babies can cost upwards of \$400,000. Yet, if we would just spend a few hundred dollars for each pregnant woman for prenatal care, a substantial percentage of these costs could be avoided.

Drug- and alcohol-addicted women contribute the most to perinatal morbidity and mortality. Drug-dependent women are characterized by no or very little prenatal care, with a resultant incidence of 40% to 50% preterm birth, and no or inadequate drug abuse treatment.<sup>2</sup> Currently in Pennsylvania, these women represent 5% to 35% of deliveries in various hospitals across the state. A recent study in Philadelphia has shown that a mean of 16.7% of women delivering in eight center-city hospitals had

positive urine toxicologies or positive histories for cocaine. Some hospitals had percentages greater than 20%.<sup>15</sup> In 1989, research at our hospital revealed that 15% of 852 women tested had positive toxicology studies for cocaine or combinations of cocaine, marijuana, and narcotics. This percentage was equally distributed among our private and medical-assistance patients. Clearly, this is not an issue for poor minorities alone: Infants in all socioeconomic and ethnic groups are adversely affected.

Research has shown that we can rehabilitate a significant number of women who have enrolled in comprehensive treatment services during pregnancy.<sup>4</sup> We can reduce maternal and infant morbidity and mortality. When maternal medical and obstetrical complications are treated, a similar outcome has been seen in the drug-dependent mothers as in the drug-free mothers of the same socioeconomic and ethnic class. Moreover, one can reduce the incidence of low-birth-weight infants from nearly 50% to less than 20%—a significant reduction in terms of neonatal morbidity, mortality, and medical cost.

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**"We must recognize addiction as a chronic, relapsing disease."**

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We must recognize addiction as a chronic, relapsing disease. Because each addicted woman is different from all others, treatment plans should be individualized. Comprehensive services must include high-risk prenatal care, and clinics must be staffed by obstetricians specifically trained in the field of addiction and high-risk pregnancy. Additional treatment modalities should include individual, group, and family therapy. Methadone maintenance and inpatient detoxification should be available, since methadone has proven effective for opiate addiction. Various studies have shown the lack of morbidity and mortality in opiate-addicted women who are provided with methadone maintenance—in contrast to those women who continue the use of street heroin. When the women combine opiate use with alcohol, barbiturates, or tranquilizers, it is frequently necessary to detoxify them in an inpatient setting to avoid any untoward effects upon the pregnancy.

AIDS prevention, counseling and testing, and educational services in the form of prenatal and parenting classes must be available. Services should be aimed at eliminating drug use, developing personal resources, improving family and interpersonal relationships, reducing and eliminating socially destructive behavior, and facilitating maximum obtainable adaptation for new parents within their environment.

Infants who exhibit withdrawal symptoms should be in newborn nurseries where neonatal physicians are experienced in the field of neonatal drug exposure. Routine protocols for the low-birth-weight infant, for neonatal infection, and for those undergoing abstinence are commonly used in evaluation and treatment. Long-term follow-up studies in our clinic have demonstrated that by providing these perinatal services to this very high-risk population, we give these infants and children the chance to be developmentally, neurologically, and physically normal.

The families of drug-addicted women have higher levels of family conflict and physical violence and lower levels of family cohesion. Treatment,

therefore, must respond to every one of the medical and social variables that complicate addiction and recovery. For instance, while methadone may encourage a heroin-free existence, reduce exposure to HIV, and permit us to have healthier infants, it does not answer the social problems faced by the women enrolled in programs such as Jefferson Family Center. These women have problems associated with support issues, food access, housing, and day care—the issues that are most overwhelming to the recovering female addict. Relapse is imminent when daily survival is at risk.

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**"Relapse is imminent when daily survival is at risk."**

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In the United States, due to the lack of treatment services and research endeavors within the drug-addicted population for so many years, we are now plagued with rampant drug addiction. Because of the intergenerational transmission of the disease of addiction, we have fostered a spiraling legacy of addicts giving birth to addicts. This dark reality of gloom has now developed so far that we will soon have many thousands of babies dying of AIDS. We also have the concomitant tragedy of babies who are disabled not only by premature birth and congenital malformations, but also by a debilitating psychosocial environment.

We have had a drug abuse epidemic for a quarter of a century, and due to the lack of resources for treatment, research, and education, as well as the lack of interest by professionals, we haven't done anything effective to reduce this devastation upon women and children. We have now reached uncontrollable heights in this epidemic. This generation of children is suffering due to our previous unwillingness to act with urgency to turn the tide against this tragedy that has befallen them.

We must remove the barriers to effective prevention, intervention, and treatment of drug-dependent mothers and children. We must provide appropriate treatment by caring professionals who are knowledgeable in the field of substance abuse, and we must put the treatment of women into the context of their reality. For example, the woman who is cocaine-dependent without any resources or support systems and who has three children cannot be asked to come every day to a treatment program. To be able to know what she must do for her children, to be able to provide for those children economically, emotionally, and spiritually, she must be in a residential treatment setting.

Aside from the intensive drug rehabilitation and medical treatment, these women need extensive educational and job training so that they will become productive citizens and loving and giving mothers who will positively influence the development and socialization of their children. Residential treatment can serve to eliminate the medical and social problems experienced by the drug-dependent woman and her children, particularly those who are cocaine dependent and for whom there is no pharmacotherapeutic agent such as methadone.

Incarceration is not the appropriate choice for drug-dependent women who have not had the financial, emotional, educational, and spiritual advantages that most of us have had. Instead, treatment on need must be available for the mother with her children, not only for the rehabilitation of these women and children, but also for the

sake of future children. Appropriate services for the follow-up of pregnant drug-dependent women are essential. The issues of child abandonment and increased needs for foster care must also be addressed and planned for appropriately.

Still more devastating illicit drugs are appearing in our cities.<sup>16</sup> The above treatment and service recommendations are the least that we must do to assure that future children born in our country will not be tormented by drug addiction and the likelihood of being physically and psychologically disabled throughout their lives. If we follow these recommendations, we may have hope for these children and avoid the destruction of the very fiber of our country—the family.

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Carol Tracy, JD, is Executive Director of the Mayor's Commission on Women for the city of Philadelphia. Ms Tracy has been instrumental in developing treatment centers for women in Philadelphia, and has lectured and published widely on women's issues. At the Ohio Perinatal Association in March 1990, she presented an analysis of current drug policies and their effects.

## Women, Abuse, Addiction, and Public Policy

The most profound impact of the drug epidemic has been on women and their children. An estimated 5 million women of childbearing age use illegal substances, and 1 million use cocaine<sup>1</sup>—as many as 10% of pregnant women use cocaine.<sup>2</sup> In Philadelphia<sup>3</sup> and Boston,<sup>4</sup> 17% of women use crack cocaine during pregnancy.

Crack use leads to feelings of power, confidence, and energy; it is one of the most addictive drugs known.<sup>5</sup> Its dramatic effects, seen in emergency rooms, maternity services, neonatal intensive care, and pediatric units are causing long-overdue public alarm.<sup>6</sup> Despite this unprecedented crisis, very few treatment resources are available for mothers with children and pregnant women; indeed, pregnant women—the source of most public concern—are the group least likely to find access to treatment.

Most treatment programs do not treat medical complications of pregnancy, so they do not accept pregnant women.<sup>7</sup> Approximately 70% of those in treatment are men, 80% of treatment resources are spent treating men,<sup>8</sup> and most of the treatment available for women is based on male-oriented models.<sup>9</sup> Most use a confrontational, punitive treatment modality that is insensitive to the multiple and complex needs of addicted women. Very few programs make any accommodations for children.

Although most treatment research has focused on men, ample information is available about the problems of women, what women need, and what they will respond to in treatment. For example, there is a strong correlation between the experiences of incest and other forms of child sexual abuse and chemical dependence in women.<sup>9-13</sup> The literature also suggests that women who have been sexually abused as children have difficulty establishing open, trusting relationships as adults; they tend to become depressed and have difficulty with sexual expression. They often continue to be physically and sexually abused as adults, a fact that has obvious implications for their parenting abilities.<sup>12</sup> Many are themselves the children of substance abusers.

Because men do not often stay with addicted women unless they are themselves addicted,<sup>14</sup> these women usually have no male support: They are as isolated and marginal in the drug culture as in the rest of society.

Pregnant women should be given absolute priority for treatment, and treatment programs for women should be expanded and redesigned. The traditional confrontational style of treatment does not work for addicted women: Many of these women can't respond to humiliation because they have already lost self-esteem, or never had a chance to develop the feelings of competence that lead to self-esteem. Because a significant body of social science research shows that women shut down in mixed-sex

groups, where their issues are neither heard nor addressed,<sup>15</sup> treatment services should be run by women.

Women-centered programs need appropriate accommodations for children, and should include family planning and other health care. Substance abuse counselors should be trained to deal with issues related to sexual and domestic violence. After-care support services and links to adequate housing, education, training, and employment services should also be provided.

Although the need for services still greatly exceeds the capacity, some of the major elements for responsible and appropriate treatment and support are beginning to develop in Philadelphia. We have a 24-hour hotline that provides referral, counseling, and support (Women in Transition); a women-only detoxification unit (Diagnostic and Rehabilitation Center [DRC] Women's Program); two 28-day women's residential rehabilitation programs (DRC and Girard Medical); a 6-month residential program for single women (Interim House); and four 6-month-plus residential programs for pregnant women and mothers and their children (Gaudenzia's New Image and Kindred House; Genesis II's Caton House; DRC's Hutchinson House). Two more residential programs will open this year (Episcopal Hospital and Family Center), and one of these will work exclusively with pregnant women (Family Center).

In addition, we have an intensive outpatient program that provides child care and other support services, including case management (Women's World), and a specialized outpatient program for pregnant and postpartum women providing intensive medical, psychosocial, and social service supports (Family Center). Four prenatal programs have substance abuse counselors, and family planning counselors provide services to women in treatment throughout the system.

Some transitional housing programs are in place for recovering mothers with children, including a program for recovering substance-abusing women who have been victims of domestic violence. Substance abuse counselors have been trained by domestic violence workers, and domestic violence programs have substance abuse counselors on staff.

Finally, an innovative program is being set up by the Philadelphia Department of Human Services and the Coordinating Office of Drug and Alcohol Abuse of the Department of Public Health to provide substance abuse counseling and other support services to families that have been identified as having children at risk for abuse and neglect due to parental drug abuse. It is called the Family Preservation Program.

Some of the most effective substance abuse treatment for women is in long-term residential facilities where they can live with their children. Currently, there are 21 such programs in the United States (a doubling in the last 2 years).<sup>7</sup> In these programs, women not only participate in counseling related to their substance abuse, but they receive or have access to education, vocational counseling, and training; they learn how to develop or improve their parenting skills; and they participate in the overall functioning of the program, eg, cooking, cleaning, shopping, financial planning, etc.

general disorganization.<sup>16</sup> Insofar as we live in a society that still conditions little girls and women to believe that a Prince Charming will come along to take care of them, we train women to believe that they do not need to make decisions, that they are not good at making decisions—indeed, that they are not entitled to make decisions. We condition girls and women to defer to someone else's authority. Women who have been socialized to be dependent and passive and to believe that they are not entitled to make decisions about their lives and bodies have not been able to develop the skills to combat the crises we are now facing.<sup>15</sup> Calls for equality and genuine self-determination for women are not empty rhetoric, but the means for survival.

Many people hate addicted mothers for what they are doing to their children, and such hostility is understandable. An addict under the influence of crack exhibits few virtues, and many mothers are behaving hatefully. We will not save children, however, if we do not work with their mothers.

Blaming the victim is not productive. Some states have enacted laws that declare mothers whose infants test positive for drugs at birth to be child abusers, and prosecutors seem eager to jail women who use drugs during pregnancy.<sup>7,17</sup> Our public policy towards women sometimes reflects a desire to punish that outweighs the desire to help and heal. For example, until about 15 years ago, the typical public response to a woman who was being battered was to have her children removed from the home and, in many parts of the country, this practice is still followed. Until grassroots women's organizations set up shelters and safe houses for women and their children, women who asked for help and protection from abusive husbands would often lose their children.<sup>18</sup>

Laws declaring that pregnant substance-abusing women are child abusers will more likely send addicted women deeper underground, away from prenatal care and other health and treatment services, than keep them away from drugs. Drugs are available in many jails and prisons. Programs are needed to create alternatives and protect the children while treating, not punishing, their mothers.

Historically, plagues have been met with hatred of those who are afflicted, and denial that the disease is close at hand for those yet unaffected.<sup>19</sup> Hatred and denial have slowed the pace of medical and political interventions to combat AIDS, for example. The crack epidemic, coincident with intractable poverty, carries a new threat that can lead to social havoc: It destroys the most powerful, fundamental, primary social relationship—that of mother and child.<sup>20</sup>

In some ways, the drug crisis has brought the issues that oppress women more clearly in focus. Domestic violence; rape; child sexual abuse; incest; poor or no prenatal care; infant mortality; lack of economic security, self-esteem, and structural supports for mothers; and racism directed at women in minority groups are all part of the same cycle. To combat the drug crisis successfully, we must acknowledge and address all these issues. Today's crack mothers were yesterday's abused children, and without immediate and massive intervention, today's drug-exposed newborns could be tomorrow's psychopaths.

TABLE 1

OBRA - 86/87/89 SUMMARY STATUS  
 MEDICAID COVERAGE OPTIONS FOR PREGNANT WOMEN AND CHILDREN

|                | PREGNANT WOMEN<br>AND INFANTS<br>% OF POVERTY * | CHILDREN<br>AGE 6 TO 8<br>% OF POVERTY | EFFECTIVE DATE<br>OF ORIGINAL<br>EXPANSION |
|----------------|---|--|--|
| Alabama        |   |  | Jul-88                                     |
| Alaska         |   |  | Jan-89                                     |
| Arizona        | 140%  | 100%                                   | Jan-88                                     |
| Arkansas       |   | 100%                                   | Apr-87                                     |
| California     | 185%  | 100%                                   | Jul-89                                     |
| Colorado       |   |  | Jul-89                                     |
| Connecticut    | 185%  |  | Apr-88                                     |
| Delaware       |   | 100%                                   | Jan-88                                     |
| DC             | 185%  | 100%                                   | Apr-87                                     |
| Florida        | 150%  | 100%                                   | Oct-87                                     |
| Georgia        |   |  | Jan-89                                     |
| Hawaii         | 185%  | 100%                                   | Jan-89                                     |
| Idaho          |   |  | Jan-89                                     |
| Illinois       |   |  | Jul-88                                     |
| Indiana        |   |  | Jul-88                                     |
| Iowa           | 185%  | 100%                                   | Jan-89                                     |
| Kansas         | 150%  |  | Jul-88                                     |
| Kentucky       | 185%  |  | Oct-87                                     |
| Louisiana      |   | 100%                                   | Jan-89                                     |
| Maine          | 185%  | 100%                                   | Oct-88                                     |
| Maryland       | 185%  |  | Jul-87                                     |
| Massachusetts  | 185%  |  | Jul-87                                     |
| Michigan       | 185%  |  | Jan-88                                     |
| Minnesota      | 185%  | 100%                                   | Jul-88                                     |
| Mississippi    | 185%  |  | Oct-87                                     |
| Missouri       |   |  | Jan-88                                     |
| Montana        |   | 100%                                   | Jul-89                                     |
| Nebraska       |   |  | Jul-88                                     |
| Nevada         |   |  | Jul-89                                     |
| New Hampshire  |   |  | Jul-89                                     |
| New Jersey     |   |  | Jul-87                                     |
| New Mexico     |   |  | Jan-88                                     |
| New York       | 185%  |  | Jan-90                                     |
| North Carolina | 185%  | 100%                                   | Oct-87                                     |
| North Dakota   |   |  | Jul-89                                     |
| Ohio           |   |  | Jan-89                                     |
| Oklahoma       |   |  | Jan-88                                     |
| Oregon         |   |  | Nov-87                                     |
| Pennsylvania   |   |  | Apr-88                                     |
| Rhode Island   | 185%  |  | Apr-87                                     |
| South Carolina | 185%  |  | Oct-87                                     |
| South Dakota   |   |  | Jul-88                                     |
| Tennessee      | 150%  |  | Jul-87                                     |
| Texas          |   |  | Sep-88                                     |
| Utah           |   |  | Jan-89                                     |
| Vermont        | 185%  | 100%                                   | Oct-87                                     |
| Virginia       |   |  | Jul-88                                     |
| Washington     | 185%  | 100%                                   | Jul-87                                     |
| West Virginia  | 150%  | 100%                                   | Jul-87                                     |
| Wisconsin      | 155%  |  | Apr-88                                     |
| Wyoming        |   |  | Oct-88                                     |
| TOTAL          | 24  | 16                                     |  |

\* EFFECTIVE APRIL 1, 1990 STATES MUST COVER PREGNANT WOMEN AND CHILDREN TO AGE 6 AT 133% OF THE FEDERAL POVERTY LEVEL. FOR THOSE STATES THAT HAVE EXPANDED COVERAGE BEYOND THE MANDATED 133%, THIS COLUMN INDICATES THE PERCENTAGE OF POVERTY ADOPTED BY THE STATE.

*states with expanded coverage*

**STANDARDS AND MAXIMUM PAYMENTS**  
Revised 1/1/92

| AFDC                                    |                 | 3.5X<br>1/1/84 | 3.5X<br>1/1/85     | 3.1X<br>1/1/86 | 7/1/86                | 1.3X<br>1/1/87 | 4.2X<br>1/1/88                             | 4.0X<br>1/1/89 | 4.7X<br>1/1/90                   | 5.4X<br>1/1/91 | 3.7X<br>1/1/92 |
|---|-----------------|----------------|--------------------|----------------|-----------------------|----------------|--|----------------|----------------------------------|----------------|----------------|
| <i>M</i>                                |                 |                |                    |                |                       |                |  |                |                                  |                |                |
| <u>AI</u>                               | 2               | 617            | 638                | 657            | 657                   | 665            | 692  | 719            | 752                              | 792            | 821            |
|   | 3               | 696            | 719                | 740            | 740                   | 749            | 779  | 809            | 846                              | 891            | 923            |
|   | 4               | 775            | 800                | 823            | 823                   | 833            | 866  | 899            | 940                              | 990            | 1025           |
|   | 5               | 854            | 881                | 906            | 906                   | 917            | 953  | 989            | 1034                             | 1089           | 1127           |
|   | 6               | 933            | 962                | 989            | 989                   | 1001           | 1040                                       | 1079           | 1128                             | 1188           | 1229           |
|   | 7               | 1012           | 1043               | 1072           | 1072                  | 1085           | 1127                                       | 1169           | 1222                             | 1287           | 1331           |
|   | EACH ADDITIONAL | 79             | 81                 | 83             | 83                    | 84             | 87   | 90             | 94                               | 99             | 102            |
| <u>AFDC-1/4CAP/</u>                     | 2               | 536            | 554                | 570            | 570                   | 577            | 599  | 621            | *648                             | 682            | 705            |
| <u>AFDC-UP</u>                          | 3               | 762            | 788                | 811            | 811                   | 821            | 854  | 887            | *927                             | 976            | 1011           |
|   | 4               | 841            | 869                | 894            | 894                   | 905            | 941  | 977            | *1021                            | 1075           | 1113           |
| * AFDC-UP                               | 5               | 920            | 950                | 977            | 977                   | 989            | 1028                                       | 1067           | *1115                            | 1174           | 1215           |
| EFF. 10/1/90                            | 6               | 999            | 1031               | 1060           | 1060                  | 1075           | 1115                                       | 1157           | *1209                            | 1273           | 1317           |
|   | 7               | 1078           | 1112               | 1143           | 1143                  | 1157           | 1202                                       | 1247           | *1303                            | 1372           | 1419           |
|   | EACH ADDITIONAL | 79             | 81                 | 83             | 83                    | 84             | 87   | 90             | *94                              | 99             | 102            |
| <u>ANI</u>                              | 1               | 246            | 254                | 261            | 261                   | 264            | 275  | 286            | 299                              | 315            | 326            |
|   | 2               | 492            | 508                | 522            | 522                   | 528            | 550  | 572            | 598                              | 630            | 653            |
|   | 3               | 571            | 589                | 605            | 605                   | 612            | 637  | 662            | 692                              | 729            | 755            |
|   | 4               | 650            | 670                | 688            | 688                   | 696            | 724  | 752            | 786                              | 828            | 857            |
|   | 5               | 729            | 751                | 771            | 771                   | 780            | 811  | 842            | 880                              | 927            | 959            |
|   | 6               | 808            | 832                | 854            | 854                   | 864            | 898  | 932            | 974                              | 1026           | 1061           |
|   | 7               | 887            | 913                | 937            | 937                   | 948            | 985  | 1022           | 1068                             | 1125           | 1163           |
|   | EACH ADDITIONAL | 79             | 81                 | 83             | 83                    | 84             | 87   | 90             | 94                               | 99             | 102            |
| <u>SINGLE ADULT/<br/>PREGNANT WOMAN</u> |                 | 391            | 404                | 416            | 416                   | 421            | 437  | 453            | 473                              | 498            | 515            |
| <u>APA</u>                              |                 |                |                    |                | <u>WASKY<br/>SUIT</u> |                |  |                |                                  |                |                |
| A INDIVIDUAL                            |                 | 566            | 586                | 605            | 624                   | 632            | 659  | 685            | 717                              | 756            | 784            |
| B INDIVIDUAL                            |                 | 466            | 482                | 497            | 516                   | 523            | 545  | 567            | 594                              | 626            | 649            |
| A COUPLE, ONE ELIG.                     |                 | 683            | 707                | 730            | 749                   | 759            | 791  | 823            | 862                              | 909            | 943            |
| B COUPLE, ONE ELIG.                     |                 | 536            | 555                | 573            | 592                   | 600            | 625  | 650            | 681                              | 718            | 745            |
| A COUPLE, BOTH ELIG.                    |                 | 830            | 859                | 887            | 925                   | 937            | 976  | 1015           | 1063                             | 1120           | 1161           |
| B COUPLE, BOTH ELIG.                    |                 | 683            | 707                | 730            | 768                   | 778            | 811  | 843            | 883                              | 931            | 965            |
| NH PERSONAL NEEDS                       |                 | 70             | 70                 | 70             | 70                    | 70             | 70   | 75             | 75                               | 75             | 75             |
| NH 300%                                 |                 | 942            | 975                | 1008           | 1008                  | 1020           | 1062                                       | 1104           | 1158                             | 1221           | 1266           |
| <u>SSI STANDARDS</u>                    |                 |                |                    |                |                       |                |  |                |                                  |                |                |
| A INDIVIDUAL                            |                 | 314            | 325                | 336            | 336                   | 340            | 354  | 368            | 386                              | 407            | 422            |
| B INDIVIDUAL                            |                 | 209.34         | 216.67             | 224            | 224                   | 226.67         | 236  | 245.34         | 257.34                           | 271.34         | 281.34         |
| A COUPLE                                |                 | 472            | 488                | 504            | 504                   | 510            | 532  | 553            | 579                              | 610            | 633            |
| B COUPLE                                |                 | 314.67         | 325.34             | 336            | 336                   | 340            | 354.67                                     | 368.67         | 386                              | 406.67         | 422            |
| NH PERSONAL NEEDS                       |                 | 25             | 25                 | 25             | 25                    | 25             | 25   | 30             | 30                               | 30             | 30             |
| <u>APA/SSI<br/>RESOURCE LIMITS</u>      |                 |                |                    |                |                       |                |  |                |                                  |                |                |
| INDIVIDUAL                              |                 | 1500           | 1600               | 1700           | 1700                  | 1800           | 1900                                       | 2000           | 2000                             | 2000           | 2000           |
| COUPLE                                  |                 | 2250           | 2400               | 2550           | 2550                  | 2700           | 2850                                       | 3000           | 3000                             | 3000           | 3000           |
| <u>FEDERAL POVERTY<br/>LEVELS</u>       |                 |                |                    |                | 100%<br>OMB<br>SIX-UP |                | 133%<br>PREGNANT WOMAN<br>HEALTHY CHILDREN |                | 185%<br>TRANSITIONAL<br>MEDICAID |                | 200%<br>GOWI   |
| ALASKA MONTHLY<br>STANDARDS             |                 |                | <u>FAMILY SIZE</u> |                |                       |                |  |                |                                  |                |                |
|   |                 |                | 1                  |                | 690                   |                | 918  |                | 1278                             |                | 1381           |
|   |                 |                | 2                  |                | 925                   |                | 1231                                       |                | 1712                             |                | 1851           |
|   |                 |                | 3                  |                | 1160                  |                | 1543                                       |                | 2147                             |                |                |
|   |                 |                | 4                  |                | 1395                  |                | 1856                                       |                | 2582                             |                |                |
|   |                 |                | 5                  |                | 1630                  |                | 2169                                       |                | 3017                             |                |                |
|   |                 |                | 6                  |                | 1865                  |                | 2481                                       |                | 3451                             |                |                |
|   |                 |                | 7                  |                | 2100                  |                | 2794                                       |                | 3886                             |                |                |
|   |                 |                | 8                  |                | 2335                  |                | 3106                                       |                | 4321                             |                |                |
|   |                 |                | EACH ADDITIONAL    |                | 235                   |                | 312  |                | 434                              |                |                |

INCREASE 2/15/92

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# ALASKA LEGISLATURE

## Committees

JUDICIARY  
LABOR & COMMERCE  
BUDGET SUBCOMMITTEE  
ADMINISTRATION



JUNEAU

BOX V  
JUNEAU, ALASKA 99811  
(907) 465-2647

ANCHORAGE

BOX 10-1776  
ANCHORAGE, ALASKA 99510  
(907) 562-1776

**Kevin "Pat" Parnell**  
Representative  
University-Midtown, Anchorage

## SPONSOR STATEMENT for HB 499

I have introduced HB 499, "An Act creating the offense of abusing toxic vapors," because of the increasing need for action in the area of inhalants, and continuing abuse thereof.

When people think about inhaling a toxic vapor, there is a need to understand the dangers of this action. As recently as one month ago, a 12-year-old boy in Nome died from sniffing gasoline with his two friends. This was followed by three men, who died sniffing laughing gas in Los Angeles, California.

Inhaling toxic vapors is an ever-increasing problem in the United States. It is more prevalent in Alaska. According to the Alaska Council on the Prevention of Alcohol and Drug Abuse, Alaska ranks 10% higher in percentage of high school seniors who have used inhalants.

HB 499 addresses the act of inhaling itself, because most toxic vapors used are legal. The bill does not handle the the problem of inhaling toxic vapors, which can only be dealt with by education, and that requires funding.

I would like to believe that HB 499 can be useful to help stop people from doing this.

*sponsor statement*

# ALASKA LEGISLATURE

## Committees

JUDICIARY  
LABOR & COMMERCE  
BUDGET SUBCOMMITTEE-  
ADMINISTRATION



JUNEAU

BOX V  
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ANCHORAGE

BOX 10-1776  
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(907) 562-1776

**Kevin "Pat" Parnell**  
Representative  
University-Midtown, Anchorage

## SECTIONAL ANALYSIS for HB 499

Section 1 amends AS 11.76 by adding a new section.

AS 11.76.150(a) states that a person may not knowingly inhale the fumes of toxic vapors for the purpose of causing a condition of euphoria, excitement, exhilaration, or dulled senses of the nervous system.

It states that this act does not apply to inhalation of anesthesia or other substances for medical or dental purposes.

(b) ingredients of the inhalant are listed in (c).

(c) toxic vapors are listed.

(d) states that the person who violates (a) is punishable under AS 12.55, and the fine may not be more than \$100.

*sectional analysis*

Testimony on House Bill 499  
April 2, 1992

Sara Gray, Student Assistance Counselor,  
Ronalda Cadiante, Assistant Principal/Counselor  
Marie Drake Middle School

We support House Bill No. 499 because we believe that it will strengthen our effort in working with youth alcohol and drug prevention. Most Elementary and Middle School children respect the law. We believe the fact there is no current legal ramifications to using inhalants minimizes their danger in the child's mind. This bill would provide a clear message to children that to use inhalants as a mind altering substance will result in serious consequences.

This bill also sends a message that we, as adults, have the responsibility of protecting our youth. This includes saving them from themselves, if necessary. Toxic vapors are quickly addicting and so severely damaging to users, that prevention must be our first goal. This bill represents a prevention approach which is even more critical when we realize treatment is lengthy, costly, and generally ineffective.

We must also be cognizant of the fact that since most products used are readily available. It would be impossible to prohibit access to the numerous substances. This makes prevention efforts the most effective tool to rely upon.

Marie Drake Middle School has a population of 510 students. During this year alone we have worked with 12 students who have been identified as inhalant users. These students have identified others in their peer group who have participated with them in using inhalants. We do not have the means to project actual numbers, since we must rely on self or peer reporting, but what we are seeing is that inhalant use is perpetuated by peer influence. One person introduces the activity, and others follow.

We would like to share with you how inhalant users impact our school by providing a profile of these students. Inhalant use crosses all socio-economic, gender, and racial boundaries. [We are beginning to identify similarities in behavior.] Generally, the student displays a wandering behavior, skipping class, low performance in the classroom, little or no motivation. In more extreme cases, the

student begins skipping school, running away from home, high absenteeism, low academic performance, mood swings, depression, defiance, and ambivalence are the most pronounced signs. In both examples, parents are unable to carry any parental role with their child. Their authority is no longer recognized by their child, since the addiction is controlling. Unfortunately, the only apparant way these students receive assistance, is when they break the law and become part of the social services system. We have witnessed this time and time again.

We believe this bill will assist us in our prevention efforts. It is a dangerous substance, causing quick addiction and potential irreparable harm.

FISCAL NOTE

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

BILL NO. HB 499

Revision Date: \_\_\_\_\_  
Title: "An Act creating the offense of abusing toxic vapors."  
Sponsor: Representative Parnell  
Requestor: House HESS Committee

Department Affected: Department of Law  
BRU: Prosecution  
Component: All

COMPONENT SERIAL 

|  |  |  |  |
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Expenditures/Revenues: (Thousands of Dollars)

84 through 91

| OPERATING         | FY 93 | FY 94 | FY 95 | FY 96 | FY 97 | FY 98 |
|-------------------|-------|-------|-------|-------|-------|-------|
| PERSONAL SERVICES |       |       |       |       |       |       |
| TRAVEL            |       |       |       |       |       |       |
| CONTRACTUAL       |       |       |       |       |       |       |
| SUPPLIES          |       |       |       |       |       |       |
| EQUIPMENT         |       |       |       |       |       |       |
| LAND & STRUCTURES |       |       |       |       |       |       |
| GRANTS, CLAIMS    |       |       |       |       |       |       |
| MISCELLANEOUS     |       |       |       |       |       |       |
| TOTAL OPERATING   | -0-   | -0-   | -0-   | -0-   | -0-   | -0-   |

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| REVENUE FUND SOURCE: |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|

FUNDING: (Thousands of Dollars)

|                    |     |     |     |     |     |     |
|--------------------|-----|-----|-----|-----|-----|-----|
| GENERAL FUND       | -0- | -0- | -0- | -0- | -0- | -0- |
| FEDERAL FUNDS      |     |     |     |     |     |     |
| OTHER FUND SOURCE: |     |     |     |     |     |     |
| TOTAL              |     |     |     |     |     |     |

POSITIONS:

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

Estimate of current year impact: \_\_\_\_\_

ANALYSIS: (Attach a separate page if necessary.)

Please see the attached analysis.

Prepared by: Richard I. Pegues, Director  
Division: Administrative Services  
Approved by Commissioner: Charles E. Cole, Attorney General  
Agency: Department of Law

Phone: 465-3672  
Date: March 27, 1992  
Date: March 27, 1992

Distribution (by preparer): Leg. Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies).

# CONTINUATION of FISCAL NOTE ANALYSIS

For Bill/Resolution No. HB 499

This bill adds a new section to AS 11.76 to make it a violation for a person to knowingly smell or inhale the fumes of certain specified toxic vapors for the purpose of causing a condition of euphoria, excitement, exhilaration, stupefaction, or dulled senses of the nervous system. A person who violates these provisions commits the offense of abusing toxic vapors, which would be punishable as a violation, except that if a fine is imposed it may not be more than \$100. We do not anticipate many adult violators where the prosecution would face much of a defense, because a person who commits a minor offense such as this does not have a right to a jury trial or a publically-provided defense. In most cases, offenders are simply going to pay the fine. Establishing this offense may also allow state social workers to intervene in cases where minors are committing this offense, under the state's child-in-need-of-aid laws.

FISCAL NOTE

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

BILL NO. HB 499

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

Title: An Act creating the offense of abusing toxic vapors

Department Affected: Administration

BRU: Office of Public Advocacy

Component: Office of Public Advocacy

Sponsor: Parnell

Requestor: House Health, Education and Social Services

COMPONENT SERIAL NO. 

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Expenditures/Revenues: (Thousands of Dollars)

| OPERATING              | FY 93    | FY 94    | FY 95    | FY 96    | FY 97    | FY 98    |
|------------------------|----------|----------|----------|----------|----------|----------|
| PERSONAL SERVICES      | 0        | 0        | 0        | 0        | 0        | 0        |
| TRAVEL                 | 0        | 0        | 0        | 0        | 0        | 0        |
| CONTRACTUAL            | 0        | 0        | 0        | 0        | 0        | 0        |
| SUPPLIES               | 0        | 0        | 0        | 0        | 0        | 0        |
| EQUIPMENT              | 0        | 0        | 0        | 0        | 0        | 0        |
| LAND & STRUCTURES      | 0        | 0        | 0        | 0        | 0        | 0        |
| GRANTS, CLAIMS         | 0        | 0        | 0        | 0        | 0        | 0        |
| MISCELLANEOUS          | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>TOTAL OPERATING</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |

|         |   |   |   |   |   |   |
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| CAPITAL | 0 | 0 | 0 | 0 | 0 | 0 |
|---------|---|---|---|---|---|---|

|                      |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|
| REVENUE FUND SOURCE: | 0 | 0 | 0 | 0 | 0 | 0 |
|----------------------|---|---|---|---|---|---|

FUNDING: (Thousands of Dollars)

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

POSITIONS:

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

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary.)

Because the penalties for violation for this new statute do not call for incarceration or loss of a valuable license, attorneys will not be appointed at public expense to represent defendants.

Prepared by: Brant McGee, Public Advocate

Division: Office of Public Advocacy

Phone: 274-1684

Date: February 28, 1992

Approved by Commissioner: Nancy Bear Usera

Agency: Administration

Date: 3/27/92

Distribution (by preparer): Leg. Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies).

*Public Advocacy  
FN & Administration*

FISCAL NOTE

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

BILL NO. HB 499

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

Title: "An Act creating the offense of abusing toxic vapors."

Sponsor: Parnell

Requestor: House Health, Education and Social Services

Department Affected: Administration

BRU: Public Defender Agency

Component: Public Defender Agency

COMPONENT SERIAL NO. 

|   |   |   |   |
|---|---|---|---|
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Expenditures/Revenues: (Thousands of Dollars)

| OPERATING              | FY 93 | FY 94 | FY 95 | FY 96 | FY 97 | FY 98 |
|------------------------|-------|-------|-------|-------|-------|-------|
| PERSONAL SERVICES      | .     | .     | .     | .     | .     | .     |
| TRAVEL                 |       |       |       |       |       |       |
| CONTRACTUAL            |       |       |       |       |       |       |
| SUPPLIES               |       |       |       |       |       |       |
| EQUIPMENT              |       |       |       |       |       |       |
| LAND & STRUCTURES      |       |       |       |       |       |       |
| GRANTS, CLAIMS         |       |       |       |       |       |       |
| MISCELLANEOUS          |       |       |       |       |       |       |
| <b>TOTAL OPERATING</b> | .     | .     | .     | .     | .     | .     |

|         |   |   |   |   |   |   |
|---------|---|---|---|---|---|---|
| CAPITAL | . | . | . | . | . | . |
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|                      |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|
| REVENUE FUND SOURCE: | . | . | . | . | . | . |
|----------------------|---|---|---|---|---|---|

FUNDING: (Thousands of Dollars)

|                    |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|
| GENERAL FUND       | . | . | . | . | . | . |
| FEDERAL FUNDS      |   |   |   |   |   |   |
| OTHER FUND SOURCE: |   |   |   |   |   |   |
| <b>TOTAL</b>       | . | . | . | . | . | . |

POSITIONS:

|           |   |   |   |   |   |   |
|-----------|---|---|---|---|---|---|
| FULL-TIME | . | . | . | . | . | . |
| PART-TIME |   |   |   |   |   |   |
| TEMPORARY | . | . | . | . | . | . |

Estimate of current year impact: \_\_\_\_\_

ANALYSIS: (Attach a separate page if necessary.)  
  
(See attached)

Prepared by: John Salemi, Public Defender

Division: Public Defender Agency

Phone: 279-7541

Date: March 3, 1992

Approved by Commissioner: Nancy Bear Usera *[Signature]*

Agency: Administration

Date: 3/27/92

Distribution (by preparer): Leg. Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies).

*Public Defender*  
*FN \* Administration*

FISCAL NOTE

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

BILL NO. HB 499

ANALYSIS: (continued)

TITLE: "An Act creating the offense of abusing toxic vapors."

This crime will be prosecuted as a violation when a person knowingly inhales any one of a number of substances listed in the statute for a "high." This statute is clearly enacted to deal with the growing problem of the youth of our State engaging in "glue sniffing" or "gas sniffing." For any adult prosecuted under this statute, the penalties are so low and do not include incarceration or the loss of a valuable license such that attorneys will not be appointed at State expense to represent adult defendants.

However, in those situations where a juvenile offender is to be charged, such a violation will subject the juvenile to the entire panoply of proceedings under the juvenile delinquency statutes including probable cause hearings, detention hearings and the possibility of commitment to McLaughlin Youth Center. While it is acknowledged that there is an extensive problem with regard to the abuse of toxic vapors, it is indeterminable how many of these cases will be prosecuted in the juvenile system as new crimes or as probation violations and what the resultant impact to the juvenile sections of the Public Defender Agency will be. However, any increase in the type of crimes that can be charged and used to begin juvenile proceedings or revoke juvenile probation will have definite fiscal impact

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

BILL NO. HB 499

Revision Date: \_\_\_\_\_ Department Affected: Public Safety  
 Title: "An Act creating the offense of BRU: Alaska State Troopers  
abusing toxic vapors." Component: Detachments  
 Sponsor: Representative Parnell  
 Requestor: House HESS COMPONENT SERIAL NO. 

|  |   |   |   |
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|--|---|---|---|

EXPENDITURES/REVENUES: (Thousands of Dollars) (inflation not included)

| OPERATING              | FY 93 | FY 94 | FY 95 | FY 96 | FY 97 | FY 98 |
|------------------------|-------|-------|-------|-------|-------|-------|
| PERSONAL SERVICES      |       |       |       |       |       |       |
| TRAVEL                 |       |       |       |       |       |       |
| CONTRACTUAL            |       |       |       |       |       |       |
| SUPPLIES               |       |       |       |       |       |       |
| EQUIPMENT              |       |       |       |       |       |       |
| LAND & STRUCTURES      |       |       |       |       |       |       |
| GRANTS, CLAIMS         |       |       |       |       |       |       |
| MISCELLANEOUS          |       |       |       |       |       |       |
| <b>TOTAL OPERATING</b> | -0-   | -0-   | -0-   | -0-   | -0-   | -0-   |

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| CAPITAL | -0- | -0- | -0- | -0- | -0- | -0- |
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|              |     |     |     |     |     |     |
|--------------|-----|-----|-----|-----|-----|-----|
| REVENUE      |     |     |     |     |     |     |
| FUND SOURCE: | -0- | -0- | -0- | -0- | -0- | -0- |

FUNDING: (Thousands of Dollars)

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

POSITIONS:

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

Estimate of current year impact: \_\_\_\_\_

ANALYSIS: (Attach a separate page if necessary.)  
 No fiscal impact is anticipated.

Prepared By: Francis C. Allan Phone: 269-5691  
 Division: Alaska State Troopers Date: 3/25/92  
 Approved by Commissioner: *Richard L. Burton* Richard L. Burton  
 Agency: Department of Public Safety Date: 3/26/92

*FN*      *Public Safety*

FISCAL NOTE

STATE OF ALASKA  
1992 LEGISLATIVE SESSION

BILL NO. HB 499

Revision Date: \_\_\_\_\_ Department Affected: Department of Corrections  
 Title: "An Act creating the offense of abusing toxic vapors." BRU: none  
 Component: none  
 Sponsor: Parnell  
 Requestor: House HFSS COMPONENT SERIAL NO. 

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EXPENDITURES/REVENUES: (Thousands of Dollars)

| OPERATING         | FY 93 | FY 94 | FY 95 | FY 96 | FY 97 | FY 98 |
|-------------------|-------|-------|-------|-------|-------|-------|
| PERSONAL SERVICES | -0-   | -0-   | -0-   | -0-   | -0-   | -0-   |
| TRAVEL            | -0-   | -0-   | -0-   | -0-   | -0-   | -0-   |
| CONTRACTUAL       | -0-   | -0-   | -0-   | -0-   | -0-   | -0-   |
| SUPPLIES          | -0-   | -0-   | -0-   | -0-   | -0-   | -0-   |
| EQUIPMENT         | -0-   | -0-   | -0-   | -0-   | -0-   | -0-   |
| LAND & STRUCTURES | -0-   | -0-   | -0-   | -0-   | -0-   | -0-   |
| GRANTS, CLAIMS    | -0-   | -0-   | -0-   | -0-   | -0-   | -0-   |
| MISCELLANEOUS     | -0-   | -0-   | -0-   | -0-   | -0-   | -0-   |
| TOTAL OPERATING   | -0-   | -0-   | -0-   | -0-   | -0-   | -0-   |

|         |     |     |     |     |     |     |
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| CAPITAL | -0- | -0- | -0- | -0- | -0- | -0- |
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|              |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|
| REVENUE      |  |  |  |  |  |  |
| FUND SOURCE: |  |  |  |  |  |  |

FUNDING: (Thousands of Dollars)

|                    |     |     |     |     |     |     |
|--------------------|-----|-----|-----|-----|-----|-----|
| GENERAL FUND       | -0- | -0- | -0- | -0- | -0- | -0- |
| FEDERAL FUNDS      |     |     |     |     |     |     |
| OTHER FUND SOURCE: |     |     |     |     |     |     |
| TOTAL              | -0- | -0- | -0- | -0- | -0- | -0- |

POSITIONS:

|           |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|
| FULL-TIME |  |  |  |  |  |  |
| PART-TIME |  |  |  |  |  |  |
| TEMPORARY |  |  |  |  |  |  |

Estimate of current year impact: 0

ANALYSIS: (Attach a separate page if necessary.)  
 This offense would be a violation, punishable by a fine rather than imprisonment or probation. Therefore, no impact is expected.

Prepared By: Diane Schenker, Legislative Liaison Phone: 465-3376  
 Division: Office of the Commissioner Date: 03/31/92  
 Approved by Commissioner: Lloyd Hames, Commissioner *Lloyd Hames*  
 Agency: Department of Corrections Date: 03/31/92

*FN to Corrections*

## 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 amin 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.



(Above) First National Bank Vice President, Todd West, presents "Team Up!..." basketball to Floyd Dryden Middle School student.

## "Team Up! Beat Sniffing!"

Alaska Council urges all Alaskans to "team up" against inhalant abuse by supporting awareness campaign



(Right) Press conference held at East High School officially kicks off awareness campaign.

of students who had used inhalants or knew of someone now using," Jeanne Fischer, assistant principal at East High School said. Fischer believes the positive manner in which the campaign is being presented encourages students to come forth and share much more effectively than "scare tactics" that are often used in connection with other drug campaigns.

Alaskan youth are facing dangerous times right now with inhalant abuse be-

*(Continued on Page 6)*

**D**uring the past two months, 12 to 18 year old youth who live in Fairbanks, Gambell, Valdez, Napakiak and hundreds of other Alaskan communities began receiving urgent information about inhalant abuse through the Alaska Council's "Team Up! Beat Sniffing!" campaign. The drug awareness campaign was officially kicked off in Anchorage and is now moving with full force through 318 schools in the state.

"Team Up! Beat Sniffing!" was unveiled on January 24 before students, teachers and media representatives at a press conference held at East High School

in Anchorage. Alaska Council staff members explained the purpose of the statewide campaign and cautioned students about the dangers of sniffing harmful fumes from a variety of commercial products ranging from fuels to non-stick fry pan coatings. Participants were challenged to join the team to "beat sniffing" not only in Anchorage, but in all regions of the state. On February 3, a similar presentation was held at Floyd Dryden Middle School in Juneau where Bette O' Moor, the Alaska Council's Executive Director, warned 150 students about the health risks of inhalant abuse.

"We were astounded at the number

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Coming Events . . . . . 15

(Continued from Page 1)



"We were astounded at the number of students who had used inhalants or knew of someone now using,"

Jeanne Fischer,  
Assistant Principal  
East High School  
Anchorage

(Left) Executive Director, Bette O'Moor, is interviewed by KIMO-TV, Anchorage.  
(Center) Members of East High School's Native Culture Club basketball team are honored at the campaign kick-off.

(Below) Campaign posters and basketballs now being sent to schools.

coming the fastest growing drug problem in the state. In fact, the percentage of junior high and high school students in Alaska who have used inhalants is reported to be higher than that of teenage users nationwide. This is why the Alaska Council is determined to reach as many youth as possible with their message.

"Team Up! Beat Sniffing!" attempts to refocus attention on the growing problem and to raise public awareness that inhalant abuse is a total community issue requiring cooperation and commitment from many to address it successfully. Parents, educators, community health organizations and especially youth-at-risk are being asked to join in a comprehensive effort to prevent future abuse from occurring.

The campaign has the potential to reach hundreds of Alaskans and Alaskan families. Beyond a simple lecture approach, it creatively involves youth by linking its prevention message to a healthy activity enjoyed by many—basketball. Posters featuring East High School's Native Culture Club basketball team are being distributed to schools along with purple-and-white basketballs imprinted with the "Team Up! Beat Sniffing!" slogan. In addition, a variety of resources for adults are blanketing the state including informational brochures, fact sheets, inhalant abuse research papers, nationwide studies and more.



Funding for the basketballs and their distribution to schools comes from First National Bank of Anchorage and MarkAir Inc. To lend further support, First National Bank has asked several of their Branch Vice Presidents to coordinate presentations of the "Team Up! Beat Sniffing!" campaign in schools where branches are located.

"The campaign is really raising the awareness level among students and educators," East High's Jeanne Fischer said. "We were surprised at the kind of information it brought out."

To learn more about the campaign and preventing inhalant abuse in Alaska, contact the Alaska Council at 257-9330.



#1

825  
5/6  
VA

## Breakdown of chemical inhalant use

(8th-12th grade sampling)

|                                   |       |
|-----------------------------------|-------|
| ▶ Gasoline                        | 28.4% |
| ▶ Glue                            | 22.6% |
| ▶ Removers (paint, polish, etc.)  | 17.5% |
| ▶ Sprays (paint, etc.)            | 17.1% |
| ▶ Polish (shoe, fingernail, etc.) | 6.6%  |
| ▶ Other                           | 7.8%  |

# Inhalant abuse on the rise

By PAMELA STOCK

X 1-25-92

TIMES WRITER

East Anchorage High School student Jazyk Sharpe saw lots of kids with their noses pressed to gasoline tanks when he lived in Kotzebue. James Young saw fellow students sniffing typewriter correction fluid and getting high off the fumes of felt-tipped pens in class.

"You see it all the time, once they start doin' it, they keep at it all through class," said Young, 16, a member of the East Anchorage High School Native Culture Club basketball team.

The basketball team, featured in an anti-sniffing poster, and about 80 students of the school's Elitnaurvik Within East program participated Friday morning in the unveiling of a new campaign to increase awareness about the dangers of inhalant abuse.

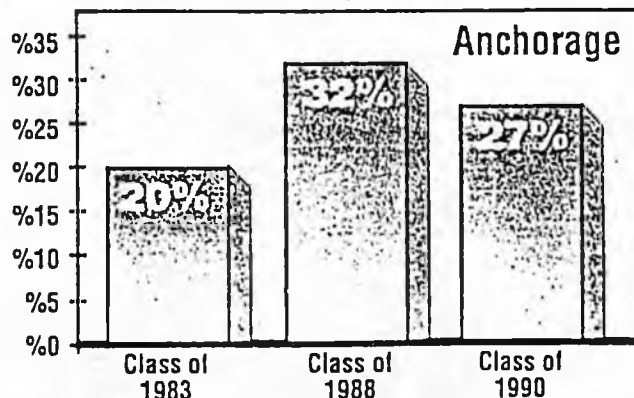
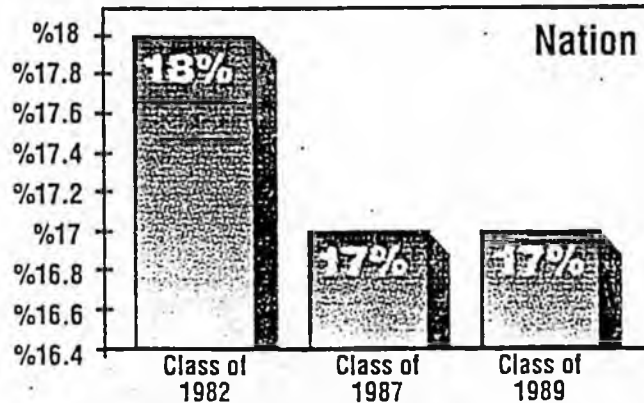
"Our main message to you is not to start," said Bette O'Moor, executive director of the Alaska Council on the Prevention of Alcohol and Drug Abuse, at the East High School library.

The numbers of youths and adults sniffing glue, ink, paint, gasoline, hair spray and other household products is increasing more than the number of people snorting cocaine, smoking crack

See Sniff, back page

## Inhalant use

Percentage of high school seniors who have used inhalants.



SOURCE: Anchorage School District/Alaska Council for the Prevention of Drug Abuse

# A death in Nome #

## *And a call to action*

It was just a small story in Saturday's paper, a police report out of Nome about a boy who died after sniffing gasoline. It took only six sentences, and it was easy to miss, just like it's easy to dismiss sniffing gasoline and glue and spray paint. After all, we never hear about them in the war on drugs. How much of a problem can they be?

Here is the story behind the story:

The Nome boy who died was 12 years old. (Solvent abuse has been seen in children as young as 5.)

The boy had been with two friends, 11 and 14 years old. (A quarter of school-age Alaskans say they abuse inhalants. That's nearly four times the national average. And the Alaska Council on Prevention of Alcohol and Drug Abuse believes the number is even higher, according to feedback it's gotten from a brochure it recently distributed to schools across the state.)

The youngsters had been sniffing gasoline from a portable can. (Gasoline is the inhalant of choice in much of rural Alaska. Used for snowmachines and four-wheelers, it is cheap and available.)

Rescuers found the 12-year-old unconscious and were unable to revive him. (Sniffing gasoline can result in instant death, on the first or 10th or 100th time a person inhales the fumes. The heart simply stops beating. And it can kill its victims in other ways. They can die after choking on their vomit or passing out on a frigid night or lighting a cigarette while soaked with gasoline.)

The other two boys lived. (But inhaling gasoline and other solvents can impair thinking and memory, causing irritable and confused behavior. It can permanently damage the brain, the lungs, the liver and the kidney.)

Sniffing gasoline has a lot in common with abusing alcohol. People do it out of boredom or frustration or because they feel inferior or because their friends do it. And, like abusing alcohol, sniffing gasoline carries a high price.

Only sniffing gasoline, more than any other drug, is the escape of the poor and the powerless. Here in Alaska, it's the drug of the young. And it deserves our attention.

#3

POLICE REPORT ADN 2/22/92

**Boy dies after sniffing gas**

NOME — Authorities said a 12-year-old boy was dead after he and two companions were sniffing gasoline. Rescuers alerted Thursday night found the boy lying unconscious underneath some trailers used as apartments. Efforts to revive him on the spot failed. He was pronounced dead later at an area hospital. The victim's name was not released. Authorities said he and two companions — aged 11 and 14 — were sniffing gas from a portable can.

# Inhalant abuse

By MARGARET THOMAS

THE JUNEAU EMPIRE

Organizers of a statewide inhalant-awareness campaign had pictured a rural teen-ager in colorful clothes riding a snow machine into the sunset under the slogan, "Follow Your Dreams."

But when they tested the idea in rural Alaska, kids convinced them it was dumb.

"They actually laughed at us," said Sheryl Snyder of the Alaska Council on Prevention of Alcohol and Drug Abuse in Anchorage, which is sponsoring the campaign. Many teens ride snow machines out of town and stop to get high on fumes from the gas tanks, the council was told.

It proved once again that adults, as well as kids, need educating about a form of chemical abuse known as "sniffing." There's no lurking dealer; no powder, pipes or pills to tip parents; the danger is as invisible as gasoline fumes.

Eventually, coordinators of the awareness campaign settled on a basketball theme and the slogan, "Team Up! Beat Sniffing." The program got started last month in Anchorage and is moving statewide.

Last week, Bette O'Moor, council director, spoke to about 150 students at Juneau's Floyd Dryden Middle School, and other Juneau schools will receive packets of information about inhalants for distribution to students, teachers and parents, Snyder said.

O'Moor told students at Floyd Dryden to "learn the warning signs," though she didn't tell them which substance are dangerous. Professionals are worried that naming the products teens use to get high could contribute to the problem.

A 1989 survey by the University of Alaska Anchorage indicated that one-quarter of Alaska teen-agers in grades seventh through 12th have tried sniffing. That's more than 3.7 times the national average.

The problem is especially serious in the Bush, Snyder said. Illegal drugs are expensive in rural areas, but gasoline is easy to find.

In Southeast Alaska, sniffing is less common, said Don Dapcevich, chemical dependency administrator for the city-borough of Juneau. "It certainly hasn't been prevalent and it certainly doesn't match our problem with alcohol and marijuana," he said.

Adults generally are unaware of the habit, and teens often are unaware of the hazards, Snyder said. Fuels, paints, household cleaners and aerosol sprays give off fumes that are intoxicating and addictive, she said.

Users soak rags with solvents or spray aerosols into a bag and inhale the fumes. Breathing the chemicals can cause lung disorders, kidney failure, brain damage and death.

"The range of substances used is so dramatic you couldn't possibly put warnings on every label," Dapcevich said.

But what adults can do is be aware of the signs of inhalant abuse, the council said. The breath of users sometimes smells like chemicals and they may develop a rash or ulcers around the mouth and nose. Red, teary eyes, slurred speech, a frequent cough, an unsteady gait and weight loss are other side effects.

Users also report nausea, headaches, nosebleeds, increased light sensitivity, double vision and ringing in the ears.

#4

JUNEAU  
EMPIRE  
MARCH 1992

AUG 18 1988

Tundra Drums

#5

Client No. 416

# 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 fishing.

"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 it 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 homemade 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 20's," said Trooper Capt. Glenn Godfrey, who heads the agency's rural law enforcement effort.

"Quite often, it's youngsters, teenagers and pre-teens, who are experimenting with substances. The potential of that being fatal is very high. You get a quick high and all of a sudden, it's too late."

"There's no trend," said Godfrey, who formerly served with the Troopers in Bethel. "I don't see an inordinate number of people dying from sniffing gas. It's nothing we are taking lightly."

Evan said he has been troubled ever since the morning he found the boy's body.

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

TUNDRA  
DRUMS  
9/18/88

#6

QUALITY SERVICES

Date JUL 18 1988

Tundra Drums

Client No. 100

## 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.

## NATION

### 3 men found dead from laughing gas

LOS ANGELES — Lethal doses of laughing gas apparently killed three young men whose bodies were found by police in a pickup truck early today, police said.

The three, all believed to be around 20 years old, were found about 4:30 a.m. in a pickup truck parked in the Chatsworth area, said officer J. McClard.

"It looked like an accidental thing," McClard said. "They were doing something they shouldn't have been doing."

McClard said the victims, who have not been identified, were inhaling nitrous oxide, a colorless gas that is frequently used in combination with oxygen as a light anesthetic during dental work, childbirth or minor surgery.

It was unclear where the victims got the gas.

The men were not immediately identified.

# Fact Sheet

## Inhalants

### FACTORS INFLUENCING INHALANT USE<sup>(1)</sup>

- Socio-economic Status
- Cultural Identification
- Family Relationships
- School Success
- Self Esteem
- Personal/Emotional Problems
- Deviant Behavior
- Peer Encouragement/Sanctions
- Tolerance of Deviance
- Family Adjustment

### DRUG USE SURVEY<sup>(3)</sup>

Anchorage School District  
Percent Who Ever Used Inhalants

| National         |                  |                  | Anchorage        |                  |                  |
|------------------|------------------|------------------|------------------|------------------|------------------|
| Class of<br>1982 | Class of<br>1987 | Class of<br>1989 | Class of<br>1983 | Class of<br>1988 | Class of<br>1990 |
| 18%              | 17%              | 17%              | 20%              | 32%              | 27%              |

### TYPES<sup>(2)</sup>

#### Solvents

Gasoline; Glue; Correction Fluid; Paint Thinner; Polish Remover; Lighter Fluid; Plastic Cement; Cleaning Fluid; Shoe Polish; Transmission Fluid

#### Aerosols

Hair Spray; Propelled Cooking Oils; Spray Deodorants; Insecticides; Paint

#### Gases

Whipped Cream (nitrous oxide propellant); ether; chloroform

#### Other Chemicals

Butyl Nitrite (originally, locker room deodorizers); Amyl Nitrite

### TYPES OF CHEMICALS INHALED/ PERCENT OF TIMES<sup>(1)</sup> (8th - 12th Grade Sampling)

|                                   |       |
|-----------------------------------|-------|
| Gasoline                          | 28.4% |
| Glue                              | 22.6% |
| Removers<br>(paint, polish, etc)  | 17.5% |
| Sprays<br>(paint, etc)            | 17.1% |
| Polish<br>(shoe, fingernail, etc) | 6.6%  |
| Other                             | 7.8%  |

#### Sources

(1) Tri Ethnic Center for Prevention Research, Ft. Collins CO (800) 835-8091

(2) Inhalants, Wisconsin Clearinghouse

(3) Anchorage School District Memorandum #92 (90-91)

# INHALANT ABUSE: A Problem We Can Solve Together!

## ■ What are Inhalants?

Inhalants are a diverse group of chemicals that produce psychoactive (mind-altering) effects when inhaled. Products with a high concentration of Toluene, a chemical compound used in various commercial products (glue or spray paint), are the most widely abused. Since the chemical products used for inhaling are made for legitimate commercial use (i.e., fuels, cleaners, paints, adhesives), they are readily available and many people do not think of them as harmful substances or drugs. In Alaska, gasoline is one of the most commonly abused inhalants because it is easily obtained, especially in rural areas, where families store gasoline drums just outside their homes.

## ■ Who Abuses Inhalants?

- **Twenty five percent of Alaskan youth reported having used inhalants**, according to a 1988 University of Alaska study which surveyed statewide drug use among students in grades 7 through 12. This rate is more than 3.7 times the national average.
- **Youth experiment with inhalants at significantly lower ages than other drugs** because they are easy to obtain and in most states (including Alaska) are not categorized as "illegal."
- **Studies indicate that young people who use inhalants are more likely to use other drugs also.** Inhalant abusers often go on to use marijuana and/or cocaine.
- **Alaskan youth are at extremely high risk for inhalant use.** They live in areas which are socially isolated, which are experiencing rapid cultural change, where alcohol and other drug use is common, and where social and economic deprivation prevail. Lack of jobs in a newly created cash economy also contributes to vulnerability. **Inhalant use becomes an inexpensive and readily available attempt at coping for youth who are experiencing the stresses of cultural transition.**
- **Inhalants are also used by adults.** Young people who become addicted continue to abuse inhalants on into adulthood, with it often becoming their "drug of choice."

## ■ Physical Effects

Inhalants are both psychologically and physically addictive. While the physical effects of inhalant abuse depend upon the chemicals in the product used, generally inhalant abusers risk:

- Reduced muscle and reflex control
- Impaired judgement
- Memory lapses
- Confusion
- Personality changes
- Slurred speech
- Depression and apathy
- Permanent brain damage
- Irreversible nerve damage
- Kidney and liver damage
- Permanent lung disorders
- Irreparable blood and bone marrow contamination
- Heart failure
- Instant death

## ■ Warning Signs

The following signs may indicate an individual is using inhalants:

- dry mouth/sores on mouth and nose
- bloody nose
- unpleasant chemical breath
- peculiar "spacey" behavior
- violent behavior
- lack of coordination
- increased coughing and salivation
- anemic
- cleaning rages in room or closet
- dried paint or spray on clothes/body

## ■ What Can We Do?

Inhalant abuse, like other forms of drug abuse, cannot be eliminated using any single strategy. Awareness, education, regulation, legislation, appropriation, healthy alternatives for youth, and safe storage of toxic substances are all key elements in alleviating this serious problem. Individually, it takes a lot of time and tremendous energy to make a little progress, but if people from all segments of our state are committed to working together we can effect change. Parents and families, teachers and schools, state and local policy makers, media, and business owners are just some of the people whose involvement is crucial.

There are many important roles to be played in reducing inhalant abuse in Alaska.

### ■ Parents can:

- take an inventory of their household, identifying products containing toxic chemicals
- store identified products in a locked cabinet or out of the reach of children
- educate children from an early age about "good smells" and "bad smells"
- learn the warning signs of inhalant abuse
- help their child get treatment, if needed

### ■ Schools can:

- train teachers and other school personnel regarding warning signs and potential risks of inhalant abuse by students
- include inhalants in their drug abuse curriculum
- keep copier fluid and other toxic products locked up and unavailable to students
- share information with parents if they suspect a student is abusing inhalants

### ■ Businesses can:

- become educated about which products they sell are potentially hazardous if inhaled.
- take responsibility for placing dangerous products behind cashier counters to limit access

### ■ Communities can:

- develop ordinances which require safe storage of toxic substances (i.e., locks on gas tanks and fuel drums)
- train community members in intervention and counseling skills
- in rural areas, develop tribal action plans which include inhalants
- provide support groups for youth
- sponsor workshops and conferences on community wellness, skill building and healthy lifestyles
- offer safe recreational opportunities for youth

### ■ Policy makers, legislators and state and local officials can support:

- **policy changes/laws** which would require safe storage of products containing dangerous chemicals
- **public awareness campaigns** to increase the awareness of people who do not recognize the seriousness of inhalant abuse and how to prevent it. Public service announcements, print ads, and educational materials are just some of the parts of a comprehensive media campaign to address this serious issue.
- **education for treatment providers** regarding ways to tailor treatment programs to address the special needs of inhalant abusers.
- **funding for prevention and treatment programs in Alaska to specifically address inhalants.** SR No. 18, passed in 1989, expanded the responsibilities of the Division of Alcoholism and Drug Abuse to include prevention, education and treatment of inhalant abusers. Unfortunately, to date, there has been no appropriation of funds to accomplish this task.

#### Sources:

- "Inhalant Abuse in Rural Alaska Presentation at 1990 Tri-Discipline Conference," Nastasia Markham Wahlberg, May 1990 (handout).
- "Inhalants: An Overview," Alaska Council on Prevention of Alcohol and Drug Abuse, February 1990.
- "Inhalants," DHSS Publication No. (ADM) 80-973, National Institute on Drug Abuse
- "Inhalants," *Impact: A Newsletter of Chemical Health in Minnesota*, Vol. 4, No. 4, 1988-89.

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This fact sheet developed by:  
**Alaska Council on PREVENTION of Alcohol and Drug Abuse**  
3333 Denali St., Suite 201  
Anchorage, AK 99503  
(907) 258-6021 or (800) 478-PREV  
Rev. July 1991

# **INHALANTS: AN OVERVIEW**

by Lisa Pieper  
Resource Analyst

Alaska Council on Prevention  
of Alcohol and Drug Abuse

February 1990

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## INHALANTS - AN OVERVIEW

The problem of inhalant abuse has been recorded in literature worldwide, and in research reports from Mexico, Canada, the United States, Japan, England, Sweden, Norway and Germany. Reports of the use of inhalants date back to the early 1800's when nitrous oxide, ether and chloroform were first used as intoxicants. Since the early 1960's, reported use of inhalants has spread to the use of gasoline, paint thinners, nail polish remover, spray paints, and numerous other toxic substances containing various chemical compounds, the most popular of which contain the chemicals benzene and toluene.

As recently as ten years ago, the use of inhalants, while recognized as a harmful means of chemical euphoria, was not associated with a drug-using subculture. Most use was thought to be experimental and within isolated groups of youth. Distribution was considered to be not-for-profit and there was no knowledge of ritual or jargon connected with use. Today, this is not the case. A recent report in the Chicago Tribune indicates that the "tolley" (toluene) problem has reached epidemic proportions in parts of the United States. "Pushers" buy toluene in the form of paint thinner and sell small amounts in dollar-sized bottles to kids on the street, netting a profit of up to \$150 from a can bought for \$10.<sup>1</sup> "Tolley" and various other forms of inhalants are now known as "kids drugs". Use is often not recognized by parents and police until youth become involved in the criminal justice system and juvenile courts.

### I. PHYSICAL EFFECTS

The inhalation of toxic substances through the lungs carries chemicals via the bloodstream directly to the brain, producing an almost immediate sensation of excitation or euphoria. Chemicals contained in most inhaled substances are lipid (fat) soluble and are stored in the brain, central nervous system, reproductive organs, lungs, kidneys, liver, and bone marrow.

Five types of substances account for approximately 92 percent of all common inhalants. In a survey done in 1989 by Beauvais and Oetting, Native American youth reported that their choice of inhalants is based on availability, with the following substances listed in order of prevalence: gasoline, glue, paint and polish removers, aerosols, and shoe and fingernail polish. Each of these substances consist of complex chemical compounds which contain toluene, benzene, acetone, and/or naphtha. These euphoria-producing chemicals act primarily as central nervous system depressants, impairing membrane permeability and neurotransmission. Freon, a propellant contained in aerosols, may cause extensive tissue damage due to freezing. Aerosol pan coating can cover the

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<sup>1</sup> "Tolley Imperils Uptown Youths" *Chicago Tribune*, September 10, 1989, Section I, p. 24.

lungs with an oil-based substance, cutting off oxygen absorption into the blood. Benzene may be harmful to the blood-producing elements in the body and is believed to cause chromosomal damage and leukemia in humans. Lead from gasoline cannot be detoxified and may be stored asymptotically in the body for long periods of time and then suddenly cause serious illness. Slow, but definite damage to the brain is irreversible.

Additional risks associated with inhalant use are numerous. About half of all chronic sniffers are found to have some form of chronic brain deficit.<sup>2</sup> Hepatitis, liver damage, muscular weakness, and sleep disorders are also reported. The reversibility of injury to internal organs is not yet known. Sudden Sniffing Death Syndrome (SSDS), in which hydrocarbons over-stimulate the heart muscle, causing it to beat very fast and irregularly and then stop, can occur. Death has also been caused by aspiration, fire, suffocation, resultant violent behaviors, damage to vital organs, and lead poisoning.<sup>3</sup>

## II. PREVALENCE

**"Inhalant use by high school seniors has increased steadily at a time that most other drug use has declined. Annual inhalant use, for example, increased from 4.3 percent in 1983 to 6.9 percent in 1987."<sup>4</sup>**

This statement from the National Institute on Drug Abuse points out an increasing, although somewhat unrecognized emerging problem of drug abuse among our nation's youth. In Alaska, the statistics are even more alarming. A University of Alaska study which surveyed statewide drug use among students in grades 7 through 12 found that 16.5 percent of all students had used inhalants in 1983. In 1988, the figure had risen to 25.9 percent, more than 3.7 times the national average and an increase of 9.4 percent statewide over the past five years!<sup>5</sup> These figures are particularly distressing when one considers that they do not include statistics for youth who are no longer in school. Research confirms a high drop-out rate for drug-abusing students; the rate may be even higher for those involved with inhalant use.<sup>6</sup>

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<sup>2</sup> Cohen, S., "Inhalants" *Handbook on Drug Abuse*, University of California, Los Angeles, p. 214.

<sup>3</sup> Van Duzen, J.; Welty, T., "Gasoline and Solvent Sniffing: A Serious Problem Among Indian Adolescents" 1980.

<sup>4</sup> Crider, R.A.; Rouse, B., "Inhalant Overview" *Epidemiology of Inhalant Abuse: An Update*, NIDA Research Monograph No. 85, 1988, p. 1.

<sup>5</sup> Segal, B., "Drug-Taking Behavior Among Alaskan Youth - 1988: A Follow-up Study" Center for Alcohol and Addiction Studies, University of Alaska Anchorage, November 1988. p. 96.

<sup>6</sup> Novak, A., "The Deliberate Inhalation of Volatile Substances" *Journal of Psychedelic Drugs*, Vol. 12 (2) April - June 1980, p. 108.

Although the use of inhalants crosses all socioeconomic, geographic, and racial boundaries, it has long been associated with problems of acculturation, poverty, and social isolation which plague underprivileged minorities. High rates also occur in subcultures where alcohol and other drug abuse is common.<sup>7</sup> The Minnesota Department of Human Services in December 1988 reported that 83 percent of all inhalant detox admissions involved American Indian youth.<sup>8</sup> Johnson et.al. (1987) found that in the United States more than 15 percent of all youth will try inhalants. In some populations, such as Barrio-Hispanics and Native Americans living on reservations, more than one-third will try inhalants before the age of 18.<sup>9</sup> When looking specifically at inhalant use in Native American communities, Barnes (1981) found rates to be lowest in communities which have expanded social assets and widespread acculturation to the white man's lifestyle. Highest rates of use were found in communities which had few social assets and were experiencing rapid change and conflict due to acculturation.<sup>10</sup>

### III. YOUTH AT RISK

Inhalant abuse is clearly a problem of the young. Reports show that inhalants are the drug used most frequently by Native American youth. Although inhalants are not the first drug of choice for most, youth report that they are readily available and in most areas are not categorized as "illegal". Youth try inhalants at significantly lower ages than they try cigarettes, marijuana, or alcohol. One study found that fifteen percent of all elementary school students (grades 4 to 6) had tried inhalants.<sup>11</sup> While the inhalation or sniffing of volatile substances was originally thought to predominantly be a male activity, the gender gap appears to be closing.<sup>12</sup>

Inhalant use is a "peer-originated and peer-perpetuated activity".<sup>13</sup> Sixty-six to seventy-five percent of inhalant-using youth report initiating

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7 "Psychological Effects of Inhalant Abuse and Its Interference with Psychotherapy" Miami Indian Health Service, P.O. Box 1498, Miami, Oklahoma 74354.

8 "Inhalants: Sniffing for a High" *Impact: A Newsletter of Chemical Health in Minnesota*. Vol. 4, No. 4, Winter 1988-89, p. 2.

9 Oetting, E.R.; Edwards, R.W.; Beauvais, F., "Social and Psychological Factors Underlying Inhalant Abuse" *Epidemiology of Inhalant Abuse: An Update*, NIDA Research Monograph No. 85, 1988, p. 177.

10 Smart, R., "Inhalant Use and Abuse in Canada" *Epidemiology of Inhalant Abuse: An Update*, NIDA Research Monograph No. 85, 1988, pp. 132-133.

11 Beauvais, F; Oetting E.R., "Indian Youth and Inhalants: An Update" *Epidemiology of Inhalant Abuse: An Update*, NIDA Research Monograph No. 85, 1988, p. 41.

12 Cohen, S., loc. cit. p.213

13 Cohen, S., op. cit. p. 213.

use at the invitation of a friend or relative. In one survey, youth reported being encouraged by friends to use inhalants more frequently than any other drug.<sup>14</sup> A high percentage of users also report that their friends and/or siblings currently use. Oetting and Beauvais conclude that any attack on the problem of young inhalant use must take peer clusters into account if it is to be successful.<sup>15</sup>

The problem of youth-at-risk for inhalant abuse is further heightened by indications that young people who begin using solvents may be more likely to be involved in other drug abuse. One study found that youth who began using solvents were as likely to become involved with other drugs as those whose first drug of use was marijuana.<sup>16</sup> Other reports show that young adolescents continue to use inhalants while adding other drugs. If inhalant use drops off, the high level of personal problems and early drug experience often leads to the abuse of a variety of other drugs. In any case, the early use of inhalants as a recreational activity certainly points to dangers of deepening drug involvement in subsequent years.

Unfortunately, as the aforementioned research suggests, and state statistics conclude, Alaskan youth are at extremely high risk for inhalant use. Alaskan youth live in areas which are socially isolated, which are experiencing rapid cultural change, and in which alcohol and other drug use is common. In addition to the socio-cultural and economic factors which place Alaskan youth at risk for inhalant abuse, these children live in rural communities where many inhalants are readily available. Because all-terrain vehicles and motor boats are common means of transportation, most families store gasoline drums just outside their homes. Recently reported inhalant abuse deaths in the state include one describing, a youth who had been seen with his head over the gas tank of the family boat engine. He was later found drowned in a river near his village.

#### IV. SYMPTOMS

##### A. Physical Signs of Use

The immediate effects of solvent and aerosol inhalation may last from 5 to 45 minutes after cessation. Users report feelings of excitation, euphoria and omnipotence, blurring of vision, irregular heartbeats, numbness, weightlessness, and a distortion of time and space. The intensity of effects ranges from mild intoxication to unconsciousness; there

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<sup>14</sup> Sharp, C; Carroil, L., "Inhalant Abuse Among Pueblo Tribes of New Mexico" *Voluntary Inhalation of Industrial Solvents*, National Institute of Drug Abuse, Rockville, MD.

<sup>15</sup> Oetting, E.R.; Edwards, R.W.; Beauvais, F., loc. cit. p. 185.

<sup>16</sup> Frank, B.; Marel, R.; and Schmeidler, J., "The Continuing Problem of Youthful Solvent Abuse in New York State" *Epidemiology of Inhalant Abuse: An Update*, NIDA Research Monograph No. 85, 1988, pp. 92-93.

may be partial or total amnesia. Tolerance may develop, resulting in the use of increasing amounts to achieve the desired effects.

Tearful, glazed, or reddened eyes are symptomatic of persons who are using inhalants. They may also exhibit slurred speech, frequent cough, weight loss, loss of muscle coordination, unsteady gait, and erratic or "spacey" behavior. Unpleasant chemical breath may be accompanied by a rash or ulcers around the mouth and nose. Users report nausea, headache, nosebleeds, eye irritation, increased light sensitivity, double vision, and ringing in the ears.<sup>17</sup> Physical dangers and symptoms increase with frequency of use and can end in hospitalization, coma, and even death.

## B. Psychological Symptoms

The use of inhalants has been closely associated with depression. In a study by Allan and Ghodse, 70 percent of solvent abusers surveyed reported that they used inhalants because they were depressed.<sup>18</sup> Inhalant users exhibit high levels of anxiety, psychopathology, depression, and suicide, and report feelings of anger and alienation. As with most youth involved with drugs, inhalant users tend to have low self-esteem and do not access traditional sources of help. Psychological and social development is arrested at the time that drug use begins.

It has been suggested that the use of inhalants by young people may provide strong feelings of power and influence which might otherwise be lacking in their lives.<sup>19</sup> Beauvais poses that the use of inhalants may be an attempt by youth to reduce the stress provoked by rapid culture change (culture shock).<sup>20</sup>

## C. Sociological Effects/Symptoms

Research shows a high correlation between inhalant abuse and crime. Youth who are involved in inhalant use are known to show high rates of truancy, decreased scholastic performance, and negative interactions with school authorities. Many drop out of school completely. Most become loners and are excluded from the activities of their non-sniffing peers. Signs of use include: loss of interest in personal appearance, food, and family; cleaning rags in the bedroom, closet or

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17 "Inhalants" National Native Association of Treatment Directors, P.O. Box 1882, Saskatoon, Saskatchewan, S7K3SZ

18 Jacobs, A.; Ghodse, A., "Depression In Solvent Abusers" *Social Science Medicine*, Vol. 24, No. 10, 1987, pp. 864-865.

19 White, K., "Handbook on Solvent Abuse" Project Solvabuse, Indian and Inuit Health Services, Medical Services Branch, Canada, p. 4.

20 Beauvais, F., "Social and Psychological Characteristics of Inhalant Abusers" *Paper Presented at the World Health Organization Group Meeting on Adverse Effects of Volatile Substances/Inhalants*, Mexico City, April 1986.

basement; dried paint on clothing or body; and empty spray cans or tubes of glue in and around living areas.

## V. TREATMENT

Research indicates that few people in the health care system have a clear or systematic applied concept of the nature of the inhalant abuse problem.<sup>21</sup> There are few models available for the treatment of young inhalant users. The multiplicity of problems surrounding these youth make them difficult to fit into existing programs. Most youth come to treatment as referrals from the criminal justice system, and without family assistance and support. Many have histories of unsatisfactory encounters with helping professionals which have led to distrust and apathy. Most have been involved in inhalant abuse for two to three years prior to entering treatment. Although few enter treatment voluntarily, most do not stop using without professional assistance. The rate at which inhalant abusers drop out of treatment is higher than that of other drug abusers. In addition, inhalant users are asked to leave treatment settings due to rule infractions at twice the rate of other addicts.<sup>22</sup>

Inhalant abusers appear to be less verbal and to suffer more severe psychological impairment than other addicts.<sup>23</sup> These youth have low self-esteem and are either very withdrawn, or uncooperative and disruptive in treatment settings. Research indicates that inhalant users have less ego strength than most addicts, possibly due to the fact that even among drug-using subcultures, the use of inhalants carries a negative social stigma as being "low class" or "kids' stuff." As stated previously, young inhalant users have high levels of psychopathology, depression, suicide, and anxiety and may require more intensive care than other addicts. Physiological difficulties affecting treatment include: memory lapse, confusion, depression, tremors, nausea, psycho-motor dysfunction, disorientation, and joint and muscle pain.

Pilot research suggests that the cognitive demands of most treatment settings are beyond the grasp of many inhalant abusers.<sup>24</sup> For these clients, the ability to keep appointments, tolerate the treatment environment, and establish basic trust are major undertakings. Inhalant users appear to be unmotivated and "test" staff intensely. Treatment is best targeted to disruptive youth, allowing for greater individualized attention and support. Behavior-oriented strategies with positive reinforcement of even small

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21 Mason, T., "Inhalant Abuse and Treatment" University of Houston, U.S. Department of H.E.W., 1979, p. 53.

22 Mason, T., op.cit. p. 43.

23 McSherry, T., "Program Experience With The Solvent Abuser in Philadelphia" *Epidemiology of Inhalant Abuse: An Update*, NIDA Research Monograph No. 85, 1988, p. 115.

24 McSherry, T., op.cit. p.118.

demonstrations of appropriate behavior are warranted. Successful designs focus on basic living skills such as socialization, personal hygiene, verbal communication, and simple self disclosure. Structured and unstructured recreational activities can assist in the rehabilitation of psychomotor activities and the learning of appropriate interpersonal skills. The use of peer leaders and counselors appears to be effective, along with the assignment of special responsibilities to increase personal power. To assess possible nervous system impairment, it is suggested that inhalant abusers receive complete psychological and physical exams upon entering treatment.

## VI. PREVENTION

As is true of prevention strategies for any type of drug abuse, strategies for the prevention of inhalant abuse must be comprehensive with multiple points of entry. The most successful self-regulating designs appear to be educational campaigns.<sup>25</sup> Because predisposing factors are in place by 4th and 5th grades, prevention education must begin early. Since friends and siblings provide access and instruction for inhalant use, the involvement of "peer clusters" in the design, implementation, and delivery of services is important. Inhalant users tend to be more socially isolated and alienated than other youth, making community education, socialization, and basic life skills important aspects of prevention programming. Outreach must go beyond the school and into the community.

Effective and comprehensive prevention efforts must couple educational programming with sociological and legislative change and public awareness. The alarming rate of inhalant use among Alaskan youth was recognized by the Alaska State Legislature in 1989. Senate Resolution No. 18 expanded the responsibilities of the State Office of Alcohol and Drug Abuse to include prevention, education and treatment of inhalant abusers. Federally, the Toxic Substance Control Act of 1976, administered by the Environmental Protection Agency, contains provisions for the regulation and possible banning of products containing toxic substances which are found to be unreasonable health risks. Legislation also mandates a limit to the amount of lead which can be contained in gasoline to diminish toxicity which can lead to lead poisoning. The amount of benzene in gasoline is considered such a hazard to health that the Occupational Safety and Health Administration set standards for the amount of gas fumes to which workers can be exposed. Environmental concerns about aerosols interfering with the ozone layer in the troposphere have resulted in a reduction in the use of freon as a propellant. Since chemical inhalants are not covered under the Comprehensive Drug Abuse Prevention and Control Act of 1970, there are no federal penalties for the possession or sale of these products. Thirty-one states have passed laws

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<sup>25</sup> Kerner, K., "Current Topics In Inhalant Abuse" *Epidemiology of Inhalant Abuse: An Update*, NIDA Research Monograph No. 85, 1988, p. 21.

prohibiting the sniffing of volatile substances. Infractions are generally considered misdemeanors and are punishable by a minor jail sentence or fine. Some states include penalties under laws such as those for public drunkenness.

Legislation, however, is only one aspect of the number of sociological strategies which can be employed to combat and to prevent inhalant use. Community education is vital. Since the choice to use inhalants is largely based on availability, owners of retail outlets must be informed and educated about the patterns of use. Communities can make local decisions to limit or ban the sale of certain products to minors or to keep toxic substances safely behind cashier counters. Rural communities can take actions which result in the safe storage of toxic substances, including locks on gas tanks and fuel drums. We need to educate each other about the warning signs of inhalant abuse so tragedies resulting in death and disability can be avoided. We must raise our awareness about this growing problem among youth and offer safe recreational opportunities, support groups, counseling, and education to high-risk youth. Above all, we must learn to "tune in" to our youth and give them direction for the healthy resolution of their conflicts and fears.

The problem of inhalant use, like other forms of drug abuse, cannot be solved using a single strategy. Awareness, education, regulation, healthy alternatives for youth, and safe storage of toxic substances are all necessary. Likewise, all segments of a population/community must work together to bring change. What we do does count! We can make a difference!

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## nts affecting Alaskan youth?

s to increase dramatically among Alaskan youth, and, unfortunately, those who how dangerous this activity can be.

only sniffed because it is easily obtained, especially in villages where fuel is stored ines and all-terrain vehicles. Tragically, gas sniffing has caused the deaths of many

re experiencing vast cultural and economic changes in their villages, traditional y challenged. This can disrupt the harmony between individuals, families and ; people may feel confused, depressed and vulnerable as they struggle to embrace nts and other drugs are used as an attempt to cope with or escape from life's stresses.

Twenty five percent of Alaskan youth report having used inhalants in grades 7 through 12.

This is more than 3.7 times the national average.

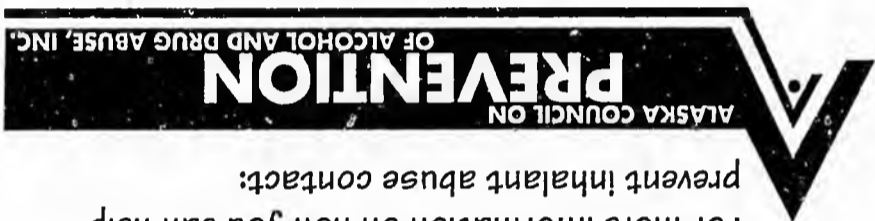
# ... WHAT ADULTS NEED TO KNOW



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# Team Up to BEAT SNIFFING

## Sniffing: An Unhealthy and Harmful High

Some call it "sniffing." Others say "gassing up." No matter what language is used to describe it, inhalant abuse is a serious health problem for Alaska's young people.

Inhalants are harmful chemicals which have mood-altering effects when their vapors are intentionally inhaled or sniffed. Since the products used for inhaling are found in almost every home, school, and work place, many people do not think of them as drugs. However, **inhalants are drugs.** Gasoline, glue, lighter fluid, paints, polish removers and marker pens are just a few of the hundreds of products young people sniff to get "high."

Dealing with the damage of inhalant abuse is not an easy matter. Long-term drug abuse treatment programs are often needed. This can be costly for abusers and their families.

The best way to deal with sniffing is to prevent young people from ever starting. This requires the efforts of parents, teachers and others in the community working together to prevent the problem.

This brochure is intended to answer important questions and offer suggestions of what you can do to help. *Join the team to beat sniffing!*

## Why do young people use inhalants?

- **Peer pressure**  
One of the most important factors, according to studies, is peer pressure. The desire to belong is overwhelming.
- **Availability**  
Substances like gasoline and cleaning products are easily found in and around homes, at school, and throughout most neighborhoods and villages.
- **Cost**  
Youth find chemical products very affordable compared to other drugs. Inhalants can be obtained without ever spending a penny.
- **Immediate "high"**  
The mood-elevating effects of sniffing are experienced within seconds and last anywhere from five minutes to an hour.
- **Boredom**  
Youth sniff inhalants for "something to do." Research shows inhalants are used to reduce anxiety, to compensate for feelings of inferiority, or to escape frustration.
- **Few legal hassles**  
It is not illegal to be in possession of a gasoline or aerosol can. Therefore, youth often treat inhalants as unimportant, harmless substances.

*The first-time abuser or the long-term abuser can die while sniffing. This phenomenon is called "sudden sniffing death syndrome" and can occur the first time or any time harmful chemicals are sniffed.*

## What are the dangers?

- The initial euphoria obtained from inhaling is followed by disturbing symptoms of headache, muscle weakness, drowsiness and abdominal pain.
- Research shows that inhalant abuse can cause alarming and irreversible effects like leukemia, permanent paralysis and coma.
- Sniffers suffer nerve damage to the brain and to connecting nerve cells. Tests show that chronic users can lose their hearing as well as the ability to think, reason and remember. Hostility and confusion often occur.
- As the lungs are repeatedly assaulted with extreme doses of chemicals, air capacity is diminished and permanent lung disorders may result.
- The liver and kidneys no longer function efficiently after prolonged use. Consequently, body systems can be poisoned.
- Inhalants are both physically and psychologically addictive. Sniffers acquire a craving for the quick and easy high.

## What are the warning signs?

- walking unsteadily and lack of coordination
- watery eyes, runny nose, coughing
- slurred speech
- the smell of chemicals on the breath or clothing
- sniffing devices left lying around (may include plastic bags, saturated cloths, empty containers, etc.)
- unusual or erratic behavior (Many sniffers display violent and bizarre behaviors. They often act as though nothing can harm them. Others, however, become passive and enter a trance-like state.)

## What are the after-effects?

- frequent or severe headaches
- dizziness
- sores or rashes around the nose and mouth
- change in the urine (blood or redness)
- vomiting or stomach cramps
- little interest in school
- repeated association with other sniffers

## What can those who care do to help?

Sniffing is a problem that *will not go away* unless concerned Alaskans work together to prevent it. The cooperation of parents, teachers and communities is needed to help young people live healthier, happier, drug-free lives.

You can help protect young people from the devastating effects of inhalants. *Here are a few suggestions:*

- **Confirm your suspicions**  
If you think you know a young person who may be sniffing, talk to them. Find out what troubles them. Explain the risks associated with the habit.
- **Limit access to toxic substances**  
Lock up all harmful products where they cannot be used inappropriately. The same products used to operate a snowmachine, clean an engine, or paint a door can be extremely harmful when used for the wrong reasons.
- **Provide constant support**  
Take time to listen, understand and show support. Build trust.
- **Teach useful life skills**  
Help young people develop decision-making skills and self-esteem. Learning to say "no" to drug-abusing friends takes practice and courage.
- **Express your values**  
Be proud to pass along traditional values and beliefs. New ways can be blended with old ways so that everyone shares a positive sense of identity.
- **Involve youth in other activities**  
Young people are more likely to explore sniffing when they are not engaged in healthy, alternative activities. Sports like basketball, traditional Native activities like fishing and trapping, and community organized parties and dances are all drug-free ways to have fun.
- **Use all resources available**  
Reach out for support. Accept help from educators, people who work in drug prevention programs, family members or parents who have dealt with drug abuse. It takes the combined strength of many to prevent sniffing.
- **Present a positive role model**  
This, perhaps, is the most important way to prevent the problem of inhalant abuse. Adults who do not use drugs themselves send a strong signal to youth. *Your healthy choices can help young people make healthy choices, too.*

Parents, teachers and other adults can help youth avoid the dangers of inhalant abuse.  
**Team up to beat sniffing...before it starts!**