

ALASKA LEGISLATURE COMMITTEE FILES 1999-2000 86/2

9825 HOUSE HEALTH EDUCATION & SOCIAL SERVICES 22

HB

355

HOUSE COMMITTEE REPORT

(7)
Date Referred to Committee: February 9, 2000

FURTHER REFERRALS:

Finance

Date of Committee Action: 4/11/00

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 355

HOUSE BILL NO. 355

STATE COMMUNITY SERVICE PROGRAM

"An Act establishing a state community service program; establishing by statute the Alaska State Community Service Commission; and providing for an effective date."

recommends it be replaced the same title
with the following committee substitute _____ a new title

additional referral to _____ Committee.
 attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept)

APPROVES PREVIOUS: (Dept/Date)

fiscal note(s) _____

fiscal note(s) _____

zero fiscal note(s) FED

zero fiscal note(s) _____

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

CHAIR'S SIGNATURE *[Signature]*

4/11/00

FISCAL NOTE

STATE OF ALASKA
2000 LEGISLATIVE SESSION

BILL NO. HB 355

Revision Date/Time (Note if correction) _____	Dept. Affected <u>Education & Early Dev.</u>
Title _____	BRU <u>Early Development</u>
An Act Establishing a State Community Service Program	Component <u>Special Programs</u>
Sponsor <u>Representative Allen Kempien</u>	
Requester <u>House HESS Committee</u>	Component No. <u>2425</u>

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2000) cost: _____

POSITIONS

Full-time						
Part-time						
Temporary						

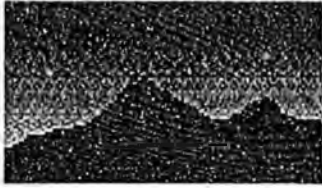
ANALYSIS: (Attach a separate page if necessary)

HB 355 amends AS 44.27 and establishes in statute the Alaska State Community Service Commission. HB 355 also articulates volunteer/participant eligibility criteria, establishes eligibility criteria for receipt of educational and housing vouchers and delineates voucher form and use.

Prepared by: <u>Yvonne M. Chase</u>	Phone <u>(907) 269-4607</u>
Division <u>Early Development</u>	Date/Time <u>4/5/00/12:00 AM</u>
Approved by Commissioner <u>Richard S. Cross</u>	Date <u>4/5/00</u>
Agency <u>Education & Early Development</u>	

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AD-00-164

March 17, 2000

Allen Kemplen , Representative
State Capitol
Juneau, Alaska 99801-1182

Dear Allen:

Thank you for the letter of February 16. I do regard community service programs as an important civic duty. Over the year's I've noticed there seems to be an attitude developing, that "civil service", or community service isn't a relevant field of work in our lives. True, specialization has to a large degree become the operation word in our nation, however in my mind that creates even a greater need for role strengthening, community models in our lives.

I fully support HB 355 and would like to extend my heart felt thanks to you and you're staff in putting forth this greatly needed Legislation.

I will again read HB 355 and should I have comments on any particular words or provision, rest be assured, I would be happy to forward same to you're attention.

Sincerely,

Wilson Justin

WJ/dh

Community service: New look at an old subject

By JANE EISNER

The subject is hot. Appealing. Sentimental. Politically correct.

It hearkens back to the good old days, when it seemed people took care of those in need more frequently than happens now.

It assuages the conscience of a nation facing a new millennium with poverty and inequality still on its doorstep.

It appeals to the better angels in us. Through public work, it can rekindle the sense of we're-in-this-together that's been misplaced by home videos, take-out pizza, stressed-out lives.

Yes, community service is the new buzzword, one that we'll be hearing more frequently as the Presidents' Summit in April draws closer. The Summit for America's Future, it is called.

How easy it would be at this juncture to cynically dismiss the lofty-sounding title and celebrity lineup, the schmaltz and the hype that will accompany people named Clinton, Bush, Reagan, Carter, Ford and Powell when they stride into town. (Never mind Cosby and Schwarzenegger.)

The media are good at such dismissals. So, for different reasons, are leaders from distressed communities, who've seen this before: outsiders peering over the walls society has erected into neighborhoods filled with crime, unemployment, drug-abuse and dysfunctional families, only to toss in bits of help without, of course, getting too messy.

If that's what the summit will be — a chance for publicity and pay-



ANNE RAUP / Daily News file photo

Dolores Waldron watches the progress at the Fairview Park during the United Way's Day of Caring in this 1995 file photo. Part of a citywide multibusiness community service project, Arco Alaska Inc. employees rehabilitated the structures at the park.

backs, for the haves to feel like they're helping the have-nots (without raising taxes) — then today's cynics will be tomorrow's prophets.

But would-be prophets can be wrong. The summit could be more useful than a photo op or a revival meeting, if it helps shift the focus of volunteering from "fixing" community to "building" community. This approach recognizes all communities for their assets, not just their deficiencies, and then seeks cre-

ative ways to build those assets from the street level up, not the corporate suite down.

It's a profoundly different, inside-out view. It means:

- Service starts at home, whether home is North Philadelphia or Nether Providence.

- Volunteering must be a mutual relationship, built on equality and respect, not guilt, sentiment or missionary zeal.

- Attention must be paid to the

"infrastructure" of voluntarism — the hard work of matching contribution and need. It ain't sexy, but it's necessary.

John P. Kretzmann, a former journalist now at the Neighborhood Innovations Network at Northwestern University, studied distressed communities and came to this conclusion: "For years, almost all our major institutions in society — the media, universities, foundations, United Ways — have been saying to distressed communities: If you want to be noticed, you must understand all the problems, needs and deficiencies in your neighborhood. Teenage moms, dropouts, etc. Quantify them, and we'll give you some money."

So the emphasis was always negative. The loudest advocate with the gloomiest statistics got the grant or a spot on the evening news. The underlying theme was: Help, governmental or otherwise, could only come from the outside. Even well-intentioned community service ended up supplanting local energies rather than enhancing them, and delivered a message — especially to the young — that a distressed neighborhood was incapable of solving its own problems.

If the nation has finally learned that throwing money at problems doesn't solve them, the next lesson is: Throwing volunteers at problems won't solve them, either.

What's needed instead is a new partnership, where volunteer and recipient come to the table with complementary gifts; where government is an engaged servant, neither absent dictator nor apathetic bystander; and where the emphasis

is not on fixing what's wrong but growing what's right.

So instead of peering over the wall to see crime, drugs and dysfunction and sending a check to a homeless shelter once a year, a concerned outsider may help a struggling civic association acquire space for a day-care center staffed by local residents and open for older children on school holidays.

This inside-out approach is not new, but it runs contrary to the deficiencies-based, prescriptive model that liberals and conservatives have used for years when crafting social policy to meet their own agendas.

There's good reason to believe this approach will inform the nitty-gritty workings of the April extravaganza. The 10-member delegations, from the public, private and nonprofit sectors, will discuss "best practices" and identify the tools needed to mobilize volunteers and address the needs in their own communities. If done well, it will be "inside-out" on a national scale.

This approach also will inform the nitty-gritty workings of the Inquirer editorial pages, as we study, debate and write about community service over the next few months. There'll be no attempt to paper over differences or difficulties. And, I hope, no preachiness.

Just an honest exploration of the challenges, drawbacks and potentials of a hot, appealing subject that may even help change America.

□ Jane Eisner is editorial page editor of the Philadelphia Inquirer.

Companies discover plus side to volunteerism

By MAGGIE JACKSON
The Associated Press

Once a week, David Luke tutors a teenager in his office at InStyle magazine. Joan Connelly and 20 or 30 co-workers from BankBoston spend a Saturday each month sorting food for the poor.

Committed to their communities both during and after work, Luke and Connelly are the faces of the new corporate attitude toward giving.

Instead of throwing dollars at charities picked by the boss, companies today are more often urging employees — including top executives — to roll up their sleeves and volunteer.

In an era when communities are in need, many employees are demoralized and corporate reputations count more than ever, it's an investment that many companies consider worthwhile.

That's a plus for the Presidents' Summit for America's Future, a three-day effort opening Sunday in Philadelphia, seeking to galvanize the nation to help young people.

As part of the event led by President Clinton and former President Bush, more than 200 companies are pledging to their communities mil-

lions of volunteer hours along with goods from playgrounds to health care.

"The corporations are critically important to the summit," said Bill Shore, leader of a task force evaluating the company pledges. "Corporations have the resources to foster and stimulate more volunteerism."

Increasingly, they are doing just that. Today 75 percent of companies have an employee working full-time on community relations, up from 9 percent in 1987, according to a survey by the Center for Corporate Community Relations at Boston College.

Nearly 80 percent of companies now have a volunteer program and one-third give time off for volunteer work, according to the Center.

In part, companies are stepping more deeply into the community arena because, as government programs are slashed, the needs are greater. And, as the summit illustrates, companies are being pressured to do more.

"The ticket to admission (to the summit) was a pledge about what the company would do, not what we had done," says Burke Stinson, a spokesman for AT&T, which is

pledging \$90 million in grants and services to improve schools' computer links, along with other donations.

And in its pledge to the summit, Timberland Inc. is offering each of its 5,000 employees a week of paid time off for community service.

The corporate appetite for good public relations is, if anything, increasing as consumers and investors pressure companies to be better corporate citizens.

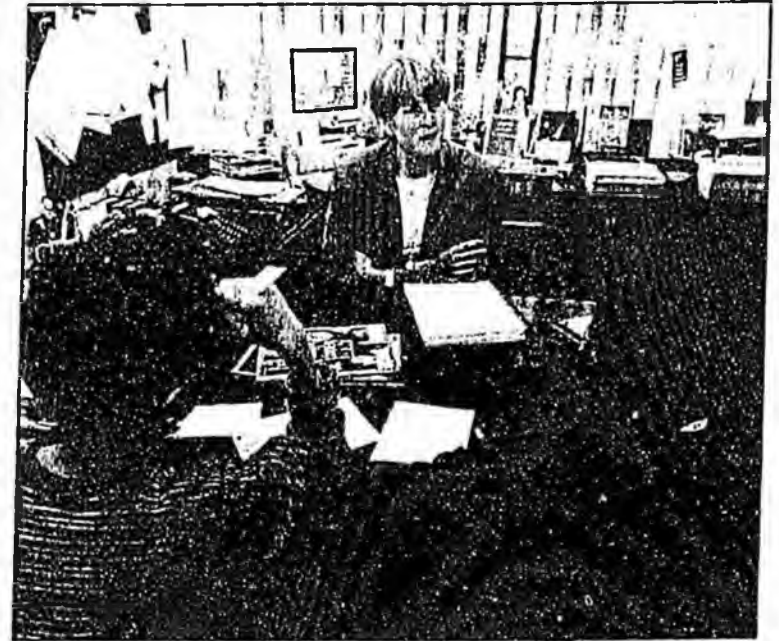
But beyond image-making, companies are discovering direct economic benefits from volunteerism.

After a decade of downsizing, volunteerism boosts morale and helps companies attract employees, says Dan Salera, director of community service at BankBoston.

Such programs "give corporations a competitive advantage in attracting and retaining an employee base that will stay and be committed and feel good about where they're working," says Salera.

Giving an opportunity to volunteer during company time also is a valued benefit to time-starved employees.

"It's amazing that the company allows this to happen," Luke said. "They're paying us to be good citizens."



RICHARD DREW / The Associated Press

S. Jane Comins, senior manager of retail marketing for Little, Brown and Co., tutors Juan Rodriguez, 12, left, and Danny Acosta in her office in New York's Time-Life Building.

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Volunt/ar/eer/ism: What's the Difference?

By Susan J. Ellis

So many people ask me whether there is a distinction between "volunteerism" and "voluntarism" that I have written up my answer. Here it is:

"Voluntarism" (the older term) refers to everything voluntary. In the United States this includes, for example, religion. It certainly encompasses the entire "voluntary sector," but "voluntary" in the "voluntarism" context means not mandated by law (as government is). Many voluntary sector (nonprofit) agencies have a volunteer board because that is a legal requirement, but may not utilize volunteers in direct service in any way. There are subjects within "voluntarism" that have nothing to do with volunteers: things like UBIT legislation; proposal writing; compensation law.

"Volunteerism" was actually coined by Harriet Naylor and used for the first time in an organizational name by Ivan Scheier in the 1970's: The National Information Center for Volunteerism (NICOV). Don't let the fact that we know who invented the term deter you from taking it seriously. In the same time period someone, somewhere coined words like cyberspace, byte, nerd, and maybe 1000 others!

At any rate, "volunteerism" is a more focused term that speaks to anything relevant to volunteers and volunteering. Some people say it refers to the activity, while voluntarism speaks to the nonprofit setting. But the most important point, for me, is that "volunteerism" encompasses volunteering regardless of setting. Therefore, it allows government agencies at all levels to be included, and also covers corporate employee volunteering. Since government-related volunteering is so pervasive (think schools, libraries, parks, etc., etc.), this is not an insignificant point.

The American military confuses us even more. I once told an audience of generals at the US War College that they didn't MEAN a "Volunteer Army," they meant a "Voluntary Army," as in "non-draft." Just one more confusion in the fascinating

world of volunteerism.

When we use "volunteerism," we can communicate that we are speaking about issues relevant to our work: the actions necessary to plan for, recruit, encourage, and generally support volunteers in their important efforts. So it is an important distinction and I therefore recommend that you use "volunteerism" in your work.

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Giving and Volunteering

in the United States
Findings from a National Survey

Key Findings

Household Giving and Volunteering: 1987-1998

	1998	1995	1993	1991	1989	1987
Percentage of households contributing to charity	70.1%	68.5%	73.4%	72.2%	75.1%	71.1%
Average household contribution* (current dollars)	\$1,075	\$1,017	\$880	\$899	\$978	\$790
Average household contribution* (constant 1998 dollars)	\$1,075	\$1,088	\$993	\$1,076	\$1,286	\$1,134
Percentage of household income given*	2.1%	2.2%	2.1%	2.2%	2.5%	1.9%
Percentage of population volunteering	55.5%	48.8%	47.7%	51.1%	54.4%	45.3%
Total number of volunteers (millions)	109.4	93.0	89.2	94.2	98.4	80.0
Average weekly hours per volunteer	3.5	4.2	4.2	4.2	4.0	4.7
Total annual hours volunteered (billions)	19.9	20.3	19.5	20.5	20.5	19.6
Assigned hourly wage for volunteers**	\$14.30	\$12.84	\$12.13	\$11.58	\$10.82	\$10.06
Total assigned dollar value of volunteer time (billions)	\$225.9	\$201.5	\$182.3	\$176.4	\$169.6	\$149.0

* Based on contributing households only

** The hourly value of volunteer time is updated yearly by INDEPENDENT SECTOR, and is based on the average hourly wage for nonagricultural workers, as published in the *Economic Report of the President* (1999 Edition), increased by 12% to estimate fringe benefits.

Volunteering in America

- 56% of adults aged 18 or over volunteered a total of 19.9 billion hours. This is the highest ever recorded level of participation in volunteering during the INDEPENDENT SECTOR survey series a 13.7% increase in the rate of volunteering.
- An estimated 109 million people participated in volunteering in 1998.
- The volunteer workforce represented the equivalent of over 9 million full-time employees at a value of \$225 billion.
- A higher percentage of women (62%) than men (49%) volunteered. Men who volunteered gave slightly more time than women: 3.6 hours per week as opposed to 3.4 hours for women.
- 90% of individuals volunteered when asked. Forty-two percent (42%) of the volunteers found out about activities through personal contact while 35% through participation in an organization.
- 43% of seniors aged 75 and over reported volunteering an increase of eight percentage points since 1995 (35%).
- 46% of Hispanics volunteered - an increase of 6 percentage points since 1995 (40%).
- 47% of African-Americans volunteered - a 12 percentage point increase

INDEPENDENT SECTOR Homepage

Giving and Volunteering Homepage

Introduction

Key Findings

Volunteering

Household Giving

The Demographics of Household Contributors

Profile of Contributing Households and Volunteers

The Relationship Between Giving and Volunteering

The Relationship Between Religious Involvement and Charitable Behavior

Household Contributions by Type of Charity

Economic Conditions and Charitable Behavior

Childhood Events and Philanthropic Behavior

Factors That Influence People to Give and Volunteer

Importance of the Ask

Public Attitudes

Conclusion**Methodology and
How to Interpret
Survey Data**

since 1995 (35%).

- 41% of volunteers contributed time sporadically and considered it a one-time activity. Thirty-nine percent (39%) of volunteers preferred to volunteer at a scheduled time, either weekly, bi-weekly or monthly. Nine percent (9%) reported volunteering only at special times of the year such as during a religious holiday.
- Volunteers continued to make larger financial contributions, on average, than people who did not volunteer. Contributing households with a volunteer gave over two and a half times more on average than contributing households where the respondent did not volunteer.
- 1% of respondents learned about volunteering via the Internet.

Household Giving in America

- The average contributing household gave \$1,075 or 2.1 % of household income. In 1995 contributing households reported an average contribution of \$1,017 or 2.2% of household income. From 1995 to 1998, after inflation, the average household contribution decreased by 1.2%.*
- Over 70% of households reported contributions for 1998 - up slightly from less than 69% in 1995.
- 81% of households gave a donation when asked.
- 84% of all charitable contributions were given by households that also volunteered.
- 77% of respondents were motivated by personal requests for contributions.
- The level of giving and volunteering is affected by a person's concern about the future. In 1998 anxiety about having enough money in the future declined. Sixty-seven percent (67%) of respondents were worried about not having enough money in the future - a 7 percentage point drop from 1996. In 1998 respondents who did not worry about having money in the future contributed a higher than average percentage of household income (2.8%).
- The level of household income had an effect on whether a household made a contribution. As the level of income increased, more households reported making a contribution.
- When measured as a percentage of total household income, households at either end of the income scale were the most generous. Households earning under \$10,000 a year gave 2.5% of total household income and households with incomes over \$100,000 gave 1.9%. However, many of those with incomes under \$10,000 were retired with little regular income and gave from their accumulated wealth.
- The average annual contribution for all households (both contributors and noncontributors) in 1998 was \$754, an increase of 1.3% in real dollar terms since 1995 (\$744). The real dollar increase continues an upward trend that started in 1993.
- The average household contribution of \$754 constituted approximately 1.7% of total household income - the same proportion as in 1995.
- The number of households that contributed 3% or more of their household income has risen since 1993 - from 19% to 22% of contributions - and a greater percentage of people reported that their household gave more in 1998 than in 1995.

- African-American contributing households reported donating an average of \$658 - less than in 1995 (\$668). Fifty-two percent (52%) gave in 1998, approximately 2% less than in 1995.
- Almost 63% of Hispanic households reported an average contribution of \$504, or 1.1% of total household income. While the number of Hispanic respondents reporting household contributions increased by 6 percentage points, the average household contribution and percentage of total household income given decreased since 1995 from \$547 and 1.4%, respectively.
- Contributing households used an average of 3 or 4 different methods to make contributions. Almost 84% made in-kind contributions of food or clothing. Approximately 80% of households purchased goods and services from charitable organizations and reported giving cash or a check direct. Only 1.2% of contributors reported giving over the Internet.
- * At present both INDEPENDENT SECTOR and AAFRC's Giving USA 1999 estimate \$135 billion in total individual giving for 1998.

Public Attitudes

- 68% of the respondents expressed a high level of confidence in human service organizations homeless shelters, soup kitchens and employment programs, etc.
- 62% believed that most charitable organizations were honest and ethical in their use of funds.
- 76% agreed that nonprofit organizations generally played a major role in their communities.

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"Bowling
Alone"
Journal of Democracy

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Journal of Democracy 6:1, Jan 1995, 65-78



As featured on *National Public Radio*, *The New York Times*, and in other major media, we offer this sold-out, much-discussed *Journal of Democracy* article by Robert Putnam, "Bowling Alone." The *Journal of Democracy* is at present scheduled to go online in full text in the third year of Project Muse (1997). You can also find information at *DemocracyNet* about the *Journal of Democracy* and its sponsor, the *National Endowment for Democracy*.

Bowling Alone: America's Declining Social Capital

Robert D. Putnam

An Interview with Robert Putnam

Many students of the new democracies that have emerged over the past decade and a half have emphasized the importance of a strong and active civil society to the consolidation of democracy. Especially with regard to the postcommunist countries, scholars and democratic activists alike have lamented the absence or obliteration of traditions of independent civic engagement and a widespread tendency toward passive reliance on the state. To those concerned with the weakness of civil societies in the developing or postcommunist world, the advanced Western democracies and above all the United States have typically been taken as models to be emulated. There is striking evidence, however, that the vibrancy of American civil society has notably declined over the past several decades.

Ever since the publication of Alexis de Tocqueville's *Democracy in America*, the United States has played a central role in systematic studies of the links between democracy and civil society. Although this is in part because trends in American life are often regarded as harbingers of social modernization, it is also because America has traditionally been considered unusually "civic" (a reputation that, as we shall later see, has not been entirely unjustified).

When Tocqueville visited the United States in the 1830s, it was the Americans' propensity for civic association that most impressed him as the key to their unprecedented ability to make democracy work. "Americans of all ages, all stations in life, and all types of disposition," [End Page 65] he observed, "are forever forming associations. There are not only commercial and industrial associations in which all take part, but others of a thousand different types--religious, moral, serious, futile, very general and very limited, immensely large and very minute. . . . Nothing, in my view, deserves more attention than the intellectual and moral associations in America." ↓

Recently, American social scientists of a neo-Tocquevillean bent have unearthed a wide range of empirical evidence that the quality of public life and the performance of social institutions (and not only in America) are indeed powerfully influenced by norms and networks of civic engagement. Researchers in such fields as education, urban poverty, unemployment, the control of crime and drug abuse, and even health have discovered that successful outcomes are more likely in civically engaged communities. Similarly, research on the varying economic attainments of different ethnic groups in the United States has demonstrated the importance of social bonds within each group. These results are consistent with research in a wide range of settings that demonstrates the vital importance of social networks for job placement and many other economic outcomes.

Meanwhile, a seemingly unrelated body of research on the sociology of economic development has also focused attention on the role of social networks. Some of this work is situated in the developing countries, and some of it elucidates the peculiarly successful "network capitalism" of East Asia.² Even in less exotic Western economies, however, researchers have discovered highly efficient, highly flexible "industrial districts" based on networks of collaboration among workers and small entrepreneurs. Far from being paleoindustrial anachronisms, these dense interpersonal and interorganizational networks undergird ultramodern industries, from the high tech of Silicon Valley to the high fashion of Benetton.

The norms and networks of civic engagement also powerfully affect the performance of representative government. That, at least, was the central conclusion of my own 20-year, quasi-experimental study of subnational governments in different regions of Italy.³ Although all these regional governments seemed identical on paper, their levels of effectiveness varied dramatically. Systematic inquiry showed that the quality of governance was determined by longstanding traditions of civic engagement (or its absence). Voter turnout, newspaper readership, membership in choral societies and football clubs--these were the hallmarks of a successful region. In fact, historical analysis suggested that these networks of organized reciprocity and civic solidarity, far from being an epiphenomenon of socioeconomic modernization, were a precondition for it.

No doubt the mechanisms through which civic engagement and social connectedness produce such results--better schools, faster economic [End Page 66] development, lower crime, and more effective government--are multiple and complex. While these briefly recounted findings require further confirmation and perhaps qualification, the parallels across hundreds of empirical studies in a dozen disparate disciplines and subfields are striking. Social scientists in several fields have recently suggested a common framework for understanding these phenomena, a framework that rests on the concept of *social capital*.⁴ By analogy with notions of physical capital and human capital--tools and training that enhance individual productivity--"social capital" refers to features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit.

For a variety of reasons, life is easier in a community blessed with a substantial stock of social capital. In the first place, networks of civic engagement foster sturdy norms of generalized reciprocity and encourage the emergence of social trust. Such networks facilitate coordination and communication, amplify reputations, and thus allow dilemmas of collective action to be resolved. When economic and political negotiation is embedded in dense networks of social interaction, incentives for opportunism are reduced. At the same time, networks of civic engagement embody past success at collaboration, which can serve as a cultural template for future collaboration. Finally, dense networks of interaction probably broaden the participants' sense of self, developing the "I" into the "we," or (in the language of rational-choice theorists) enhancing the participants' "taste" for collective benefits.

I do not intend here to survey (much less contribute to) the development of the theory of social capital.

Instead, I use the central premise of that rapidly growing body of work--that social connections and civic engagement pervasively influence our public life, as well as our private prospects--as the starting point for an empirical survey of trends in social capital in contemporary America. I concentrate here entirely on the American case, although the developments I portray may in some measure characterize many contemporary societies.

Whatever Happened to Civic Engagement?

We begin with familiar evidence on changing patterns of political participation, not least because it is immediately relevant to issues of democracy in the narrow sense. Consider the well-known decline in turnout in national elections over the last three decades. From a relative high point in the early 1960s, voter turnout had by 1990 declined by nearly a quarter; tens of millions of Americans had forsaken their parents' habitual readiness to engage in the simplest act of citizenship. Broadly similar trends also characterize participation in state and local elections.

It is not just the voting booth that has been increasingly deserted by [End Page 67] Americans. A series of identical questions posed by the Roper Organization to national samples ten times each year over the last two decades reveals that since 1973 the number of Americans who report that "in the past year" they have "attended a public meeting on town or school affairs" has fallen by more than a third (from 22 percent in 1973 to 13 percent in 1993). Similar (or even greater) relative declines are evident in responses to questions about attending a political rally or speech, serving on a committee of some local organization, and working for a political party. By almost every measure, Americans' direct engagement in politics and government has fallen steadily and sharply over the last generation, despite the fact that average levels of education--the best individual-level predictor of political participation--have risen sharply throughout this period. Every year over the last decade or two, millions more have withdrawn from the affairs of their communities.

Not coincidentally, Americans have also disengaged psychologically from politics and government over this era. The proportion of Americans who reply that they "trust the government in Washington" only "some of the time" or "almost never" has risen steadily from 30 percent in 1966 to 75 percent in 1992.

These trends are well known, of course, and taken by themselves would seem amenable to a strictly political explanation. Perhaps the long litany of political tragedies and scandals since the 1960s (assassinations, Vietnam, Watergate, Irangate, and so on) has triggered an understandable disgust for politics and government among Americans, and that in turn has motivated their withdrawal. I do not doubt that this common interpretation has some merit, but its limitations become plain when we examine trends in civic engagement of a wider sort.

Our survey of organizational membership among Americans can usefully begin with a glance at the aggregate results of the General Social Survey, a scientifically conducted, national-sample survey that has been repeated 14 times over the last two decades. Church-related groups constitute the most common type of organization joined by Americans; they are especially popular with women. Other types of organizations frequently joined by women include school-service groups (mostly parent-teacher associations), sports groups, professional societies, and literary societies. Among men, sports clubs, labor unions, professional societies, fraternal groups, veterans' groups, and service clubs are all relatively popular.

Religious affiliation is by far the most common associational [End Page 68] membership among Americans. Indeed, by many measures America continues to be (even more than in Tocqueville's time) an astonishingly "churched" society. For example, the United States has more houses of worship per capita than any other nation on Earth. Yet religious sentiment in America seems to be becoming somewhat less

ted to institutions and more self-defined.

How have these complex crosscurrents played out over the last three or four decades in terms of Americans' engagement with organized religion? The general pattern is clear: The 1960s witnessed a significant drop in reported weekly churchgoing--from roughly 48 percent in the late 1950s to roughly 41 percent in the early 1970s. Since then, it has stagnated or (according to some surveys) declined still further. Meanwhile, data from the General Social Survey show a modest decline in membership in all "church-related groups" over the last 20 years. It would seem, then, that net participation by Americans, both in religious services and in church-related groups, has declined modestly (by perhaps a sixth) since the 1960s.

For many years, labor unions provided one of the most common organizational affiliations among American workers. Yet union membership has been falling for nearly four decades, with the steepest decline occurring between 1975 and 1985. Since the mid-1950s, when union membership peaked, the unionized portion of the nonagricultural work force in America has dropped by more than half, falling from 32.5 percent in 1953 to 15.8 percent in 1992. By now, virtually all of the explosive growth in union membership that was associated with the New Deal has been erased. The solidarity of union halls is now mostly a fading memory of aging men. ⁵

The parent-teacher association (PTA) has been an especially important form of civic engagement in twentieth-century America because parental involvement in the educational process represents a particularly productive form of social capital. It is, therefore, dismaying to discover that participation in parent-teacher organizations has dropped drastically over the last generation, from more than 12 million in 1964 to barely 5 million in 1982 before recovering to approximately 7 million now.

Next, we turn to evidence on membership in (and volunteering for) civic and fraternal organizations. These data show some striking patterns. First, membership in traditional women's groups has declined more or less steadily since the mid-1960s. For example, membership in the national Federation of Women's Clubs is down by more than half (59 percent) since 1964, while membership in the League of Women Voters (LWV) is off 42 percent since 1969. ⁶

Similar reductions are apparent in the numbers of volunteers for mainline civic organizations, such as the Boy Scouts (off by 26 percent since 1970) and the Red Cross (off by 61 percent since 1970). But what about the possibility that volunteers have simply switched their loyalties [End Page 69] to other organizations? Evidence on "regular" (as opposed to occasional or "drop-by") volunteering is available from the Labor Department's Current Population Surveys of 1974 and 1989. These estimates suggest that serious volunteering declined by roughly one-sixth over these 15 years, from 24 percent of adults in 1974 to 20 percent in 1989. The multitudes of Red Cross aides and Boy Scout troop leaders now missing in action have apparently not been offset by equal numbers of new recruits elsewhere.

Fraternal organizations have also witnessed a substantial drop in membership during the 1980s and 1990s. Membership is down significantly in such groups as the Lions (off 12 percent since 1983), the Elks (off 18 percent since 1979), the Shriners (off 27 percent since 1979), the Jaycees (off 44 percent since 1979), and the Masons (down 39 percent since 1959). In sum, after expanding steadily throughout most of this century, many major civic organizations have experienced a sudden, substantial, and nearly simultaneous decline in membership over the last decade or two.

The most whimsical yet discomfiting bit of evidence of social disengagement in contemporary America that I have discovered is this: more Americans are bowling today than ever before, but bowling in organized leagues has plummeted in the last decade or so. Between 1980 and 1993 the total number of

bowlers in America increased by 10 percent, while league bowling decreased by 40 percent. (Lest this be thought a wholly trivial example, I should note that nearly 80 million Americans went bowling at least once during 1993, *nearly a third more than voted in the 1994 congressional elections* and roughly the same number as claim to attend church regularly. Even after the 1980s' plunge in league bowling, nearly 3 percent of American adults regularly bowl in leagues.) The rise of solo bowling threatens the livelihood of bowling-lane proprietors because those who bowl as members of leagues consume three times as much beer and pizza as solo bowlers, and the money in bowling is in the beer and pizza, not the balls and shoes. The broader social significance, however, lies in the social interaction and even occasionally civic conversations over beer and pizza that solo bowlers forgo. Whether or not bowling beats balloting in the eyes of most Americans, bowling teams illustrate yet another vanishing form of social capital.

Countertrends

At this point, however, we must confront a serious counterargument. Perhaps the traditional forms of civic organization whose decay we have been tracing have been replaced by vibrant new organizations. For example, national environmental organizations (like the Sierra Club) and feminist groups (like the National Organization for Women) grew rapidly [End Page 70] during the 1970s and 1980s and now count hundreds of thousands of dues-paying members. An even more dramatic example is the American Association of Retired Persons (AARP), which grew exponentially from 400,000 card-carrying members in 1960 to 33 million in 1993, becoming (after the Catholic Church) the largest private organization in the world. The national administrators of these organizations are among the most feared lobbyists in Washington, in large part because of their massive mailing lists of presumably loyal members.

These new mass-membership organizations are plainly of great political importance. From the point of view of social connectedness, however, they are sufficiently different from classic "secondary associations" that we need to invent a new label--perhaps "tertiary associations." For the vast majority of their members, the only act of membership consists in writing a check for dues or perhaps occasionally reading a newsletter. Few ever attend any meetings of such organizations, and most are unlikely ever (knowingly) to encounter any other member. The bond between any two members of the Sierra Club is less like the bond between any two members of a gardening club and more like the bond between any two Red Sox fans (or perhaps any two devoted Honda owners): they root for the same team and they share some of the same interests, but they are unaware of each other's existence. Their ties, in short, are to common symbols, common leaders, and perhaps common ideals, but not to one another. The theory of social capital argues that associational membership should, for example, increase social trust, but this prediction is much less straightforward with regard to membership in tertiary associations. From the point of view of social connectedness, the Environmental Defense Fund and a bowling league are just not in the same category.

If the growth of tertiary organizations represents one potential (but probably not real) counterexample to my thesis, a second countertrend is represented by the growing prominence of nonprofit organizations, especially nonprofit service agencies. This so-called third sector includes everything from Oxfam and the Metropolitan Museum of Art to the Ford Foundation and the Mayo Clinic. In other words, although most secondary associations are nonprofits, most nonprofit agencies are not secondary associations. To identify trends in the size of the nonprofit sector with trends in social connectedness would be another fundamental conceptual mistake.⁷

A third potential countertrend is much more relevant to an assessment of social capital and civic engagement. Some able researchers have argued that the last few decades have witnessed a rapid expansion in "support groups" of various sorts. Robert Wuthnow reports that fully 40 percent of all Americans claim to be "currently involved in [a] small group that meets regularly and provides support or caring for those who participate in it."⁸ Many of these groups are religiously affiliated, but [End Page 71]

many others are not. For example, nearly 5 percent of Wuthnow's national sample claim to participate regularly in a "self-help" group, such as Alcoholics Anonymous, and nearly as many say they belong to book-discussion groups and hobby clubs.

The groups described by Wuthnow's respondents unquestionably represent an important form of social capital, and they need to be accounted for in any serious reckoning of trends in social connectedness. On the other hand, they do not typically play the same role as traditional civic associations. As Wuthnow emphasizes,

Small groups may not be fostering community as effectively as many of their proponents would like. Some small groups merely provide occasions for individuals to focus on themselves in the presence of others. The social contract binding members together asserts only the weakest of obligations. Come if you have time. Talk if you feel like it. Respect everyone's opinion. Never criticize. Leave quietly if you become dissatisfied. . . . We can imagine that [these small groups] really substitute for families, neighborhoods, and broader community attachments that may demand lifelong commitments, when, in fact, they do not.²

All three of these potential countertrends--tertiary organizations, nonprofit organizations, and support groups--need somehow to be weighed against the erosion of conventional civic organizations. One way of doing so is to consult the General Social Survey.

Within all educational categories, total associational membership declined significantly between 1967 and 1993. Among the college-educated, the average number of group memberships per person fell from 2.8 to 2.0 (a 26-percent decline); among high-school graduates, the number fell from 1.8 to 1.2 (32 percent); and among those with fewer than 12 years of education, the number fell from 1.4 to 1.1 (25 percent). In other words, at *all* educational (and hence social) levels of American society, and counting *all* sorts of group memberships, *the average number of associational memberships has fallen by about a fourth over the last quarter-century.* Without controls for educational levels, the trend is not nearly so clear, but the central point is this: *more Americans than ever before are in social circumstances that foster associational involvement (higher education, middle age, and so on), but nevertheless aggregate associational membership appears to be stagnant or declining.*

Broken down by type of group, the downward trend is most marked for church-related groups, for labor unions, for fraternal and veterans' organizations, and for school-service groups. Conversely, membership in professional associations has risen over these years, although less than might have been predicted, given sharply rising educational and occupational levels. Essentially the same trends are evident for both men and women in the sample. In short, the available survey evidence [End Page 72] confirms our earlier conclusion: American social capital in the form of civic associations has significantly eroded over the last generation.

Good Neighborliness and Social Trust

I noted earlier that most readily available quantitative evidence on trends in social connectedness involves formal settings, such as the voting booth, the union hall, or the PTA. One glaring exception is so widely discussed as to require little comment here: the most fundamental form of social capital is the family, and the massive evidence of the loosening of bonds within the family (both extended and nuclear) is well known. This trend, of course, is quite consistent with--and may help to explain--our theme of social decapitalization.

A second aspect of informal social capital on which we happen to have reasonably reliable time-series data

involves neighborliness. In each General Social Survey since 1974 respondents have been asked, "How often do you spend a social evening with a neighbor?" The proportion of Americans who socialize with their neighbors more than once a year has slowly but steadily declined over the last two decades, from 72 percent in 1974 to 61 percent in 1993. (On the other hand, socializing with "friends who do not live in your neighborhood" appears to be on the increase, a trend that may reflect the growth of workplace-based social connections.)

Americans are also less trusting. The proportion of Americans saying that most people can be trusted fell by more than a third between 1960, when 58 percent chose that alternative, and 1993, when only 37 percent did. The same trend is apparent in all educational groups; indeed, because social trust is also correlated with education and because educational levels have risen sharply, the overall decrease in social trust is even more apparent if we control for education.

Our discussion of trends in social connectedness and civic engagement has tacitly assumed that all the forms of social capital that we have discussed are themselves coherently correlated across individuals. This is in fact true. Members of associations are much more likely than nonmembers to participate in politics, to spend time with neighbors, to express social trust, and so on.

The close correlation between social trust and associational membership is true not only across time and across individuals, but also across countries. Evidence from the 1991 World Values Survey demonstrates the following: ¹⁰

1. Across the 35 countries in this survey, social trust and civic engagement are strongly correlated; the greater the density of associational membership in a society, the more trusting its citizens. Trust and engagement are two facets of the same underlying factor--social capital. [End Page 73]
2. America still ranks relatively high by cross-national standards on both these dimensions of social capital. Even in the 1990s, after several decades' erosion, Americans are more trusting and more engaged than people in most other countries of the world.
3. The trends of the past quarter-century, however, have apparently moved the United States significantly lower in the international rankings of social capital. The recent deterioration in American social capital has been sufficiently great that (if no other country changed its position in the meantime) another quarter-century of change at the same rate would bring the United States, roughly speaking, to the midpoint among all these countries, roughly equivalent to South Korea, Belgium, or Estonia today. Two generations' decline at the same rate would leave the United States at the level of today's Chile, Portugal, and Slovenia.

Why Is U.S. Social Capital Eroding?

As we have seen, something has happened in America in the last two or three decades to diminish civic engagement and social connectedness. What could that "something" be? Here are several possible explanations, along with some initial evidence on each.

The movement of women into the labor force. Over these same two or three decades, many millions of American women have moved out of the home into paid employment. This is the primary, though not the sole, reason why the weekly working hours of the average American have increased significantly during these years. It seems highly plausible that this social revolution should have reduced the time and energy available for building social capital. For certain organizations, such as the PTA, the League of Women Voters, the Federation of Women's Clubs, and the Red Cross, this is almost certainly an important part of the story. The sharpest decline in women's civic participation seems to have come in the 1970s; membership in such "women's" organizations as these has been virtually halved since the late 1960s. By

contrast, most of the decline in participation in men's organizations occurred about ten years later; the total decline to date has been approximately 25 percent for the typical organization. On the other hand, the survey data imply that the aggregate declines for men are virtually as great as those for women. It is logically possible, of course, that the male declines might represent the knock-on effect of women's liberation, as dishwashing crowded out the lodge, but time-budget studies suggest that most husbands of working wives have assumed only a minor part of the housework. In short, something besides the women's revolution seems to lie behind the erosion of social capital.

Mobility: The "re-potting" hypothesis. Numerous studies of organizational involvement have shown that residential stability and such related phenomena as homeownership are clearly associated with greater [End Page 74] civic engagement. Mobility, like frequent re-potting of plants, tends to disrupt root systems, and it takes time for an uprooted individual to put down new roots. It seems plausible that the automobile, suburbanization, and the movement to the Sun Belt have reduced the social rootedness of the average American, but one fundamental difficulty with this hypothesis is apparent: the best evidence shows that residential stability and homeownership in America have risen modestly since 1965, and are surely higher now than during the 1950s, when civic engagement and social connectedness by our measures was definitely higher.

Other demographic transformations. A range of additional changes have transformed the American family since the 1960s--fewer marriages, more divorces, fewer children, lower real wages, and so on. Each of these changes might account for some of the slackening of civic engagement, since married, middle-class parents are generally more socially involved than other people. Moreover, the changes in scale that have swept over the American economy in these years--illustrated by the replacement of the corner grocery by the supermarket and now perhaps of the supermarket by electronic shopping at home, or the replacement of community-based enterprises by outposts of distant multinational firms--may perhaps have undermined the material and even physical basis for civic engagement.

The technological transformation of leisure. There is reason to believe that deep-seated technological trends are radically "privatizing" or "individualizing" our use of leisure time and thus disrupting many opportunities for social-capital formation. The most obvious and probably the most powerful instrument of this revolution is television. Time-budget studies in the 1960s showed that the growth in time spent watching television dwarfed all other changes in the way Americans passed their days and nights. Television has made our communities (or, rather, what we experience as our communities) wider and shallower. In the language of economics, electronic technology enables individual tastes to be satisfied more fully, but at the cost of the positive social externalities associated with more primitive forms of entertainment. The same logic applies to the replacement of vaudeville by the movies and now of movies by the VCR. The new "virtual reality" helmets that we will soon don to be entertained in total isolation are merely the latest extension of this trend. Is technology thus driving a wedge between our individual interests and our collective interests? It is a question that seems worth exploring more systematically.

What Is to Be Done?

The last refuge of a social-scientific scoundrel is to call for more research. Nevertheless, I cannot forbear from suggesting some further lines of inquiry. [End Page 75]

- We must sort out the dimensions of social capital, which clearly is not a unidimensional concept, despite language (even in this essay) that implies the contrary. What types of organizations and networks most effectively embody--or generate--social capital, in the sense of mutual reciprocity, the resolution of dilemmas of collective action, and the broadening of social identities? In this essay I have emphasized the density of associational life. In earlier work I stressed the structure of networks,

arguing that "horizontal" ties represented more productive social capital than vertical ties. ¹¹

- Another set of important issues involves macrosociological crosscurrents that might intersect with the trends described here. What will be the impact, for example, of electronic networks on social capital? My hunch is that meeting in an electronic forum is not the equivalent of meeting in a bowling alley--or even in a saloon--but hard empirical research is needed. What about the development of social capital in the workplace? Is it growing in counterpoint to the decline of civic engagement, reflecting some social analogue of the first law of thermodynamics--social capital is neither created nor destroyed, merely redistributed? Or do the trends described in this essay represent a deadweight loss?
- A rounded assessment of changes in American social capital over the last quarter-century needs to count the costs as well as the benefits of community engagement. We must not romanticize small-town, middle-class civic life in the America of the 1950s. In addition to the deleterious trends emphasized in this essay, recent decades have witnessed a substantial decline in intolerance and probably also in overt discrimination, and those beneficent trends may be related in complex ways to the erosion of traditional social capital. Moreover, a balanced accounting of the social-capital books would need to reconcile the insights of this approach with the undoubted insights offered by Mancur Olson and others who stress that closely knit social, economic, and political organizations are prone to inefficient cartelization and to what political economists term "rent seeking" and ordinary men and women call corruption. ¹²
- Finally, and perhaps most urgently, we need to explore creatively how public policy impinges on (or might impinge on) social-capital formation. In some well-known instances, public policy has destroyed highly effective social networks and norms. American slum-clearance policy of the 1950s and 1960s, for example, renovated physical capital, [End Page 76] but at a very high cost to existing social capital. The consolidation of country post offices and small school districts has promised administrative and financial efficiencies, but full-cost accounting for the effects of these policies on social capital might produce a more negative verdict. On the other hand, such past initiatives as the county agricultural-agent system, community colleges, and tax deductions for charitable contributions illustrate that government can encourage social-capital formation. Even a recent proposal in San Luis Obispo, California, to require that all new houses have front porches illustrates the power of government to influence where and how networks are formed.

The concept of "civil society" has played a central role in the recent global debate about the preconditions for democracy and democratization. In the newer democracies this phrase has properly focused attention on the need to foster a vibrant civic life in soils traditionally inhospitable to self-government. In the established democracies, ironically, growing numbers of citizens are questioning the effectiveness of their public institutions at the very moment when liberal democracy has swept the battlefield, both ideologically and geopolitically. In America, at least, there is reason to suspect that this democratic disarray may be linked to a broad and continuing erosion of civic engagement that began a quarter-century ago. High on our scholarly agenda should be the question of whether a comparable erosion of social capital may be under way in other advanced democracies, perhaps in different institutional and behavioral guises. High on America's agenda should be the question of how to reverse these adverse trends in social connectedness, thus restoring civic engagement and civic trust.

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American democracy.

Commentary and writings on related topics:

- Nicholas Lemann, *Kicking in Groups*, *The Atlantic Monthly* (April 1996).
- Mary Ann Zehr, *Getting Involved in Civic Life*, *Foundation News and Commentary* (May/June 1996). *The Foundation News and Commentary is a publication of The Council on Foundations.*

Notes

1. Alexis de Tocqueville, *Democracy in America*, ed. J.P. Maier, trans. George Lawrence (Garden City, N.Y.: Anchor Books, 1969), 513-17.
2. On social networks and economic growth in the developing world, see Milton J. Esman and Norman Uphoff, *Local Organizations: Intermediaries in Rural Development* (Ithaca: Cornell University Press, 1984), esp. 15-42 and 99-180; and Albert O. Hirschman, *Getting Ahead Collectively: Grassroots Experiences in Latin America* (Elmsford, N.Y.: Pergamon Press, 1984), esp. 42-77. On East Asia, see Gustav Papanek, "The New Asian Capitalism: An Economic Portrait," in Peter L. Berger and Hsin-Huang Michael Hsiao, eds., *In Search of an East Asian Development Model* (New Brunswick, N.J.: Transaction, 1987), 27-80; Peter B. Evans, "The State as Problem and Solution: Predation, Embedded Autonomy and Structural Change," in Stephan Haggard and Robert R. Kaufman, eds., *The Politics of Economic Adjustment* (Princeton: Princeton University Press, 1992), 139-81; and Gary G. Hamilton, William Zeile, and Wan-Jin Kim, "Network Structure of East Asian Economies," in Stewart R. Clegg and S. Gordon Redding, eds., *Capitalism in Contrasting Cultures* (Hawthorne, N.Y.: De Gruyter, 1990), 105-29. See also Gary G. Hamilton and Nicole Woolsey Biggart, "Market, Culture, and Authority: A Comparative Analysis of Management and Organization in the Far East," *American Journal of Sociology* (Supplement) 94 (1988): S52-S94; and Susan Greenhalgh, "Families and Networks in Taiwan's Economic Development," in Edwin Winckler and Susan Greenhalgh, eds., *Contending Approaches to the Political Economy of Taiwan* (Armonk, N.Y.: M.E. Sharpe, 1987), 224-45.
3. Robert D. Putnam, *Making Democracy Work: Civic Traditions in Modern Italy* (Princeton: Princeton University Press, 1993).
4. James S. Coleman deserves primary credit for developing the "social capital" theoretical framework. See his "Social Capital in the Creation of Human Capital," *American Journal of Sociology* (Supplement) 94 (1988): S95-S120, as well as his *The Foundations of Social Theory* (Cambridge: Harvard University Press, 1990), 300-21. See also Mark Granovetter, "Economic Action and Social Structure: The Problem of Embeddedness," *American Journal of Sociology* 91 (1985): 481-510; Glenn C. Loury, "Why Should We Care About Group Inequality?" *Social Philosophy and Policy* 5 (1987): 249-71; and Robert D. Putnam, "The Prosperous Community: Social Capital and Public Life," *American Prospect* 13 (1993): 35-42. To my knowledge, the first scholar to use the term "social capital" in its current sense was Jane Jacobs, in *The Death and Life of Great American Cities* (New York: Random House, 1961), 138.
5. Any simplistically political interpretation of the collapse of American unionism would need to confront the fact that the steepest decline began more than six years before the Reagan administration's attack on PATCO. Data from the General Social Survey show a roughly 40-percent decline in reported union membership between 1975 and 1991.
6. Data for the LWV are available over a longer time span and show an interesting pattern: a sharp slump

during the Depression, a strong and sustained rise after World War II that more than tripled membership between 1945 and 1969, and then the post-1969 decline, which has already erased virtually all the postwar gains and continues still. This same historical pattern applies to those men's fraternal organizations for which comparable data are available--steady increases for the first seven decades of the century, interrupted only by the Great Depression, followed by a collapse in the 1970s and 1980s that has already wiped out most of the postwar expansion and continues apace.

7. Cf. Lester M. Salamon, "The Rise of the Nonprofit Sector," *Foreign Affairs* 73 (July-August 1994): 109-22. See also Salamon, "Partners in Public Service: The Scope and Theory of Government-Nonprofit Relations," in Walter W. Powell, ed., *The Nonprofit Sector: A Research Handbook* (New Haven: Yale University Press, 1987), 99-117. Salamon's empirical evidence does not sustain his broad claims about a global "associational revolution" comparable in significance to the rise of the nation-state several centuries ago.

8. Robert Wuthnow, *Sharing the Journey: Support Groups and America's New Quest for Community* (New York: The Free Press, 1994), 45.

9. *Ibid.*, 3-6.

10. I am grateful to Ronald Inglehart, who directs this unique cross-national project, for sharing these highly useful data with me. See his "The Impact of Culture on Economic Development: Theory, Hypotheses, and Some Empirical Tests" (unpublished manuscript, University of Michigan, 1994).

11. See my *Making Democracy Work*, esp. ch. 6.

12. See Mancur Olson, *The Rise and Decline of Nations: Economic Growth, Stagflation, and Social Rigidities* (New Haven: Yale University Press, 1982), 2.



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The Dollar Value of Volunteer Time

By Susan J. Ellis

From *Focus on Volunteering KopyKit, 2nd Ed.*

Website for dollar value in the UK -

<http://www.volunteering.org.uk/euroviva.htm>

We live in a culture that assigns "value" to things predominantly in monetary terms. A rain forest appears on the accounting ledgers only when it has been chopped down into "lumber." Caring for children or older parents becomes part of the economy only when a stranger is paid a salary to do what a family member might have done before without cash payment. In short, until there is a way to assign a dollar value to an activity or product, it is invisible to the society's decision makers.

The volunteer community has long debated the practice of assigning a dollar value to volunteer time. Apart from any consideration of the difficulties of collecting data or of finding appropriate dollar amounts, the arguments against measuring volunteer contributions against a monetary standard boil down to: it doesn't feel right. There is a sense that the value of volunteering is intrinsic and that any attempts to measure it--particularly with as crass a tool as money--will, in fact, de-value the activity. Many resent the hold that the dollar has on our thinking and would prefer to live in a world in which human activities would be assessed and esteemed on the basis of their contributions to others. But we don't live in such a world yet. Only things we value in dollars and cents get the attention of decision-makers.

Generally, volunteers have simply not been mentioned on nonprofit agency financial reports. To report that it cost \$7,200 to winterize ten homebound elderly peoples' homes without mentioning the \$4,000 worth of volunteer services or the \$2,000 worth of donated supplies risks the reader forming some false conclusions about the actual value of the service. From a management perspective, never having to "account" for the utilization of volunteers can result in wasting volunteer effort or in discounting its cost to the volunteer and its value to the organization.

Too many nonprofits have not kept accurate records of volunteer time and have made only a minimal attempt to assign a dollar value of such time. During the 1990s, the Financial Accounting Standards Board (FASB), the accounting profession's rule-making group, issued several new rules that pertain to nonprofits. One of the most important new rules, FASB Statement No. 116, requires nonprofits to report certain contributions received from donors, including volunteer services. These rules mean that, for the first time, your agency may need to include the value of certain volunteer services in its external financial statements.

In order to generate the most useful data, take the time to estimate the dollar value of volunteers as fairly as possible. Do not fall into the common trap of using the minimum wage or the national median wage as a basis for your computation. The vast majority of volunteer assignments are worth a great deal more than minimum wage and probably more than the median, too.

Another trap is to confuse the dollar value of the service provided by volunteers with the earning power of the people who are doing the volunteering. If someone is a doctor and volunteers to do glaucoma tests for your organization, then you are justified to estimate the dollar value of that donated service at the hourly rate normally charged by that volunteer. But if that same doctor volunteers to paint your rec hall, drive clients to a picnic, or play chess with residents, the dollar value of that volunteer work has nothing to do with his or her regular earning power. You must assess the value of each volunteer assignment based on what it would cost you to purchase that type of work in the marketplace.

The best system for determining the true dollar value of volunteer services was developed G. Neil Karn while he served as director of the Virginia Department of Volunteerism. For a more complete discussion of the Karn method and the subject of dollar value, see [From the Top Down: The Executive Role in Volunteer Program Success](#) by Susan J. Ellis (Energize, 1996). His key points are:

1. It is possible to find an equivalent salaried job category for every volunteer assignment, even if it means a little creativity and searching. Each volunteer assignment should be given its own dollar equivalency, without trying to find an average rate for all volunteers.
2. The cost of paying an employee includes fringe

benefits that raise the total value of the "annual employee compensation package" considerably.

3. We routinely pay salaried staff for hours they do not work, while we credit volunteers only for hours they actually put in.

4. Volunteers should be "credited" with the dollar equivalent of the hourly amount an employee would earn for actual hours worked.

Whatever method you use to calculate the dollar value of the work volunteers have contributed to your agency, never use the phrase "volunteers save us money."

This statement implies that you had resources you did not need to spend because volunteers are free. A better and more accurate way to make the same point would be that volunteers allow you to spend every cent available and then do more. Or, volunteers extend the budget beyond anything you could otherwise afford.

Independent Sector provides an average dollar value for volunteers at

<http://www.independentsector.org/programs/know.html>

Interested in reading the complete book?

Focus on Volunteering KopyKit is available in the online bookstore.

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ALASKA STATE LEGISLATURE



REPRESENTATIVE ALLEN KEMPLEN

SPONSOR STATEMENT

HB 355

"An Act establishing a state community service program; establishing by statute the Alaska State Community Service Commission; and providing for an effective date."

"Life's most persistent and urgent question is: What are you doing for others?" said Rev. Martin Luther King. HB 355 seeks to clarify Rev. King's question for the State of Alaska by establishing the State Community Service Program. HB 355 strengthens the existing Alaska Community Service Commission while addressing unmet community needs and rewarding good neighbors for taking part in community service. Community service or "volunteerism" is simply giving your time and your abilities for the betterment of society.

Voluntary service to your community makes people feel good, helps ease social ills and costs very little. Organizations like the United Way, Americorps, VISTA volunteers, Catholic Community Services, SAGA, and ORCA all provide important community services that would be cost-prohibitive without volunteers. State and private organizations cannot afford the labor intensive services that benefit Alaska's residents. As direct beneficiaries of volunteers, senior citizen programs, day-care centers, and after school programs are able to better the quality-of-life in Alaska. Nationally in 1998, 56% of adults aged 18 or over volunteered a total of 19.9 billion hours worth an estimated \$225.9 billion.

As state and local governments face budget shortfalls, the need for community service is becoming increasingly clear. Commonly, community service fills the gap between the private sector and the government sector by providing needed services that the government can't afford to pay for and the private sector won't pay for. The trend for state governments within the nation has been to reduce the cost of state services. Further reductions in elderly care, child care and education necessitates the extension of volunteerism within the state.

HB 355 revamps the existing Community Service Commission which currently only distributes federal Americorps funds. By expanding the role of the Community Service Commission and creating the new Alaska Community Service Program, HB 355 enhances the commission's abilities to create and assess community services within the state. As part of the program, volunteers would be rewarded for completion of successful terms of service with housing and educational vouchers. Importantly, through reinvestment in the state's volunteers, HB 355 encourages Alaskans to get involved and volunteer their time while establishing a real connection between their neighbors and the entire community.

SESSION _____
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HB

373

HB 373

TONY KNOWLES
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STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

February 10, 2000

The Honorable Brian Porter
Speaker of the House
Alaska State Legislature
State Capitol
Juneau, AK 99801-1182

Dear Speaker Porter:

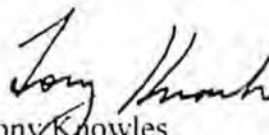
Since 1995, the Alaska Student Loan Corporation has transformed the loan program from an operation posting a \$7 million annual loss to one with a \$6.3 million net income. The exceptional success of the corporation means it is now able to pay dividends back to the state as a return of the capital contributed in 1987 when the corporation was created.

This bill I transmit today provides for the corporation to issue annual payments to the state in years when the corporate net income is at least \$2 million. The payment would be between 10 and 35 percent of the net income, subject to provisions of applicable bond indentures of the corporation.

A fitting use for the dividend income would be to fund the Alaska Scholars Program. This scholarship program at the University of Alaska rewards the top high school students in our state and offers them an opportunity to continue their higher education. The program is estimated to reach a cost of about \$3.6 million and will need general fund support by fiscal year 2002.

Alaska students have reaped great benefits from the state's student loan program. Now that the program can repay some of that investment to the state, we should continue to invest it right back into the education of our young adults. I urge your prompt and favorable action on this measure to receive payments from the Alaska Student Loan Corporation and the intent to use these receipts to fund the Alaska Scholars Program.

Sincerely,


Tony Knowles
Governor

Governor

FISCAL NOTE

No: 1

**STATE OF ALASKA
2000 LEGISLATIVE SESSION**

Bill Version: HB 373
(H) Publish Date: 2/16/00

Revision Date/Time (Note if correction)	Dept. Affected <u>EED</u>
Title <u>An Act relating to return of contributed capital, or payment of dividend, to the state by the Alaska Student Loan Corpora...</u>	BRU <u>ACPE</u>
Sponsor <u>Rules Committee</u>	Component <u>Alaska Student Loan Program</u>
Requester <u>Governor</u>	Component No. <u>18010</u>

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
----------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2000) cost: _____

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Based on current projections, the payment for FY01 could be between \$.6 million and \$2.2 million, and future years would vary in accordance with the statutory provisions and future net income amounts.

Prepared by: <u>Donna Mayfield, Exec. Secretary</u>	Phone <u>465-6740</u>
Division <u>Exec. Office</u>	Date/Time <u>2/10/00 9:30 a.m.</u>
Approved by Executive Officer <u><i>Diane Barrans</i></u> , Diane Barrans	Date <u>2/10/2000</u>
Agency <u>ACPE/ALASKA STUDENT LOAN CORPORATION</u>	

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ALASKA COMMISSION ON POSTSECONDARY EDUCATION

TONY KNOWLES, GOVERNOR

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JUNEAU, ALASKA 99801-7109
VOICE (800) 441-2962
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March 6, 2000

HB 373

The Honorable Fred Dyson, Chair
Members, Health, Education and Social Services
Committee
Alaska State House of Representatives
Room 104
State Capitol
Juneau, Alaska 99801-1182

Re: HB 373; An act relating to return of contributed capital...

Dear Chairman Dyson and HESS Committee Members:

I am writing to provide follow-up to inquires made during Commission staff testimony before you at your March 2 hearing regarding legislation creating a methodology for the Alaska Student Loan Corporation (ASLC) to return to the State contributed capital, under certain conditions.

The committee requested information regarding the ASLC's ability to use the funds proposed for a return of capital payment to either reduce interest currently being paid by borrowers, or to reduce the rate on loans made in future years.

Regarding a reduction of interest charges for existing loans, enclosed is a copy of the ASLC's 1999 Preliminary Official Statement (POS) for your review. Due to the fact that ASLC bonds are secured by the loans and the expected earnings on those loans, the option of retroactively lowering interest is not available to the Corporation. I would direct your attention specifically to pages 22 through 30 of the POS. You will note that as part of the bond sale process, the Corporation discloses a substantial amount of information about the loan program, including the specific financial terms and conditions of the pledged loans. In marketing and selling its bonds, the Corporation is essentially promising to bondholders that loans issued to back the bonds will contain certain characteristics, and that it will service and collect on the loans in its portfolio in accordance with the terms and conditions set out in the POS. If the Corporation were to reduce its future income stream by altering those loan characteristics without an outside income source to subsidize the change, we would be in violation of our bond covenants.

With reference to the potential use of the funds to further reduce future interest rates, due to the way in which interest rates are calculated, recycling the small amount of capital proposed for investment to the State would not measurably affect that rate. Alaska Student Loan interest rates are determined based on the components articulated in AS 14.43.120(f) and (v) and further defined in 20 AAC 15.945. Because the rates are tied to the weighted average of the stated interest rate on all outstanding bonds and the average program costs for the preceding five fiscal years, reducing the rate on loans is best achieved by continuing to improve the Corporation's credit standing and to reduce program costs (most significantly reducing losses due to uncollected loan principal and interest).

In light of the strength of its current financial turnaround, last November the Corporation Board met and identified four key priorities relating to the ASLC's mission in the 21st century:

- Ensure the fiscal stability and credit standing of the Corporation;
- Continue reducing interest rates to insure affordable education to residents;
- Continue reducing current fund equity deficit of \$43 million; and
- Propose a structure for an annual dividend payment to the State as a return on its capital contribution of \$306 million.

In placing the priorities in this order, the Board is expressly committing this agency to maintaining the long-term availability of the student loan programs and to insuring that educational loans in Alaska remain affordable. Subordinate to those objectives, however, they seek continued improvement in the Corporation's financial position so that the programs we fund will continue to enjoy broadbased public and legislative support, and that we will continue to improve our underlying bond rating to further reduce program costs. At the same time, as an enterprise agency of the State, the Corporation is able to begin sharing the benefits of improved operation by contributing to support general government services.

The committee also expressed an interest in both the model for determining the return of capital payments, as well as the forecasted level of payments for the next few years. Enclosed for your information is the Corporation's Statement of Projected Revenues and Expenses spreadsheet and associated notes prepared by Ms. King, Finance Officer. This provides the forecasted range of payments and illustrates the impact of the payments relative to the investment interest income stream to the ASLC.

House HESS Committee
March 6, 2000
Page - 3 -

Your inquiry regarding the scope of the Commission's administrative garnishment authority respective of regional corporation dividends has been forwarded to our Assistant Attorney General Mary Ellen Beardsley and I will advise you of her response as soon as it is received.

I hope this information is responsive and helpful in providing a context for the proposed legislation. Thank you again for the opportunity to be heard in support of this bill and for your ongoing support of our programs. Further questions can be addressed to either Ms. King or myself at 465-6757 or 465-6740, respectively.

Sincerely,



Diane Barrans
Executive Director

DB/dm

Enclosures

cc: Mary Ellen Beardsley, AAG

Alaska Student Loan Corporation
Statement of Projected Revenues and Expenses
by Fiscal Year

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
Interest income on student loans	30,371,736	29,892,946	30,287,823	30,583,561	31,314,503
Provision for loan loss and forgiveness	(6,500,000)	(6,500,000)	(6,500,000)	(6,500,000)	(6,500,000)
Operating expenses and collection fees	(7,900,000)	(7,900,000)	(7,900,000)	(7,900,000)	(7,900,000)
Operating income	<u>15,971,736</u>	<u>15,492,946</u>	<u>15,887,823</u>	<u>16,183,561</u>	<u>16,914,503</u>
Investment interest income	11,480,287	11,190,752	11,280,404	10,777,420	10,507,200
Bond interest expense	(21,601,665)	(22,156,441)	(22,380,074)	(21,983,863)	(21,727,682)
Amort. of bond discounts	(308,000)	(275,000)	(205,000)	(137,000)	(71,000)
Amort. of bond issue costs	(870,000)	(890,000)	(910,000)	(930,000)	(950,000)
Net income	<u>4,672,358</u>	<u>3,362,257</u>	<u>3,673,153</u>	<u>3,910,118</u>	<u>4,673,021</u>
Net income before return of capital (ROC)	<u>4,672,358</u>	<u>3,417,808</u>	<u>3,827,915</u>	<u>4,142,921</u>	<u>4,979,025</u>
Base year net income	-	6,348,663	4,672,358	3,362,257	3,673,153
10% ROC	-	634,866	467,236	336,226	367,315
35% ROC	-	2,222,032	1,635,325	1,176,790	1,285,603
Net equity increase/(decrease) (35% return)	<u>-</u>	<u>4,126,631</u>	<u>3,037,033</u>	<u>2,185,467</u>	<u>2,387,549</u>

** Assumes 8% rate on all new loan fundings.

NOTES TO STATEMENT OF PROJECTED REVENUES AND EXPENSES

Interest income on student loans is projected using the cashflow information prepared by Salomon Smith Barney (SSB) for the Series 1999A bond transaction and an assumed new loan funding level of \$65 million per year bearing an 8% interest rate. The SSB cashflows include the effect of a 17% default rate with all defaults occurring in the first three years of those cashflows. A default rate of 14% has been used for the new loan fundings as the SSB approach is very conservative and all new loans include certain credit enhancement provisions (i.e. borrower credit checking, etc.). Permanent fund dividend receipts (PFD) are assumed to be \$13 million for each year. PFD's are allocated between principal and interest using a 60/40 split.

Provision for loan loss is estimated using the 14% default rate less the loan origination fee. A **forgiveness** component of \$650,000 is also included.

Operating expenses and collection costs remain flat. Collection costs are expected to decline in future years. It's assumed that the collection cost decrease offsets the cost of living increase in operating expenses.

Interest income on investments is calculated on the using an average rate of 5%.

Interest expense on bonds includes the following new issues:

- \$40 million estimated to close 6/2000
- \$30 million estimated to close 6/2001
- \$23 million estimated to close 6/2002
- \$40 million estimated to close 6/2003

Amortization of bond discounts/premiums assumes that all future bonds are issued at par, therefore, no additional discount or premium to be amortized is included.

Amortization of bond issue costs is assumed to increase by \$20,000 each year.

HB

375

1-LS1323H ✓
Luckhaupt
3/28/00

CS FOR HOUSE BILL NO. 375()

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIRST LEGISLATURE - SECOND SESSION

BY

Offered:

Referred:

Sponsor(s): REPRESENTATIVE KAPSNER

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to abuse of inhalants."

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 caused by gross negligence or intentional misconduct.

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

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

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

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

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

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

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

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

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

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

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

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

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

1 despite the adverse consequences;

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

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

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

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

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

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

11 (i) gasoline;

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

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

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

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

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

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

A M E N D M E N T

OFFERED IN THE HOUSE

BY REPRESENTATIVE KAPSNER

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

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

Representative Mary Sattler Kapsner

State Capitol • Juneau, Alaska 99801-1182

Phone: (907) 465-4942 • Fax: (907) 465-4589

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House District 39

Lower Kuskowkim and Upper Bristol Bay

Resources Committee
Fisheries Committee
Regulation Review Committee

Akiachak

Akiak

Aleknagik

Atnautluak

Bethel

Chefornak

Clarks Point

Dillingham

Eek

Ekuk

Ekwok

Goodnews Bay

Kasigluk

Kipnuk

Koliganek

Kongiganak

Kwethluk

Kwigillingok

Manokotak

Napakiak

Napaskiak

New Stuyahok

Nunapitchuk

Oscarville

Platinum

Portage Creek

Quinhagak

Togiak

Tuntutuliak

Twin Hills

Sponsor Statement

CS FOR HOUSE BILL NO. 375 ()

"An Act relating to abuse of inhalants"

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

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

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

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

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

Thank you for your consideration

FISCAL NOTE

STATE OF ALASKA
2000 LEGISLATIVE SESSION

BILL NO. HB 375

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

Expenditures/Revenues (Thousands of Dollars)

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

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

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

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

Estimate of any current year (FY2000) cost: 0.0

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

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

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

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Anchorage Daily News

Monday, March 27, 2000

Bethel meeting to pull huffing from shadows

By MAUREEN CLARK
The Associated Press

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The alternative is costly.

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

MICHAEL DINNEEN / The Associated Press

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

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Bethel hosts 3rd annual Inhalant Abuse Prevention Conference

By John Active

Tundra Drums

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

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

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

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

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

group started out with only nine participants.

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

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

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

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

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

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

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

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

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

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

— Paul John

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

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

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

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

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

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

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

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

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

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

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

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

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE

TONY KNOWLES, GOVERNOR

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April 11, 2000

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

Dear Representative Dyson and Committee Members:

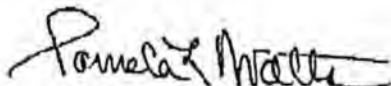
On behalf of the Advisory Board on Alcoholism and Drug Abuse I encourage your support of legislation such as CS for HB 375 introduced by Rep. Mary Kapsner, that addresses the serious need for intervention and treatment of individuals using inhalants with the intent of causing mood alteration or dulling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

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

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

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

Sincerely,



Pamela L. Watts
Executive Director

STATE INHALANT LEGISLATION


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

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

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

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

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

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States with Current Inhalant Statutes

Confirmed as of January 1999

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

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

Article - Crimes and Punishments

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§ 301.

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

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

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Maryland

Health and Safety Code

Sec. 484.001. Definitions.

In this chapter:

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

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

Sec. 484.003. Possession and Use: Criminal Penalty.

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

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

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

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

Sec. 484.004. Inhalant Paraphernalia: Criminal Penalty.

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

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

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

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

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

(a) A person commits an offense if:

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 484.007. Summary Forfeiture.

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

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

Sec. 485.001. Definitions.

In this chapter:

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

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

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

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

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

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

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

Sec. 485.017. Signs.

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

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

B misdemeanor.

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

Sec. 485.031. Possession and Use.

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

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

(2) designed to:

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

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

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

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

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

Sec. 485.034. Inhalant Paraphernalia.

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

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

(1) knowingly or intentionally:

(A) delivers or sells inhalant paraphernalia;

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

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

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

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

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

Sec. 485.038. Summary Forfeiture.

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

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

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

Heading

70th OREGON LEGISLATIVE ASSEMBLY--1999 Regular Session

Enrolled

House Bill 3276

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

CHAPTER229

Title

AN ACT

Relating to inhalants; and declaring an emergency.

Code

Full Text

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

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

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

[A> (A) Acetone; <A]

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

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

[A> (D) Butane; <A]

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

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

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

[A> (H) Chloroform; <A]

[A> (I) Cyclohexanone; <A]

[A> (J) Difluoroethane; <A]

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

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

[A> (M) Hexane; <A]

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

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

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

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

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

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

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

[A> (U) Trichloroethylene; <A]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Digest

IHPP Information

System Information

Maine

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

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

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

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

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

[1997, c. 325, §1 (new).]

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

[1997, c. 325, §1 (new).]

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

[1997, c. 325, §1 (new).]

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

[1997, c. 325, §1 (new).]

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

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

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

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

[1997, c. 325, §1 (new).]

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

[1997, c. 325, §1 (new).]

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



Idaho Statutes

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Available Reference: [Search Instructions](#).

TITLE 18
CRIMES AND PUNISHMENTS
CHAPTER 15

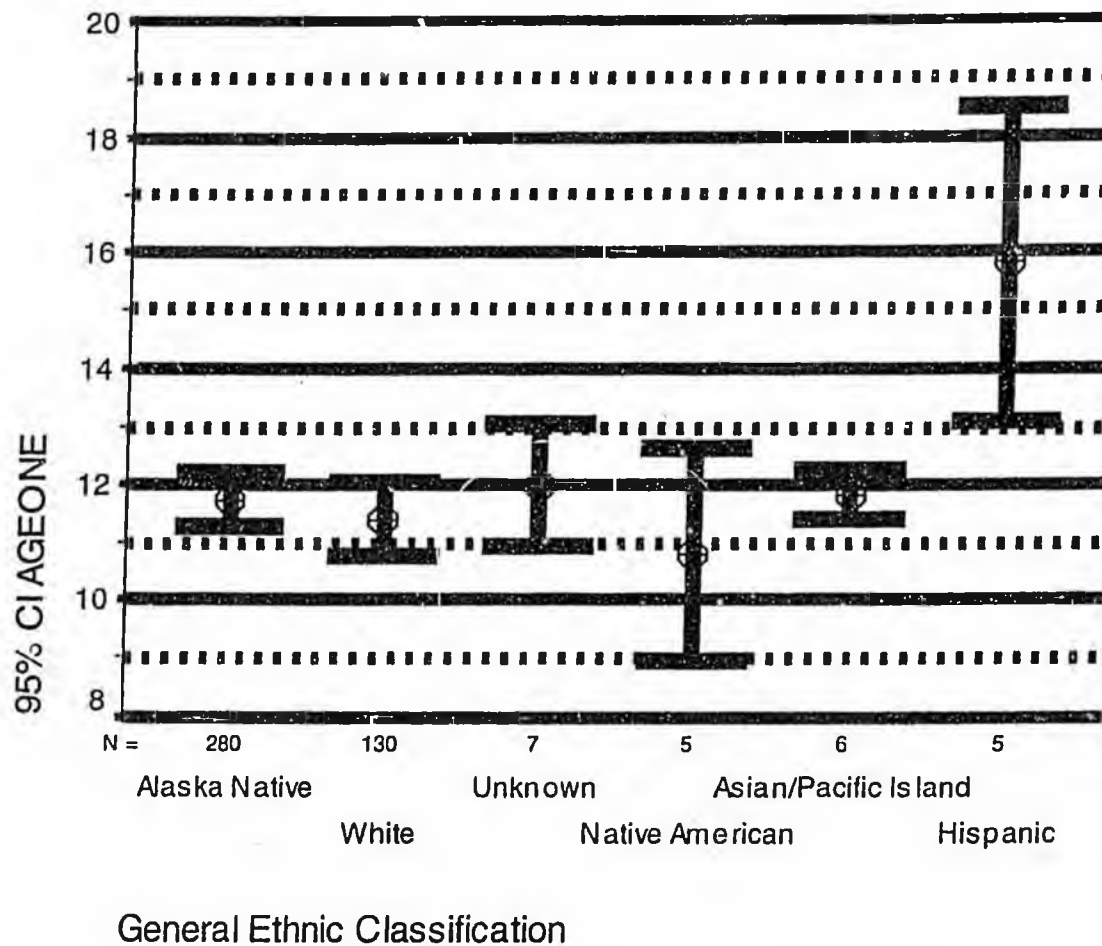
CHILDREN AND VULNERABLE ADULTS

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

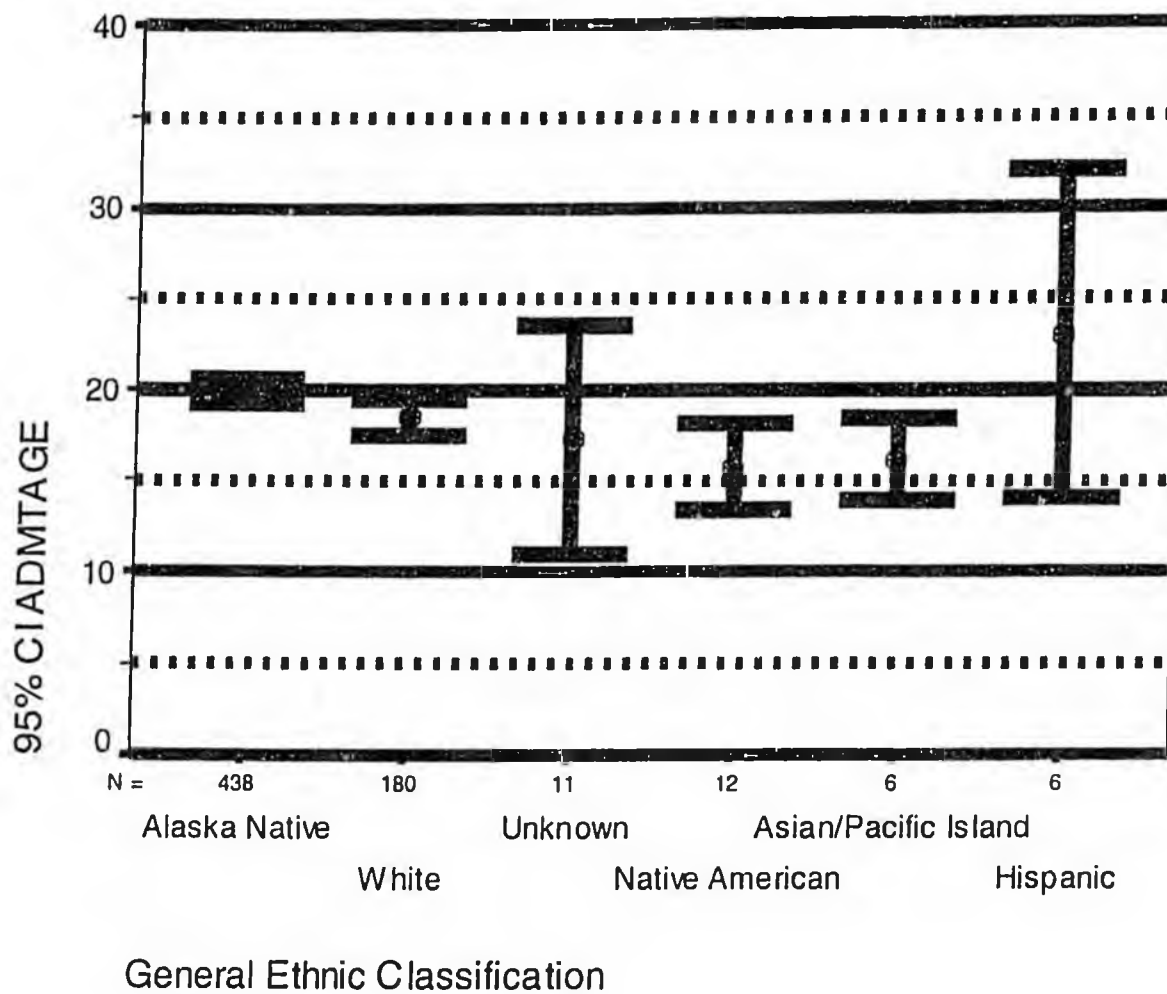
For the purposes of this section, the term "inhalant" means any glue, cement or other substance containing one (1) or more of the following chemical compounds: acetone and acetate, amyl nitrite or amyl nitrate or their isomers, benzene, butyl alcohol, butyl nitrite, butyl nitrate or their isomers, ethyl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

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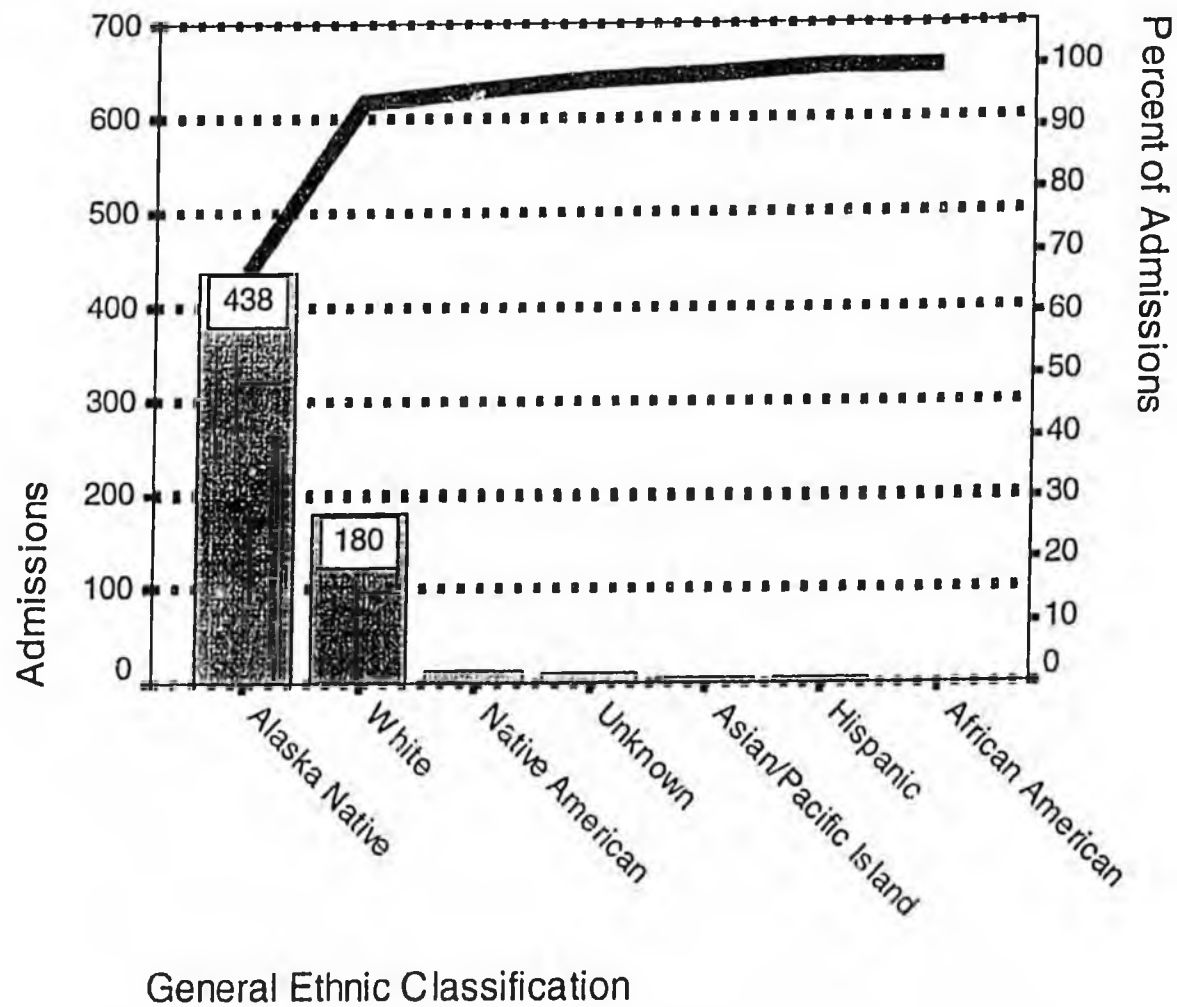
Inhalant Abuse: Average Age of First Use - Alaska MIS 1988-1999



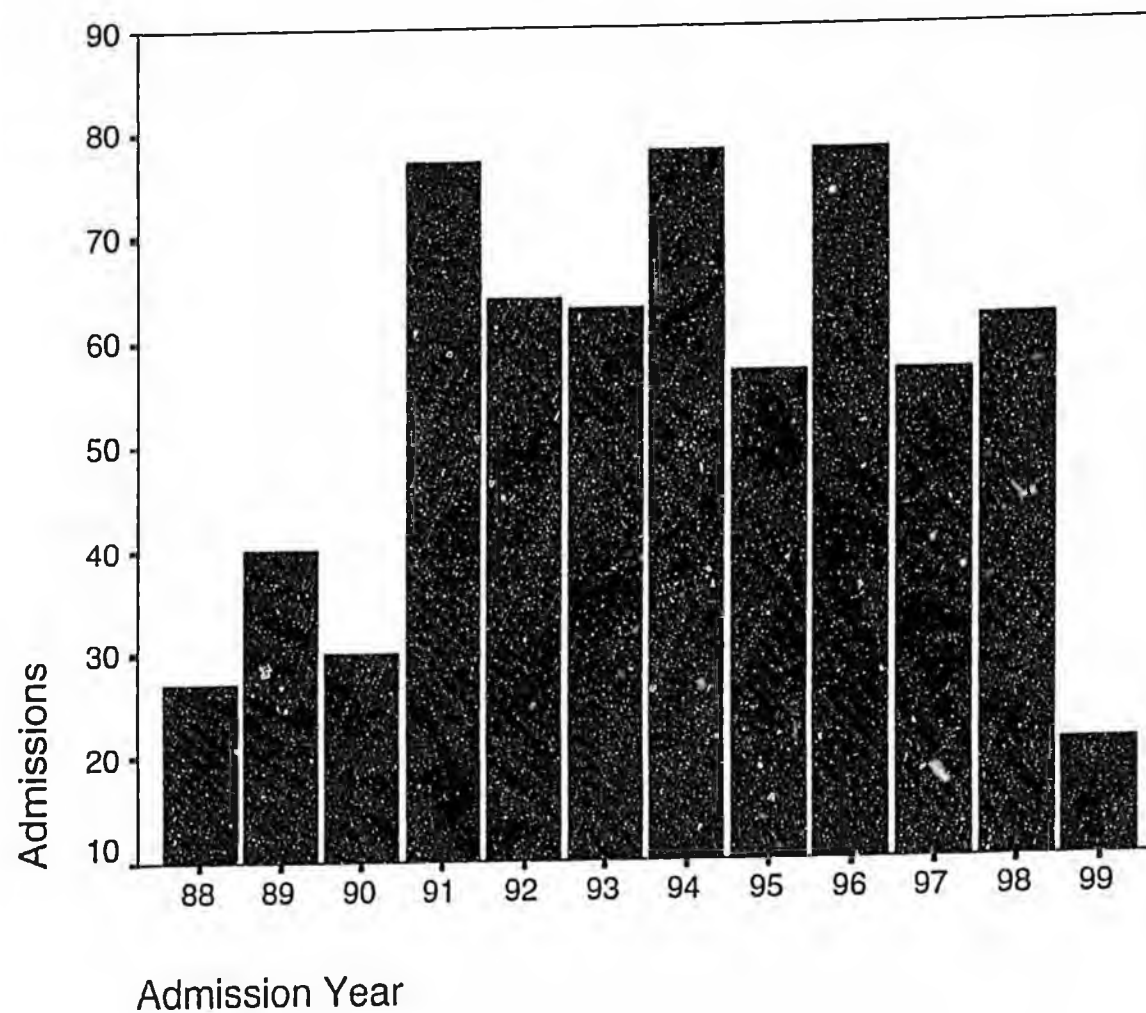
Inhalant Abuse: Average Age at Admission - Alaska MIS 1988-1999



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



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



ABOUT INHALANTS

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



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

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

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

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

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

for more details.

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

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

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

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

National Inhalant Prevention Coalition
1201 W. Sixth Street, Suite C-200
Austin, Texas 78703
phone: 800-269-4237 or 512-480-8953
fax: 512-477-3932
e-mail: nipc@io.com

 HOME PAGE

National Inhalants & Poisons Awareness Week March 1999



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

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

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

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

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

Inhalant Abuse in Alaska Fast Facts

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

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

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

The prevention recommendations included:

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

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

In regard to treatment there were two recommendations:

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

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

Prevention, Early Intervention & Aftercare

(A Community Affair)

By: Scot Prinz, MA
Alcohol & Behavioral Health Consultant
Alaska Native Tribal Health Consortium
(March 2000)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

↳ For Parents:

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

↳ For Schools:

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

↳ For Businesses:

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

↳ For the Community:

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

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

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

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

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

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

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

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

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

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

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

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

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

The roles and responsibility for this model are seen as:

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