

ALASKA LEGISLATURE COMMITTEE FILES 1999-2000 86/2

9869 HOUSE JUDICIARY

1 26 U.S.C. 403(a), 26 U.S.C. 403(b), 26 U.S.C. 408, 26 U.S.C. 408A, or 26
2 U.S.C. 409 (Internal Revenue Code);

3 (B) a medical savings account under 26 U.S.C. 220; or
4 (C) a deferred compensation plan under 26 U.S.C. 457.

5 * **Sec. 6.** AS 09.38.020 is amended by adding a new subsection to read:

6 (f) In addition to the exemptions allowed under AS 09.38.015(a) and the
7 exemption for liquid assets under AS 09.38.030, an individual is entitled to an
8 exemption of cash and other liquid assets up to \$8,075. In this subsection, "liquid
9 assets" includes deposits, securities, notes, drafts, accrued vacation pay, refunds,
10 prepayments, and receivables, but does not include property identified under (a) of this
11 section.

12 * **Sec. 7.** AS 09.38.025(a) is repealed and reenacted to read:

13 (a) Except as provided in this section or AS 09.38.017, an individual is entitled
14 to an exemption of \$250,000 in the total combined value of the cash surrender value
15 of all life insurance policies and annuity contracts owned by the individual, unless the
16 life insurance policies or annuity contracts were entered into for the benefit of a
17 creditor.

18 * **Sec. 8.** AS 09.38.025 is amended by adding new subsections to read:

19 (c) A beneficiary of a life insurance policy or annuity contract is entitled to
20 an unlimited exemption of all proceeds of life insurance policies and annuity contracts
21 that are payable on the death of an insured to the beneficiary, other than those
22 proceeds that are paid to the insured's estate.

23 (d) If the life insurance policies and annuity contracts of an individual have
24 accrued dividends and loan values available to the individual that aggregate more than
25 \$250,000, a creditor of the individual may obtain a court order that requires the
26 individual or the beneficiary of the policy to pay the creditor and that authorizes the
27 creditor on the debtor's behalf to obtain payment of the amount of the accrued
28 dividends and loan values that exceed \$250,000 or the amount of the creditor's claim,
29 whichever amount is less.

30 * **Sec. 9.** AS 09.38.055 is amended to read:

31 **Sec. 09.38.055. Bankruptcy proceedings.** In a proceeding under 11 U.S.C.

1 (Bankruptcy) only the exemptions under AS 09.38.010, 09.38.015(a) and (e),
2 09.38.017, 09.38.020, 09.38.025 and 09.38.030 apply.

3 * **Sec. 10.** AS 09.38.060(a) is amended to read:

4 (a) If property, or a part of it, that could have been claimed as [AN EXEMPT
5 HOMESTEAD UNDER AS 09.38.010,] a burial plot under AS 09.38.015(a)(1), a
6 health aid under AS 09.38.015(a)(2), or personal property subject to a value limitation
7 under AS 09.38.020(a)(1) [,] or (2) or (c) [09.38.020(c)], has been taken or sold by
8 condemnation, or has been lost, damaged, or destroyed and the owner has been
9 indemnified for it, the individual is entitled to an exemption of proceeds that are
10 traceable for 12 months after the proceeds are received. If property, or a part of it,
11 that could have been claimed as an exempt homestead under AS 09.38.010 has
12 been voluntarily sold, has been taken or sold by condemnation, or has been
13 damaged or destroyed and the owner indemnified for the damage or destruction.
14 the [AN] individual is entitled to an exemption of proceeds of the property, [FROM
15 THE VOLUNTARY SALE OF AN EXEMPT HOMESTEAD UNDER AS 09.38.010]
16 that are traceable for 24 [SIX] months after the proceeds are received. The exemption
17 of proceeds under this subsection does not entitle the individual to claim an aggregate
18 exemption in excess of the value limitation otherwise allowable under AS 09.38.010
19 or 09.38.020.

20 * **Sec. 11.** AS 09.38.115(a) is amended to read:

21 *Delete* (a) The dollar amounts in this chapter change, as provided in this section,
22 according to and to the extent of changes in the Consumer Price Index for all Urban
23 Consumers for the Anchorage Metropolitan Area compiled by the Bureau of Labor
24 Statistics, United States Department of Labor (the index). The index for January of *annual average of the index for*
25 1998 is the reference base index for the dollar amounts in AS 09.38.010(a),
26 09.38.020(f), and 09.38.025(a) and (d), and ~~the index for January of~~ 1982 is the *average annual of the index for*
27 reference base index for the other dollar amounts in this chapter.

28 * **Sec. 12.** AS 09.38.115(b) is amended to read:

29 *Delete* (b) The dollar amounts change on October 1 of each even-numbered year if
30 the percentage of change, calculated to the nearest whole percentage point, between
31 the index for January of that year and the most recent index used to change the *average annual of the index for the year preceding that even-numbered*

1 exemption amount, is ~~portion of the percentage change in the~~

2 (1) the ~~portion of the percentage change in the index in excess of a~~
 3 ~~multiple of 10 percent is disregarded and the~~ dollar amounts change only in multiples
 4 of ⁵⁰⁰~~10~~ percent of the amounts appearing in this chapter on the effective date of this
 5 Act for the dollar amounts in AS 09.38.010, 09.38.020(f), and 09.38.025(a) and (d)
 6 and on August 26, 1982, for the other dollar amounts in this chapter; and

7 (2) the dollar amounts do not change if the amounts required by this
 8 section are those currently in effect as a result of earlier application of this section.

9 * **Sec. 13.** AS 09.38 is amended by adding a new section to read:

10 **Sec. 09.38.130. Treatment of certain trusts.** A trust is treated as an
 11 individual when applying the provisions of this chapter if the trust is revocable by the
 12 person creating the trust or if the income of the trust is taxable to the individual
 13 creating the trust under the grantor trust rules of 26 U.S.C. 671 - 678.

14 * **Sec. 14.** AS 09.38.030(e)(4) is repealed.

15 * **Sec. 15.** The uncodified law of the State of Alaska is amended by adding a new section
 16 to read:

17 **TRANSITION.** Notwithstanding AS 09.38.115(b), as amended by sec. 12 of this Act,
 18 the dollar amounts in AS 09.38.010(a), 09.38.020(f), and 09.38.025(a) and (d), as amended
 19 in secs. 1 and 6 - 8 of this Act, do not change in 2000.

20 * **Sec. 16.** This Act takes effect immediately under AS 01.10.070(c).

EXEMPTION STATUTE

SPONSOR'S STATEMENT

This bill increases the dollar amount of specified assets which an Alaskan resident can retain free of creditor claims. It also provides protection for certain assets not previously covered by existing law. The protection which this bill affords Alaska residents is by no means as expansive as the laws of other states but is a vast improvement over our existing law. The justification for an exemption lies in a public policy decision that certain assets should be beyond the reach of creditor claims if a person is unable to repay the creditor. For instance the homestead exemption expresses a public policy decision that an individual is entitled to keep a certain amount of equity in a home free of a creditor claim that might have arisen from a rogue jury verdict or a catastrophic medical illness. At the same time it should be noted an exemption statute has no effect on a lender who secures the debt because the debt will always be repaid to the extent of the collateral securing the loan.

This bill changes the dollar amounts of our existing exemption statute with respect to the homestead exemption and life insurance. The homestead exemption is increased from the present amount of \$63,000 to \$250,000 per individual. This dollar amount tracks the same dollar amount which is exempt from federal income tax on the sale of a residence. At the present time 13 states give its citizens greater homestead protection than that given to Alaskan residents. Of these 13 states, Florida, Iowa, Kansas, Oklahoma and Texas give its citizens an unlimited homestead exemption. This bill also increases the exemption for the cash value of all life insurance policies and/or annuity contracts owned by an individual to \$250,000 and provides an unlimited exemption for the proceeds on a life insurance contract or annuity paid to a beneficiary. This furthers the public policy goal of providing financial protection for the insured's beneficiaries in the event of death, as well as providing an additional means of saving for retirement.

Several new exemptions are provided for in this bill. The first of these pertains to reserves established by condominium associations. At the present time these are not protected. If a creditor of an association were to receive a judgment in excess of the insurance coverage maintained by the association and the reserves were taken by the creditor, there would be no money left to pay the common bills or provide for the repair of common structures. This could result in a dislocation of the residents and a potentially huge problem for the public. Residents of condominium associations should have the security of knowing their dues will be used for the purposes intended. Secondly, this bill adds deferred compensation plans established for government employees as a protected retirement asset. Current law is grossly unfair to governmental employees because deferred compensation plans, which are akin to the 401(k) plans found in private enterprise, do not have any protection under current law. This section would put governmental 457 plans on an equal footing with other retirement plans. Thirdly, there is a new exemption which allows an individual to retain a minimal amount of cash which might be necessary to pay for the following month's rent and living expenses. This dollar amount follows the exemption now found for cash under federal bankruptcy law.

EXEMPTION STATUTE

SECTIONAL ANALYSIS

Sections 1 and 2. Proposed change with respect to the homestead exemption under AS 09.38.010.

It is said a person's home is his/her castle. States have acknowledged this fact by passing exemption statutes which are meant to protect an individual's home from creditor claims. An exemption statute is typically meant to provide the homeowner protection against creditors which might arise from a rogue jury verdict or a catastrophic medical illness. The exemption statute has no effect on a lender which lends money secured by a deed of trust on the home. To the extent the debt is in default the lender will continue to be able to foreclose on the deed of trust and take back the home in satisfaction of its loan.

15 states give its citizens greater homestead protection than that given to Alaskan residents. Of these 15 states, Florida, Iowa, Kansas, Oklahoma, Texas and South Dakota grant its citizens an unlimited homestead exemption.

The homestead exemption for the state of Alaska was last amended in 1988 and although a cost of living increase is in effect the present exemption is still only \$63,000.

The proposed change intends to track the change made in federal income tax law by the Taxpayer Relief Act of 1997 for the sale of a principal residence. This Act provides relief to individuals from the confiscatory effect of income tax on the sale of a principal residence by providing an exclusion of up to \$250,000 (\$500,000 in the case of married taxpayers filing a joint return) of gain realized on a sale or exchange. In addition this gain can be excluded once every two years. In the same manner as Congress and the President have seen fit to protect principal residences from taxation, this bill proposes to protect principal residences owned by Alaskan residents, by increasing the exemption from the present amount to a new amount of \$250,000 per individual.

Section 3. Clarification of sales procedures relating to homestead exemption.

Our current statute has a glitch which does much to undermine our present homestead exemption. Under current law a creditor can force the sale of the homestead for an amount less than the exemption. Unless the debtor has the funds to repurchase the homestead, then the creditor could be the high bidder at the execution sale and get the homestead for an amount that is less than the exemption. This possibility is eliminated under this proposed section. This section provides that the court shall enter an order confirming the execution sale unless "the sale price under the execution is less than the amount of exemption." Therefore, under the proposed bill a court could not confirm the sale of a homestead if the highest bid at sale was less than the homestead exemption.

Sections 4 and 9. Protection for deposits held in name of condominium associations.

The additional protection for condominium associations and like associations is meant to protect against the circumstance of a condominium association being sued and having its deposits attached, leaving its owners with insufficient resources to maintain its structures. All condominium associations charge the individual owners monthly dues and special assessments which are then used to provide for the continued maintenance of common areas. Most condominium associations plan for projects in advance, (for instance the repair of a roof), by reserving sufficient amounts in their budgets to pay for these projects. These projects promote the general good. Without this protection the forfeiture of an association's deposits and its subsequent inability to pay utility bills and bills needed to maintain the structural integrity of the premises could result in the dislocation of its occupants or at the very least subject its occupants to an increased likelihood that structural integrity of the premises will not be maintained because of lack of funds to pay for maintenance. Moreover, this exemption would not inure to the benefit of any one individual but only to the common good because no one owner who pays monthly dues to a condominium association ever expects to receive anything back other than the continued structural integrity and safety of the premises, which are being paid for by these dues.

Section 5. Protection of governmental deferred compensation plans.

This section adds medical savings accounts and deferred compensation plans established for government employees as retirement accounts protected under current law. The provision for medical savings accounts will have limited application as they are fairly rare. However current law is grossly unfair to governmental employees because deferred compensation plans which are akin to the 401(k) plans found in private enterprise, do not share the same protection under the law. This section would change that and put 459 plans on an equal footing with other retirement plans.

Section 6. Limited cash exemption.

Presently there is no provision under Alaska law for the protection of a minimal amount of cash which might be necessary to pay for the following month's rent and living expenses. This section follows the exemption now found for cash under the federal bankruptcy law exemptions and provides that at least a minimal amount of cash can be protected for the payment of necessities.

Sections 7 and 8. Proposed change for exemption of life insurance and annuity contracts under AS 09.38.025.

The present exemption for life insurance policies (\$10,000) is unrealistically low and fails to take into account the possibility that an individual's may no longer be insurable since the date an original policy was purchased. As a result, the only insurance protection which an insured might have is through the continuance of an existing whole life policy, which also results in a continual build-up of the cash surrender value of that policy. By the same token, annuity contracts provide protection for an individual's retirement as well as protecting the beneficiaries to whom an annuity might be ultimately be paid at death. Almost every state in the country provides

unlimited protection for either the owner of an insurance policy or the beneficiaries. In many states, unlimited protection is provided for both the owner and the beneficiaries. It is commonly recognized that insurance is necessary to prevent dependent family members from becoming public charges should an untimely death occur and in this respect both the cash value of said policies and the proceeds of said policy are protected to the extent indicated.

This section increases the exemption for the cash value of all life insurance policies and/or annuity contracts owned by an individual to \$250,000 and provides an unlimited exemption for the proceeds on a life insurance contract or annuity paid to a beneficiary.

Section 10. Tracing of assets permitted for limited time period.

This section changes AS 09.38.060 by increasing the tracing period with respect to an exempt homestead from the present 12 month/6 month period to 2 years, as is now provided in federal tax law.

Sections 11 and 12. Indexing of dollar amounts for inflation.

This section continues prior law by providing the dollar amounts will continue to change in accordance with the Consumer Price Index.

Section 13. Definition of individual to include certain trusts created by the individual.

The section takes into account the growing popularity of a revocable living trust as a will substitute, and recognizes the fact that the same exemptions afforded an individual when an asset is held individually in that person's name should also be extended should an asset be held in the name of that person's revocable trust. This section extends similar treatment to an irrevocable trust created by a grantor if the grantor is treated as the owner of the trust for federal income tax purposes under the grantor trust rules of the Internal Revenue Code.

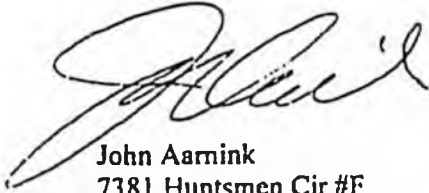
February 25, 2000

Representative Norman Rokeberg
House of Representatives
State Capital
Juneau, Alaska 99801-1182

Dear Representative Rokeberg,

I am President of the "Foxwood 83" homeowners Association in Anchorage. I represent 184 homeowners. Please enter our support for House Bill 369, Sponsored by Rep. John Harris, specifically Sec. 4.

Thank you,



John Aamink
7381 Huntsmen Cir #F
Anchorage, Alaska 99518

RECEIVED
FEB 25 2000

FAX - MEMO
NUMBER OF ADDITIONAL PAGES - *2*

TO: Rep Niam R. DeBorja
FROM: JIM THIELE, CFP
Financial Network
4041 B Street, Ste 209
Anchorage, AK 99507
(907) 562-2658
FAX (907) 562-7698
E mail address: JTHIELE@MICRONET.NET



RE: HB 369

Just Had a chance to review the
proposed changes to the exemption statute -
Please record my support for this bill -
it should greatly benefit the
majority of my clients.

Chamberlain

RECEIVED
FEB 28 2000

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FISCAL NOTE

STATE OF ALASKA
2000 LEGISLATIVE SESSION

BILL NO. HB 369

Revision Date/Time (Note if correction) _____	Dept. Affected _____	Law _____
Title <u>"An Act relating to property exemptions under the Alaska Exemptions Act; and providing for an effective date."</u>	BRU _____	Civil Division _____
Sponsor <u>Representative Harris</u>	Component <u>Collections & Support</u>	Commercial _____
Requester <u>House Labor and Commerce Committee</u>	Component No. <u>2210;2211</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 369 increases the homestead property exemption, whether in bankruptcy or affected by executions, from \$54,000 to \$250,000. In addition, current law limits the exemption applied to property held in joint ownership, and used as principal residence by at least one of the owners or their dependents, to \$54,000 in total. This bill will entitle each owner to the \$250,000 exemption. In addition to existing exemptions for certain personal property, an individual exemption of \$8,075 for cash and defined liquid assets would be permitted under this bill.

The Department of Law does not anticipate this bill will have a fiscal impact on its collection of debts owed the state, because the debts are either excepted from this statute, or secured.

Prepared by: <u>Joan M. Kasson</u> <i>Joan M. Kasson</i>	Phone <u>465-5370</u>
Division <u>Attorney General's Office</u>	Date/Time <u>2/25/00, 1:37 PM</u>
Approved by <u>Commissioner</u> <i>[Signature]</i> <u>Bruce M. Botelho, Attorney General</u>	Date <u>2/25/00</u>
Agency <u>Department of Law</u>	

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HEB

372

A. Campanetti

① State v. Chaney - sentencing guidelines this bill would allow all goals except 2 to be ignored

solution = add lang mimicking Chaney goals into section 1.

② Fairness issues should 1 person get more or less than another for same crime

③ who speaks for community where no victims

12.55.005 - Chaney factors

④ concern re: victims attny not provided for if pub. advocate

⑤ Domestic violence cases where there's a power imbalance

⑥ when would this occur b/c most As won't enter plea of guilty until they know what sentence will be.

SOLUTION (you could)

- add in Chaney factors specifically as goals in Sec 1

- not negotiation

- remove its application to domestic violence or crimes involving children, remove application to felonies 18-66. 990 cross-references

06-05-90
H. 46

Sponsor Statement for House Bill 372

Alaska's Constitution is one of the few state founding documents to specifically recognize restitution and rehabilitation as primary goals of the correctional services.

HB 372 is a small first step towards promoting the values of restorative justice, a philosophy that is proving a highly successful response for low-impact non-violent offenders in other areas. The central theme of restorative justice is accountability for the offender, restitution for the victim and reconciliation for the community. These are big words to say that the offender says, "I'm sorry", the victim gets his car fixed, and the community is allowed the chance to meet the offender and enforce the sanction.

HB 372 is careful to specify that only willing, non-violent offenders may be considered for a community-based sentence, and only with a court's approval would the sentence have the force of law. Judicial review of these cases is important to ensure that similar offenses are countered with proportionate sentences.

Over the past twenty years, states across the nation have responded to citizen concerns about crime and punishment with presumptive or proscriptive sentencing laws intended to keep more people behind bars longer. In many cases this was an appropriate response to violent offenders who repeatedly violated persons and their communities.

This trail'em, nail'em, jail'em philosophy, as we are now learning, is very expensive. Corrections is overwhelmed with inmates sentenced for long periods of time with limited possibilities for parole. Those that successfully complete their terms are often quick to re-offend creating more harm and more costs. In cases where the victim wishes to be involved and repaid by a non-violent offender, there may be room for a more cost-effective community response while still upholding the state's primary interest in public safety.

It is worth noting that traditional societies world wide have almost universally focused their justice systems on forcing the perpetrator to restore the victim to a pre-offense condition, to the degree possible. All Alaska Native groups enforced restorative principles to some extent and the Tlingit and Haida Indians had elaborate protocols for adjudicating offenses. Several Alaska and Yukon judges are now working with local volunteers to arrange for community-based, or "circle" sentencing in a few rural areas.

INNOVATIVE JUSTICE



MARC LESTER / Anchorage Daily News

"I had to see the place where he died," Arlene Soxie, a health aide from Unalakleet, told Anchorage police detective Joe Hoffbeck during a memorial visit to the Anchorage motel where her 30-year-old son was killed last November. Henry Ongtowsruk, diagnosed

as a teenager with schizophrenia, kept his appointments at the mental health court, but he exhibited such bizarre and occasionally violent behavior that his caseworker couldn't find a program or group home willing to accept him.

By SHEILA TOOMEY
Daily News reporter

The woman in the near empty courtroom wore handcuffs and the faded red of the psychiatric unit at Hilland Mountain prison. She was round and pretty and the red went well with her coal black hair.

Her diagnosis was "persistent psychosis," which means even strong medicine won't subdue all her symptoms. And sometimes she drinks too much. She was back in court because she attacked a therapist at the treatment center she was sent to after an earlier arrest.

"I really would like to find out why I do this," the woman told Judge Stephanie Rhoades.

She sounded puzzled, plaintive. "Me, myself, I don't have a good reason why I attack people," she said. "It's voices but it's not voices ... I don't want to have this," she said.

"Whatever it is."

A stranger to court procedure might not

Anchorage judges find new ways to slow the revolving door of defendants

See Page A-4, DISTRICT COURT



District Judge Stephanie Rhoades tells a mentally ill defendant that it is a simple choice: Follow a few rules or go back to jail. Rhoades said the mental health court is the highest use of her judicial power to inch a chronic defendant toward a lawful, healthier life.

Support

BOB HALLIEN / Anchorage Daily News

DISTRICT COURT: Judges tap new ways to solve old problems

Continued from Page A-1

have noticed that the judge and the defendant spoke directly to each other and at length. Her lawyer remained silent at her side. That's not the way it usually works.

□

In another courtroom on another day, a young man told Judge James Wanamaker that once he was able to drink all the time and still maintain a respectable life. He was a party animal in college, he said, but "I was a functional person, a hard-working guy."

No more. Thanks to his drinking, he had been arrested again, this time for malicious destruction of property.

"I really was trying hard," he said. He was polite and well spoken. He was in his 20s but the accelerated aging of the chronic boozer already showed in his face.

After an earlier arrest, the man signed on to Wanamaker's experimental naltrexone program. Naltrexone is a drug that kills the craving for alcohol in most people who take it as part of a sobriety program. It doesn't work with everyone and often not the first time.

Wanamaker could have sent the young man to jail for a couple of months and closed the case. He had broken the rules of his probation. But the judge knew relapse is part of recovery. He left the man in jail over the New Year's weekend, away from temptation. In another week, judge and defendant would talk again and work out new rehab plans.

□

In yet another courtroom,



common.

But District Court has always been a revolving door. So what has changed? Attitude, it seems. The current crop of judges is relatively new and less willing to accept doing business as usual.

With its big volume and scant prestige, District Court hasn't always attracted the best and the brightest. It was often a dead-end job; misdemeanor judges rarely got appointed to a higher court.

Seven of the nine current judges have been on the job for less than 10 years. Six of them were appointed by Gov. Wally Hickel between 1991 and 1994. Hickel said recently that he used a special standard for his District Court appointments. "That court deals with human problems, with families," he said. "I didn't care what the resume said. I wanted people who cared about people."

Whatever the reason, judges like Rhoades, Wanamaker and Ashman, with support from presiding Judge John Lohff and encouragement from the municipal prosecutor's office are crossing lines that judges rarely cross, using the power of the bench to convince and coerce recidivists into lawful lives.

SMALL STEPS

Rhoades, a former prosecutor named to the bench in 1992, runs the only officially supported and the most successful experiment to date.

The idea is simple: Identify defendants whose criminal behavior seems to be a result of mental illness. Put them on long-term bail or probation and supervise them closely as they take



District Judge Peter defendants.



But the judge knew relapse is part of recovery. He left the man in jail over the New Year's weekend, away from temptation. In another week, judge and defendant would talk again and work out new rehab plans.

In yet another courtroom, a group of people who rarely get to talk in court were invited to help Judge Peter Ashman fashion a sentence for a North Slope equipment operator, a hard-working father of five convicted of 15 alcohol-related crimes over a dozen years. Increasingly harsh punishment had not convinced him to change his behavior.

After much debate, the circle of family members, law enforcement officers, and people from victim groups concluded the defendant should be encouraged to continue his rehabilitation and spend only a minimum amount of time in jail.

The circle sentencing, an experiment by Ashman, took six hours over three days. People argue that the system can't spend so much time on a routine misdemeanor, the judge said later. "What takes so much time is processing the same people over and over again."

Once dismissed as "mondo misdemeanor," a place where meatball justice is doled out in five-minute servings to people who haven't done anything too awful, Anchorage District Court today is edgy and creative, almost visionary as courts go.

Rhoades' mental health court is one of only three in the country.

A few judges in other states are offering naltrexone to alcoholics as an alternative to more jail time, but the idea of judges expanding into areas usually reserved for social workers is not universally popular. Wana-maker and the municipal prosecutor's office got his program going with a minimum of official support.

Ashman's circle sentencing was an exploratory effort at therapeutic or restorative justice, something that is talked about in professional journals a lot more than it's used.

The blossoming of innovation at Fourth Avenue and K Street is the result of a handful of judges who are frustrated at seeing the same people show up in their courtrooms year after year charged with one petty crime after another. They say they think there must be a more effective way to deal with them.

These persistent customers are almost always "but for" cases: But for alcohol but for drugs, but for mental illness, they would not be trespassing, destroying property, vandalizing some stranger's car or getting in fights with other people like themselves.

For these defendants, "it's clear the traditional approach doesn't work," Rhoades said.

Last year, the nine district judges handled 22,768 cases — drunken driving, domestic violence, minor assaults, trespassing, vandalism, shoplifting and small civil claims. The longest sentence possible for any single charge is a year. A few days or a few weeks are more

rhoades, a former prosecutor named to the bench in 1992, runs the only officially supported and the most successful experiment to date



BOB MALINEN / Anchorage Daily News

Laura Brooks, a caseworker for the Department of Corrections, recommends action for mentally ill defendants in Judge Stephanie Rhoades' courtroom. Brooks comes to court with the defendants and reports on their progress.

The idea is simple: Identify defendants whose criminal behavior seems to be a result of mental illness. Put them on long-term bail or probation and supervise them closely as they take small steps toward getting their lives under control.

These are people routinely subject to "mercy arrests" by police who worry about them freezing to death, hurting someone or getting hurt themselves. They are often homeless and are rarely focused enough to negotiate the social welfare system on their own. There is no place for them to go but jail.

America started emptying out its mental hospitals in the 1970s on the theory that, with some assistance, most patients could live in less restrictive, more humane settings. Unfortunately, the better settings rarely materialized and huge numbers of the mentally ill became victims of the streets.

Charged with trespassing or some other nuisance misbehavior, these chronic offenders plead no contest, do some jail time and are returned to their lives in the same or worse condition, primed for another arrest.

"These are the unwanted people," Rhoades said, people who hear voices, who speak to people who aren't there, who frighten a wary public, don't keep appointments and disrupt groups designed to help them.

Often they have stopped taking anti-psychotic drugs because the side effects are so bad. They sometimes substitute alcohol or a street drug, anything to blur the details of a fearful existence.

"I think self-medication is just the easier way to go for these folks," Rhoades said. "It's painful to be hearing voices and to be seeing things and to know what they are telling you to do is wrong." And when they get drunk or stoned, they get stupid like anyone else.

The Anchorage mental health court was started in 1998 with a grant from the Mental Health Trust and cooperation from the Department of Corrections. An analysis by corrections after a year of operation found that defendants who opt into the program get arrested less and spend significantly fewer days occupying expensive jail beds than those not in the program.

Rhoades convenes her special court for about an hour every Tuesday and Thursday. Judge Lohff holds a Wednesday session. On public notices, they're called CRP — the Coordinated Resources Project. "How would you like to see your name under something called 'mental health court?'" Rhoades said.

Defendants must volunteer for the project and be willing to waive trial or be finished with trial and ready for sentencing. Rhoades can revoke their bail and will eventually sentence them. This gives her leverage defendants understand and encourages compliance.

Forty defendants get the services of Laura Brooks, a caseworker for the Department of



To help reform DWI offenders, Dis for alcohol.

Corrections, paid for by the Mental Health Trust, which wants jail alternatives for the mentally ill. The rest have to pay their lawyers and family to develop a plan for them, which Rhoades approves.

Defendants are given an individual list, which Rhoades repeats with them. Are they reporting on their therapy? To whoever monitors their condition? Have they filled out an application for housing? If not, why not? What's their lives right now?

Brooks keeps tabs on the defendant. Jail Alternative Services project. She talks to their families and tries to simplify their dealings with various agencies. She comes to court and reports their progress to Rhoades.

If someone does well, he or she gets a pat on the back and a round of applause, led by the judge. If not, they get a stern talking to, a list, a tighter timeline. If they do badly, they might be sent back to jail for a short reminder stay, then start over.

Most of the defendants who choose the program are chronically ill. But it also includes people like Mandy Gershon, a 35-year-old woman whose mental health collapsed after the weight of a back injury, family problems and depression.

One day she found herself at a mental health arraignment, charged with carrying a gun. "I was treated like a criminal."

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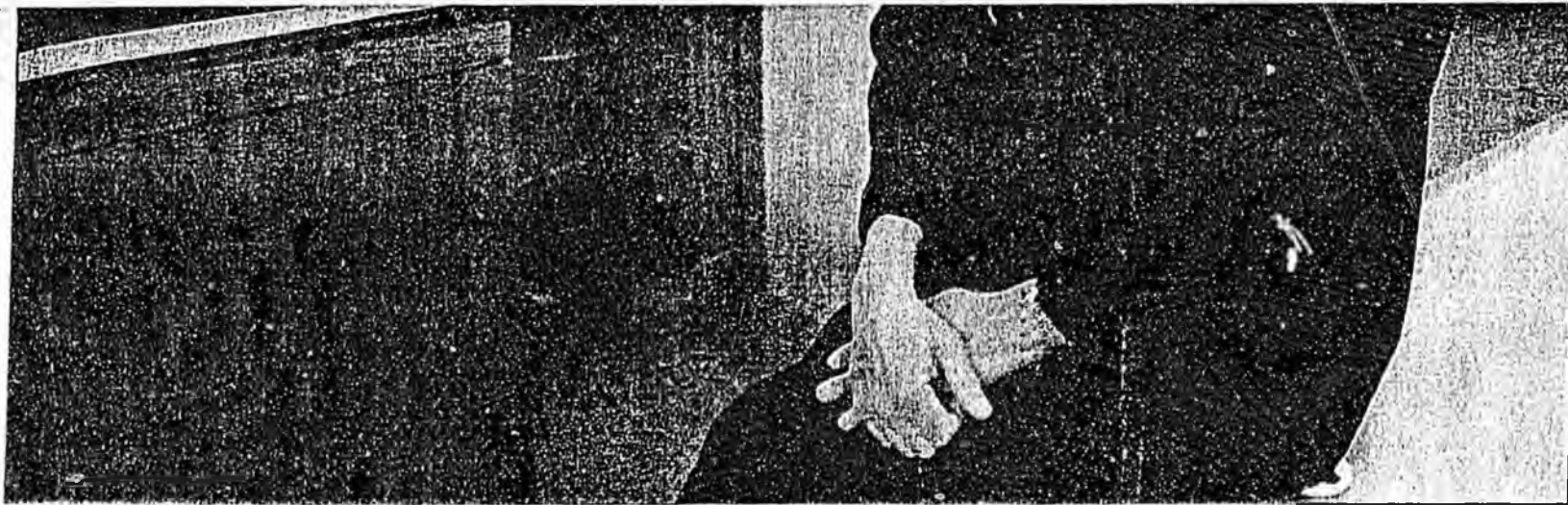
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BOB HALLINEN / Anchorage Daily News

To help reform DWI offenders, District Judge James Wanamaker instigated an experiment using the drug naltrexone, which helps kill the craving for alcohol.

Corrections, paid for by the Mental Health Trust, which wants jail alternatives offered to the mentally ill. The rest have to depend on their lawyers and family to develop a program for them, which Rhoades approves and monitors.

Defendants are given an individualized to-do list, which Rhoades repeatedly reviews with them. Are they reporting as scheduled to therapy? To whoever monitors their medication? Have they filled out an application for housing? If not, why not? What's going on in their lives right now?

Brooks keeps tabs on the defendants in the Jail Alternative Services project. She visits them, talks to their families and therapists, and tries to simplify their dealings with various agencies. She comes to court with them and reports their progress to Rhoades.

If someone does well, he or she gets a round of applause, led by the judge. If they haven't delivered, they get a stern talking to, a shorter list, a tighter timeline. If they've failed badly, they might be sent back to jail for a short reminder stay, then start over.

Most of the defendants who choose the program are chronically ill. But it also helps people like Mandy Gershon, a 35-year-old mother of four whose mental health collapsed under the weight of a back injury, family problems and depression.

One day she found herself at a misdemeanor arraignment, charged with discharging a gun. "I was treated like a criminal," she

said recently. "I think (the magistrate) read me as some crazy person on drugs. ... My self-esteem was so low I wanted to die. ... Not one person sat down and talked to me as a human being."

Luckily, Gershon's mother had heard of the mental health court, and her attorney, Rex Butler, got her case transferred to Rhoades. Butler and a psychologist worked up a treatment plan for Gershon, and Rhoades accepted it. Rhoades' court "treats the mentally ill the way they should be treated in the 21st century," Butler said.

The normal operating principle in District Court is to keep the cases moving or risk getting buried by them. Rhoades holds on to her CRP cases for as long as it takes to get a defendant plugged in to a support system that will help stop the criminal behavior or until the judge concludes that a defendant is not willing to take even small steps toward stability.

It's been almost a year since Gershon started treatment. She still reports to the judge, but she's on track and soon her case will be dismissed.

The difference between her two courtroom experiences was the difference between getting sicker and getting better, Gershon said. "I was literally touched to tears when the judge helped me get treatment."

FOR SOME, THERE IS NO PLACE TO GO

Gershon is not an average mental health

court defendant. She had a home, family nearby and a private lawyer, Henry Ongtowsruk, 30, did not.

Ongtowsruk, originally from the village of Wales, had had schizophrenia for about 16 years. His mother, a village health aide, tried for years to take care of him but finally had to admit she couldn't. He had been in and out of the Alaska Psychiatric Institute and had accumulated at least seven arrests since 1992, several for assault.

The latest charge was last year, malicious destruction of property, for kicking out a window at Southcentral Counseling. As a result, Southcentral kicked him out of its program, Brooks said.

His symptoms, never completely erased by medicine, included self-mutilation and sexual ritual.

When he did well, little children loved him, said his mother, who now works at the clinic in Unalakleet. He could sit and talk to them for hours.

"He did as well as his illness allowed," Brooks said. "When he was doing well, he was a sweet little guy. He tried."

He died in a cheap motel on Thanksgiving weekend, strangled by someone as yet unknown, police say.

He was living in the motel because there is no place in Anchorage for severely ill people like him to live; no program, no group home would take him. AFI only admits people if they are an immediate danger to themselves or others.

in a motel that is clean but he mentally ill, said Anchorage Joe Hoffbeck. He visited and incidents as he investigated death. He found many of the beds, not even watching television and with nothing to do.

In the months before, towasruk took his medication for his court dates, Brooks Henry scale, he was doing r someone killed him.

PROMOTING INDEP

Robed and looking down seat, Rhoades assumes a neutral tone that edges into stern needs reminding that the judge

Out of her robes and in her with dismay about how the treats the mentally ill.

"I have an interest because member who suffers from a ty," she said. "I can't even would cope with being arrested behavior attributable to his d

Born in Massachusetts, her way through college that included managing a community analyzing grant budgets at I School and researching legislation Senate.

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In courtroom exchanges Rhoades adopts a paternalistic "I grew up on welfare so I know to grow up poor," she said, "h is to have to seek help."

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HALLINEN / Anchorage Daily News
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District Judge Stephanie Rhoades presides over one of only three mental health courts in the country.

"It's hard to fault them for kicking the Henrys out," Brooks said. "They're not equipped to handle people like him."

So Ongtowsruk lived when he had money in a motel that is clean but houses many of the mentally ill, said Anchorage Police Detective Joe Hoffbeck. He visited and talked to the residents as he investigated Ongtowsruk's death. He found many of them lying on their beds, not even watching television, unsupervised and with nothing to do.

In the months before his death, Ongtowsruk took his medication and showed up for his court dates, Brooks said. "On the Henry scale, he was doing really well." Until someone killed him.

PROMOTING INDEPENDENCE

Robed and looking down from her bench seat, Rhoades assumes a no-nonsense manner, a tone that edges into stern if a defendant needs reminding that the judge is not pleased.

Out of her robes and in her office, she talks with dismay about how the system normally treats the mentally ill.

"I have an interest because I have a family member who suffers from a mental disability," she said. "I can't even imagine how he would cope with being arrested and jailed for behavior attributable to his disability."

Born in Massachusetts, Rhoades worked her way through college there in jobs that included managing a community law center, analyzing grant budgets at Harvard Medical School and researching legislation for the state Senate.

"This program does not deal with dangerous offenders," she said. "My goal is to have these folks functioning better, not offending, not creating public safety risks."

In courtroom exchanges with defendants, Rhoades adopts a paternal but respectful tone. "I grew up on welfare so I know what it's like to grow up poor," she said, "how demeaning it is to have to seek help."

Rhoades said some of her colleagues question if this "social work" is appropriate for a judge. To her, it is the highest use of her judicial power, a persuasion/coercion approach that inches a chronic defendant toward a lawful, healthier, happier life.

"It's the psychology of what a judge represents to everyone who has grown up in this society," she said. "In life, the judge is your parents ... someone who will consider compassion issues as much as penalties. There is an importance to that reality."

Defense attorney Butler puts it more succinctly: "For a smart person, it helps them get in gear with what they have to do."

"I'm not interested in holding their hands while they're going through this," Rhoades said. "I would like to promote their indepen-

dence, just like I promoted my own independence."

INNOVATIVE APPROACH

No one had to convince Judge Wanamaker that alcoholism is a physical addiction or that a predisposition is probably inherited. He had five uncles who were "raging alcoholics," and he grew up hearing dire warnings about a bad family gene.

So when a teacher at a school for judges mentioned naltrexone, a new anti-alcoholism drug, Wanamaker checked it out immediately. It seemed logical to him that a drug could change the brain chemistry that makes some people more vulnerable to addiction than others.

Last year, after months of research and a visit from a California judge who has been sentencing alcoholic defendants to naltrexone for four years, Wanamaker began offering it to a few selected repeaters. A mother with small children. A doctor. A bankrupt construction worker at the end of his rope.

So far, with 18 defendants in his little ad hoc program, Wanamaker is letting himself hope that the revolving door to the courthouse might one day spin a little slower.

It's too short a time and too small a sample for any big conclusions, but about 40 percent of his naltrexone people have stopped drinking and have not relapsed, Wanamaker said.

"On certain people, it hits a home run. It's astounding. ... They say, 'Judge, this is fantastic.' They've gotten brighter, more alert, more totally with it. They dress better, look you in the eye. They smile.

"How many times do people smile in court?"

Another 30 percent seem to be staying sober, but they claim the drug has nothing to do with it, Wanamaker said. Others relapse, and he has to issue warrants for their arrest.

Not every defendant is right for the naltrexone program. Under Alaska law, drunken drivers have to do at least some halfway house time. Some defendants have exhibited such aggressive or reckless behavior that they are a danger to the public and need to go to jail, he said. But the fact is, they all get out, usually in less than a year. If they go back to drinking, the cycle continues, and so does the danger to the community.

Wanamaker came to the bench in 1993 after a long career that included two years as Anchorage district attorney back in the 1960s. He was an assistant attorney general and in private practice for more than 20 years. He's a conservationist with expertise in resource law, a subject that doesn't come up much in "mondo misdemeanor."

At age 64, Wanamaker is hardly a young Turk, but he soon realized that just following the rules in his new job didn't work: three days

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Ashman : reason for tr with keepin "Basically it' the work," he bench bureat

Reporter Shei adn.com.

for a first offense; 20 days for a second; 60 days for a third. Fines. Probation. Crowded jails, miserable families and no noticeable change in behavior by many of the defendants.

"We just put them through the mill."

Wanamaker didn't see any way out. Judges are not supposed to get involved. "We sentence people and turn them over to the professionals. I just said, 'Well it's a tough area. They're doing the best they can.'"

But it wasn't good enough, not for the people who kept drinking and getting arrested.

Since Wanamaker started his program last spring and started talking about it publicly, several treatment programs in Anchorage have added naltrexone to the options they offer.

"They should be serving this up in the jails," the judge said. "But that's a battle for another day."

There are problems with a judge orchestrating a rehab program, the first being time and the second money. Research, supervision and coordination require both. Wanamaker is looking for money to pay a part-time clerk to keep track of his naltrexone defendants. Tracking progress is essential to gauging success in any experiment.

To be effective, Wanamaker has to talk to each defendant every few weeks, which violates the get-'em-in, get-'em-out principle. But like Rhoades, Wanamaker said he thinks the authority of the bench is a crucial element in the mysterious and unpredictable mix that results in a longtime alcoholic finding the grit to stop drinking forever. However personable and supportive the judge is, the people who come before him stand convicted of a crime and he can send them to jail. Whatever conversation takes place, this subtext is always present.

There's an added urgency to Wanamaker's mission. A third drunken driving conviction within five years is now a felony. A second felony DWI conviction requires a two-year prison sentence, he said. Suspended sentences and probation are not allowed.

"I do these, and I just feel sick afterwards," Wanamaker said. "Because you know you're putting people in jail for a sickness."

JUSTICE SHOULD HEAL, NOT PUNISH

The underlying philosophy of American law is that crimes are offenses against public order or, as local indictments put it, "against the peace and dignity of the state of Alaska." This raises law enforcement above personal vengeance and promotes equality of treatment.

But it also creates a justice system run by hired experts, far removed from the people damaged by crime. Justice is handed down. People feel alienated from the system, said Judge Ashman.

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During the 1980s, legislatures around the country, including in Alaska, passed laws requiring prosecutors to keep victims informed. They ordered judges to let victims into closed hearings and invite them to speak at sentencing.

Ashman said he thinks it's time to move another step in some cases. Justice should heal and not just punish, he said. He points to a survey by the Vermont Department of Corrections that asked victims what they wanted from defendants. Full acceptance of responsibility, acknowledgment of guilt, full restitution, a commitment never to repeat the crime and that some good should come from it topped the list.

Violent predators were an exception, but those aren't the people who clog the calendars in District Court or pack the jails.

Last year Ashman invited the family of a DWI defendant to join the arresting police officer, the prosecutor and defense attorney, representatives from Mothers Against Drunk Driving, Victims for Justice and the Division of Family and Youth Services in a discussion circle. Tell me what to do with this man who has 15 alcohol related convictions, he said. Every possible sentence has been imposed against him over the years, but he always goes back to drinking and getting in trouble.

"How can it possibly matter what I do?" Ashman said.

It took six hours over three days, and in the end the circle gave the defendant a standard, even lenient, sentence: 60 days in jail, the mandatory minimum. It was better for him to continue a rehab program he had relapsed from than to spend months in jail watching television, they concluded.

Why spend so much time and effort for a result that could have been dished out by any judge in a 10-minute hearing? Because the process affects what happens after everyone leaves the courthouse, said municipal prosecutor John Richard.

"What I learned from the mental health court project was that defendants notice the difference between being on an assembly line moving rapidly through the criminal justice system with nameless, faceless prosecutors, defenders and judges who could obviously care less or being in a room with people who know their names and care about the outcome.

"I think it is good that we are finding ways of dealing with people's individual problems individually, rather than just knee-jerk throwing them in jail ... rather than the cookie-cutter assembly-line approach to justice."

Ashman said there's another compelling reason for trying new approaches. It has to do with keeping good people on the bench. "Basically it's a lot about getting reinvested in the work," he said. "I don't want to turn into a bench bureaucrat."

Communities with Youth and Community Court Agreements February 2000

Youth Courts

- Anchorage
- Kodiak
- Mat-Su
- Kenai Peninsula
(Homer and Kenai)
- Fairbanks Northstar
- Nome
- Tetlin
- Sitka

Emerging Youth Courts

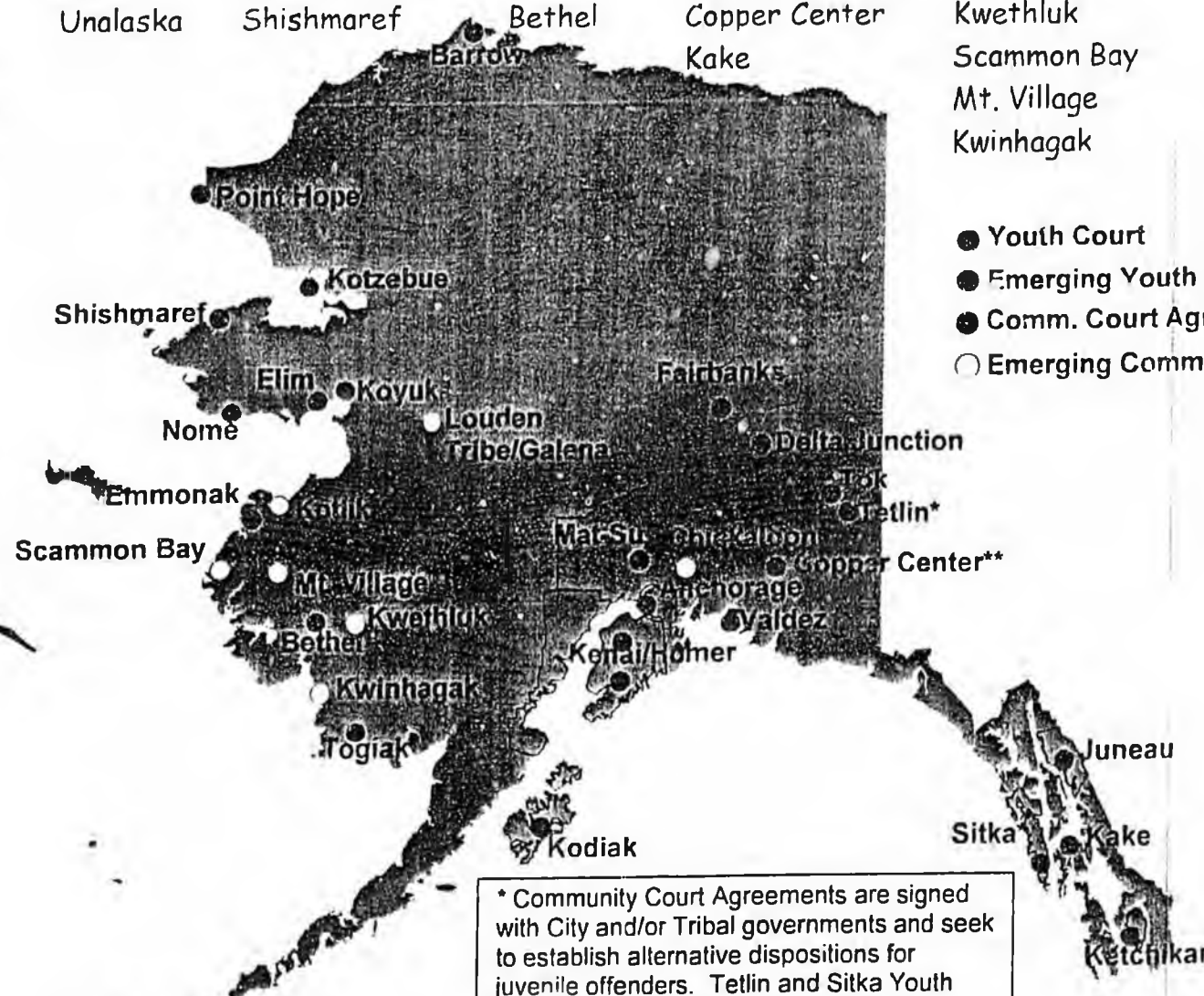
- Valdez
- Kotzebue
- Tok
- Unalaska
- Juneau
- Ketchikan
- Delta Junction
- Shishmaref

Comm. Court agreements

- Togiak
- Barrow
- Elim
- Bethel
- Point Hope
- Koyuk
- Emmonak
- Copper Center
- Kake

Emerging Comm. Courts

- Kotlik
- Louden (Galena)
- Chickaloon
- Kwethluk
- Scammon Bay
- Mt. Village
- Kwinhagak



- Youth Court
- Emerging Youth Court
- Comm. Court Agreement *
- Emerging Community Court

* Community Court Agreements are signed with City and/or Tribal governments and seek to establish alternative dispositions for juvenile offenders. Tetlin and Sitka Youth Courts also have these agreements.

** Copper Center's court is a circuit court covering the communities of Cantwell, Kluti Kach, Gulkana, Gakona, and Tazlina.

2. Community Courts

The rapid development of tribal courts and youth courts has been accompanied by the emergence of hybrid forums that adjudicate juvenile crimes in the context of the local community. These courts represent an interesting partnership of city, state, and tribal governments. They recognize youth crime as a serious problem for both community life and cultural survival. Unlike the urban youth courts, community courts do not follow the model of the western court system nor do they use peer adjudication. They represent an agreement between the adults in a community to handle juvenile crime quickly and locally, in a manner appropriate to the local community and culture.

Each of these courts has a slightly different structure and a slightly different relationship with the state justice system. In 1996, the villages of Elim and Koyuk entered into agreements with the state to handle juvenile misdemeanors.¹¹ In Elim, juvenile cases were heard by the IRA council sitting as a court; in Koyuk, the IRA council appointed three tribal members to act as judges. These courts functioned for a brief period of time but fell into disuse. In 1997, the Native Village of Togiak and the City of Togiak began an unofficial collaboration with DFYS and the Alaska State Troopers to accept referral of juvenile misdemeanors to a panel of tribal elders. This court was in operation for a year before the state entered into a formal memorandum of agreement recognizing the court. In 1998, Barrow community groups worked to establish an elders' court to which juvenile misdemeanors could be referred. This court came quickly into operation, although it does not yet have an official memorandum of agreement with the state. Several other communities are discussing similar agreements with the state. The map at the end of this excerpt shows the location of existing and emerging community courts and youth courts.

A. Elim and Koyuk

In 1996, the State of Alaska entered into an agreement with the village councils of Elim and Koyuk to develop courts to handle youthful offenders. Koyuk did so under the authority provided by its village court ordinances, appointing three elders as judges. Elim acted under authority provided by its juvenile justice ordinances, which prescribe to the IRA council how to act as a court. Referrals came from the state troopers, VPSOs, and DFYS for misdemeanor cases where the juvenile was not already on probation. The state provided a limited amount of training, and Alaska Legal Services provided some procedural advice.

The first year of the program went well, with each village handling about three cases. When a case was referred, the council or court would meet with the parents and youth to discuss the youth's wrongdoing. If the youth was willing to admit the wrongdoing, the council or court would lecture the youth extensively, then work out an agreement with the parents and youth as to what the

¹¹ The agreements make an exception for misdemeanor sexual abuse of a minor, which must be handled in state court.

consequences would be.¹² Although procedures were available to hold a public hearing if the youth would not admit wrongdoing, all of the juveniles referred to the program were willing to admit their wrongs. A state trooper noted that the program worked well at first and seemed to have a deterrent effect, because juvenile problems dropped off substantially for a while. He also reported no enforcement problems, saying the juveniles were willing to comply with the conditions set by the court or council.

Both programs became inactive after the first year. In late 1998, state representatives met with community leaders in both villages to reevaluate the programs. In Koyuk, community leaders attributed the court's inactivity to the fact that the village had not had a VPSO for much of the time, and requested that the state suspend the agreement until a new VPSO is appointed. At the request of the village, the agreement was suspended in January 1999 with the hope of reactivating it later. In Elim, community leaders are looking for someone to head the program and keep it on track.

B. Togiak Community Court

¹² In Elim, community work service sometimes involves working on a local housing project. The village president noted that when the council heard cases in the 1940, community work service involved construction of the Iditarod Trail.

For several years, Togiak has had an elders' court using informal procedures and traditional counseling methods to handle a small number of cases. In early 1997, the Togiak Traditional Council entered into a cooperative agreement with the City of Togiak, the Alaska State Troopers, and DFYS to create the Togiak Community Court. The intent of the agreement is to improve the prosecution and rehabilitation of juvenile offenders at the village level for most misdemeanor offenses.¹³ Unlike the state, the Togiak court takes jurisdiction over children 8-12 years old, which allows it to deal with young offenders at an earlier stage.

Under this agreement, the principal responsibility for handling misdemeanor juvenile offenses rests with the Togiak Community Court. Allegations of misdemeanor offenses coming to the attention of the troopers, city police department, or VPSO are referred to the court. If the court determines that the matter is appropriate for disposition, the court clerk meets with the juvenile and parents to review the court's procedures. If the juvenile agrees to participate, DFYS is notified and asked to concur. If the court determines the matter is not appropriate, or if DFYS does not agree, the juvenile will be referred to DFYS for investigation and prosecution under state law. If the community court hears the case, it determines whether the juvenile is innocent or guilty, and if guilty fixes the appropriate punishment pursuant to city law. DFYS is notified by the court clerk of the disposition of the case and to what extent the sentence of the court was obeyed. The state court system can be used for reinforcement in the event that community court enforcement and rehabilitation is ineffective with respect to a particular offender. The community court clerk maintains records in a form that can be used in state court, should it prove necessary to prosecute an individual in the state court system.

The court handled about 35 cases its first year. DFYS handled only one case from Togiak during this period, which DFYS and the troopers attribute to the effectiveness of the court. DFYS estimates that ten of these offenses would have received a response from DFYS, while the other 25 would have gone unaddressed if not for the community court. The cases mostly have been curfew violations, criminal mischief, fourth-degree assault, trespass, and forcible entry. The community court also asked and received referral of one state probation violation.

The cases are heard by three tribal elders who act as judges. Using a small grant from the Governor's Conference on Youth and Justice, the elders have received several hours of training from the police officer who helped establish their court and the Barrow community court. The elders generally question the juveniles and their parents, ask them why they committed the crime, and discuss the implications of their behavior. Most cases result in a sentence of community work service and an order of restitution. The court reports a high rate of compliance.

To determine if the community court was having an effect, the local VPSO did a community

¹³ The cooperative agreement sets up a process of continuous consultation among the parties on how cases should be handled. It provides: "Each party shall give substantial deference to the views of the other party during such consultation and all decisions shall, to the maximum amount possible, be made on the basis of consensus." The cooperative agreement applies to all misdemeanor offenses committed under Alaska Statutes Title 11 (the criminal code), with the exception of fourth-degree sexual abuse of a minor.

survey, going house to house before the project started and following up one year later. The survey results were evaluated by the UAA Justice Center. Because the community court responded to more offenses than DFYS would have, the number of juvenile cases increased, but the community did not perceive this as an increase in crime. The community perceived itself as a safe place to live, both before and after the inception of the court.

C. Barrow Community Court

In early 1998, members of the Barrow community worked together to form a community court for juvenile offenses. The court is a cooperative effort among the City of Barrow, North Slope Borough police and youth services, Native Village of Barrow, ASNA, DFYS, Alaska Department of Law, and the state troopers. After considerable discussion about the form the court should take, Barrow decided to form an community court using elders as judges, similar to the Togiak model, rather than a youth court similar to the Anchorage model.

The court came together rapidly and held its first hearing at the end of June. At this hearing, a juvenile was prosecuted for a city curfew violation. The juvenile and his parents met with three elders and an interpreter, and the hearing flowed back and forth between Inupiaq and English. Most of the proceedings were translated at the time and all were recorded on tape. The family did not request confidentiality, and a number of community members came to witness the proceeding. One observer commented that it was a powerful emotional experience to watch elders to talk deeply with a child and his family about the importance of proper behavior for the family and for the community. The police officer in charge of the program said that parents like the concept of using an elders' court to intervene with youthful offenders before they get out of hand.

The Barrow Community Court now meets at least twice a month to hear cases. It expects to enter into a memorandum of agreement similar to the agreement governing the Togiak Community Court. If other villages are agreeable, jurisdiction might be extended so that youthful offenders who get in trouble while visiting Barrow can appear in front of the court there. DFYS has given the court a small grant to pay a stipend to the judges and to support training and coordination.

4. Other villages

Kotlik, Point Hope, and Galena are discussing establishment of community courts for juvenile offenses. The city of Kotlik includes three villages, Kotlik, Hamilton, and Bill Moore's Slough, a total of about 500 people. In December 1998, the mayor and 48 local residents met with state representatives to discuss formation of a community court and to request technical assistance. In Point Hope, community members are working with the same police officer who helped organize the community courts of Togiak and Barrow. In Galena, community members are discussing the concept of a community court for Galena and the surrounding area, combined with a leadership program for training local youth. In Bethel, Orutsaramiut Native Council has received a federal grant to develop a tribal court for juvenile offenders, which may receive referrals from DFYS.

_____ COMMUNITY COURT AGREEMENT _____

Under AS 47.12.040, AS 47.12.060, and AS 47.12.120, the juvenile and the parents/guardian/custodian enter into the following agreement for informal diversion through the _____ Community Court.

1. The juvenile and parents/guardian/custodian have been advised of their rights and understand that any rights to a speedy trial are waived during the period of processing through this diversion action. All parties hereby consent to have the alleged offense(s) which occurred on _____ handled by the _____ Community Court.
2. The juvenile agrees to observe and obey all city, state and federal laws during this processing.
3. The juvenile agrees to attend school and follow school rules (or seek and maintain employment), obey the instructions of the parents/guardian/ custodian and seek permission before leaving or staying away from home
4. The juvenile agrees to participate in the program and to abide by the sentencing act set forth by the Community Court, understanding that the Community Court may not order removal from the home, formal state probation, or a formal state juvenile delinquency record.
5. Upon the juvenile's successful completion of this agreement the case will be adjusted and closed. If the juvenile fails to complete this agreement, he/she may be brought before the State Superior Court.
6. The juvenile and parent/guardian/custodian authorize DJJ Juvenile Intake or its designee to release, share and keep records for administrative purposes as necessary to coordinate the referral with diversion programs and to facilitate successful completion of any sentence imposed by Community Court. Otherwise information is confidential and shall be protected.

COURT DATE/ TIME: _____

Community Court Representative

Date

Juvenile

Date

Parent/Guardian/Custodian

Date

Juvenile Probation Officer

Date

FISCAL NOTE

STATE OF ALASKA
2000 LEGISLATIVE SESSION

BILL NO. HB 372

Revision Date/Time (Note if correction) _____ Dept. Affected Department of Corrections
 Title An Act relating to criminal sentencing and BRU Administration and Operations
restitution. Component All
 Sponsor Rep. Dyson
 Requester House Judiciary 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)

If passed, this legislation would allow victims and offenders or communities and offenders to negotiate an agreed sentence for an offense and allow for restitution to be made by means other than money. This bill would not include offenses against a person. An agreed sentence could be less than the presumptive sentence for a felony because reaching such an agreement will be a mitigating factor under AS 12.55.155(d).

It is difficult to predict what kind of a fiscal impact this would have on the Department of Corrections. We have no way of knowing how often this would occur and what the outcome would be. 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 3/2/00 5:02 PM
 Approved by Commissioner Margaret M. Pugh Date 3-2-00
 Agency Dept. of Corrections

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HB

375

4/15/00
JLP

1-LS1323V.1
Luckhaupt
4/15/00

A M E N D M E N T 2

adopted
4/15/00

OFFERED IN THE HOUSE
TO: CSHB 375(HES)

- 1 Page 1, line 6:
- 2 Delete "substance"
- 3 Insert "inhalant"

- 4 Page 1, line 13, following "section,":
- 5 Insert "(1)"

- 6 Page 1, line 14, following "AS 04.21.080":
- 7 Insert ";
- 8 (2) "inhalant" has the meaning given in AS 47.37.270(10)."

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

March 9, 2000

SUBJECT: Sectional Summary of HB 375. (Work Order No. 21-LS1323/D)

TO: Representative Mary Kapsner
Attn: Trim Nick

FROM: Gerald P. Luckhaupt *Jay*
Legislative Counsel

You have requested a sectional summary of the above-described bill. As a preliminary matter, please note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill - the bill itself is the best statement of its contents.

Section 1. Amends AS 11.76 by adding a new section to make it a class B misdemeanor to abuse inhalants.

Sections 2 - 14. Amend the Uniform Alcoholism and Intoxication Treatment Act (AS 47.37) by the inclusion of inhalants and the abuse of inhalants within its purview.

GPL:glc
00-126.glc

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 Date April 10, 2000
 Agency Dept. of Corrections

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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 gasgiq, 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

"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 affect 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 fiddling dance with the Ivory Band from Toksook Bay.



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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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:

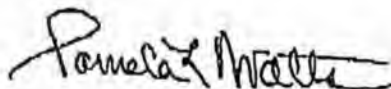
On behalf of the Advisory Board on Alcoholism and Drug Abuse I encourage your support of legislation such as CS for HB 375 introduced by Rep. Mary Kapsner, that addresses the serious need for intervention and treatment of individuals using inhalants with the intent of causing mood alteration or dulling 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 intoxicification	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 intoxicification	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 intoxicification	nitrous oxide	*	*	
Kentucky	inhaling certain compounds for intoxicification	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 intoxicification	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, KROPF, 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

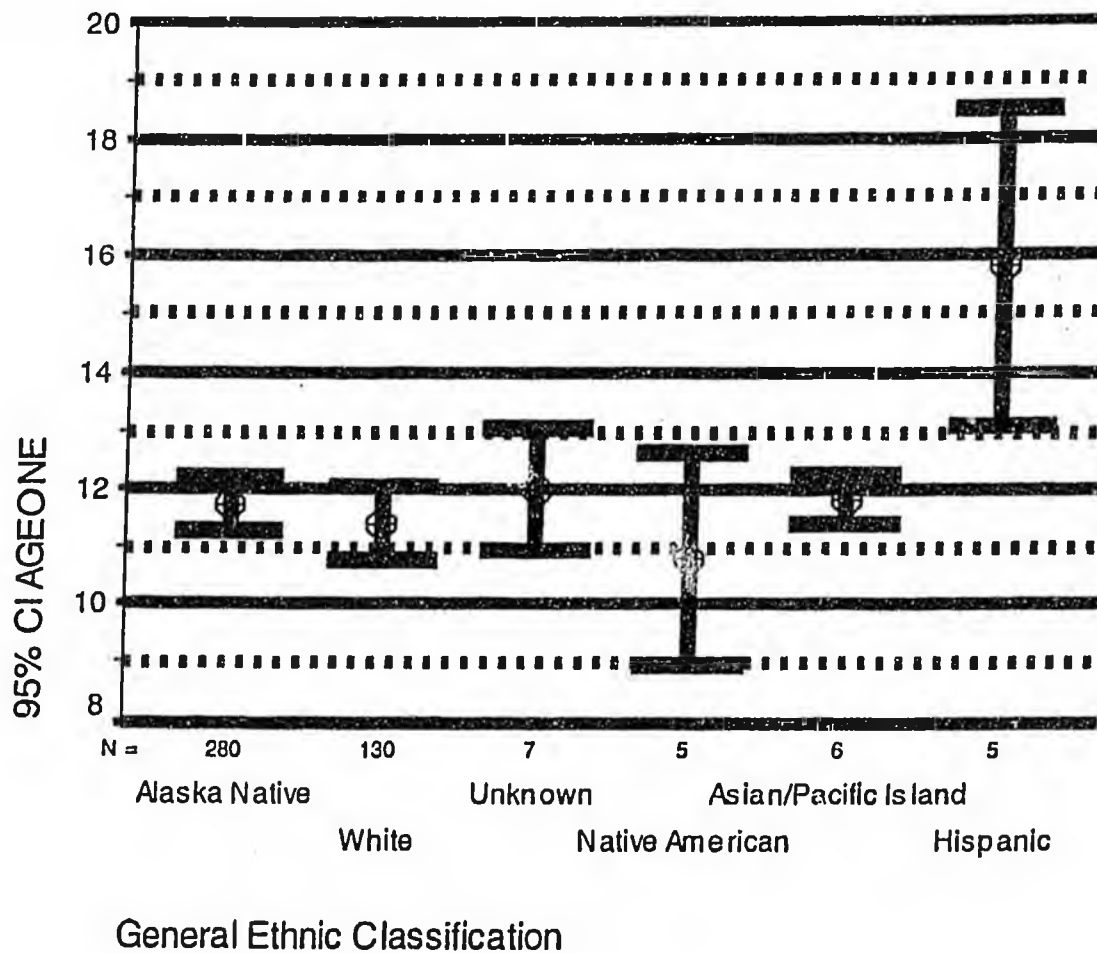
CHILDREN AND VULNERABLE ADULTS

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.

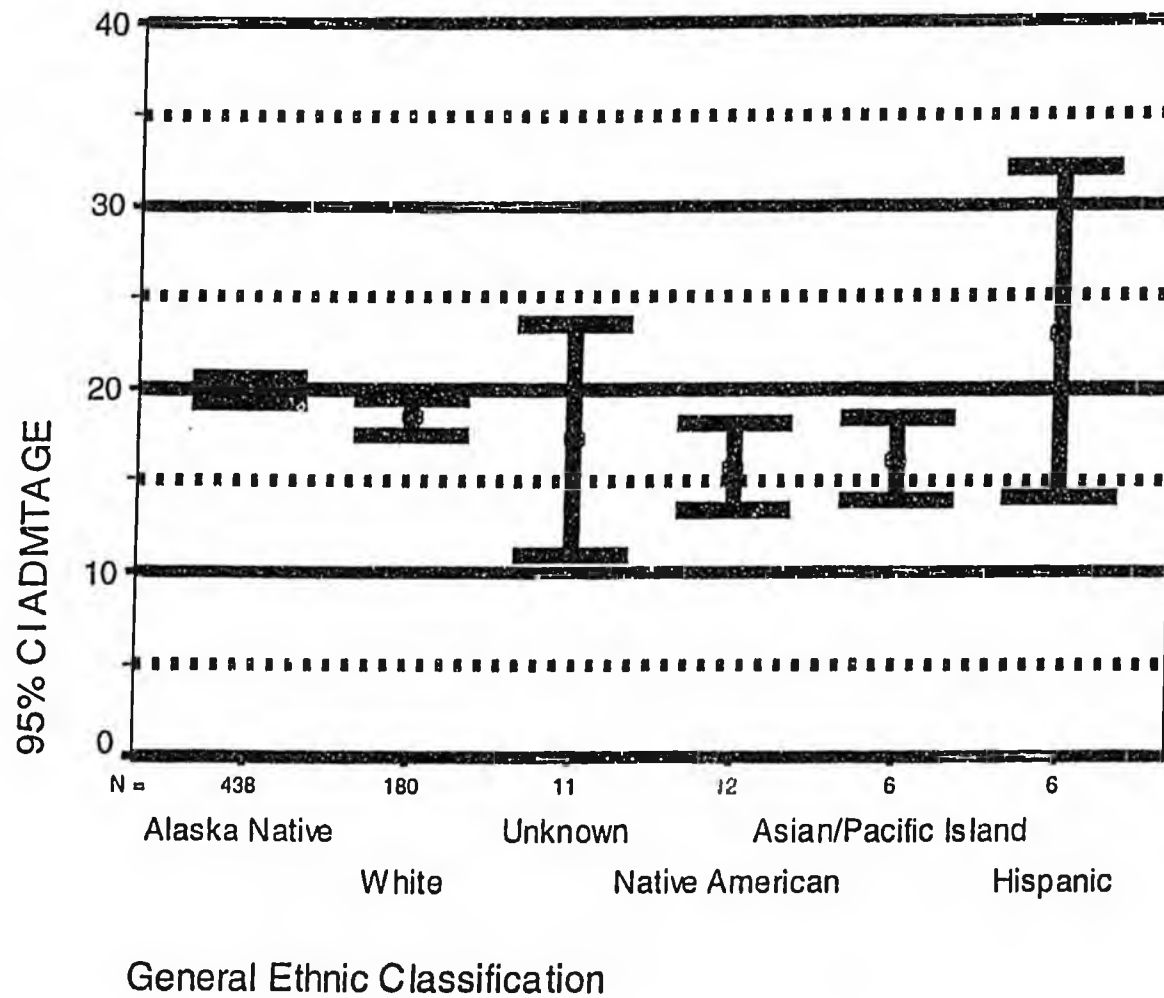
For the purposes of this section, the term "inhalant" means any glue, cement or other substance containing one (1) or more of the following chemical compounds: acetone and acetate, amyl nitrite or amyl nitrate or their isomers, benzene, butyl alcohol, butyl nitrite, butyl nitrate or their isomers, ethyl 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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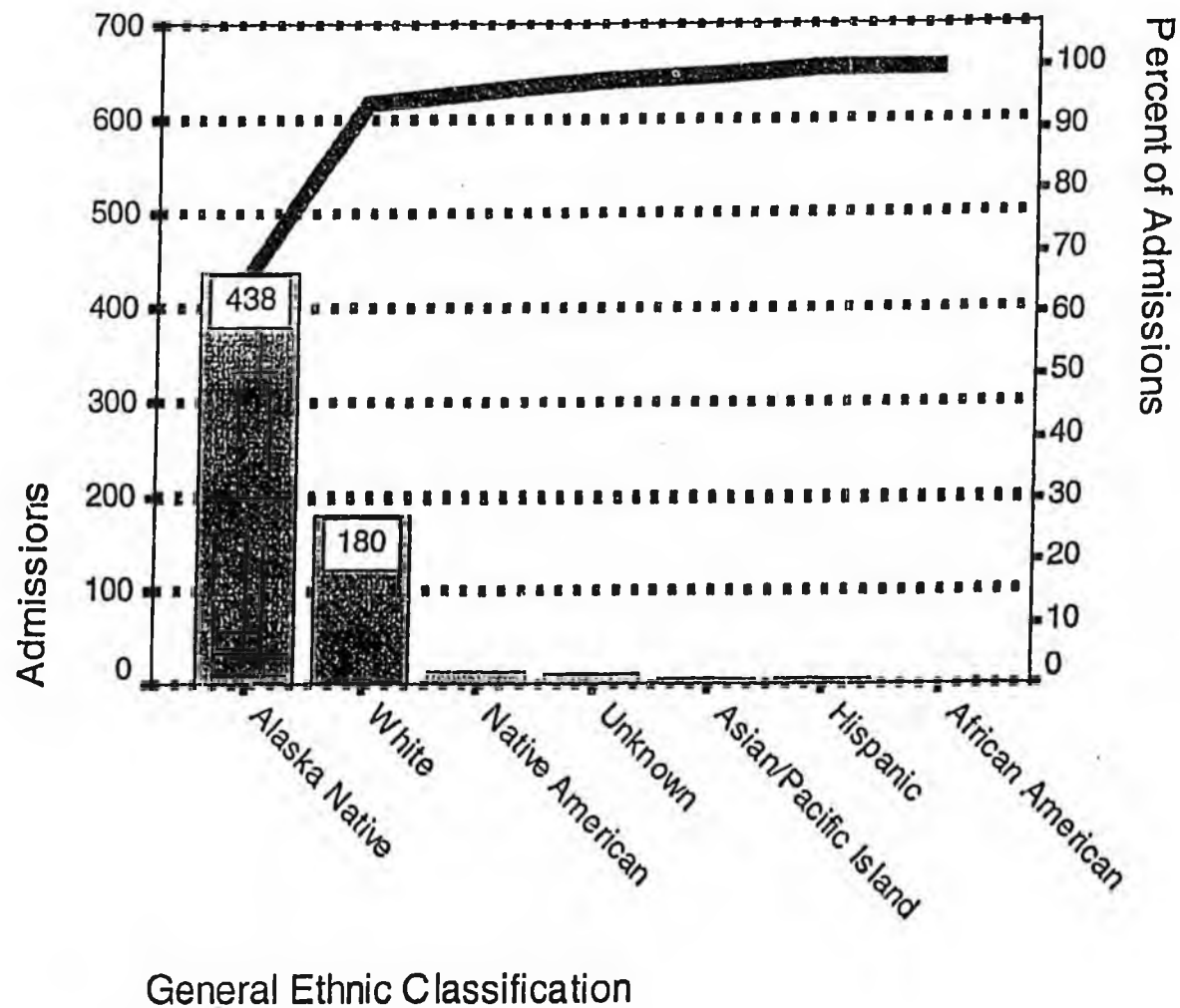
Inhalant Abuse: Average Age of First Use - Alaska MIS 1988-1999



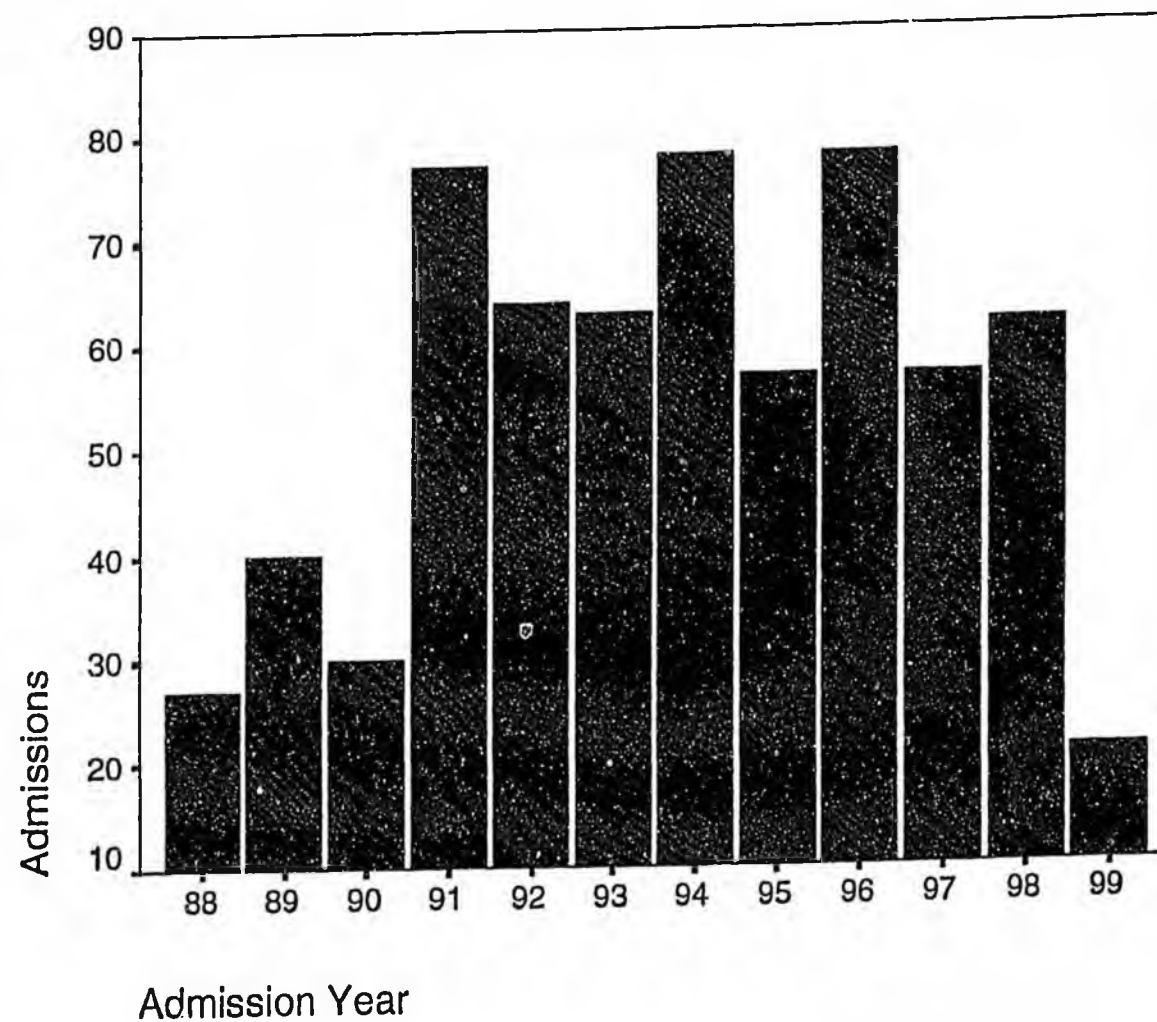
Inhalant Abuse: Average Age at Admission - Alaska MIS 1988-1999



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 and 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.

X

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.

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,

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.

- 1 An advisory body membership should include invited individuals, agencies and organizations with expertise (alcohol & drug, early child development, data management, education, health, law enforcement, and mental health) and an interest in prevention and public health.
 - 2 The advisory body should meet regularly (at least quarterly), as a whole body.
 - a To accomplish different tasks, specialized sub-groups can be established and directed to meet (in-person or telephonically) at times other than meetings of the whole body.
 - b The specialized working sub-groups can target:
 - i Mission and overall policy,
 - ii Goals and objectives, and
 - iii Outcomes, including data surveillance, methodology, and analysis.
- B The community should focus on development of prevention curriculum specifically aimed at young children. They should support ongoing teacher training, regular analysis of surveillance data and curriculum re-development based on data and the indicated need. It is suggested that:
- 1 To develop the curriculum, the community can request ongoing input from the advisory body, and if possible contract with a qualified contractor able to design instructional components for Head Start and school based delivery. The curriculum should:
 - a Be based on an approach such as the Search Institute's developmental assets (external & internal) for preschoolers and elementary-age children. (Starting Out Right: Developmental Assets for Children, 1997, Search Institute, 700 S. Third Street, Suite 210, Minneapolis, MN 55415; (612) 376-8955.)
 - b Be designed to reach children of multi-cultural backgrounds.
 - c Be designed to convey multi-substance abuse and related health and safety messages.
 - 2 A contracted vendor or other qualified person or organization should look to the development of instructional modules for instructing teaching personnel.
 - 3 The community should develop a linkage between the curriculum, surveillance data, and treatment services.
- C The community should support the development of training, which is designed to meet the needs of village/community-based providers (counselors and other health and safety providers). To do this:
- 1 An "adult learner" model for training development should be used to assist people who use English as a second language, and/or don't have a strong secondary or post-secondary education.
 - a The training should include counselor skills in recognition, primary assessment and planning of services for children using inhalants.
 - b The training should include:
 - i Skill development for leading or establishing groups for high-risk children.
 - ii Skill development for leading or establishing groups for children needing aftercare support.
 - c The training should include counselor skills in recognition, primary assessment and planning of services for adults using inhalants.

Keep in mind that inhalant abuse tends to only get worse, without steps taken to cope with the problem. We have seen adults who started sniffing gas on a regular basis as children, and have either mainly stayed with sniffing/huffing, or most likely developed a multiple substance abuse problem. A strong stand against inhalant usage by young people and the involvement by a village or community is probably the only way things can be improved.

Additional to a prevention and early intervention effort at the community, there is the need to look at the development and support for community based recovery and aftercare. In most instances, by the time we are seriously looking at prevention and early intervention, there will be a number of individuals needing treatment and support for long-term recovery.

Community Based Recovery & Aftercare: Provides the icing on the treatment and recovery cake. A community-based provider can also provide or assist with coordinating supportive community-based services. But in many instances this is a time when the inhalant abuser needs to begin using the information and tools provided in treatment, to “self-manage” their community re-entry and recovery (community-based recovery) with the support of their family and community.

There is the need for all of us to re-think aftercare and consider a rehabilitative approach, where we are helping the inhalant abuser to “self-manage” their lives and ultimately their addiction recovery. For far too long we have tried to make aftercare a formalized part of treatment services requiring a substance abuse services provider, and have met with limited success as a number of smaller communities in Alaska have no such person.

The recovering inhalant abuser should know and regularly experience that there is support available through their previous treatment provider and program. This can be provided by regular follow-up from the treatment program, which is focused on how they are doing. Follow-up can support recovery and may even be used to initiate relapse prevention. All of this (community-based support and follow-up by the previous treatment program) will promote individual investment and ownership by the inhalant abuser in their personal recovery.

Community-based recovery and aftercare should focus on assembling all of the pieces needed for a healthy and successful life. The majority of all of the work at this point will need to be done by the person working on his or her recovery. If a community-based provider is available, they can be very instrumental in helping with coordinating activities or services and providing personal support counseling. If a community-based provider is not available, then other possible sources for support should be explored. Possible options might be:

- ♥ A healthy adult family member,
- ♥ An elder in the community who is interested in the person, or
- ♥ Another interested community member such as a teacher, minister, public safety, etc.

There is a need for a realistic assessment and identification of available support to plan long-term recovery capacity within the community of residence. This assessment should be begun at the time when the inhalant abuse has first been recognized in the community. Before they are ever referred to a treatment program, any and all support resources should have been identified and contacted so there will not be any surprises when they return home.

Though there may be community-based providers available, the goal is to ensure that each individual who returns from a treatment program outside of the community is prepared to have a significant role in managing their recovery.

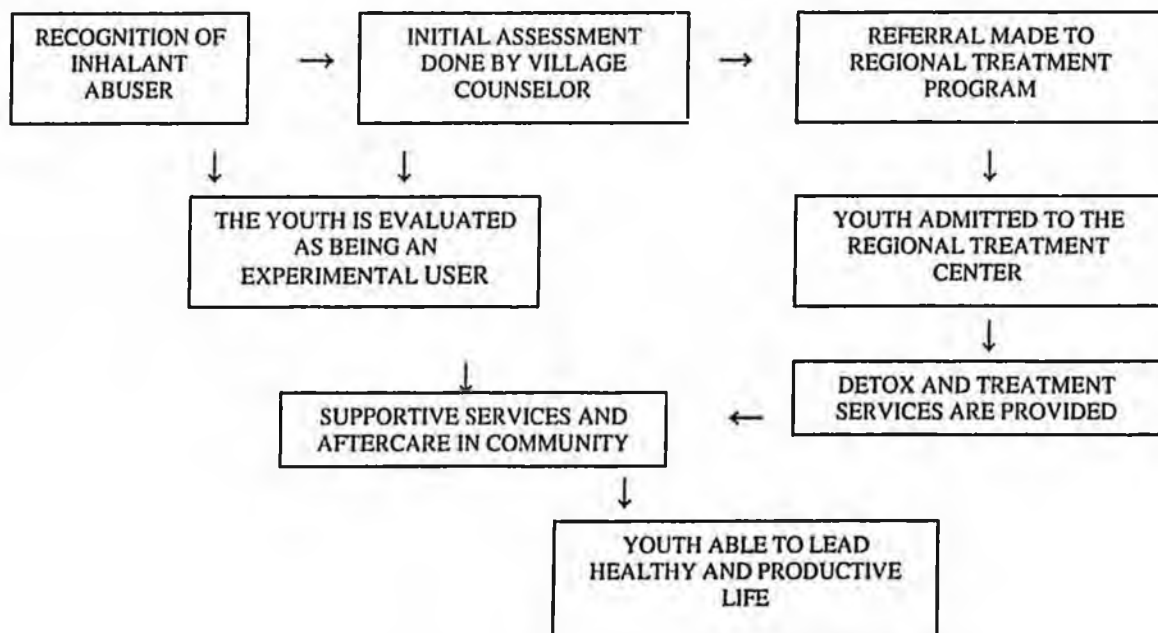
To reach the point of community-based recovery, there have been any number of services the inhalant abuser has participated in such as: intervention, pre-treatment, detoxification, residential and outpatient treatment. These services if having been reasonably successful will have helped the client develop a comprehensive aftercare plan which is based on the initial assessment of supportive resources available in their home community.

When a comprehensive aftercare plan has been developed, the returning recovering youthful inhalant abuser may be regularly involved in some and hopefully nearly all of the following:

- ◇ One or more community-based recovery support groups or some supportive and supervised group related activities such as a school based activity group or church youth group,
- ◇ Supportive services (individual and/or group counseling) for the youth and their family to deal with issues related to inhalants (substance abuse) and recovery,
- ◇ Family and community directed healthy activities,
- ◇ School (educational or vocational), subsistence activities, or paid work, and
- ◇ Healthy cultural and spiritual activities.

Attention should also be given to relapse prevention. This requires skills in recognition of problems before they get out of hand, as well as basic skills in intervention. It is important for the recovering youth as well as their family to have and practice these skills on a regular basis. The use of relapse prevention skills with a family will very likely enhance communication ability within the family, for the betterment of all.

The following is a graphic example of the entire process (through to aftercare & recovery):



X
March 28, 2000

To All Those Who Care:

I am the sister of Teresa, who died of inhalant three years ago this month. I was living in Fairbanks during the time we lost my baby sister, but I was home on spring break. I remember that morning like it was yesterday. I always wanted to forget that time but I thank God he allowed me to remember. And now I know why, because we can help others with this same problem.

Back to that morning, I was woken up back at my sisters house at 6:00AM in the morning. They said my sister was in medical trouble. At first I just got angry because I was suppose to bring her to Fairbanks that morning and I thought why is she getting into mischief now. I got dressed and started down the lodge where she was. I thought all I had to do is go pick her up and let her sleep it off (I thought she was drunk). As I started down the road the health aides husband stopped me and said it was worse that I thought. After getting my older sister we went down to the lodge to find that they were doing CPR on her. I began calling her and telling her how much we love her and to hang on. I knelt down beside her and talked to her. After what seemed like an eternity we got a call from the Doctor and was told it's been too long and to stop CPR. This was not what I wanted to hear, I started crying out loud saying no don't stop, but I knew in my heart that it was too late. I thought of my mom and dad in Fairbanks. Only my older sister and brother were in the village with our children from our family. It was North American weekend and everyone had taken off for the weekend. So the village was pretty empty. The hardest part was to gather our children and tell them that their 18 year old auntie had just past away. I couldn't even imagine the pain that our kids went through. And especially seeing our parents later on that day. I was hesitant about telling my young children how their aunt died, but I did because I wanted them to know how dangerous this chemical really is. The pain of losing a loved one at such an early age is something that we all don't need to go through. I am only telling this story because I want someone out there to get something out of all this. Inhalants are nothing to mess with. I later went into counseling and prevention and learned what inhalants can do. I learned that it only takes one time, one puff and you can lose your life or do permanent damage to your mind and body. Inhalants could be very addicting, so beware if you know someone that is involved with inhalant the best thing you can do for them is to tell someone. I encourage you all to continue to spread the news about inhalants because we don't need to lose anymore people to this chemical, its very dangerous. This was not easy for me to go back and recall all that happened but I want people to know how bad, sad, dangerous, this drug is and we can prevent it all from happening. Keep up the good work and may God be with you all through this conference.

God Bless,
Dce-Dee

Poems reveal FAE child's

F.A.E.
by T.J.

I hate this place although I am glad to be Athabaskan.

Sometimes I wish I could switch places with my 12 year old niece.

The people just don't know what it's like for an FAE child trying to get through life.

Trying so hard to catch up with everyone else but they just put you down.

I just want some real friends from down here.

I already have a best friend...but no-one can live with just one friend in the world.

I just needed to get that out. I need to live my life...I need to talk to my dad. MY BEST FRIEND.

Teresa came into this world with a birth defect that was 100% preventable. She was born with Fetal Alcohol Effect (FAE), a lesser form of Fetal Alcohol Syndrome (FAS), in which the physical features of the face and body are not malformed like an FAS child. If the mother doesn't drink during pregnancy, the child doesn't have the birth defect, it's as simple as that.

Teresa was given up for adoption when she was 4 months old. Her adoptive parents, Barbara and Andy Jimmie of Minto, were overjoyed and eager to receive the small baby girl. It wasn't until their baby was a toddler that they knew something was different about Teresa.

"When Teresa started moving around as a toddler was when her FAE became more noticeable," said Barbara. "She was always getting into things," she continued. "Most

children when you say 'no' they move away, but not with Teresa." FAE and FAS children can be very hyperactive, going from one thing to the next. "About the only time she was still enough for me to snuggle her was when she was sleeping," said Barbara.

A Mother

A mother, so sweet, so kind, so sincere.

All she wants is a little respect and a lot of love, and when she gets lied to her by her own flesh and blood that she had to carry for 9 months,

Go through so much pain for and risk her life.

She feels deeply hurt, for all she taught you - good from evil - and of course - right from wrong, has all just went down the drain.

As you lay in your bed at night, probably not even considering all she has done for you.

She could be in her bed crying her precious heart out, praying to God, "Please don't let me lose my child" ever so silently and putting on a happy face the next day, just to make you feel good.

You don't know what a mother goes through for the most important thing in her life.....HER BABY.

The above was written at a time when Barbara had scolded Teresa for doing something wrong. The next morning Teresa gave her mother the poem.

"I thought I knew Teresa," said her dad, Andy, leafing through the journal which had belonged to his daughter. His face was one of thoughtfulness as his large hands gently turned the pages. "But after

she died and I had read her poems - her diary - I realized that I didn't really know her."

Teresa died on March 20, 1997 from gas fumes which she inhaled. She was 18 years old.

"Andy and I were at a meeting in Fairbanks that day," said Barbara. "We were expecting her to join us. I had been looking at graduation dresses for her," continued Barbara. "I had planned on giving her the biggest graduation party there ever was. I was so proud of her."

The night Teresa died will always stick in Andy and Barbara's memory. "We were asleep when the doorbell rang: it was [the Rev.] Anna Frank. She told us that Teresa was in trouble and that the medics were doing CPR on her."

Teresa's body was found near the fire escape at the Minto Lodge. Although the medics tried to resuscitate her, it was too late.



Teresa Jimmie, age 17, at a prom dance in 1996.

Photo: Laverne Alexander

insight into prejudice

"Me"

In the beginning it was as sweet as a kiss,
it made my insides feel all a bliss.

And now I'm confused and am crying for hope,
I'm about to give up I cannot cope.

When all of a sudden strength arises in my heart,
and this causes my spirit to throw a good dart
at the thing that was bothering me before,
and it brings me back to when HE was knocking at my heart's door.

And now I am hungry so I better feed,
open my bible and begin to read.

I want to be so serious again,
but the warmth of a smile
is always good to a needy friend
that is why I don't want this love to end.

I'm goin' to heaven as you can plainly see,
And I am gonna eternally
fellowship with the Christians, Jesus and me.

You can be there too if you ask him in,
and do a complete 360 from sin.
Just read God's word every day.
Oh yeah! and don't forget to pray.

"Teresa was a gifted singer, writer, and artist," said her mother Barbara, "but she was very resilient."

Months before her death, in February of 1997, Teresa attended a Native Leadership Conference in Anchorage. It was at this event that Teresa went forward to receive prayers from a minister doing a church service there. The minister started walking toward her and then stopped. "He heard the voice of our Lord saying, 'she is already filled with the Holy Spirit, she only needs to let it go,'" said her mother, fingering a school photo of Teresa that she keeps in her purse.

"It was then that we noticed Teresa...she began to walk and touch other people near her, and it was like our Lord was telling her who to go to next. As soon as she

touched these people, they would fall down under the power of the Holy Spirit," said Barbara recalling the evening.

Since Teresa's death several people (some strangers to the couple) have approached Barbara and Andy with Words of Knowledge that Teresa is in Heaven. This has comforted them a great deal.

"I grieve about how people treated her," said Barbara "She was good in many ways."

Since Teresa's death, her parents have felt a calling to have their daughter's poetry published. "I hope that this article, and Teresa's poems will help children realize how dangerous inhalents are and that they can kill you," said Barbara.

According to Jackie Sunnyboy of the Fairbanks Mental Health

Clinic in Fairbanks, FAE children have a more difficult time psychologically coping with their birth defect than FAS children. She states, "With FAS, you can see it. With the Effected kids you can't see it, so in their schools and communities they become known as 'defiant' They can talk the talk, but they can't walk the walk. They have no idea of cause and effect." They are also usually very naive and gullible and victimization continues throughout their lives.

"So many people view this as a hopeless, hopeless situation, and the reality is that with society acknowledging the importance of understanding this disability now, the doors are opening, especially in the State of Alaska. Early intervention and education is the key...and knowing that there is support available. It really does take a whole village to raise a child like this," Sunnyboy concluded.

Tears of Love

-by Teresa Ann Jimmie

When I am sad, You make me
laugh.

I Cry Tears of Love

When I feel alone, You're always
there with me.

I Cry Tears of Love

When I feel tempted You're
always there for help

I Cry Tears of Love

When I am enraged or angry You
held me in your arms.

I Cry Tears of Love

But now I am laughing
I once cried tears of love.

[Editor's Note: If you have a child with FAE/FAS or you think might be using drugs, please see page 7.] ❄️

ALCOHOL

By Theresa Jimmie

Why must people have so much pain inside pain and hurt and over half of it is from heart brokenness and the other broken up parts are from family members passing away and being lost in you're own heart in the darkness and depressness of drugs and alcohol and all this you have learned that alcohol is the number one blamed that most of our hearts are broken is ALCOHOL!

The High

By TJ

I walk the streets as high as the sky.

Feeling like I can do anything, believe anything, believing lies that my so called "friends" say.

Not knowing if they are telling the truth or not.

I ~~walk~~ walk through this world

that doesn't exist to society. Seeing things that aren't there, saying things that aren't ~~there~~ ^{there} hit after hit going higher

and higher knowing I am gonna fall anytime but too high to care.

Walking through my life like I don't care. When I do, it's just the Highness stands in the way. The high tells me

"I can do anything if I put my mind to it." So I try again and again not knowing that the high is eating away at my brain, stalling me from thinking right. Day after day telling myself

"I am going to quit today" telling myself another lie. Not wanting to live

this Highness, doing and saying things the High wants them to hear so I move on to a new high that is called "Alcohol" and pretty soon to drunk to even live the high and have this so called "fun" so as I am in "Ravens Way" getting cleaner and cleaner day by day and soon I am going to ~~walk~~ walk these streets clean and sober once again. TJ "95"

The things I could have done

by TJ

You love me, yet I deceive you. You would give me anything, yet I still disobey. Of all the things you've for me so far, I never even consider you. I always fear of what's going to happen to me in the future, and you are the only one that can relieve me from all this pain. Yet I don't pay attention. You give me love I could never imagine, yet I still avoid it. Now I let the light shine in, I am warm all over, I return the love.

YKHC STATEWIDE INHALANT TREATMENT CENTER

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Code Information

IBC 1997
Building Type V-N (Non-Sprinklered)
Occupancy Types R, R1, A3, F2
Total SF = 11,929 SF

Occupancy Type	Actual Mnth Floor SF	Actual Mezzanine SF	Actual Total SF	Allowable SF	Setback On 4 Sides	Actual Allowable SF	Ratio Actual/Allowable
R	4,498 SF	1,400 SF	5,898 SF	8,000 SF	x 2	16,000 SF	.369
R1	3,509 SF	0 SF	3,509 SF	6,000 SF	x 2	12,000 SF	.292
A3	1,818 SF	0 SF	1,818 SF	8,000 SF	x 2	16,000 SF	.127
F2	884 SF	0 SF	884 SF	4,000 SF	x 2	16,000 SF	.055

Total = 669741

Occupancy Separation Walls:
R1 to A3 = 1 Hour
R1 to R = 1 Hour
F2 to R = 1 Hour
A1 to R = Non Rated

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S2.1 -
S3.1 -

Mechanical

M11 -
M2.1 -
M3.1 -

Electrical

E11 -
E2.1 -
E3.1 -



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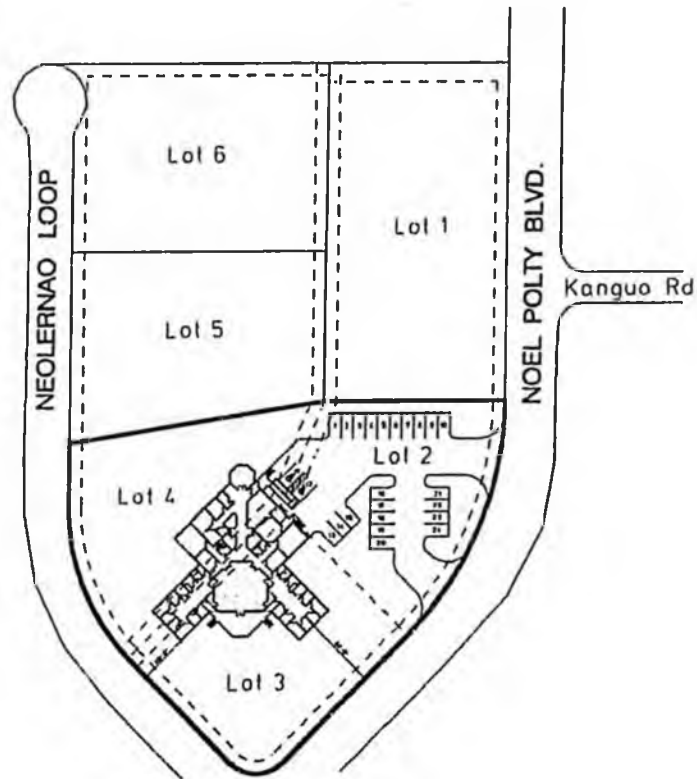
YKHC STATEWIDE
INHALANT TREATMENT CENTER
YUKON-KUSKOKWIM HEALTH CORP.
BETHEL, ALASKA

Revised

Drawn	Date
Checked	Job No.

Sheet Contents

Cover Sheet	
Category	Sheet
A	0



Site Plan (Option 1)



YUKON-KUSKOKWIM
HEALTH CORPORATION
2220 1st
Anchorage, Alaska 99501

Wichita Alaska Inc
723 W. 4th - #15
Anchorage, Alaska 99501
Phone: (907) 272-6247
Fax: (907) 272-5251
E-mail: wichita@kukh.com



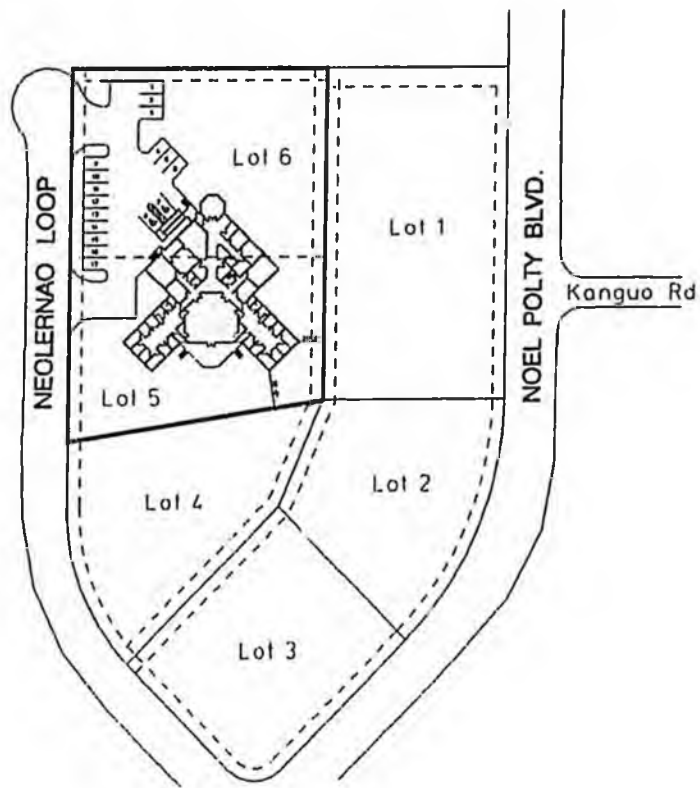
**YKHC STATEWIDE
INHALANT TREATMENT CENTER**
YUKON-KUSKOKWIM HEALTH CORP
SETHEL, ALASKA


Revisions

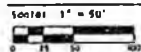
Drawn JL	Date 3/20/2009
Checked JL	Job No 200901

Sheet Contents
**Site
Plan**

Category A	Sheet 0.1
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Site Plan (Option 2) 



Winkler Alaska Inc
333 W 4th St
Anchorage, Alaska 99501
Phone: (907) 552-1242
Fax: (907) 552-5151
E-Mail: winkler@alaska.net



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INHALANT TREATMENT CENTER
YUKON-KUSKOKWIM HEALTH CORP
BETHEL, ALASKA

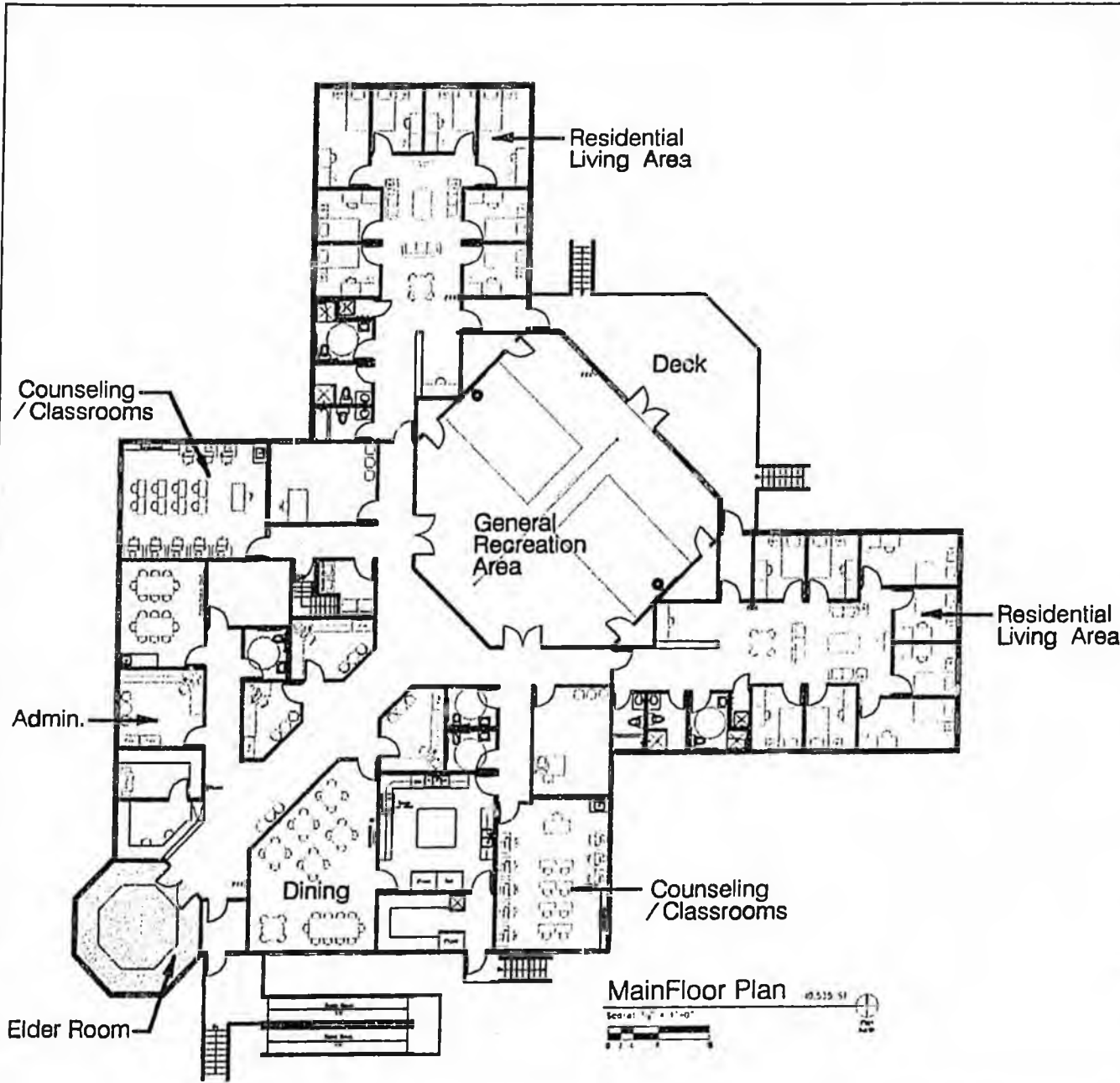
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Drawn By	Date
Category	12/2/98
Checked By	Job No
Scale	00111

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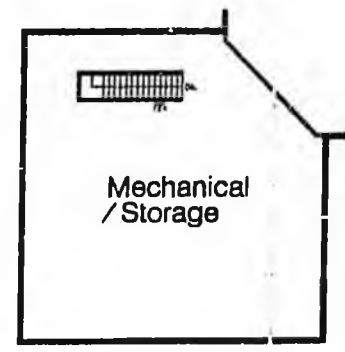
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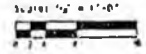
Main Floor Plan 49,515 SF
 Scale: 1/4" = 1'-0"

Color Key

- Residential
- Counseling / Classrooms
- Administration
- Recreation / Dining
- Elder Room
- Circulation / Mech. / Stor.



Mezzanine Plan 400 SF



YUKON-KUSKOKWIM HEALTH CORPORATION
 723 W. 4th Ave.
 Anchorage, Alaska 99501
 Phone: (907) 872-4247
 Fax: (907) 872-8781
 E-Mail: yk@ykhc.com



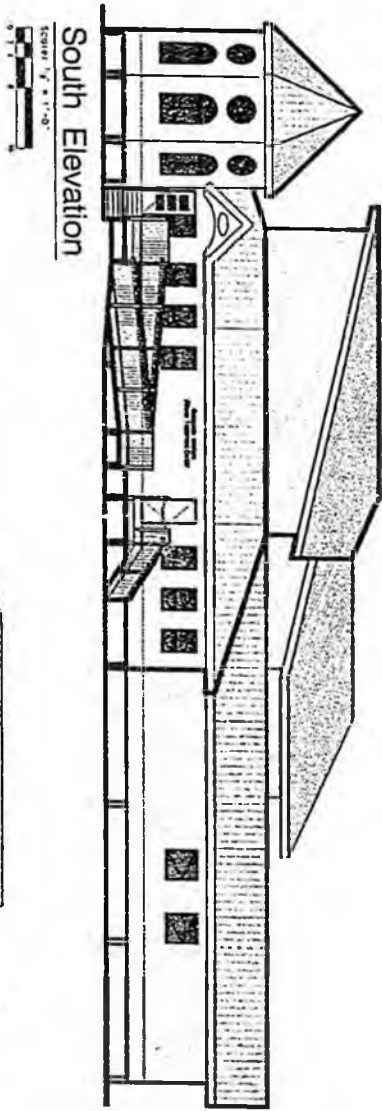
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 BETHEL, ALASKA

Revisions

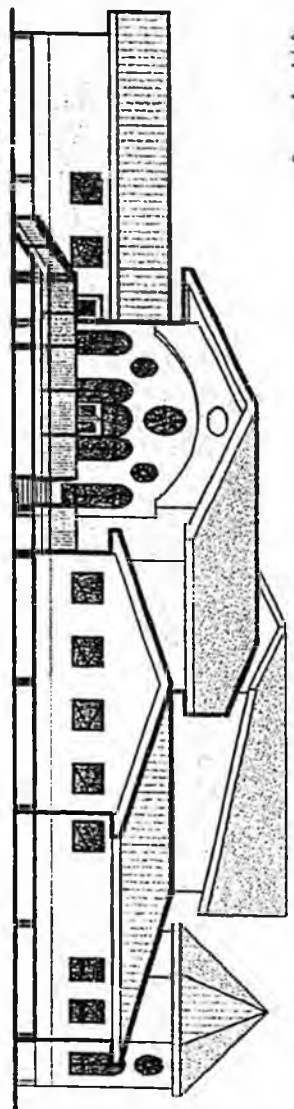
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Checked S.T. Stevens	Job No. 18001

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Floor Plans

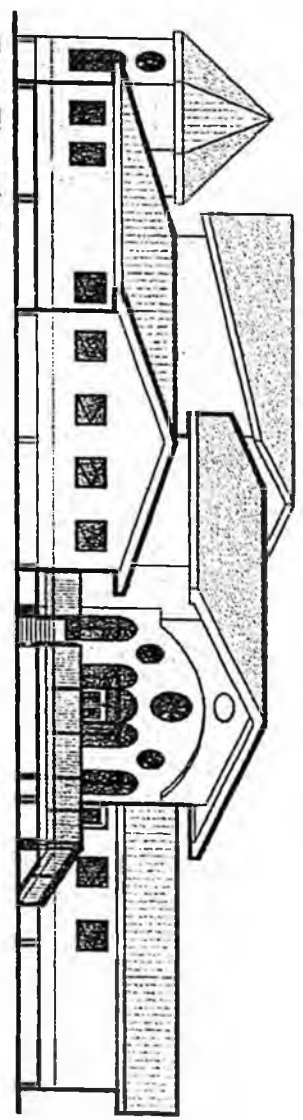
Category A	Sheet 1.1
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South Elevation



North Elevation



East Elevation

Conceptual Elevations



Yukon-Kuskokwim Health Corporation
 100 Main Street
 Bethel, Alaska 99574
 Phone: (907) 553-4141
 Fax: (907) 553-4141
 E-Mail: ykchc@ykc.state.ak.us



**YKHC STATEWIDE
 INHALANT TREATMENT CENTER**
 YUKON-KUSKOKWIM HEALTH CORP
 BETHEL, ALASKA

Drawn S. L. CHAND	Date 1/27/10
Checked M. J. LUKAS	Job No. 1001
Design Comments	Sheet
Elevations	
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