
SAPT Bulletin

Volume 03 Issue 1

March 2003

A SUBSTANCE ABUSE PREVENTION TEAM (SAPT) PUBLICATION

Inside This Issue	
1	The Forgotten Side – Boating Under the Influence
2	Huffing – The Abuse of Inhalants
3	Training Issues
4	Links



Boating Under the Influence

Springtime is just around the corner. Many of us do not realize or forget about the variety of dangers associated with alcohol consumption and the operation of equipment or machinery. We often tend to focus primarily on drinking and the operation of land based vehicles. A large portion of people within the Coast Guard family own and operate personal watercraft whether it's a fishing boat or jet ski. And with warmer weather on the way, the nation's lakes, rivers and waterways will be buzzing with the sound of millions of watercraft.

Did you know:

- BUI is just as deadly as drinking and driving.

- A boat operator is likely to become impaired more quickly than a driver, drink for drink?
- The penalties for BUI can include large fines, revocation of operator privileges and serious jail terms?
- The use of alcohol is involved in about a third of all recreational boating fatalities?



Dangers of BUI: Alcohol affects judgment, vision, balance and coordination. These impairments increase the likelihood of accidents afloat-for both passengers and operators. U.S. Coast Guard data shows that in boating deaths involving alcohol use, over **half** the victims capsized their boats and/or fell overboard. Alcohol is even more hazardous on the water than on land. The marine environment – motion, vibration, engine noise, sun, wind and spray – accelerates a drinker's

impairment. These stressors cause fatigue that makes a boat operator's coordination, judgment and reaction time decline even faster when using alcohol. Alcohol can also be more dangerous to boaters because boat operators are often less experienced and less confident on the water than on the highway. Recreational boaters don't have the benefit of experiencing daily boat operation. In fact, boaters average only 110 hours on the water per year.

Alcohol Effects: Cognitive abilities and judgment deteriorate, making it harder to process information, assess situations, and make good choices. Physical performance is impaired – evidenced by balance problems, lack of coordination, and increased reaction time. Vision is affected; including decreased peripheral vision, reduced depth perception, decreased night vision, poor focus, and difficulty in distinguishing colors (particularly red and green). Inner ear disturbances can make it impossible for a person who falls into the water to distinguish up from down.

Alcohol creates a physical sensation of warmth – which may prevent a person in cold water from getting out before hypothermia sets in. As a result of these factors, a boat operator with a BAC above .10 is estimated to be more than 10 times likely to die in a boating accident than an operator with zero BAC.

Enforcement and Penalties:

The Coast Guard and every state have stringent penalties for violating BUI laws. These can include large fines, suspension/revocation of operator privileges, and jail terms. In waters that are overseen solely by the states, the states have the authority to enforce their own BUI statutes. In state waters that are also subject to U.S. jurisdiction, there is a concurrent jurisdiction. That means if a boater is apprehended under Federal law in these waters, the Coast Guard will (unless precluded by state law) request that state law enforcement officers take the intoxicated boater into custody. When the Coast Guard determines that an operator is impaired, the voyage may be terminated. The Coast Guard or a competent and un-intoxicated person on board will bring the vessel to mooring. Depending on the circumstances, the Coast Guard may arrest the operator, detain the operator until sober, or turn the operator over to state or local authorities.



Tips for Avoiding BUI:

- Take along a variety of cool non-alcoholic drinks.
- Bring plenty of food and snacks.
- Wear clothes that will help you stay cool.
- Limit your trip to a reasonable time to avoid fatigue. It's more common to become tired more quickly on the water.
- If you want to make alcohol part of your day's entertainment, plan to have a party ashore at the dock, picnic area or your back yard. Make sure you have sufficient time between partying and getting back into your boat.
- Having no alcohol while aboard is the safest way to enjoy the water – intoxicated passengers are also at risk of injury and falls overboard.
- WEAR LIFEJACKETS!
- Boat operators are responsible for the safety of their passengers.



Huffing – The Abuse of Inhalants

The abuse of inhalants is widespread across the U.S.; however, it may be underreported because law enforcement officials and healthcare providers are often unfamiliar with the signs of

inhalant abuse. Easy accessibility and the relatively low cost of the substances abused indicate that inhalant abuse will attract new users and continue to be a problem in the U.S.



Huffing is the purposeful inhalation of chemical vapors to achieve an altered mental or physical state, which for most abusers is a “euphoric effect”. Over **1,000** common household products contain chemical vapors that are abused. Some general categories of these substances are:

Volatile solvents liquids that vaporize at room temperature such as paint thinner, gasoline, correction fluid, felt-tip markers, nail polish/remover and glue.

Aerosol sprays containing propellants and solvents such as toluene including paint, deodorant, hair products, cooking products, etc. Silver or gold paint are particularly popular.

Gases such as refrigerants and medical anesthetics including butane lighters, freon (refrigerant), propane, ether, chloroform and nitrous oxide. Nitrous oxide is the most popular and commonly used gas. It can be obtained from whipped cream dispensers (aka “whippets”) and automobile octane boosters.

Nitrites including cyclohexyl nitrite, amyl nitrite, and butyl

nitrite. Nitrites are used mainly to enhance sexual experiences. They can be found in room deodorizers or small sealed capsules also known as “poppers or snappers”.

Street Terms for Inhalants:

Amys, Bang, Bolt, Boppers, Bullet, Climax, Glading, Gluey, Hardware, Head Cleaner, Hippie Crack, Kick, Locker Room, Poor Man’s Pot, Poppers, Rush, Snappers, Toncho.

Who Abuses?

In 1999 it was estimated that the number of abusers (including first time users) was 1,010,000, up 158% from 1990. Although abuse affects all age groups, the primary group was 12-17 year olds. By eighth grade one in five individuals has tried inhalants at least once. Among eighth, tenth, and twelfth graders inhalants are the **fourth** most abused substances in the U.S. following alcohol, cigarettes, and marijuana.

Out of 144 inhalant related deaths in Texas from 1988 to 1998, Freon was found to be responsible for 51 of these alone.

In 1999 most occurrences of huffing was centered on 11 states where the percentage of high school students abusing at least once exceeded the national average of 14.6%

- West Virginia (20.4%)
- Tennessee (19.2%)
- Nevada (19.0%)
- Wyoming (17.6%)
- Ohio (17.1%)
- Arkansas (16.7%)
- Montana (16.5%)
- Wisconsin (16.2%)
- Alabama (16.1%)
- Michigan (15.6%)

North Dakota (15.5%)

How are Inhalants Abused?

Inhalants are breathed in through the nose or mouth in a variety of ways. Abusers begin by inhaling deeply; they then take several more breaths. Abusers may inhale, by sniffing or snorting, chemical vapors directly from open containers or by huffing fumes from rags that are soaked in a substance and then held to the face or stuffed in the mouth. Other methods include spraying aerosols directly into the nose or mouth or pouring inhalants onto the user’s collar, sleeves, or cuffs and sniffing them over a period of time (such as during a class in school). In a practice known as bagging, fumes are inhaled from substances sprayed or deposited inside a paper or plastic bag. Alternatively, the fumes may be discharged into small containers such as soda cans and then inhaled from the can. Users may also inhale from balloons filled with nitrous oxide or other devices such as snappers and poppers in which inhalants are sold.

Signs of Abuse:

- Drunk or disoriented appearance.
- Paint or other stains on face, hands, or clothing.
- Hidden empty spray paint or solvent containers and chemical soaked rags or clothing.
- Slurred speech.
- Strong chemical odors on breath or clothing.

- Nausea or loss of appetite.
- Red or runny nose.
- Sores or rash around the nose or mouth.

What are the Effects?



For most users, there is a rapid euphoric effect similar to alcohol. Users experience initial excitation, then drowsiness, lightheadedness, agitation and sometimes loss of inhibitions. Other effects include dizziness, strong hallucinations, delusions, belligerence, apathy, and impaired judgment. Some **long-term** symptoms include weight loss, muscle weakness, disorientation, inattentiveness, lack of coordination, irritability, depression, serious and sometimes irreversible damage to the user’s heart, liver, kidneys, lungs, and brain. Brain damage may result in personality changes, diminished cognitive functioning, memory impairment and slurred speech. Withdrawal symptoms include sweating, rapid pulse, hand tremors, insomnia, nausea or vomiting, hallucinations, and, in severe cases, grand mal seizures.

Death from inhalant abuse can occur after a single use or after prolonged use. Sudden sniffing death (SSD) may result within minutes of inhalant abuse from irregular heart rhythm leading to

heart failure. Other causes of death include asphyxiation, aspiration, or suffocation.

Training Issues

Apparently there has been some confusion in the field regarding the frequency of training for the different levels of S.A.F.E. and general drug and alcohol training. As of 05 FEB 03, current policy requires S.A.F.E. Awareness, Supervisor, and Manager training be given to all individuals (rank specific) at a minimum of **once** in a career. In most cases, this training will be provided by SAPT members upon request. General drug and alcohol training covering topics such as: alcohol abuse and its effect on members and their

families, identifying signs of alcohol abuse, Coast Guard policy on personnel having alcohol problems and individual responsibilities, and alcohol treatment programs available to members. This training is the responsibility of the unit CDAR(s) and will be given annually. With that said, there are changes to training requirements that are currently pending approval. These changes will be in chapter 2 to COMDTINST M6200.1, Coast Guard Health Promotion Manual. Please direct any questions or comments to your respective area SAPT.



SAPT hopes you will ...

"Think Outside the box",

Cool Links

1. **Alcohol Alerts**: Print and post a new one each month! Find them here...
<http://silk.nih.gov/silk/niaaa1/publication/alalerts.htm>
2. **On-Line Diagnosis-Substance Related Disorders**: An interactive test where one can answer some questions and get an "unofficial" diagnosis online instantly. A good eye opener for the "fence sitter" and those who are simply curious about their own relationship with substances with potential for addiction.
<http://www.mentalhealth.com/fr71.html>
3. **Prevention Plans**: This is a CSAP and SAMSHA site with a "tool" that takes one step by step through considerations in prevention planning. Assess your needs and resources here:
<http://www.preventiondss.org/>
4. **Facts on Binge Drinking**:
<http://www.nasulgc.org/bingedrink/bingefacts.pdf>
5. **Another Empty Bottle**: A support site for the friends, family, and alcoholics. Lots of great links!
<http://www.alcoholismhelp.com/help/>
6. **Ephedrine**:
<http://www.hsph.harvard.edu/Organizations/DDIL/ephedrine.html>
7. **National Commission Against Drunk Driving**:
<http://www.ncadd.com>

SAPT Bulletin is a quarterly electronic publication produced for Collateral Duty Addictions Representatives and their commands. Editorial content is unofficial and not authority for action. Views and opinions expressed do not necessarily reflect those of the Coast Guard.

Future editions may include letters to the editor. Letters to the editor allow readers to comment on alcohol and drug related issues facing the Coast Guard. Please limit remarks to 100 words or less. No names will be withheld. Provide rank, first and last names, phone number and unit. Send comment to either team Atlantic at 757-856-2205/2087 or Pacific at 707-765-7324