

MINUTES OF THE SENATE FEDERAL AND STATE AFFAIRS COMMITTEE

The meeting was called to order by Chairperson Nancey Harrington at 10:45 a.m. on February 12, 2003 in Room 245-N of the Capitol.

All members were present.

Committee staff present: Russell Mills, Legislative Research Department
Theresa Kiernan, Office of the Revisor
Nikki Kraus, Committee Secretary

Conferees appearing before the committee: Gary Winget, Kansans for Addiction Prevention
Lori Alvarado, Prevention Team Leader, Substance Abuse Program, Treatment, and Recovery, SRS

Others attending: Please see attached.

Chairperson Harrington opened the meeting by asking members if they had any bill introductions.

Senator O'Connor asked for the introduction of a bill regarding school vouchers and made note to the committee that its fiscal note would save the general fund two million dollars.

Senator O'Connor made a motion to introduce the bill. Senator Lyon seconded the motion. The motion was passed. Senator Teichman requested that her opposition to the bill's introduction be noted.

Mr. Winget made a presentation before the committee regarding prevention issues. (Attachment 1)

Ms. Alvarado also explained to the committee some of the ongoing prevention projects of SRS.

Following discussion, Chairperson Harrington asked what the greatest needs are on average. Ms. Alvarado replied that alcohol and smoking and tobacco products were big concerns.

Phillip Bradley, Kansas Licensed Beverage Association, stated that some of the issues the speakers had addressed were supported with broad brush statements and that he felt there were many problems with various addictions besides alcohol. He also said that he disagreed with an earlier statement that those selling alcohol do not care about their customers. He emphasized the different aspects of alcohol and the amount of taxes they generate.

Senator Barnett introduced a conceptual bill regarding preliminary breath tests (PBT) and the allowance for use on minors. Senator O'Connor seconded the motion. The bill was introduced.

Senator O'Connor introduced a conceptual bill regarding charter schools. Senator Barnett seconded the motion. The bill was introduced.

Senator Brungardt introduced a bill regarding the appraisal of unsold lots being developed. Senator Barnett seconded the motion. The bill was introduced.

Senator Gooch stated that he wondered how much it cost for a bill to be introduced. He stated that he didn't believe he had never voted against a bill to be introduced or leave a committee, but he wondered if the Legislature was wasteful to think that anything that comes up should be introduced or go before the entire body.

The meeting was adjourned at 11:42 p.m.

SENATE FEDERAL AND STATE AFFAIRS COMMITTEE
GUEST LIST

DATE: February 12, 2003

NAME	REPRESENTING
Lori Alvarado	SPS/Health Care Policy Addiction & Prevention Services
Glenn Thompson	Stand Up For KS.
Pete Body	ABC
PHILIP BRADLEY	KLBA
Jane Sieve	Sen. Gilstrap Intern

PREVENTION ISSUES

February 12, 2003

1. Tell about Sarah, runaway, older man, alcohol and drugs.
2. The key factor in prevention is age. Few adults become addicted to nicotine, and often alcohol and other drugs is very early as well.

*gamblers
start
young*

So prevention must begin at a very early age.

The front line of prevention is the parents. People ask me how often they should talk to their children about drugs. I ask them how many advertisements for booze their children see on television per day. I ask them how many times a day do they see a celebrity on television use nicotine, alcohol, or drugs. **You must talk to your children at least daily about addictions.**

men - contact in seconds

- a. Most parents do not have a clue about how to talk to their children about...anything, let alone drugs, and sexually transmitted diseases.
- b. How many parents smoke or drink in front of their children? My dad said, "Garry, I don't want you to burn the barn down, so don't go hiding if you want to smoke, come to me and I will give you cigarettes." At that age, I was pretty well disgusted with everything my father did, so I never did smoke.

On the other hand, my wife and I did drink socially during the early years I was in the Air Force. Then she said, "If we don't want our children to drink, then we should not drink in front of them." In the military, there is some peer pressure. They did manage to have a cola available for the old sarge at squadron beer parties. Our children will follow our example, not our speeches to them. Parents are the key!

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Attachment # 1

3. The great anti-prevention is marketing by the booze industry. I have a difficult time understanding our response to advertising. Why in the world do we watch some of the insane ads on television? But we do watch. 50% or more of the advertising of the alcohol industry is aimed at new customers—youth. They have a national agreement not to advertise this way, but there is no enforcement to this soft commitment on their part.

4. Enforcement has been a major line of prevention. I would **strongly** recommend that each of you ride along with an ABC enforcement team some night. I certainly counted my ride-along as continuing education. It amazed me how well these officers could detect an underaged customer. Teenagers with fake ID's are regular customers at liquor stores and convenience stores. We have thousands of poorly trained and poorly motivated sales people.

My grandson worked as a bouncer at a bar in Manhattan. I was pleased to learn that the owners gave a \$5 reward to the security staff when they confiscated a fake ID. Most often, the motivation is to sell more product.

The courts do not uniformly enforce the law. The law profession may have a few alcoholics in it. The legislature may have a few alcoholics in it. My profession, the clergy, does have a few alcoholics in it. I wish that there was some way to do a data base to determine soft spots in the courts.

5. Our regional prevention centers, and our schools are attempting to educate children about addictive substances. When I have gone into schools to make a presentation, I have been quite pleased with what the children know. I do not have a sense that we can do a lot more in the area of education. Many of us accept the model that if everyone knew enough, things would work out. That is not true for addictions. Thrill seeking, risk taking, wanting to be a part of the crowd; these all connect with the youth that get quickly hooked. **Rural youth are at the highest risk.** When our children were about to go to high school, I believe that the Kanopolis High School was about to close, and they would have gone to Ellsworth. Most

Saturday nights, the kids in the crowd went to the beach on the Smokey Hill River for a beer bust. There was nothing else for the rest of the kids.

Lack of activities is a significant issue for kids that experiment with things that will get them addicted.

*gambling
50
mile
Nevada*

6. Accessibility of alcohol is one prevention category. The less available an addictive substance, the fewer people that use it. That may not be revolutionary thinking, but for some people it is hard to grasp. So KAP will always support ways to restrict access:

- People that become addicted are often affected in their thought process. They may not remember that stores close at certain time or that they are closed on Sunday. Restricted hours do reduce consumption, or stores would not be seeking expanded hours.
- Price might be something restrictive. Beer is so cheap right now that it is as cheap as a cola. Teenagers are especially responsive to cost. If an addictive substance increases in price, they will shift or quit.
- Thank you for the keg bill that passed last year. That was a major move to restrict access by children.

7. Our society is an addicted society. I watched a very bland television show the other night, and it too was centered around people drinking. The power of the television and its sponsor the booze industry makes prevention of addictions extremely hard.

8. Prevention is so very essential because treatment is a failure. We are not willing to put the dollars into the type of treatment that will make it work. A dollar in prevention/enforcement is worth \$8 in treatment and the related losses of addictions.