

Heroin in Alaska: From Bush villages to Fairbanks, it's showing up more and more

By Sam Friedman / sfriedman@newsminer.com Fairbanks Daily News-Miner | Posted: Sunday, March 18, 2012 12:01 am

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FAIRBANKS — There's a new drug in town that's not really a new drug.

Heroin, a drug that was almost non-existent in Fairbanks 10 years ago, has made its way back to Alaska, and more recently into the Interior, following the spike in the street value for prescription opiate pills such as OxyContin.

While it is still far from common in Fairbanks, law enforcement and drug treatment program managers warn the powerful drug has the potential to do a disproportionate amount of harm in the form of overdose deaths and the spread of diseases that can accompany a drug that is generally injected.

Re-emergence

Sgt. Scott Johnson has been on the multi-agency Fairbanks Areawide Narcotics Team for five years and seen a major transformation in drug use habits in the Interior. He's now the head of the team.

"When I first got into the drug unit, we were buying prescription meds like crazy," he said. "Lots of meth and lots of marijuana. But no heroin, I mean zero. It just wasn't around up here."

Anecdotal reports suggest the drug was somewhat more available in Fairbanks during the 1970s pipeline construction boom and then all but disappeared in the last few decades, occasionally accompanying new resident-users to the area but seldom available on the black market.

That began to change about four years ago when Johnson was called to Palmer to help execute a search warrant on a series of seven houses. He expected the usual mix of drugs he had been seeing in Fairbanks. Each of the seven was a heroin house.

Like many other things in Alaska, heroin eventually spread from the most-populated region to the second-largest city.

"About three years ago we started hearing about heroin (in the Interior)," Johnson said. "We would



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talk with folks who would get themselves into trouble and they'd say 'Well so-and-so is selling heroin.' And we'd say 'What? Are you sure it was heroin?' ... Now it's every day."

This year's annual reports of the multi-agency Alaska Statewide Drug Enforcement Unit give a dramatic picture of an increasing focus on heroin by law enforcement over the past five years.

Ten years ago the unit was seizing a few dozen 10 mg dosage units a year.

During the last few years it has seized more than 10,000 units per year. 2008 was the biggest year for heroin seizure in 20 years, but last year was one of the largest with 6.41 pounds (or almost 30,000 dosage units) seized and 118 people arrested for heroin offenses. There are about a dozen Interior heroin cases in the court system, Johnson said.

Opiate pills and heroin are most common in Alaska's cities but have spread to Bush Alaska, with recent heroin busts in Bethel and Dillingham, said Lt. Chris Thompson, a deputy commander of the Alaska Bureau of Investigation, part of the Alaska State Troopers.

While annual report numbers are useful, arrest statistics are not necessarily a sign of drug prevalence because law enforcement is likely to find what it is looking for based on the way it moves through networks of traffickers using confidential informants.

"We have to be kind of careful with trends and that sort of thing because they are sort of self-fulfilling," Thompson said. "Sometimes if we focus on something we tend to find it."

In Fairbanks, an increase in heroin availability in the last year also is reported at Project Special Delivery and Turning Point Counseling Services, which have programs to treat opiate addicts.

Supply and demand

A change in the manufacture of one popular painkiller to make it harder to abuse may have helped spawn the new market for heroin.

Before the re-emergence of heroin, some Alaskans, including in the Interior, had a sizable appetite for pain pills in which the active ingredient — like that in heroin — is related to the opium poppy.

Most popular is OxyContin (generic name oxycodone), but there's also hydrocodone, morphine and drugs that combine opiates with other drugs — Vicodin and Percocet are examples of these. Drug dependencies sometimes begin when someone is prescribed the pills as medicine. The pills can be taken orally, but heavier users tend to smoke or inject them because it gives a stronger effect.

In 2010, Alaska's Statewide Drug Enforcement Unit seized the equivalent of 5,958 dosage units of OxyContin/oxycodone, the most commonly abused opiate drug on the black market, according to the organization's 2011 annual report.

That same year, in the spring, the U.S. Food and Drug Administration approved a new formulation

by OxyContin, designed specifically to make it harder for recreational drug users to crush the pill and get around the timed release of the medication. The new pills are marked with the letters OP instead of OC.

In no time, drug users began to look elsewhere. Prices spiked for other oxycodone pills, said Johnson at the Fairbanks Areawide Narcotics Team. An 80 mg oxycodone dose in Fairbanks can now cost upward of \$280, he said. 2011 actually saw a drop in the number of OxyContin/oxycodone doses seized by the drug enforcement unit.

Opiate users build up tolerance and require larger and more expensive doses over time. The spiraling expense of an addiction leads people to a cheaper opiate such as heroin.

A typical dose of heroin is now a comparative bargain at about \$80, Johnson said.

In Fairbanks, most heroin is low-grade black tar heroin, although a purer variation known as China White has recently entered the market, he said.

A younger crowd

At Project Special Delivery, an opiate treatment program operated by the Interior AIDS Association, staff has recently observed another trend — the composition of its clients.

The average age of a client has decreased from the 40s to its current average of 34, according to clinical director Brenda Henze-Nelson

“Our clients basically over the years have an opiate addiction after either they’ve come through an alcohol addiction or maybe cocaine or maybe something else,” she said.

That’s changed recently.

“Kids, instead of starting on alcohol or marijuana, started smoking Oxy right off the bat.”

Gunnar Ebbesson, clinical director at Turning Point Counseling Services, which also runs an opiate treatment program, has also noticed his opiate clients. They tend to be young, Caucasian and from middle or upper-middle class families, he said. The fact that they tend to be wealthier is likely a result of Turning Point being a private clinic that predominantly treats clients with insurance, he said.

“It’s a good thing for treatment because when parents who have a voice in the community have kids who are addicted and get treatment and are successful, then they advocate for treatment within the community versus saying “Oh, that’s South Cushman’s problem,”” he said, in reference to the area of Fairbanks viewed as having greater drug use and crime.

By one national drug-use survey, non-medical use of prescription drugs is the most popular category of abuse among Alaska high school students, trailing alcohol, tobacco and marijuana.

According to 2011 data from the Centers for Disease Control and Prevention’s Youth Risk Behavior

Survey, 15.8 percent of Alaska students reported having used prescription pills without a prescription. The category includes opiates as well as other prescription medications that are sometimes abused, including Xanax and Ritalin.

The anonymous, written survey was given at traditional high schools.

Reported heroin use among high school students was barely on the map. It was 2.5 percent in 2011 and like in other recent survey years it was reported less commonly than inhalant drug use (like glue and aerosols), cocaine, ecstasy and methamphetamine.

Authorities don't want to see the general increase in heroin use reach into the schools.

Johnson, the sergeant with the drugs team, said there is a risk of heroin use expanding among Interior high school students. Already, he said, the drug enforcement program has changed the way it does education programs at high school.

"Just the other day I did five presentations at schools," he said. "We used to skip over heroin when I first got in there because it just wasn't an issue. Now we try to get in schools and educate the kids that this is a drug that more likely than not you will be exposed to."

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