

HB

628

DRUG LEGISLATION

HESS COMMITTEE

SUMMARY

SUMMARY OF PROPOSED REVISION TO ALASKA'S DRUG LAWS

*Title 17 contains
our current drug
statutes
Chapt 12 enacted in 1968*

I. INTRODUCTION

House Bill 628 comprehensively revises, consolidates and modernizes the drug laws of Alaska. The bill is patterned after the Federal Controlled Substances Act of 1970 and the Uniform Controlled Substances Act. The Federal and Uniform Acts have served as models for the forty-four states that have recently revised their outdated drug laws.

The bill has two related but distinct objectives regarding the problem of drug abuse. The first is to discourage the illicit trafficking in and use of drugs by establishing rational and enforceable penalties for the illegal distribution and possession of controlled substances. The second is to insure that the legitimate handling of controlled substances by persons such as pharmacists and manufacturers is properly regulated to prevent diversion of drugs into illegal channels.

II. CLASSIFICATION OF CONTROLLED SUBSTANCES

Following the lead of the Federal and Uniform Acts, House Bill 628 classifies all controlled substances into schedules based on the relative danger of the substance. Six schedules are used with schedule I containing the most dangerous controlled substances. Schedules II, III, IV, V, and VI list controlled substances in descending order of relative dangerousness.

Heroin, for example, is classified as a schedule I controlled substance while cocaine is classified as a schedule II controlled substance. Valium is classified as a schedule IV controlled substance while marijuana and alcohol are classified as schedule VI controlled substances. The specific penalty for the illicit manufacture, distribution and possession of a particular controlled substance is determined by the scheduling of the drug.

III. CONTROLLED SUBSTANCES ADVISORY COMMITTEE

Following the recommendation of the Uniform Controlled Substances Act, the proposed bill establishes a Controlled Substances Advisory Committee.

The Committee proposed under the bill would be comprised of nine members having special expertise in dealing with the problems of drug abuse. Included as members are the Director of the Division of Public Health, a pharmacist, the Commissioner of Public Safety, the Attorney General, a physician and a law enforcement officer. A public member is also appointed by the governor to insure maximum opportunity for citizen participation.

While all controlled substances are initially classified into one of the six schedules by the bill, the Committee is given primary responsibility for adding controlled substances after public hearings as new information becomes available concerning the abuse of drugs. If a drug is added to the federal schedules the committee must within 60 days consider adding the drug to Alaska's controlled substances schedules. Additionally, the committee is charged with the responsibility to determine whether the deletion or rescheduling of controlled substances is required and to report its findings to the governor and the legislature.

IV. CRIMINAL PENALTIES

House Bill 628 classifies all offenses involving the abuse of Controlled Substances into six degrees of the crime Promoting a Controlled Substance. The bill reserves its stiffest penalties for persons engaged in the large scale distribution of controlled substances and the distribution of drugs to minors.

A. Promoting a Controlled Substance in the First Degree

Promoting a Controlled Substance in the First Degree is the most serious crime under the bill and is punishable by a mandatory term of imprisonment of at least five years and a maximum term of imprisonment of ninety-nine years. This penalty is identical to the penalties authorized in the new criminal code for the crimes of Kidnapping and Murder in the Second Degree.

This statute covers the distribution of a schedule I controlled substance (e.g., heroin) to a minor as well as ongoing large scale criminal enterprises involving the distribution of any controlled substance.

B. Promoting a Controlled Substance in the Second Degree

Promoting a Controlled Substance in the Second Degree is a class A felony which under the new criminal code is punishable by a maximum of twenty years imprisonment. This penalty is identical to the penalties authorized in the new criminal code for Manslaughter, Armed Robbery, and Rape.

The statute prohibits the manufacture or distribution of schedule I controlled substances (e.g., heroin) to any person as well as the distribution of a schedule II or III controlled substance (e.g., cocaine, LSD and hashish) to a minor.

C. Promoting a Controlled Substance in the Third Degree

Promoting a Controlled Substance in the Third Degree is a class B felony, punishable by a maximum penalty of ten

years under the new criminal code. This penalty is identical to the punishment authorized in the new criminal code for the crimes of Perjury and Burglary of a Dwelling.

The statute covers the manufacture and delivery of a schedule II or III controlled substance (e.g., cocaine and hashish), the distribution of a schedule IV or V controlled substance (e.g., valium) or marijuana to a minor, and the possession by an adult of a schedule I or II controlled substance (e.g., heroin or cocaine) in a school.

D. Promoting a Controlled Substance in the Fourth Degree

Promoting a Controlled Substance in the Fourth Degree, a class C felony, carries the same five year maximum penalty as Criminally Negligent Homicide and Riot under the new criminal code.

The statute covers seven forms of conduct including the distribution of any amount of marijuana, the possession of schedule I or II controlled substances (e.g., heroin and cocaine), the possession by an adult of schedule III, IV or V controlled substances or marijuana within the grounds of a school and the possession of one pound or more of marijuana under any circumstances.

The specific prohibition against possession of one pound or more of marijuana is included to resolve ambiguities created by the Supreme Court's decision in Ravin v. State regarding possession of small amounts of marijuana for personal use in the home. This has been a particular problem in dealing with situations involving the cultivation of large amounts of marijuana plants. Under House Bill 628 the possession of one pound or more of marijuana is presumed not to be for personal use and is classified as a felony.

Also included in the fourth degree crime are aggravated instances of bootlegging. While bootlegging of intoxicating liquor is ordinarily a misdemeanor under both present law and House Bill 628, the bill makes it a felony if the defendant has been previously convicted of bootlegging or has attempted to sell the intoxicating liquor to a minor or to more than one person.

E. Promoting a Controlled Substance in the Fifth Degree

Promoting a Controlled Substance in the Fifth Degree is a class A misdemeanor punishable by a maximum of one year in jail. It carries the same penalties as Resisting Arrest and Assault and Battery under the new criminal code.

The statute covers the unlawful possession of schedule III, IV or V controlled substances (e.g., hashish and valium),

the furnishing of intoxicating liquor to a person under 19 years of age, non-aggravated instances of bootlegging and the furnishing of false or fraudulent information in application, reports or records pertaining to controlled substances.

F. Promoting a Controlled Substance in the Sixth Degree

Promoting a Controlled Substance in the Sixth Degree, a class B misdemeanor punishable by a maximum sentence of 90 days imprisonment, carries the same penalty as the theft of a \$20 pair of gloves and Prostitution under the new criminal code.

The statute prohibits various forms of conduct involving the possession of marijuana that is punishable by a maximum \$1,000 fine but no jail time today. It covers the possession of marijuana in public, the possession of marijuana while operating a motor vehicle and the possession of marijuana by persons under 19 years of age.

V. INCREASED PENALTIES FOR REPEAT OFFENDERS

Because the sentencing provisions of House Bill 628 are keyed into the presumptive sentencing provisions of the new criminal code, a judge's discretion in sentencing a defendant with a prior felony conviction is substantially restricted. For example, if a defendant is being sentenced for Promoting a Controlled Substance in the Second Degree (e.g., Sale of Heroin) and has prior felony convictions for Burglary and Aggravated Assault, the sentencing judge will be unable to reduce the sentence below 7 1/2 years. Additionally, once sentenced, the defendant may not be paroled.

VI. FORFEITURE

The proposed bill contains detailed provisions providing for the forfeiture of items such as automobiles, airplanes and firearms that are used to facilitate illegal drug transactions. While heavily penalizing persons engaged in criminal activity, the bill contains provisions allowing innocent parties, such as a bank holding a security interest in an automobile, to protect their interest in the property.

VII. BAIL

The bill also contains an amendment of the present statute concerning release on bail which provides that a defendant may not be released on bail after conviction if the offense was Promoting a Controlled Substance in the First Degree or otherwise involved the manufacture, delivery or possession with intent to deliver a Schedule I or II controlled substance (e.g., heroin, cocaine, LSD) under circumstances manifesting an intent to distribute the substance as part of an ongoing commercial enterprise. This adds these offenses to Murder, Kidnapping and Rape for which bail may not be granted after conviction.

VIII. REGULATORY PROVISIONS

To insure that drugs destined for legitimate distribution and possession by manufacturers, doctors, researchers and pharmacists are not diverted to illegal use, the bill requires registration with the state of all persons legitimately in possession of controlled substances. An identical scheme for monitoring legitimate use of controlled substances is provided for by federal law.

To insure that pharmacists, doctors, researchers and manufacturers of controlled substances are not subject to conflicting state and federal requirements concerning registration and record keeping requirements, order forms and prescriptions, the bill specifically provides that compliance with federal requirements satisfies state law.

IX. LABORATORY REPORTS

The bill additionally contains a provision for streamlining trials by allowing for the introduction of a certified laboratory report at the time of trial as evidence of the chemical nature of a suspected controlled substance. A defendant who has been properly notified that this procedure will be followed may for good cause object to such a procedure and require the presence of the chemist who performed the analysis of the drug. This procedure will allow the chemist to remain in his laboratory performing analysis rather than repeating in a court what he has already stated in his report.

MAJOR FEATURES OF PROPOSED DRUG LEGISLATION

- I. EXPRESSION OF LEGISLATIVE INTENT - PURPOSE OF BILL
 - A. CONSOLIDATE AND MODERNIZE ALASKA'S DRUG LAWS ELIMINATING INCONSISTENCIES AND LOOPHOLES
 - B. PROVIDE FOR UNIFORM PENALTY PROVISIONS ON THE BASIS OF THE SERIOUSNESS OF SUBSTANCES IN TERMS OF PUBLIC HEALTH AND SAFETY
- II. TITLE 17: CONTROLLED SUBSTANCES ACT
 - A. CRITERIA FOR CLASSIFICATION OF DRUGS SPECIFICALLY SET OUT
 - B. CONTROLLED SUBSTANCES COMMITTEE
 - C. SIX SCHEDULES FOR ALL DRUGS CLASSIFIED ON BASIS OF A DRUG'S DANGER UNDER THE CRITERIA SPECIFIED IN THE BILL
 - D. LEGITIMATE HANDLER'S REQUIREMENTS
 - E. ADMINISTRATIVE AND ENFORCEMENT PROVISIONS
 - 1. COOPERATIVE LAW ENFORCEMENT AGREEMENTS
 - 2. COMPREHENSIVE FORFEITURE PROVISIONS
 - 3. EDUCATIONAL AND RESEARCH PROGRAMS
- III. TITLE 11: SPECIFIC CRIMINAL OFFENSES - REORGANIZES ALL OFFENSES INTO A SINGLE CHAPTER IN THE CRIMINAL CODE
 - A. BROKEN DOWN INTO SIX DEGREES OF THE CRIME "PROMOTING A CONTROLLED SUBSTANCE."
 - B. KEYED INTO THE CLASSIFICATION PROVISIONS OF THE REVISED CRIMINAL CODE
 - C. KEYED INTO THE PRESUMPTIVE SENTENCING PROVISIONS OF THE REVISED CRIMINAL CODE
- IV. AMENDMENT TO BAIL STATUTE DENYING BAIL AFTER CONVICTION FOR SERIOUS DRUG OFFENSES

SCHEDULING EXAMPLES

SCHEDULE I - HEROIN, OPIUM, OPIATES, METHADONE

SCHEDULE II - COCAINE, LSD, Mescaline, PCP, AMPHETAMINES AND
THE MORE SERIOUS DEPRESSANTS SUCH AS METHAQUALONE

SCHEDULE III - MODERATELY SERIOUS STIMULANTS AND DEPRESSANTS,
BARBITURATES, HASHISH AND HASHISH OIL

SCHEDULE IV - LESS SERIOUS STIMULANTS AND PRESCRIPTION DEPRESSANTS
(e.g. VALIUM)

SCHEDULE V - SMALL AMOUNT OF CODEINE AND OPIUM IN MIXTURES
HAVING MEDICINAL QUALITIES

SCHEDULE VI - MARIJUANA AND INTOXICATING LIQUOR

CHARTS

COMPARISON WITH CLASSIFICATION OF OFFENSES UNDER THE REVISED CRIMINAL CODE

OFFENSE CLASSIFICATION	UNCLASSIFIED MAXIMUM 99 YR.	CLASS A FELONY 0-20 YR.	CLASS B FELONY 0-10 YR.	CLASS C FELONY 0-5 YR.	CLASS A MISDEMEANOR 0-1 YR.	CLASS B MISDEMEANOR 0-90 DAYS	VIOLATION MAXIMUM \$200 FINE
DRUG LAW OFFENSES	PROMOTING A CONTROLLED SUBSTANCE IN THE FIRST DEGREE	PROMOTING A CONTROLLED SUBSTANCE IN THE SECOND DEGREE	PROMOTING A CONTROLLED SUBSTANCE IN THE THIRD DEGREE	PROMOTING A CONTROLLED SUBSTANCE IN THE FOURTH DEGREE	PROMOTING A CONTROLLED SUBSTANCE IN THE FIFTH DEGREE	PROMOTING A CONTROLLED SUBSTANCE IN THE SIXTH DEGREE	
EXAMPLES OF CRIMES INCLUDED IN DRUG OFFENSES	SALE OF HEROIN TO A MINOR DRUG OFFENSES COMMITTED AS PART OF A CONTINUING CRIMINAL ENTERPRISE	SALE OF HEROIN SALE OF COCAINE OR HASHISH TO A MINOR	SALE OF COCAINE SALE OF MARIJUANA TO A MINOR	SALE OF MARIJUANA POSSESSION OF HEROIN, COCAINE, LSD, ETC.	POSSESSION OF HASHISH URNISHING LIQUOR TO A MINOR	POSSESSION OF MARIJUANA IN PUBLIC POSSESSION OF MARIJUANA OR INTOXICATING LIQUOR BY PERSON UNDER 19	
COMPARISON WITH OTHER OFFENSES IN SAME CLASSIFICATION	MURDER IN THE FIRST DEGREE MURDER IN THE SECOND DEGREE KIDNAPPING	MANSLAUGHTER RAPE ARMED ROBBERY	THEFT IN THE FIRST DEGREE (\$25,000+) EXTORTION BURGLARY OF A DWELLING PERJURY	THEFT IN THE SECOND DEGREE (\$500-25,000) BURGLARY OF A BUILDING RIOT	THEFT IN THE THIRD DEGREE (\$50-\$500) ASSAULT AND BATTERY CRIMINAL NON-SUPPORT RESISTING ARREST	THEFT IN THE FOURTH DEGREE (\$50 or LESS) CARRYING A CONCEALED WEAPON DISORDERLY CONDUCT PROSTITUTION	LITTERING GAMBLING (1st OFFENSE) SELLING OR GIVING TOBACCO TO A MINOR

PRESUMPTIVE SENTENCING PROVISIONS
OF REVISED CRIMINAL CODE

CLASS A FELONY - 0-20 YEARS/\$50,000
10 YEAR PRESUMPTIVE FOR SECOND FELONY CONVICTION
15 YEAR PRESUMPTIVE FOR THIRD FELONY CONVICTION

CLASS B FELONY - 0-10 YEARS/\$50,000
4 YEAR PRESUMPTIVE FOR SECOND FELONY CONVICTION
6 YEAR PRESUMPTIVE FOR THIRD FELONY CONVICTION

CLASS C FELONY - 0-5 YEARS/\$50,000
2 YEAR PRESUMPTIVE FOR SECOND FELONY CONVICTION
3 YEAR PRESUMPTIVE FOR THIRD FELONY CONVICTION

CLASS A MISDEMEANOR - 0-1 YEAR/\$5,000

CLASS B MISDEMEANOR - 0-90 DAYS/\$1,000

VIOLATION - FINE UP TO \$300

TERMS OF IMPRISONMENT AND AUTHORIZED FINES IN REVISED CRIMINAL CODE

	FIRST FELONY CONVICTION	SECOND FELONY CONVICTION	THIRD FELONY CONVICTION
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"A" Felony	0-20	5-[10]-20	7 1/2-[15]-20
	3-[6]*-20		
"B" Felony	0-10	0-[4]-10	3-[6]-10
"C" Felony	0-5	0-[2]-5	0-[3]-5

MAXIMUM FINES - PERSONS

Murder or kidnapping - \$75,000
 A, B, or C Felony - \$50,000
 A misdemeanor - \$ 5,000
 B misdemeanor - \$ 1,000
 Violation - \$ 300

MAXIMUM FINES - ORGANIZATIONS

All offenses - \$100,000 or
 3 X pecuniary gain
 - whichever is greater

MAXIMUM TERMS OF IMPRISONMENT
FOR MISDEMEANORS

A misdemeanor - 1 year
 B misdemeanor - 90 days

KEY

Number in bracket is presumptive sentence.
 Number to left is lowest mitigated
 sentence. Number to right is highest
 aggravated sentence.

* Six year presumptive term applies if first
 A felony conviction, other than manslaughter,
 and defendant used or possessed a firearm
 during the offense or caused serious physical
 injury.

MAJOR FEATURES COMPARISON CHART

I. CLASSIFICATION RESPONSIBILITY AND CRITERIA

	HB 628 (1980)	SB 65 (1979) HB 102 (1979)	HB 479 (1979)	FEDERAL CONTROLLED SUBSTANCES ACT	EXISTING LAW
RESPONSIBILITY FOR RESCHEDULING, DELETING, AND ADDING CONTROLLED SUBSTANCES	Commissioner of Health & Social Services upon advice of Controlled Substances Advisory Committee may add controlled substances. Legislature may add, delete or reschedule.	Legislature	Controlled Substance Committee created in Dept. of Law may by regulation add, delete or reschedule. Legislature may annul regulation of committee.	Attorney General upon recommendation of Secretary of HEW.	Legislature & Commissioner of Health & Social Services.
CRITERIA FOR DECIDING WHETHER A DRUG SHOULD BE CONTROLLED	Factors listed are basically identical to federal act but also include: (1) Relationship between use of a drug and other criminal activity; (2) Probable physical impact of widespread abuse of substance; and (3) The susceptibility of particular segments of the population.	Not Specified	Same factors as included under Federal Controlled Substances Act.	Eight Factors, including: (1) Potential for abuse; (2) Pharmacological effect; (3) Risk to public health; (4) Risk of psychic or physiological dependence.	Not Specified
CRITERIA FOR DECIDING IN WHICH SCHEDULE A DRUG SHOULD BE CLASSIFIED	The criteria for deciding whether a drug should be controlled are examined in determining the "danger or probable danger of a substance." Drugs with the highest degree are classified in the most serious schedule. Drugs with less danger are classified in correspondingly less serious schedules.	Not Specified	The criteria for deciding whether a drug should be controlled are examined in determining the "danger or probable danger" of a substance. Drugs with the highest degree are classified in the most serious schedule. Drugs with less danger are classified in correspondingly less serious schedules.	Schedule tests are specified and include: (1) Potential for abuse; (2) Accepted medical use; and (3) Physiological dependence.	Not Specified

MAJOR FEATURES COMPARISON CHART

II. PENALTIES: DISTRIBUTION OF CONTROLLED SUBSTANCES TO MINORS

	HB 628 (1980)	SB 65 (1979) HB 101(1979)	HB 479 (1979)	FEDERAL CONTROLLED SUBSTANCES ACT	EXISTING LAW
HEROIN	Unclassified Felony 5-99/\$75,000	0-Life/\$25,000	A Felony 0-20/\$50,000 10 yr. presumptive if second felony conviction 15 yr. presumptive if third felony conviction	0-30/\$50,000 - First Offense 0-45/\$75,000 - Second Offense	10-30/\$5,000-\$10,000 First Offense 15-30/\$5,000-\$10,000 Second Offense
COCAINE	A Felony 0-20/\$50,000 10 yr. presumptive if second felony conviction 15 yr. presumptive if third felony conviction	0-Life/\$25,000	A Felony 0-20/\$50,000 10 yr. presumptive if second felony conviction 15 yr. presumptive if third felony conviction	0-30/\$50,000 - First Offense 0-45/\$75,000 - Second Offense	Same penalties as for distribution of heroin
MARIJUANA	B Felony 0-10/\$50,000 4 Yr. presumptive if second felony conviction 6 yr. presumptive if third felony conviction	0-Life/\$25,000	C Felony 0-5/\$50,000 2 yr. presumptive if second felony conviction 3 yr. presumptive if third felony conviction	0-2/\$10,000 - First Offense 0-4/\$20,000 - Second Offense	0-Life/\$25,000

MAJOR FEATURES COMPARISON CHART

III. PENALTIES: DISTRIBUTION OF CONTROLLED SUBSTANCES

	HB 628 (1980)	SB 65 (1979) HB 101 (1979)	HB 479 (1970)	FEDERAL CONTROLLED SUBSTANCES ACT	EXISTING LAW
HEROIN	A Felony 0-20, \$50,000 10 yr. presumptive if second felony conviction 15 yr. presumptive if third felony conviction	2-25/\$20,000-First Offense 4-Life/\$25,000- Second Offense	A Felony 0-20/\$50,000 if 50 or more capsules, tablets, ampules, syrettes or 1/8 oz or more B Felony if lesser amount Presumptive Sentencing for second and third felony	0-15/\$25,000 - First Offense 0-30/\$50,000 - Second Offense	Same penalties as pro- vided for possession of heroin and cocaine: 2-10/\$5,000-First Offense 10-20/\$7,500 -Second Offense 20-30/\$10,000-Third Offense
COCAINE & LSD	B Felony 0-10/\$50,000 4 yr. presumptive if second felony conviction 6 yr. presumptive if third felony conviction	Cocaine: 2-25/\$20,000 - First Offense 4-Life/\$25,000 - Second Offense LSD: 0-15/\$15,000 - First Offense 0-30/\$30,000 - Second Offense	A Felony 0-20/\$50,000 if 50 or more, capsules, tablets, ampules, syrettes or 1/2 oz or more B Felony if lesser amount Presumptive Sentence for second and third conviction	Cocaine: 0-15/\$25,000 - First Offense 0-30/\$50,000 - Second Offense	Cocaine: Same penalties as pro- vided for possession of heroin and cocaine: 2-10/\$5,000 -First Offense 10-20/\$7,500 - Second Offense 20-40/\$10,000 -Third Offense LSD: Same penalties as pro- vided for distribution of marijuana as set out below
MARIJUANA	C Felony 0-5/\$5,000 2 yr. presumptive if second felony conviction 3 yr. presumptive if third felony conviction	0-5/\$5,000 - First Offense 0-10/\$10,000 - Second Offense	C Felony 0-5/\$50,000 if 2.2 lb. or more - presumptive sentencing for second and third offense Reduced C Felony 0-3/\$10,000 if 1/2 lb. to 2.2 lbs. No presumptive sentencing A Misdemeanor 0-1/\$5,000 if less than 1/2 lb. B Misdemeanor 0-90 days/\$1,000 if one oz. or less and No Remuneration is Involved in a Sale to a person 18 years of age or older	0-5/\$15,000 - First Offense 0-10/\$30,000 - Second Offense If distribution is without remuneration; 0-1/\$5,000 - First Offense 0-2/\$10,000 - Second Offense	0-25/\$20,000 - First Offense 0-Life/\$25,000 - Second Offense

MAJOR FEATURES COMPARISON CHART

IV. PENALTIES: POSSESSION OF CONTROLLED SUBSTANCES

	HB 628 (1980)	SB 65 (1979) HB 101(1979)	HB 479 (1979)	FEDERAL CONTROLLED SUBSTANCES ACT	EXISTING LAW
HEROIN	C Felony 0-5/\$50,000 2 yr. presumptive if second felony conviction 3 yr. presumptive if third felony conviction Unless Possession Involves any amount by someone 18 yrs of age within school grounds which raises the offense to a B felony	Felony-0-5/\$5,000	A Felony 0-20/\$50,000 if 100 or more capsules, tablets, ampules, cigarettes, or one oz. or more B Felony 0-10/\$50,000 if 50 to 100 capsules, etc. or 1/4 to one oz. C Felony 0-5/\$50,000 if 25 to 50 capsules, etc. or 1/8 to 1/4 oz. A Misdemeanor 0-1/\$5,000 if 0 to 25 capsules etc. or 0 to 1/8 oz. Presumptive sentencing on second or third felony	0-1/\$5,000-First Offense 0-2/\$10,000-Second Offense	2-10/\$5,000 - First Offense 10-20/\$7,500 - Second Offense 20-40/\$10,000 - Third Offense
COCAINE & LSD	Same penalties as provided for possession of heroin including provision per- taining to possession within school grounds	Cocaine: Felony: 0-5/\$5,000 LSD: Misdemeanor - 0-1/\$5,000	A Felony 0-20/\$50,000 if 200 or more capsules, tablets, ampules, cigarettes or 2 oz. or more B Felony: 0-10/\$50,000 if 100 to 200 capsules, etc. or 1/2 oz. to 2 oz. C Felony: 0-5/\$50,000 if 50 to 100 capsules, etc. or 1/4 oz. to 1/2 oz. A Misdemeanor: 0-1/\$5,000 is lesser than above Presumptive sentencing on 2nd or 3rd felony.	Cocaine: 0-1/\$5,000 - First Offense 0-2/\$10,000 - Second Offense	Cocaine: Same penalty as provided for possession of heroin LSD: Misdemeanor - 0-1/\$1,000
MARIJUANA	Possession of one lb. or more of marijuana is classified as a class C felony punishable the same as possession of heroin & cocaine. Possession of any amount of marijuana by someone 18 yrs of age within school grounds is also classified as class C felony. Possession in public, or while operating a propel- led vehicle or possession by minor: class B mis- demeanor 0-90 days/\$1,000	Does not change existing law	C Felony 0-3/\$10,000 if 2.2 lb or more Not subject to presumptive sentencing A Misdemeanor if 1/2 lb to 2.2 lb - 0-90 days/\$1,000 B Misdemeanor if any amount while operating motor vehicle Violation (\$300) if possession of any amount in public	0-1/\$5,000 - First Offense	(A) Misdemeanor with \$1,000 fine being the maximum penalty: (1) Use of marijuana in public places; (2) Possession of one ounce or more in public places; (3) Possession while operat- ing a motor vehicle or air- plane; (4) Possession while under 18 yrs of age; (B) Possession for own use in other than public place or possession of one oz. or less in public place - maximum civil fine of \$100

BILL

Introduced: 1/28/80
Referred: Health, Education &
Social Services and Judiciary

1 IN THE HOUSE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

2 HOUSE BILL NO. 628

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 ELEVENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act consolidating and revising the laws relating
7 to drug abuse and prohibitions; and providing for an
8 effective date."

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

10 * Section 1. DECLARATION OF LEGISLATIVE PURPOSE. (a) The purposes of
11 this Act are to consolidate and revise Alaska's drug laws patterned after
12 the Uniform Controlled Substances Act and the Federal Controlled Substances
13 Act of 1970 and to enact uniform penalty provisions in conformity with the
14 1978 revision of Alaska's criminal code in order to more effectively combat
15 illicit trafficking in controlled substances.

16 (b) Two distinct, but interrelated, concerns are addressed in this
17 Act. The first concern is the detrimental effect on public safety created
18 through illicit trafficking in and use of drugs. A second, but equally
19 important, concern is the effect on public health created by the use and
20 abuse of drugs. It is the intent of the legislature that, in addressing
21 public safety concerns, uniform classification and penalty provisions be
22 enacted which adopt an approach reflecting law enforcement problems unique
23 to Alaska. It is also the intent of the legislature that in addressing
24 public health concerns, a statutory scheme be enacted which is patterned
25 after federal law and that the legitimate manufacture, distribution, prescrip-
26 tion, and dispensing of controlled substances be subject to a regulatory
27 scheme regarding registration, record keeping, order forms, and prescription
28 requirements that is identical to that provided for under federal law.

29 * Sec. 2. AS 11 is amended by adding a new chapter to read:

1 CHAPTER 71. OFFENSES RELATING TO CONTROLLED SUBSTANCES.

2 Sec. 11.71.010. PROMOTING A CONTROLLED SUBSTANCE IN THE FIRST
3 DEGREE. (a) Except as authorized in AS 17.30, a person commits the
4 crime of promoting a controlled substance in the first degree if he

- 5 (1) delivers a schedule I controlled substance to a person
6 under 18 years of age who is at least three years younger than he; or
7 (2) engages in a continuing criminal enterprise.

8 (b) For purposes of this section, a person is engaged in a
9 'continuing criminal enterprise' if

10 (1) he commits a violation of this chapter which is punish-
11 able as a felony; and

12 (2) that violation is a part of a continuing series of
13 violations of this chapter

14 (A) which he undertakes in concert with five or more
15 other persons with respect to whom he occupies a position of
16 organizer, supervisor, or any other position of management; and

17 (B) from which he obtains substantial income or
18 resources.

19 (c) Promoting a controlled substance in the first degree is an
20 unclassified felony and is punishable as provided in AS 12.55.

21 Sec. 11.71.020. PROMOTING A CONTROLLED SUBSTANCE IN THE SECOND
22 DEGREE. (a) Except as authorized in AS 17.30, a person commits the
23 crime of promoting a controlled substance in the second degree if he

24 (1) manufactures or delivers a schedule I controlled
25 substance or possesses a schedule I controlled substance with intent
26 to manufacture or deliver; or

27 (2) delivers a schedule II or III controlled substance to a
28 person under 18 years of age who is at least three years younger than
29 he.

1 (b) Promoting a controlled substance in the second degree is a
2 class A felony.

3 Sec. 11.71.030. PROMOTING A CONTROLLED SUBSTANCE IN THE THIRD
4 DEGREE. (a) Except as authorized in AS 17.30, a person commits the
5 crime of promoting a controlled substance in the third degree if he

6 (1) manufactures or delivers a schedule II or III controlled
7 substance or possesses a schedule II or III controlled substance with
8 intent to manufacture or deliver;

9 (2) delivers a schedule IV or V controlled substance or
10 marijuana to a person under 18 years of age who is at least three
11 years younger than he; or

12 (3) being 18 years of age or older, knowingly possesses a
13 schedule I or II controlled substance within the grounds of a public
14 or private elementary, junior high, or secondary school.

15 (b) It is an affirmative defense to a prosecution under (a)(3)
16 of this section that at the time of the possession the school was
17 closed to any organized activity involving persons under 18 years of
18 age. Nothing in this subsection precludes a prosecution under AS
19 11.71.040(a)(2).

20 (c) Promoting a controlled substance in the third degree is a
21 class B felony.

22 Sec. 11.71.040. PROMOTING A CONTROLLED SUBSTANCE IN THE FOURTH
23 DEGREE. (a) Except as authorized in AS 17.30, a person commits the
24 crime of promoting a controlled substance in the fourth degree if he

25 (1) manufactures or delivers a schedule IV or V controlled
26 substance or marijuana or possesses a schedule IV or V controlled
27 substance or marijuana with intent to manufacture or deliver;

28 (2) knowingly possesses a schedule I or II controlled
29 substance;

1 (3) being 18 years of age or older, knowingly possesses a
2 schedule III, IV or V controlled substance or marijuana within the
3 grounds of a public or private elementary, junior high, or secondary
4 school;

5 (4) knowingly possesses one pound or more of marijuana
6 under any circumstances;

7 (5) sells or offers for sale an intoxicating liquor in an
8 area where a local option election has made these activities illegal,
9 and

10 (A) has previously been convicted under AS 11.71.-
11 050(a)(3);

12 (B) has engaged in conduct demonstrating an intent to
13 sell or offer for sale intoxicating liquor to more than one
14 person; or

15 (C) the sale or offer for sale was made to a person
16 under 19 years of age or to an intoxicated person;

17 (6) knowingly keeps or maintains any store, shop, warehouse,
18 dwelling, building, vehicle, boat, aircraft, or other structure or
19 place which is used for keeping or selling controlled substances in
20 violation of this chapter or AS 17.30;

21 (7) makes, delivers, or possesses any punch, die, plate,
22 stone, or other thing designed to print, imprint, or reproduce the
23 trademark, trade name, or other identifying mark, imprint, or device
24 of another or any likeness of any of the foregoing upon any drug, drug
25 container, or labeling so as to render the drug a counterfeit substance;
26 or

27 (8) obtains possession of a controlled substance by deception

28 (b) It is an affirmative defense to a prosecution under (a)(3)
29 of this section that at the time of the possession the school was closed

1 to any organized activity involving persons under 18 years of age.
2 Nothing in this subsection precludes a prosecution under (a)(4) of
3 this section or under AS 11.71.050(a)(1) or AS 11.71.060(a)(1) or (3).

4 (c) Promoting a controlled substance in the fourth degree is a
5 class C felony.

6 Sec. 11.71.050. PROMOTING A CONTROLLED SUBSTANCE IN THE FIFTH
7 DEGREE. (a) Except as authorized in AS 17.30, a person commits the
8 crime of promoting a controlled substance in the fifth degree if he

9 (1) knowingly possesses a schedule III, IV, or V controlled
10 substance under any circumstances except as otherwise provided in this
11 chapter;

12 (2) delivers an intoxicating liquor to a person under 19
13 years of age who is at least three years younger than he;

14 (3) sells or offers to sell an intoxicating liquor in an
15 area where a local option election has made these activities illegal;

16 (4) uses in the course of the manufacture or distribution
17 of a controlled substance a registration number which is fictitious,
18 revoked, suspended, or issued to another person; or

19 (5) furnishes false or fraudulent information in or omits
20 material information from any application, report, record, or other
21 document required to be kept or filed under AS 17.30.

22 (b) It is a defense to a prosecution under (a)(2) of this section
23 that the defendant was the parent or guardian of the person under 19
24 years of age.

25 (c) Promoting a controlled substance in the fifth degree is a
26 class A misdemeanor.

27 Sec. 11.71.060. PROMOTING A CONTROLLED SUBSTANCE IN THE SIXTH
28 DEGREE. (a) Except as authorized in AS 17.30, a person commits the
29 crime of promoting a controlled substance in the sixth degree if he

1 (1) uses, displays, or possesses marijuana on a public
2 street or sidewalk or on the premises of a public carrier or business
3 establishment or in any other public place;

4 (2) knowingly possesses marijuana within his immediate
5 control while operating a propelled vehicle;

6 (3) being under 19 years of age, knowingly possesses mari-
7 juana or an intoxicating liquor;

8 (4) fails to make, keep, or furnish any record, notifica-
9 tion, order form, statement, invoice, or information required under AS
10 17.30; or

11 (5) refuses entry into any premises for an inspection
12 authorized under AS 17.30.

13 (b) Promoting a controlled substance in the sixth degree is a
14 class B misdemeanor.

15 Sec. 11.71.080. PENALTIES UNDER OTHER LAWS. A penalty imposed
16 for violation of this chapter is in addition to, and not in place of,
17 any other civil or administrative penalty or sanction otherwise autho-
18 rized by law.

19 Sec. 11.71.090. BAR TO PROSECUTION. If a violation of this
20 chapter is a violation of a federal law or the law of another state, a
21 conviction or acquittal under federal law or the law of another state
22 for the same act is a bar to prosecution in this state.

23 Sec. 11.71.100. DEFENSE EXEMPTED. In a prosecution for the
24 knowing possession of a controlled substance under this chapter, it is
25 not a defense that the substance was possessed in less than a usable
26 quantity. It is sufficient to support a conviction that there is a
27 sufficient quantity of the substance to permit proper identification
28 and the proof of a knowing possession.

29 Sec. 11.71.110. LIABILITY OF PUBLIC SERVANTS. No liability is

1 imposed by this chapter upon a public servant acting within the scope
2 and authority of his employment.

3 Sec. 11.71.900. DEFINITIONS. As used in this chapter

4 (1) "controlled substance" means a drug, substance, or
5 immediate precursor included in the schedules in AS 17.30.040 --
6 17.30.090;

7 (2) "counterfeit substance" means a controlled substance or
8 the container or labeling of a controlled substance which, without
9 authorization, bears the trademark, trade name, or other identifying
10 mark, imprint, number, or device of a manufacturer, distributor, or
11 dispenser other than the person or persons who in fact manufactured,
12 distributed, or dispensed the substance and which falsely purports or
13 is represented to be the product of, or to have been distributed by,
14 the other manufacturer, distributor, or dispenser;

15 (3) "cocaine" has the meaning ascribed to it in AS 17.30.-
16 050(c);

17 (4) "deliver" or "delivery" means the actual, constructive,
18 or attempted transfer from one person to another of a controlled
19 substance whether or not there is an agency relationship;

20 (5) "drug" has the meaning ascribed to it in AS 17.30.-
21 500(10);

22 (6) "hashish" means the dried, compressed, resinous product
23 of the plant (genus) Cannabis;

24 (7) "hashish oil" means the viscous liquid concentrate of
25 tetrahydrocannabinols extracted from the plant (genus) Cannabis;

26 (8) "immediate precursor" means a substance which is by
27 statute or regulation designated as the principal compound commonly
28 used or produced primarily for use, and which is an immediate chemical
29 intermediary used or likely to be used in the manufacture of a con-

1 trolled substance, the control of which is necessary to prevent,
2 curtail, or limit manufacture;

3 (9) "intoxicating liquor" includes whiskey, brandy, rum,
4 gin, wine, ale, porter, beer, and all other spirituous, vinous, malt,
5 and other fermented or distilled liquors intended for human consumption
6 and containing more than one per cent alcohol by volume;

7 (10) "manufacture" has the meaning ascribed to it in AS
8 17.30.500(16);

9 (11) "marijuana" means the leaves, stems, flowers, and
10 seeds of the plant (genus) Cannabis, whether growing or not; it does
11 not include the resin or oil extracted from any part of the plant, or
12 any compound, manufacture, salt, derivative, mixture, or preparation
13 from the resin or oil, including hashish, hashish oil, and natural or
14 synthetic tetrahydrocannabinol; it does not include the mature stalks
15 of the plant, fiber produced from the stalks, oil or cake made from
16 the seeds of the plant, any other compound, manufacture salt, deriva-
17 tive, mixture, or preparation of the mature stalks, fiber, oil or
18 cake, or the sterilized seed of the plant which is incapable of germi-
19 nation;

20 (12) "schedule I controlled substance" means a controlled
21 substance included in the schedule in AS 17.30.040;

22 (13) "schedule II controlled substance" means a controlled
23 substance included in the schedule in AS 17.30.050;

24 (14) "schedule III controlled substance" means a controlled
25 substance included in the schedule in AS 17.30.060;

26 (15) "schedule IV controlled substance" means a controlled
27 substance included in the schedule in AS 17.30.070;

28 (16) "schedule V controlled substance" means a controlled
29 substance included in the schedule in AS 17.30.080.

1 * Sec. 3. AS 12.30.040(b) is amended to read:

2 (b) Notwithstanding the provisions of (a) of this section, if
3 the offense a person has been convicted of is murder in the first
4 degree (as defined in AS 11.41.100), kidnapping (as defined in AS
5 11.41.300), sexual assault in the first degree (as defined in AS
6 11.41.410(a)(1) and (2)), robbery in the first degree (as defined in
7 AS 11.41.500), or promoting a controlled substance in the first degree
8 (as defined in AS 11.71.010), or an offense that involves the manufac-
9 ture, delivery, or possession with intent to manufacture or deliver a
10 schedule I or II controlled substance in violation of AS 11.71.020 or
11 11.71.030 under circumstances manifesting an intent to distribute the
12 substance as part of a commercial enterprise [FIRST DEGREE MURDER,
13 ARMED ROBBERY, KIDNAPPING, OR RAPE (AS DEFINED IN AS 11.15.130)], he
14 may not be released on bail either before sentencing or pending appeal.

15 * Sec. 4. AS 12.45 is amended by adding a new section to read:

16 Sec. 12.45.155. LABORATORY REPORT OF CONTROLLED SUBSTANCE. (a)
17 In a prosecution under AS 11.71.010 -- 11.71.060, a complete copy of
18 an official laboratory report from the Department of Public Safety or
19 a laboratory operated by another law enforcement agency is prima facie
20 evidence of the content, identity, and weight of the substance. The
21 report must be signed by the person performing the analysis and must
22 state that the substance which is the basis of the alleged offense has
23 been weighed and analyzed. It must also state with specificity findings
24 as to the content, weight, and identity of the substance.

25 (b) A notarized statement executed by the signer of the report
26 provided for in (a) of this section must be attached to the report.
27 The statement must set out the identity of the signer and include a
28 statement that he is an employee of the laboratory issuing the report
29 and that performing the analysis is a part of his regular duties. The

1 statement must also include an outline of his education, training, and
2 experience for performing an analysis. The signer shall attest that
3 scientifically accepted tests were performed with due caution, and
4 that the evidence was handled in accordance with established and
5 accepted procedures while in the custody of the laboratory.

6 (c) The prosecuting attorney shall serve a copy of the report on
7 the attorney of record for the accused, or on the defendant if he has
8 no attorney, no later than 10 days before a proceeding in which the
9 report is to be used against the accused. However, at a preliminary
10 hearing or grand jury proceeding the report may be used without having
11 been previously served upon the accused.

12 (d) The accused or his attorney may demand the testimony of the
13 person signing the report, by serving a written demand showing cause,
14 upon the prosecuting attorney within seven days from receipt of the
15 report.

16 (e) Any report issued for use under this section must contain
17 notice of the right of the accused to demand the testimony of the
18 person signing the report.

19 * Sec. 5. AS 12.55.035(b)(1) is amended to read:

20 (1) \$75,000 for murder in the first or second degree, [OR]
21 kidnapping, or promoting a controlled substance in the first degree;

22 * Sec. 6. AS 12.55.125(b) is amended to read:

23 (b) A defendant convicted of murder in the second degree, [OR]
24 kidnapping, or promoting a controlled substance in the first degree
25 shall be sentenced to a definite term of imprisonment of at least five
26 years but not more than 99 years.

27 * Sec. 7. AS 12.55.155(c) is amended by adding new paragraphs to read:

28 (15) the defendant is convicted of an offense specified in
29 AS 11.71 and the offense involved the delivery of a controlled substance

1 under circumstances manifesting an intent to distribute the substance
2 as part of a commercial enterprise;

3 (16) the defendant is convicted of an offense specified in
4 AS 11.71 and the offense involved the smuggling of controlled substances
5 into the state;

6 (17) the defendant is convicted of an offense specified in
7 AS 11.71 and the offense involved large quantities of a controlled
8 substance;

9 (18) the defendant is convicted of an offense specified in
10 AS 11.71 and the offense involved the distribution of a controlled
11 substance that had been adulterated with a toxic substance.

12 * Sec. 8. AS 12.55.155(d) is amended by adding new paragraphs to read:

13 (13) the defendant is convicted of an offense specified in
14 AS 11.71 and the offense involved small quantities of a controlled
15 substance;

16 (14) the defendant is convicted of an offense specified in
17 AS 11.71 and the offense involved the distribution of a controlled
18 substance, other than a schedule I controlled substance, to a personal
19 acquaintance who is 19 years of age or older for no profit;

20 (15) the defendant is convicted of an offense specified in
21 AS 11.71 and the offense involved the possession of a small amount of
22 a controlled substance for personal use in the defendant's home.

23 * Sec. 9. AS 17 is amended by adding a new chapter to read:

24 CHAPTER 30. CONTROLLED SUBSTANCES ACT.

25 ARTICLE 1. STANDARDS AND SCHEDULES.

26 Sec. 17.30.010. AUTHORITY TO SCHEDULE CONTROLLED SUBSTANCES.

27 (a) The commissioner shall administer this Act and may by regulation
28 adopted under the Administrative Procedure Act (AS 44.62) add sub-
29 stances to the schedules in AS 17.30.040 -- 17.30.090. Each addition

*Info C.R.
Bill
may not be used
delete*

1 shall be in accordance with the advice and determination of the Con-
2 trolled Substances Advisory Committee established in AS 17.30.020. In
3 making a determination regarding the addition of a substance, the
4 committee shall assess the danger or probable danger of the substance
5 by considering the following:

6 (1) the actual or probable abuse of the substance including:

7 (A) its history and current pattern of abuse;

8 (B) the scope, duration, and significance of abuse;

9 (C) the degree of actual or probable detriment which
10 may result from abuse of the substance;

11 (D) the probable physical and social impact of wide-
12 spread abuse of the substance;

13 (2) the biomedical hazard of the substance including:

14 (A) its pharmacology: the effects and modifiers of
15 effects of the substance;

16 (B) its toxicology: the acute and chronic toxicity,
17 interaction with other substances, whether controlled or not, and
18 liability to psychological or physiological dependence;

19 (C) its risk to public health and the particular
20 susceptibility of segments of the population;

21 (3) whether the substance is an immediate precursor of a
22 substance already controlled under this chapter;

23 (4) the current state of scientific knowledge regarding the
24 substance;

25 (5) the relationship between the use of the substance and
26 other criminal activity including:

27 (A) whether persons engaged in illicit trafficking of
28 the substance are also engaged in other criminal activity;

29 (B) whether the nature and relative profitability of

1 the substance encourages illicit trafficking in the substance;

2 (C) whether the commission of other crimes is one of
3 the effects of the use of the substance;

4 (D) whether addiction to the substance relates to the
5 commission of crimes to support the continued use of the sub-
6 stance.

7 (b) If, after considering the factors enumerated in (a) of this
8 section, the committee finds that a substance should be added, the
9 commissioner shall adopt a regulation in accordance with the committee's
10 findings.

11 (c) The committee shall advise the governor ^{of the Legislature} as to the need to
12 delete or reschedule substances in the schedules in AS 17.30.040 --
13 17.30.090. In making recommendations regarding a substance, the
14 committee shall assess the danger or probable danger of the substance
15 by considering the factors enumerated in (a) of this section.

16 (d) If the committee designates a substance as an immediate
17 precursor of a controlled substance, substances which are precursors
18 of the controlled precursor are not subject to control solely because
19 they are precursors of the controlled precursor.

20 (e) By the 30th day of each legislative session, the commissioner
21 shall prepare and present to the governor and the legislature a report
22 discussing the actions of the committee during the preceding year. If
23 the commissioner has adopted a regulation adding a controlled substance,
24 the report shall include the committee's findings of fact and other
25 supporting information it considers appropriate.

26 Sec. 17.30.020. CONTROLLED SUBSTANCES ADVISORY COMMITTEE. (a)
27 There is created within the department the Controlled Substances
28 Advisory Committee, consisting of

29 (1) the director of the division of public health;

- 1 (2) the director of the office of drug abuse;
- 2 (3) the commissioner of public safety or his designee;
- 3 (4) the attorney general or his designee;
- 4 (5) a psychiatrist appointed by the governor;
- 5 (6) a physician appointed by the governor;
- 6 (7) a pharmacist appointed by the governor;
- 7 (8) a peace officer appointed by the governor after con-
- 8 sultation with the Alaska Association of Chiefs of Police; and
- 9 (9) a public member appointed by the governor.

10 (b) Members of the committee specified in paragraphs (a)(5)-(9)
11 of this section serve terms of four years; except that of the members
12 first appointed, two shall be appointed for terms of two years, two
13 for terms of three years, and one for a term of four years. Committee
14 members are not entitled to receive a salary but are entitled to per
15 diem and travel expenses authorized by law for boards and commissions.

16 (c) The committee shall meet at the call of the commissioner,
17 but in no event less than twice a year. Five members constitute a
18 quorum. The committee may adopt bylaws for its proceedings. Before
19 making a determination regarding the addition of a substance under AS
20 17.30.010, the committee, together with the commissioner, shall hold
21 public hearings as provided for under AS 44.62.210.

22 (d) If a substance is added as a controlled substance under
23 federal law and notice of the designation is given to the department,
24 or the addition of a substance has been published in the Code of
25 Federal Regulations, the committee shall, within 60 days, meet and
26 consider making a corresponding addition in the schedules specified in
27 AS 17.30.040 -- 17.30.090. If the committee decides not to include
28 the change, it shall publish the reasons for that decision and afford
29 all interested parties an opportunity to be heard. Following the

1 hearing, the committee shall announce its final decision.

2 Sec. 17.30.030. NOMENCLATURE. The controlled substances listed
3 in the schedules in AS 17.30.040 -- 17.30.090 are included by whatever
4 official, common, chemical, or brand name is designated.

5 Sec. 17.30.040. SCHEDULE I. (a) A substance shall be placed in
6 schedule I if it is found under AS 17.30.010(a) to have the highest
7 degree of danger or probable danger.

8 (b) Schedule I includes, unless specifically excepted or listed
9 in another schedule, any of the following substances whether produced
10 directly or indirectly by extraction from substances of vegetable
11 origin, or independently by means of chemical synthesis, or by a
12 combination of extraction and chemical synthesis:

13 (1) opium and opiate, and any salt, compound, derivative,
14 or preparation of opium or opiate, excluding apomorphine, dextrorphan,
15 nalbuphine, naloxone, and naltrexone, and their respective salts, but
16 including the following:

- 17 (A) raw opium;
18 (B) opium extracts;
19 (C) opium fluid extracts;
20 (D) powdered opium;
21 (E) granulated opium;
22 (F) tincture of opium;
23 (G) codeine;
24 (H) ethylmorphine;
25 (I) etorphine hydrochloride;
26 (J) hydrocodone;
27 (K) hydromorphone;
28 (L) metopon;
29 (M) morphine;

- (N) oxycodone;
- (O) oxymorphone;
- (P) thebaine;

(2) any salt, compound, derivative, or preparation of a subincluded in (b)(1) of this section which is chemically equivalent or identical to any of the substances referred to in (b)(1) of this section, except that these substances do not include the isoquinoline alkaloids of opium;

() opium poppy and poppy straw;

() concentrate of poppy straw which is the crude extract of poppy straw in either liquid, solid, or powder form which contains the phenanthrene alkaloids of the opium poppy.

(c) Schedule I includes, unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation, dextrorphan excepted:

- (1) acetylmethadol;
- (2) allylprodine;
- () alphacetylmethadol;
- (4) alphameprodine;
- (5) alphamethadol;
- (6) alphaprodine;
- (7) anileridine;
- (8) benzethidine;
- (9) betacetylmethadol;
- (10) betameprodine;
- (11) betamethadol;

- 1 (12) betaprodine;
- 2 (13) bezitramide;
- 3 (14) clonitazene;
- 4 (15) dextromoramide;
- 5 (16) diampromide;
- 6 (17) diethylthiambutene;
- 7 (18) difenoxin;
- 8 (19) dihydrocodeine;
- 9 (20) dimenoxadol;
- 10 (21) dimpheptanol;
- 11 (22) dimethylthiambutene;
- 12 (23) dioxaphetyl butyrate;
- 13 (24) diphenoxylate;
- 14 (25) dipipanone;
- 15 (26) ethylmethylthiambutene;
- 16 (27) etonitazene;
- 17 (28) etoxeridine;
- 18 (29) fentanyl;
- 19 (30) furethidine;
- 20 (31) hydroxypethidine;
- 21 (32) isomethadone;
- 22 (33) ketobemidone;
- 23 (34) levomethorphan;
- 24 (35) levomoramide;
- 25 (36) levorphanol;
- 26 (37) levophenacymorphan;
- 27 (38) metazocine;
- 28 (39) methadone;
- 29 (40) methadone-intermediate, 4-cyano-2-dimethylamino-4, 4-

diphenyl butane;

(41) moramide-intermediate, 2-methyl-3-morpholinol,

1-diphenylpropane-carboxylic acid;

(42) morpheridine;

(43) noracymethadol;

(44) norlevorphanol;

(45) normethadone;

(46) norpipanone;

(47) pethidine, also known as meperidine;

(48) pethidine-intermediate-A, 4-cyano-1-methyl-4-phenyl-piperidine;

(49) pethidine-intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate;

(50) pethidine-intermediate-C, 1-methyl-4-phenyl-piperidine-4-carboxylic acid;

(51) phenadoxone;

(52) phenampromide;

(53) phenazocine;

(54) phenomorphan;

(55) phenoperidine;

(56) pim:nodine;

(57) piritramide;

(58) proheptazine;

(59) properidine;

(60) propiram;

(61) racemethorphan;

(62) racemoramide;

(63) racemorphan;

(64) trimeperidine.

1 (d) Schedule I includes, unless specifically excepted or unless
2 listed in another schedule, any of the following opium derivatives,
3 their salts, isomers, and salts of isomers whenever the existence of
4 these salts, isomers, and salts of isomers is possible within the
5 specific chemical designation:

- 6 (1) acetorphine;
- 7 (2) acetyldihydrocodeine;
- 8 (3) benzylmorphine;
- 9 (4) codeine methylbromide;
- 10 (5) codeine-n-oxide;
- 11 (6) cyprenorphine;
- 12 (7) desomorphine;
- 13 (8) dihydromorphine;
- 14 (9) drotebanol;
- 15 (10) etorphine, except hydrochloride salt;
- 16 (11) heroin;
- 17 (12) hydromorphinol;
- 18 (13) methyldesorphine;
- 19 (14) methyldihydromorphine;
- 20 (15) morphine methylbromide;
- 21 (16) morphine methylsulfonate;
- 22 (17) morphine-n-oxide;
- 23 (18) myrophine;
- 24 (19) nicocodeine;
- 25 (20) nicomorphine;
- 26 (21) normorphine;
- 27 (22) pholcodine;
- 28 (23) thebacon

29 Sec. 17.30.050. SCHEDULE II. (a) A substance shall be placed

1 in schedule II if it is found under AS 17.30.010(a) to have a degree
2 of danger or probable danger less than substances listed in schedule
3 I, but higher than substances listed in schedule III.

4 (b) Schedule II includes, unless specifically excepted or unless
5 listed in another schedule, any material, compound, mixture, or
6 preparation, which contains any quantity of the following hallucino-
7 genic substances, or which contains any of its salts, isomers, or
8 salts of isomers whenever the existence of such salts, isomers, or
9 salts of isomers is possible within the specific chemical designation:

10 (1) 4-bromo-2, 5-dimethoxy-amphetamine, also known as 4-
11 bromo-2,5-dimethoxy-a-methylphenethylamine and 4-bromo-2, 5-DMA;

12 (2) 2,5-dimethoxyamphetamine, also known as 2,5-dimethoxy-
13 a-methylphenethylamine and 2,5-DMA;

14 (3) 4-methoxyamphetamine, also known as 4-methoxy-a-methyl-
15 lphenethylamine and paramethoxyamphetamine, PMA;

16 (4) 5-methoxy-3,4-methylenedioxy-amphetamine;

17 (5) 4-methyl-2,5-dimethoxy-amphetamine, also known as 4-
18 methyl-2,5 - dimethoxy-a - methylphenethylamine, "DOM" and
19 "STP";

20 (6) 3,4-methylenedioxy amphetamine;

21 (7) 3,4,5-trimethoxy amphetamine;

22 (8) bufotenine, also known as 3-(B-dimethylaminoethyl)-5-
23 hydroxyindole, 3-(2-dimethylaminoethyl)-5-indolol, N, N-dime -thylsero-
24 toain, 5-hydroxy-N, N-dimethyltryptamin , and mappine;

25 (9) diethyltryptamine, also known as N,N-diethyltryptamine
26 and DET;

27 (10) dimethyltryptamine, also known as DMT;

28 (11) ibogaine, also known as 7-ethyl-6, 6B, 7,8,9,10,12,
29 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido [1',2': 1,2] azepino

1 [5,4-b] indole and tabernanthe iboga;

2 (12) lysergic acid diethylamide;

3 (13) mescaline;

4 (14) peyote, meaning all parts of the plant presently
5 classified botanically as *lophophora williamsii* lemaire, whether
6 growing or not, the seeds of the plant, any extract from any part of
7 the plant, and every compound, manufacture, salts, derivative, mixture,
8 or preparation of the plant, its seeds, or extracts;

9 (15) n-ethyl-3-piperdyl benzilate;

10 (16) n-methyl-3-piperdyl benzilate;

11 (17) psilocybin;

12 (18) psilocyn;

13 (19) ethylamine analog of phencyclidine, also known by some
14 trade or other names as follows: N-ethyl-1-phenylcyclohexylamine (1-
15 phenylcyclohexy) ethylamine, N-(1-phenylcyclohexy) ethylamine,
16 cyclohexamine, PCE;

17 (20) pyrrolidine analog of phencyclidine, also known by
18 some trade or other names as follows: 1-(1-phenylcyclohexyl)-pyrrolidine
19 PCPy, PHP;

20 (21) thiophene analog of phencyclidine, also known as 1-[1-
21 (2-thienyl) cyclohexyl] piperidine and 2-thienyl analog of phencycli-
22 ndine and TPCP.

23 (c) For purposes of (b) of this section only, the term "isomer"
24 includes the optical, position and geometric isomers.

25 (d) Schedule II includes cocaine and any compound, derivative,
26 or preparation of coca leaves produced directly or indirectly by
27 extraction from coca leaves, or independently by means of chemical
28 synthesis, or by a combination of extraction and chemical synthesis,
29 including the isomers, salts, and salts of isomers of cocaine and

1 other derivatives of coca leaves whenever the existence of such isomers
2 and salts is possible, but does not include decocainized coca leaves
3 or extractions of coca leaves which do not contain cocaine or ecgonine.

4 (e) Schedule II includes, unless specifically excepted or unless
5 listed in another schedule, any material, compound, mixture, or
6 preparation which contains any quantity of the following substances
7 having a depressant effect on the central nervous system, including
8 their salts, isomers, and salts of isomers whenever the existence of
9 these salts, isomers, and salts of isomers is possible within the
10 specific chemical designation:

- 11 (1) amobarbital;
- 12 (2) mecloqualone;
- 13 (3) methaqualone;
- 14 (4) pentobarbital;
- 15 (5) phencyclidine, also known as PCP;
- 16 (6) phencyclidine immediate precursors
 - 17 (A) 1-phenylcyclohexylamine;
 - 18 (B) 1-piperidinocyclohexanecarbonitrile, also known as
19 PCC;
- 20 (7) secobarbital.

21 (f) Schedule II includes, unless specifically excepted or unless
22 listed in another schedule, any material, compound, mixture, or
23 preparation which contains any quantity of the following substances
24 having a stimulant effect on the central nervous system:

- 25 (1) amphetamine, its salts, optical isomers, and salts of
26 its optical isomers;
- 27 (2) methamphetamine, its salts, isomers, and salts of its
28 isomers;
- 29 (3) phenmetrazine and its salts;

1 (4) methylphenidate.

2 Sec. 17.30.060. SCHEDULE III. (a) A substance shall be placed
3 in schedule III if it is found under AS 17.30.010(a) to have a degree
4 of danger or probable danger less than the substances listed in
5 schedule II but higher than substances listed in schedule IV.

6 (b) Schedule III includes, unless specifically excepted or
7 unless listed in another schedule, any material, compound, mixture, or
8 preparation which contains any quantity of the following substances
9 having a stimulant effect on the central nervous system, including
10 their salts, isomers whether optical, position, or geometric, and
11 salts of these isomers whenever the existence of such salts, isomers,
12 and salts of isomers is possible within the specific chemical designa-
13 tion:

- 14 (1) benzphetamine;
15 (2) chlorphentermine;
16 (3) clortermine;
17 (4) mazindol;
18 (5) phendimetrazine.

19 (c) Schedule III includes, unless specifically excepted or
20 unless listed in another schedule, any material, compound, mixture, or
21 preparation which contains any quantity of the following substances
22 having a depressant effect on the central nervous system:

23 (1) any compound, mixture, or preparation containing amobarbital,
24 secobarbital, or pentobarbital or any salt of any of these
25 substances combined with one or more other active medicinal ingredients
26 which are not listed in AS 17.30.040 -- 17.30.090;

27 (2) any suppository dosage form containing amobarbital,
28 secobarbital, or pentobarbital or any salt of any of these substances
29 approved by the federal Food and Drug Administration for marketing

1 only as a suppository;

2 (3) any substance which contains any quantity of a deri-
3 vative of barbituric acid or any salt of these substances;

4 (4) chlorhexadol;

5 (5) glutethimide;

6 (6) lysergic acid;

7 (7) lysergic acid amide;

8 (8) methyprylon;

9 (9) sulfondiethylmethane;

10 (10) sulfonethylmethane;

11 (11) sulfonmethane.

12 (d) Schedule III includes nalorphine.

13 (e) Schedule III includes, unless specifically excepted or
14 unless listed in another schedule, any material, compound, mixture, or
15 preparation containing limited quantities of any of the following
16 narcotic drugs, or any of its salts:

17 (1) not more than 1.8 grams of codeine per 100 milliliters
18 or not more than 90 milligrams per dosage unit, with an equal or
19 greater quantity of an isoquinoline alkaloid of opium;

20 (2) not more than 1.8 grams of codeine per 100 milliliters
21 or not more than 90 milligrams per dosage unit, with one or more
22 active, nonnarcotic ingredients in recognized therapeutic amounts;

23 (3) not more than 300 milligrams of dihydrocodeinone per
24 100 milliliters or not more than 15 milligrams per dosage unit, with a
25 fourfold or greater quantity of an isoquinoline alkaloid of opium;

26 (4) not more than 300 milligrams of dihydrocodeinone per
27 100 milliliters or not more than 15 milligrams per dosage unit, with
28 one or more active nonnarcotic ingredients in recognize rapapeutic
29 amounts;

1 (5) not more than 1.8 grams of dihydrocodeine per 100
2 milliliters or not more than 90 milligrams per dosage unit, with one
3 or more active nonnarcotic ingredients in recognized therapeutic
4 amounts;

5 (6) not more than 300 milligrams of ethylmorphine per 100
6 milliliters or not more than 15 milligrams per dosage unit, with one
7 or more active, nonnarcotic ingredients in recognized therapeutic
8 amounts;

9 (7) not more than 500 milligrams of opium per 100 millil-
10 liters or per 100 grams or not more than 25 milligrams per dosage
11 unit, with one or more active, nonnarcotic ingredients in recognized
12 therapeutic amounts;

13 (8) not more than 50 milligrams of morphine per 100 milli-
14 liters or per 100 grams, with one or more active, nonnarcotic ingredi-
15 ents in recognized therapeutic amounts.

16 (f) Schedule III includes hashish, hashish oil, and tetrahy-
17 drocannabinols.

18 Sec. 17.30.070. SCHEDULE IV. (a) A substance shall be placed
19 in schedule IV if it is found under AS 17.30.010(a) to have a degree
20 of danger or probable danger less than the substances listed in schedule
21 III, but higher than the substances listed in schedule V.

22 (b) Schedule IV includes, unless specifically excepted or unless
23 listed in another schedule, any material, compound, mixture, or
24 preparation which contains any quantity of the following substances,
25 including their salts, isomers and salts of isomers whenever the ex-
26 istence of such salts, isomers, and salts of isomers is possible
27 within the specific chemical designation:

- 28 (1) barbital;
29 (2) chloral betaine;

- 1 (3) chloral hydrate;
- 2 (4) chlordiazepoxide;
- 3 (5) clonazepam;
- 4 (6) clorazepate;
- 5 (7) diazepam;
- 6 (8) ethchlorvynol;
- 7 (9) ethinamate;
- 8 (10) flurazepam;
- 9 (11) lorazepam;
- 10 (12) mebutamate;
- 11 (13) meprobamate;
- 12 (14) methohexital;
- 13 (15) methylphenobarbital, also known as mephobarbital;
- 14 (16) oxazepam;
- 15 (17) paraldehyde;
- 16 (18) petrichloral;
- 17 (19) pentobarbital;
- 18 (20) prazepam.

19 (c) Schedule IV includes any material, compound, mixture, or
20 preparation which contains any quantity of the following substances,
21 including their salts, isomers whether optical, position, or geometric,
22 and salts of these isomers, whenever the existence of these salts,
23 isomers, and salts of isomers is possible: fenfluramine.

24 (d) Schedule IV includes, unless specifically excepted or unless
25 listed in another schedule, any material, compound, mixture, or
26 preparation which contains any quantity of the following substances
27 having a stimulant effect on the central nervous system, including
28 their salts, isomers whether optical, position, or geometric, and
29 salts of these isomers whenever the existence of these salts, isomers,

1 and salts of isomers is possible within the specific chemical designa-
2 tion:

- 3 (1) diethylpropion;
- 4 (2) phentermine;
- 5 (3) pemoline, including organometallic complexes and chelates
6 of this substance.

7 (e) Schedule IV includes, unless specifically excepted or unless
8 listed in another schedule, any material, compound, mixture or prepara-
9 tion which contains any quantity of the following substances, including
10 their salts:

- 11 (1) dextropropoxyphene (alpha-(+)-4-dimethylamino-1,2-
12 diphenyl-3-methyl-2-propionoxybutane);
- 13 (2) phentazocine.

14 (f) Schedule V includes, unless specifically excepted or unless
15 listed in another schedule, any material, compound, mixture, or pre-
16 paration containing limited quantities of any of the following sub-
17 stances or any salts of these substances: not more than 1 milligram
18 of difenoxin and not less than 25 micrograms of atropine sulfate per
19 dosage unit.

20 Sec. 17.30.080. SCHEDULE V. (a) A substance shall be placed in
21 schedule V if it is found under AS 17.30.010(a) to have a degree of
22 danger or probable danger less than substances listed in schedule IV,
23 but higher than substances listed in schedule VI.

24 (b) Schedule V includes any compound, mixture, or preparation
25 containing any of the following limited quantities of narcotic drugs
26 or their salts which includes one or more nonnarcotic active medicinal
27 ingredients in sufficient proportion to confer upon the compound,
28 mixture, or preparation valuable medicinal qualities other than those
29 possessed by schedule I substances alone:

1 (1) not more than 200 milligrams of codeine per 100 milli-
2 liters or per 100 grams;

3 (2) not more than 100 milligrams of dihydrocodeine per 100
4 milliliters or per 100 grams;

5 (3) not more than 100 milligrams of ethylmorphine per 100
6 milliliters or per 100 grams;

7 (4) not more than 2.5 milligrams of diphenoxylate and not
8 less than 25 micrograms of atropine sulfate per dosage unit;

9 (5) not more than 100 milligrams of opium per 100 milli-
10 liters or per 100 grams;

11 (6) not more than 0.5 milligrams of difenoxin and not less
12 than 25 micrograms of atropine sulfate per dosage unit.

13 (c) Schedule V includes loperamide.

14 Sec. 17.30.090. SCHEDULE VI. (a) A substance shall be placed
15 in schedule VI if it is found under AS 17.30.010(a) to have the lowest
16 degree of danger or probable danger.

17 (b) Schedule VI includes:

18 (1) marijuana;

19 (2) intoxicating liquors.

20 Sec. 17.30.095. EXEMPTED DRUGS. A controlled substance the
21 manufacture, distribution, dispensing, or possession of which is
22 explicitly exempt from criminal penalty under federal law is exempt
23 from the application of this chapter and AS 11.71. This exemption
24 includes any substances which may, under the federal Food, Drug, and
25 Cosmetic Act (21 U.S.C. sec. 301 et seq.) be lawfully sold over the
26 counter without a prescription.

27 ARTICLE 2. REGULATION OF MANUFACTURE, DISTRIBUTION,
28 PRESCRIPTION, AND DISPENSING OF CONTROLLED SUBSTANCES.

29 Sec. 17.30.150. REGULATIONS. The commissioner shall adopt regu-

1 lations under the Administrative Procedure Act (AS 44.62) which are
2 necessary for the administration of this chapter, and may charge
3 reasonable fees relating to the registration and control of the manu-
4 facture, distribution, and dispensing of controlled substances within
5 the state.

6 Sec. 17.30.160. REGISTRATION REQUIREMENTS. (a) A person who
7 manufactures, distributes, dispenses, or conducts research with a
8 controlled substance within the state or who proposes to engage in the
9 manufacture, distribution, or dispensing of a controlled substance
10 within the state, shall annually register with the commissioner in
11 accordance with regulations adopted under AS 17.30.150.

12 (b) Persons registered under this chapter to manufacture,
13 distribute, dispense, or conduct research with controlled substances
14 may possess, manufacture, distribute, dispense, or conduct research
15 with those substances to the extent authorized by their registration
16 and in conformity with the other provisions of this chapter.

17 (c) The following persons need not register under this chapter:

18 (1) an agent or employee of a registered manufacturer,
19 distributor, dispenser, or researcher of a controlled substance if the
20 possession is incidental to the agent's or employee's acting in the
21 usual course of his business or employment;

22 (2) a common or contract carrier or warehouseman, or his
23 employee, whose possession of a controlled substance is in the usual
24 course of his business or employment;

25 (3) a person in possession of a controlled substance under
26 a lawful order of a registered practitioner or in lawful possession of
27 a schedule V substance.

28 (d) The commissioner may, by regulation, waive the requirement
29 for registration of certain manufacturers, distributors, or dispensers

1 if he finds it consistent with the public health and safety.

2 (e) A separate registration is required for each principal place
3 of business or professional practice where the applicant manufactures,
4 distributes, or dispenses controlled substances.

5 (f) The commissioner may inspect the establishment of a regis-
6 trant or applicant for registration in accordance with regulations
7 adopted by the commissioner.

8 Sec. 17.30.170. REGISTRATION. (a) The commissioner shall
9 register an applicant to manufacture, distribute, or dispense controlled
10 substances listed in the schedules in AS 17.30.040 -- 17.30.090 unless
11 he finds that the registration would be inconsistent with the public
12 interest. In determining the public interest, the commissioner shall
13 consider the following factors:

14 (1) maintenance of effective controls against diversion of
15 controlled substances into other than legitimate medical, scientific,
16 or industrial channels;

17 (2) compliance with applicable state and local law;

18 (3) any conviction of the applicant under federal or state
19 laws relating to controlled substances;

20 (4) past experience in the manufacture or distribution of
21 controlled substances and the existence in the applicant's establish-
22 ment of effective controls against diversion of controlled substances
23 into other than legitimate medical, scientific, or industrial channels;

24 (5) furnishing by the applicant of false information in an
25 application filed under this chapter;

26 (6) suspension or revocation of the applicant's federal
27 registration to manufacture, distribute, or dispense controlled sub-
28 stances as authorized by federal law; and

29 (7) any other factors relevant to and consistent with the

1 public health and safety.

2 (b) Practitioners registered under federal law to conduct re-
3 search with controlled substances shall be issued a registration to
4 conduct research with these substances within the state upon furnish-
5 ing the commissioner with evidence of the federal registration.

6 (c) Compliance by manufacturers and distributors with the pro-
7 visions of federal law pertaining to registration requirements, exclud-
8 ing fees, entitles them to be registered under this chapter.

9 Sec. 17.30.180. REVOCATION AND SUSPENSION OF REGISTRATION. (a)
10 A registration under AS 17.30.170 to manufacture, distribute, dis-
11 pense, or conduct research with a controlled substance may be suspended
12 or revoked by the commissioner upon a finding that the registrant:

13 (1) has furnished false or fraudulent material information
14 in an application filed under this chapter;

15 (2) has been convicted of a felony under state or federal
16 law relating to a controlled substance; or

17 (3) has had his federal registration to manufacture, dis-
18 tribute, dispense, or conduct research with controlled substances
19 suspended or revoked.

20 (b) The commissioner may limit the revocation or suspension of a
21 registration to the particular controlled substance with respect to
22 which grounds for revocation or suspension exist.

23 (c) If the commissioner suspends or revokes a registration, all
24 controlled substances owned or possessed by the registrant at the time
25 of suspension or the effective date of the revocation order may be
26 placed under seal and placed in the custody of the Department of Public
27 Safety subject only to the orders and decrees of a court having juris-
28 diction over the property. No disposition may be made of substances
29 under seal until the time for taking an appeal has elapsed or until

1 all appeals have been concluded unless a court, upon application,
2 orders the sale of perishable substances and the deposit of the pro-
3 ceeds of the sale with the court. Upon a revocation order becoming
4 final, all controlled substances are forfeited to the state.

5 (d) The commissioner shall promptly notify the Drug Enforcement
6 Administration of all orders suspending or revoking registrations and
7 of all forfeitures of controlled substances.

8 Sec. 17.30.190. ORDER TO SHOW CAUSE. (a) Before denying, sus-
9 pending, or revoking a registration, or refusing a renewal of a regis-
10 tration, the commissioner shall serve upon the applicant or registrant
11 an order to show cause why a registration should not be denied, revoked,
12 or suspended, or why a renewal should not be refused. The order to
13 show cause shall contain a statement of the basis for it and shall re-
14 quire the applicant or registrant to appear before the commissioner at
15 a time and place not less than 30 days after the date of service of
16 the order. In the case of a refusal of renewal of registration the
17 show cause order must be served not later than 30 days before the ex-
18 piration of the registration. These proceedings must be conducted in
19 accordance with procedures for administrative adjudication under AS
20 44.62.330 -- 44.62.630 without regard to criminal prosecution or other
21 proceeding. Proceedings to refuse renewal of registration do not
22 abate the existing registration which remains in effect pending the
23 outcome of the administrative hearing.

24 (b) The commissioner may, without an order to show cause, suspend
25 a registration simultaneously with the institution of proceedings un-
26 der AS 17.30.180 if he finds that there is an imminent danger to the
27 public health or safety which warrants this action. The suspension
28 continues in effect until the conclusion of the proceedings, including
29 judicial review of the proceedings, unless sooner withdrawn by the com-

1 missioner or dissolved by a court of competent jurisdiction.

2 Sec. 17.30.200. RECORDS OF REGISTRANTS. Persons registered to
3 manufacture, distribute, dispense, or conduct research with controlled
4 substances under this chapter shall keep records and maintain invento-
5 ries in conformance with the record-keeping and inventory requirements
6 of federal law.

7 Sec. 17.30.210. ORDER FORMS: PRESCRIPTIONS. (a) Controlled
8 substances may be distributed by one registrant to another registrant
9 only if the distribution is in accordance with federal requirements
10 for order forms.

11 (b) No controlled substance may be dispensed by a practitioner
12 except in accordance with federal requirements regarding prescriptions
13 for controlled substances.

14 (c) If a controlled substance is classified in a schedule set
15 out in AS 17.30.040 -- 17.30.090, or through regulation adopted in
16 accordance with this chapter, that is different from its corresponding
17 classification under federal law, the requirements of (a) and (b) of
18 this section are determined by the classification of the substance un-
19 der federal law.

20 Sec. 17.30.220. EXCLUSION. For purposes of AS 17.30.150 --
21 17.30.220, "controlled substance" does not include intoxicating liquors.

22 ARTICLE 3. ENFORCEMENT AND ADMINISTRATIVE PROVISIONS.

23 Sec. 17.30.300. COOPERATIVE ARRANGEMENTS. The commissioner of
24 public safety shall cooperate with other state agencies and federal
25 agencies in the discharge of their responsibilities pertaining to
26 illicit traffic in controlled substances and in suppressing the abuse
27 of controlled substances. Under this section, the commissioner of
28 public safety's powers include but are not limited to the following:

- 29 (1) arranging for the exchange of information among govern-

1 mental officials concerning illicit traffic in and abuse of controlled
2 substances;

3 (2) coordinating and cooperating in training programs per-
4 taining to controlled substances at both local and state levels; and

5 (3) cooperating with the Drug Enforcement Administration of
6 the United States Department of Justice through the establishment of a
7 centralized unit to accept, catalogue, file, and collect statistics,
8 including records of persons who have violated the provisions of this
9 chapter or AS 11.71 within the state and make the information available
10 for federal, state, and local law enforcement purposes; the commissioner
11 may not furnish the name or identity of a patient or research subject
12 whose identity could not be obtained under AS 17.30.350(b).

13 Sec. 17.30.310. FORFEITURES. (a) The following are subject to
14 forfeiture to the state:

15 (1) any controlled substance which has been manufactured,
16 distributed, dispensed, or possessed in violation of this chapter or
17 AS 11.71;

18 (2) raw materials, products, and equipment which are used
19 or intended for use in manufacturing, distributing, compounding, pro-
20 cessing, delivering, importing, or exporting a controlled substance in
21 violation of this chapter or AS 11.71;

22 (3) any property which is used or intended for use as a
23 container for property described in (1) or (2) of this subsection;

24 (4) any conveyance, including but not limited to aircraft,
25 vehicles or vessels which have been used to transport or in any manner
26 to facilitate transportation for purpose of sale or receipt of proper-
27 ty described in (1) or (2) of this subsection; however,

28 (A) no conveyance is subject to forfeiture under this
29 section if the owner of the conveyance establishes, by a prepon-

1 derance of the evidence, at a hearing before the court as a trier
2 of fact that its use in violation of this chapter or AS 11.71 was
3 committed by another person and that the owner was not a consent-
4 ing party nor privy to the violation and took all reasonable
5 means to ensure that the conveyance would not be used, and that
6 no person who operated it would use it in violation of this
7 chapter or AS 11.71;

8 (B) a forfeiture of a conveyance encumbered by a bona
9 fide security interest at the time of seizure is subject to the
10 interest of the secured party if the secured party establishes,
11 by a preponderance of the evidence, at a hearing before the court
12 as a trier of fact that its use in violation of this chapter or
13 AS 11.71 was committed by another person and that the secured
14 party was not a consenting party nor privy to the violation and
15 took all reasonable means to ensure that the conveyance would not
16 be used and that no person who operated it would use it in
17 violation of this chapter or AS 11.71;

18 (5) any books, records, and research products and materials,
19 including formulas, microfilm, tapes, and data which are used in vio-
20 lation of this chapter or AS 11.71;

21 (6) any money or negotiable instrument derived from activ-
22 ity prohibited by this chapter or AS 11.71; and

23 (7) any firearm used during or in furtherance of a viola-
24 tion of this chapter or AS 11.71.

25 (b) Property listed in (a) of this section may be forfeited to
26 the state either upon conviction of the defendant of a violation of
27 this chapter or AS 11.71, or upon judgment of a court of competent
28 jurisdiction in a separate civil proceeding in rem that an item speci-
29 fied in (a) of this section was used in or in aid of a violation of

1 this chapter or AS 11.71.

2 (c) It is not a defense in an in rem proceeding brought under
3 this section that a criminal proceeding is pending or has resulted in
4 a conviction or acquittal for a violation of this chapter or AS 11.71,
5 or that a criminal proceeding has been dismissed, or that the item has
6 not been forfeited in any criminal proceeding, or that multiple actions
7 are pending.

8 (d) Property subject to forfeiture under this section may be
9 seized by a peace officer upon an order issued by a court having juris-
10 diction over the property upon a showing of probable cause that the
11 property is subject to forfeiture under (a) of this section. Seizure
12 without a court order may be made if

13 (1) the seizure is incident to a valid arrest or a search
14 under a valid search warrant;

15 (2) the property subject to seizure has been the subject of
16 a prior judgment in favor of the state in a criminal proceeding or
17 civil proceeding in rem based upon this chapter or AS 11.71; or

18 (3) there is probable cause that the property was or is
19 being used in violation of this chapter or AS 11.71 and the property
20 is easily movable; property seized under this paragraph may not be
21 held for more than 48 hours or until an order continuing the seizure
22 may be applied for and issued by a court, whichever is earlier.

23 (e) Property taken or detained under (b) of this section is in
24 the custody of the Department of Public Safety subject only to the or-
25 ders and decrees of the court having jurisdiction over the forfeiture
26 proceedings. If property is seized under this chapter, the Department
27 of Public Safety may:

28 (1) place the property under seal;

29 (2) remove the property to a place designated by the court;

1 or

2 (3) take custody of the property and remove it to an appro-
3 priate location for disposition in accordance with law.

4 (f) Within 10 days of any seizure under this section, the state
5 shall inventory the property seized and its contents and appraise the
6 value of the items seized.

7 (g) Within 20 days of any seizure under this section, the state
8 shall, by certified mail, notify any person known to have an interest
9 in an item with an appraised value of \$500 or more, or who is ascer-
10 tainable from official registration numbers, licenses or other state,
11 federal or municipal numbers on the item. Additionally, the state
12 shall publish notice of forfeiture action of an item valued at \$500 or
13 more in a newspaper of general circulation in the judicial district in
14 which the seizure was made, or if no newspaper is published in that
15 district, in a newspaper published in the state and distributed in
16 that district, four times during four consecutive calendar weeks, once
17 during each week. The requirements of this subsection do not apply to
18 the forfeiture of controlled substances which have been manufactured,
19 distributed, dispensed, or possessed in violation of this chapter or
20 AS 11.71, regardless of their value.

21 (h) Upon service or publication of notice of commencement of an
22 action under this section, a person claiming interest in the property
23 shall file within 20 days from the service or publication, a notice of
24 claim setting out the nature of his interest, the date it was acquired,
25 the consideration paid, and an answer to the state's allegations. If
26 no claim and answer is filed within the time specified, the property
27 described in the state's allegation must be ordered forfeited to the
28 state without further proceedings or showings.

29 (i) Questions of fact or law raised by a notice of claim and

1 answer of any claimant in an action commenced under this section must
2 be determined by the court sitting without a jury. Such a proceeding
3 may, in the court's discretion, be held in abeyance until conclusion
4 of any pending criminal charges against the claimant under this chap-
5 ter or AS 11.71.

6 (j) A claimant under (h) of this section may at any time petition
7 for release of a seized item as follows:

8 (1) to a court in which a seizure warrant has been issued;

9 (2) to a court in which a criminal or civil action alleging
10 forfeiture of the item has been filed; or

11 (3) before an action is filed, or if no seizure warrant was
12 issued, to a court in the district in which the violation took place.

13 (k) An item may not be released by the court under (j) of this
14 section except upon an adequate assurance from the claimant that the
15 item will remain subject to the court's jurisdiction and within the
16 constructive custody of the state and

17 (1) a finding that the release is in the best interests of
18 the state; or

19 (2) the posting of a bond equal to twice the assessed value
20 of the item or the posting of other valid and equivalent security.

21 (1) A claimant may petition the court for sale of an item before
22 final disposition. The court shall grant a petition for sale upon a
23 finding that the sale is in the best interests of the state and the
24 preservation and maintenance of the item seized. Proceeds from the
25 sale plus interest to the date of final disposition shall thereafter
26 be treated as the subject of the forfeiture action.

27 (m) Property forfeited under this section must be disposed of
28 according to court order. The court may order the Department of Pub-
29 lic Safety to

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(1) destroy property harmful to the public;

(2) sell the property and use the proceeds for payment of all proper expenses of the proceedings for forfeiture and sale, including expenses of seizure, custody, and court costs;

(3) take custody of the property and use it in the enforcement of this chapter or AS 11.71, or transfer it to another agency of the state for a use designated by the court in furtherance of the administration of justice;

(4) take custody of the property and remove it for disposition in accordance with law; or

(5) forward it to the Drug Enforcement Administration for disposition.

(n) Upon a showing that a claimant is entitled to remittance in accordance with the provisions of this section, the court shall order that

(1) if the item may be used for a valid state function, it shall be delivered to the Department of Administration and that department shall remit to the claimant the value of the claimant's interest at the time of seizure; or

(2) the item may be sold at public auction to the highest bidder, the claimant having a right of first refusal, with proceeds used to satisfy the claimant's interest at the time of seizure and the balance deposited in the general fund.

(o) An offender who used an item subject to remission in violation of this chapter or AS 11.71 shall be assessed a fine at least equal to the cost of any lien payment or remittance made by the state plus the reasonable costs of the seizure.

(p) Any controlled substance manufactured, possessed, transferred, sold, or offered for sale in violation of this chapter or AS 11.71 is

1 contraband and must be seized and summarily forfeited to the state.

2 (q) Plants from which controlled substances may be derived and
3 which have been planted or cultivated in violation of this chapter or
4 AS 11.71, or which are wild growths, may be seized and summarily for-
5 feited to the state.

6 Sec. 17.30.320. BURDEN OF PROOF. It is not necessary for the
7 state to negate an exemption or exception provided for in this chapter
8 in a complaint, information, indictment or other pleading or at a
9 trial, hearing, or other proceeding under this chapter or AS 11.71.
10 The defendant has the burden of proving by a preponderance of the
11 evidence any exemption or exception claimed by him.

12 Sec. 17.30.330. JUDICIAL REVIEW. All final determinations, find-
13 ings, and conclusions of the commissioner under this chapter or regu-
14 lations adopted under it are final decisions of the matters involved.
15 A person aggrieved by a decision may obtain review of the decision in
16 the superior court in accordance with AS 44.62.560 -- 44.62.570. A
17 person is not, however, entitled to a hearing de novo in the superior
18 court.

19 Sec. 17.30.340. EDUCATION AND RESEARCH. (a) The commissioner
20 shall carry out educational programs designed to prevent and deter
21 abuse of controlled substances. In connection with these programs,
22 the commissioner may:

23 (1) promote better recognition of the problems surrounding
24 abuse of controlled substances within the regulated industry and among
25 interested groups and organizations;

26 (2) assist the regulated industry and interested groups and
27 organizations in contributing to the reduction of abuse of controlled
28 substances;

29 (3) consult with interested groups and organizations to aid

1 them in solving administrative and organizational problems;

2 (4) evaluate procedures, projects and techniques conducted
3 or proposed as part of educational programs on abuse of controlled
4 substances;

5 (5) disseminate the results of research on abuse of con-
6 trolled substances to promote a better public understanding of the
7 problems which exist and their solutions; and

8 (6) with the cooperation of the Department of Law, assist
9 in the education and training of state and local law enforcement
10 officials in their efforts to prevent illicit traffic in and abuse of
11 controlled substances.

12 (b) The commissioner shall encourage research on controlled sub-
13 stances and may:

14 (1) establish methods to assess the effects of controlled
15 substances and identify and characterize those with potential for
16 abuse;

17 (2) make studies and undertake research to:

18 (A) develop new or improved approaches, techniques,
19 systems, equipment and devices to strengthen the enforcement of
20 this chapter;

21 (B) determine patterns of abuse of controlled sub-
22 stances and their social effects; and

23 (C) improve methods for preventing, predicting and un-
24 derstanding the abuse of controlled substances;

25 (3) enter into contracts with public agencies, institutions
26 of higher education, and private organizations or individuals for con-
27 ducting research, demonstrations, or special projects which bear
28 directly on abuse of controlled substances and for related research
29 and educational activities.

1 Sec. 17.30.350. CONFIDENTIALITY. (a) Results, information, and
2 evidence received from the Drug Enforcement Administration of the
3 United States Department of Justice relating to the regulatory functions
4 of this chapter, including results of inspections conducted by it may
5 be relied on and acted on by the commissioner in the exercise of his
6 regulatory functions under this chapter.

7 (b) A practitioner engaged in medical practice or research may
8 not furnish the name or identity of a patient or research subject to
9 the commissioner, and the practitioner may not otherwise disclose the
10 name or identity of an individual that he is obliged to keep confi-
11 dential unless compelled to disclose it within the context of a crimi-
12 nal investigation or proceeding.

13 ARTICLE 4. DEFINITIONS.

14 Sec. 17.30.500. DEFINITIONS. As used in this chapter

15 (1) "administer" means the direct application of a con-
16 trolled substance, whether by injection, inhalation, ingestion, or any
17 other means into the body of a patient or research subject by

18 (A) a practitioner or, in the practitioner's presence,
19 by his authorized agent, or

20 (B) the patient or research subject at the direction
21 and in the presence of a practitioner;

22 (2) "agent" means an authorized person who acts on behalf
23 of or at the direction of a manufacturer, distributor, or dispenser;
24 it does not include a common or contract carrier, public warehouseman,
25 or employee of the carrier or warehouseman;

26 (3) "commissioner" means the commissioner of health and so-
27 cial services;

28 (4) "committee" means the Controlled Substances Advisory
29 Committee established in AS 17.30.020;

1 (5) "controlled substance" means a drug, substance, or im-
2 mediate precursor included in the schedules set out in AS 17.30.040 --
3 17.30.090;

4 (6) "deliver" or "delivery" means the actual, constructive,
5 or attempted transfer from one person to another of a controlled sub-
6 stance whether or not there is an agency relationship;

7 (7) "department" means the Department of Health and Social
8 Services;

9 (8) "dispense" means to deliver a controlled substance to
10 an ultimate user or research subject by or under the lawful order of a
11 practitioner, including the prescribing, administering, packaging, la-
12 beling, or compounding necessary to prepare the substance for that de-
13 livery; "dispenser" means a practitioner who dispenses;

14 (9) "distribute" means to deliver other than by administer-
15 ing or dispensing a controlled substance; "distributor" means a person
16 who distributes;

17 (10) "drug"

18 (A) means

19 (i) substances recognized as drugs in the official
20 United States Pharmacopoeia, official Homeopathic Pharmaco-
21 poeia of the United States, or official National Formulary,
22 or any supplement to any of these publications;

23 (ii) substances intended for use in the diagnosis,
24 cure, mitigation, treatment, or prevention of disease in
25 humans or animals;

26 (iii) substances, other than food, intended to
27 affect the structure or any function of the body of humans
28 or animals; and

29 (iv) substances intended for use as a component

1 of any article specified in (i), (ii), or (iii) of this sub-
2 paragraph;

3 (B) does not include devices or their components,
4 parts, or accessories;

5 (11) "hashish" means the dried, compressed, resinous product
6 of the plant (genus) Cannabis;

7 (12) "hashish oil" means the viscous liquid concentrate of
8 tetrahydrocannabinols extracted from the plant (genus) Cannabis;

9 (13) "immediate precursor" means a substance which is by
10 statute or regulation designated as the principal compound commonly
11 used or produced primarily for use, and which is an immediate chemical
12 intermediary used or likely to be used in the manufacture of a con-
13 trolled substance, the control of which is necessary to prevent,
14 curtail, or limit manufacture of that controlled substance;

15 (14) "judicial officer" means a justice of the supreme
16 court, a judge of the superior court, a district judge, and a magistrate

17 (15) "intoxicating liquor" has the meaning ascribed to it
18 in AS 11.71.200(9);

19 (16) "manufacture" means

20 (A) the production, preparation, propagation, compound-
21 ing, conversion, growing, or processing of a controlled substance,
22 either directly or indirectly by extraction from substances of
23 natural origin, or independently by means of chemical synthesis,
24 or by a combination of extraction and chemical synthesis; however,
25 the growing of less than one pound of marijuana is not manufactur-
26 ing; and

27 (B) any packaging or labeling of a controlled substance
28 including but not limited to acts done

29 (i) by a practitioner as an incident to his ad-

1 ministering or dispensing of a controlled substance in the
2 course of his professional practice; or

3 (ii) by a practitioner, or by his authorized
4 agent under his supervision, for the purpose of, or as an
5 incident to, research, teaching, or chemical analysis and
6 not for sale;

7 (17) "marijuana" has the meaning ascribed to it in AS 11.-
8 71.200(11);

9 (18) "opiate" means a substance having an addiction forming
10 or addiction sustaining capability similar to morphine or being capable
11 of conversion into a drug having addiction forming or addiction
12 sustaining capability; it does not include, unless specifically desig-
13 nated as controlled under AS 17.30.010, the dextrorotatory isomer of
14 3-methoxy-n-methylmorphinan and its salts (dextromethorphan); it does
15 include its racemic and levorotatory forms;

16 (19) "opium poppy" means the plant of the species *Papaver*
17 *somniferum* L., except its seeds;

18 (20) "poppy straw" means all parts, except the seeds, of
19 the opium poppy, after mowing;

20 (21) "practitioner" means:

21 (A) a physician, dentist, veterinarian, scientific in-
22 vestigator, or other person licensed, registered, or otherwise
23 permitted to distribute, dispense, conduct research with respect
24 to, or to administer a controlled substance in the course of pro-
25 fessional practice or research in the state;

26 (B) a pharmacy, hospital or other institution licensed,
27 registered, or otherwise permitted to distribute, dispense, con-
28 duct research with respect to or to administer a controlled sub-
29 stance in the course of professional practice or research in the

1 state;

2 (22) "production" includes the manufacture, planting, cul-
3 tivation, growing, or harvesting of a controlled substance;

4 (23) "ultimate user" means a person who lawfully possesses
5 a controlled substance for his own use or for the use of a member of
6 his household or for administering to an animal owned by him or by a
7 member of the household.

8 Sec. 17.30.600. SHORT TITLE. This chapter may be cited as the
9 Alaska Controlled Substances Act.

10 * Sec. 9. AS 08.64.380(3)(B) is amended to read:

11 (B) habitual overuse of alcoholic beverages or con-
12 trolled substances [DEPRESSANT, HALLUCINOGENIC OR STIMULANT
13 DRUGS.] as defined in AS 17.30 [AS 17.12.150(3), OR ADDICTION TO
14 THE USE OF NARCOTIC DRUGS AS DEFINED IN AS 17.10.230(13)];

15 * Sec. 10. AS 08.80.260(2) is amended to read:

16 (2) selling, bartering, or making available a controlled
17 substance as defined in AS 17.30 [, MORPHINE, COCAINE OR OTHER, NARCO-
18 TIC] to a person addicted to the use of a controlled substance [DRUGS]
19 except upon prescription issued by a licensed physician;

20 * Sec. 11. AS 08.80.260(9) is amended to read:

21 (9) violation of regulations pertaining to the provisions
22 of adequate security for controlled substances [DANGEROUS DRUGS];

23 * Sec. 12. AS 08.80.470 is amended to read:

24 Sec. 08.80.470. CONSTRUCTION. Nothing in this chapter amends,
25 modifies, repeals or otherwise changes any provision of the Controlled
26 Substances Act (AS 17.30) [NARCOTIC DRUG ACT (AS 17.10)] or the Alaska
27 Food, Drug and Cosmetic Act (AS 17.30).

28 * Sec. 13. AS 28.35.030(a) is amended to read:

29 (a) A person who, while under the influence of intoxicating

1 liquor, or other controlled substance listed [DEPRESSANT, HALLUCINO-
2 GENIC OR STIMULANT DRUGS OR NARCOTIC DRUGS AS DEFINED] in AS 17.30.040
3 -- 17.30.090 [AS 17.10.230(13) AND AS 17.12.150(3)] operates or drives
4 an automobile, motorcycle or other motor vehicle in the state, upon
5 conviction, is punishable by a fine of not more than \$1,000, or by
6 imprisonment for not more than one year, or by both and the court
7 shall impose a minimum sentence of imprisonment of not less than three
8 consecutive days. Upon a subsequent conviction within five years
9 after a conviction under this section, the court shall impose a minimum
10 sentence of imprisonment of not less than 10 consecutive days. The
11 execution of sentence may not be suspended nor may probation or parole
12 be granted until the minimum imprisonment provided in this section has
13 been served, nor may imposition of sentence be suspended, except upon
14 the condition that the defendant be imprisoned for no less than the
15 minimum period provided in this section [, NOR MAY THE PUNISHMENT
16 PROVIDED FOR IN THIS SECTION BE REDUCED UNDER AS 11.05.150]. In
17 addition, his operator's license shall be revoked in accordance with
18 AS 28.15.210(c). In addition, a person convicted under this statute
19 shall undertake, for a term specified by the court, that program of
20 alcohol education or rehabilitation which the court, after consideration
21 of any information compiled under (b) of this section, finds appro-
22 priate.

23 * Sec. 14. AS 44.29.020 is amended to read:

24 Sec. 44.29.020. DUTIES OF DEPARTMENT. The Department of Health
25 and Social Services shall administer the state programs of public
26 health and welfare, including: (1) maternal and child health services;
27 (2) preventive medical services; (3) public health nursing services;
28 (4) sanitation and engineering services; (5) nutrition services; (6)
29 health education; (7) laboratories; (8) mental health treatment and

1 diagnosis; (9) management of state institutions; (10) medical facil-
2 ities; (11) old age assistance; (12) aid to dependent children; (13)
3 aid to the blind; (14) child welfare services; (15) general relief;
4 (16) licensing and supervision of child care facilities; [AND] (17)
5 probation and parole supervision; and (18) the Alaska Controlled
6 Substances Act (AS 17.30).

7 * Sec. 15. (a) Prosecution for a violation of law occurring before the
8 effective date of this Act is not affected or abated by this Act. Violation
9 of any law repealed by this Act may still be prosecuted and brought to a
10 final determination in accordance with the laws and regulations in effect
11 at the time of the violation.

12 (b) Civil seizures or forfeitures and injunctive proceedings commenced
13 before the effective date of this Act are not affected by this Act.

14 (c) All administrative proceedings pending under prior laws which are
15 superseded by this Act shall be continued and brought to a final determina-
16 tion in accordance with the laws and rules in effect before the effective
17 date of this Act.

18 (d) The commissioner of health and social services shall initially
19 permit persons to register who own or operate an establishment engaged in
20 the manufacture, distribution, or dispensing of a controlled substance
21 before the effective date of this Act and who are registered or licensed by
22 the state.

23 (e) This Act applies to violations of law, seizures and forfeitures,
24 injunctive proceedings, administrative proceedings and investigations which
25 occur following its effective date.

26 * Sec. 16. Orders issued and regulations adopted under a law affected
27 by this Act and in effect on the effective date of this Act and not in con-
28 flict with this Act continue until modified, superseded or repealed.

29 * Sec. 17. AS 04.15.080, 04.15.110, 17.10, 17.12, and 17.15 are repealed.

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* Sec. 18. This Act takes effect on July 1, 1980.

DRUGS
OF
ABUSE

Drugs of Abuse

The term *narcotic* in its medical meaning refers to opium and opium derivatives or synthetic substitutes.*

Narcotics are indispensable in the practice of medicine: they are the most effective agents known for the relief of intense pain. They are also used as cough suppressants as well as a remedy centuries old for diarrhea.

Under medical supervision narcotics are administered orally or by intramuscular injection. As drugs of abuse, however, they may be sniffed, smoked, or self-administered by the more direct routes of subcutaneous ("skin-popping") and intravenous ("mainlining") injection.

The relief of suffering, whether of physical or psychological origin, may result in a short-lived state of

euphoria. The initial effects, however, are often unpleasant, leading many to conclude that those who persist in their illicit use may have latent personality disturbances. Narcotics tend to induce pinpoint pupils and reduced vision, together with drowsiness, apathy, decreased

physical activity, and constipation. A larger dose may induce sleep, but there is an increasing possibility of nausea, vomiting, and respiratory depression--the major toxic effect of the narcotics. Except in cases of acute intoxication, there is no loss of motor coordination or slurred speech as in the case of the depressants.

To the extent that the response may be felt to be pleasurable, its intensity may be expected to increase with the amount of the dose administered. Repeated use, however, will result in increasing tolerance: the user must administer progressively larger doses to attain the desired effect, thereby reinforcing the compulsive behavior known as drug dependence.

Physical dependence refers to an alteration of the normal functions of the body that necessitates the continued presence of a drug in order to prevent the withdrawal or abstinence syndrome, which is characteristic of each class of ad-



* Cocaine, ecgonine, and coca leaves, classified as narcotics under the CSA, are discussed in the section on stimulants, beginning on page 24.

Narcotics

Opium
and opium derivatives or
synthetic substitutes

dictive drugs. The intensity of physical symptoms experienced during the withdrawal period is related directly to the amount of narcotic used each day. Deprivation of an addictive drug causes increased excitability of those same bodily functions that have been depressed by its habitual use.

With the deprivation of narcotics, the first withdrawal signs are usually experienced shortly before the time of the next scheduled dose. Complaints, pleas, and demands by the addict are prominent, increasing in intensity and peaking from 36 to 72 hours after the last dose, then gradually subsiding. Symptoms such as watery eyes, runny nose, yawning, and perspiration appear about 8 to 12 hours after the last dose. Thereafter, the addict may fall into a restless sleep. As the abstinence syndrome progresses, restlessness, irritability, loss of appetite, insomnia, goose flesh, tremors, and finally yawning and severe sneezing occur. These symptoms reach their peak at 48 to 72 hours. The patient is weak and depressed with nausea and vomiting. Stomach cramps and diarrhea are common. Heart rate and blood pressure are elevated. Chills alternating with flushing and excessive sweating are also characteristic symptoms. Pains in the bones and muscles of the back and extremities occur as do muscle spasms and kicking movements, which may be the source of the expression "kicking the habit." At this time an individual may become suicidal. Without treatment the syndrome eventually runs its course and most of the

symptoms will disappear in 7 to 10 days. How long it takes to restore physiological and psychological equilibrium, however, is unpredictable. For a few weeks following withdrawal the addict will continue to think and talk about his use of drugs and be particularly susceptible to an urge to use them again.

The withdrawal syndrome may be avoided by reducing the dose of narcotic over a one-to-three-week period. Detoxification of an addict can be accomplished quite easily by substituting oral methadone for the illicit narcotic and gradually reducing the dose. However, the addict's entire pattern of life is built around drug taking and narcotic dependence is never entirely resolved by withdrawal alone.

Since addicts tend to become preoccupied with the daily round of obtaining and taking drugs, they often neglect themselves and may suffer from malnutrition, infections, and unattended diseases or injuries. Among the hazards of narcotic addiction are toxic reactions to contaminants, such as quinidine, sugars, and talcum powder, as well as unsterile needles and injection techniques, resulting in abscesses, blood poisoning, and hepatitis. Since there is no simple way to determine the purity of a drug that is sold on the street, the potency is unpredictable. A person with a mild overdose may be stuporous or asleep. Larger doses may induce a coma with slow shallow respiration. The skin becomes clammy cold, the body limp, and the jaw relaxed; there is a danger that the tongue may fall back, blocking the

air passageway. If the condition is sufficiently severe, convulsions may occur, followed by respiratory arrest and death. Specific antidotes for narcotic poisoning are available at hospitals.

Narcotics of Natural Origin

The poppy *Papaver somniferum* is the main source of the nonsynthetic narcotics. It was grown in the Mediterranean region as early as 300 B.C. and has since been cultivated in countries around the world, including Hungary, Yugoslavia, Turkey, India, Burma, China, and Mexico.

The milky fluid that oozes from incisions in the unripe seedpod has since ancient times been scraped by hand and air dried to produce opium gum. A more modern method of harvesting is by the industrial poppy straw process of extracting alkaloids from the mature dried plant. The extract may be in either liquid, solid, or powder form. Most poppy straw concentrate made available commercially is a fine brownish powder with a distinct odor.

More than 400 tons of opium or its equivalent in poppy straw concentrate are legally imported annually into the United States.

Opium

There were no legal restrictions on the importation or use of opium until the early 1900's. In those days patent medicines often contained opium without any warning label.



Poppy field



Incised seedpod



Scraping raw opium

Today there are state, federal, and international laws governing the production and distribution of narcotic substances, and there is little abuse of opium in the United States.

At least 25 alkaloids can be extracted from opium. These fall into two general categories, each producing markedly different effects. The first, known as the phenanthrene alkaloids, represented by morphine and codeine, are used as analgesics and cough suppressants; the second, the isoquinoline alkaloids, represented by papaverine (an intestinal relaxant) and noscapine (a cough suppressant), have no significant influence on the central nervous system and are not regulated under the CSA.

Although a small amount of opium is used to make antidiarrheal preparations such as paregoric, virtually all the opium imported into this country is broken down into its alkaloid constituents, principally morphine and codeine.

Morphine

The principal constituent of opium, ranging in concentration from 4 to 21 percent, morphine is one of the most effective drugs known for the relief of pain. It is marketed in the form of white crystals, hypodermic tablets, and injectable preparations. Its licit use is restricted primarily to hospitals. Morphine is odorless, tastes bitter, and darkens with age. It may be administered subcutaneously, intramuscularly or intravenously, the latter method being the one most frequently resorted to by addicts. Tolerance and dependence develop rapidly in the user. Only a small part of the morphine obtained from opium is used medically. Most of it is converted to codeine and, secondarily, to hydromorphone.

Codeine

This alkaloid is found in raw opium in concentrations ranging

from 0.7 to 2.5 percent. It was first isolated in 1832 as an impurity in a batch of morphine. Although it occurs naturally, most codeine is produced from morphine. As compared with morphine, codeine produces less analgesia, sedation, and respiratory depression. It is widely distributed in products of two general types. Codeine for the relief of moderate pain may consist of codeine tablets or be combined with other products such as aspirin or acetaminophen (Tylenol). Some examples of liquid codeine preparations for the relief of coughs (antitussives) are Robitussin AC, Cheracol, and elixir of terpin hydrate with codeine. Codeine is also manufactured to a lesser extent in injectable form for the relief of pain. It is by far the most widely used naturally occurring narcotic in medical treatment.

Thebaine

A minor constituent of opium, thebaine is the principal alkaloid



Opium gum



Poppy straw



Poppy straw concentrate

present in another species of poppy, *Papaver bracteatum*, which has been grown experimentally in the United States as well as in other parts of the world. Although chemically similar to both codeine and morphine, it produces stimulant rather than depressant effects. Thebaine is not used in this country for medical purposes, but it is converted into a variety of medically important compounds, including codeine, hydrocodone, oxycodone, oxymorphone, nalbuphine, naloxone, and the Bentley compounds. It is controlled in Schedule II of the CSA as well as under international law.

Semi-Synthetic Narcotics

The following narcotics are among the more significant synthetic substances that have been derived by modification of the chemicals contained in opium.

Heroin

First synthesized from morphine in 1874, heroin was not extensively used in medicine until the beginning of this century. The Bayer Company in Germany first started commercial production of the new pain remedy in 1898. While it received widespread acceptance, the medical profession for years remained unaware of its potential for addiction. The first comprehensive control of heroin in the United States was established with the Harrison Narcotic Act of 1914. Pure heroin is a white powder with a bitter taste. Illicit heroin may vary in color from white to dark brown because of impurities left from the manufacturing process or the presence of additives such as food coloring, cocoa, or brown sugar. Pure heroin is rarely sold on the street. A "bag"—slang for a single dosage unit of heroin—may weigh about 100 mg, usually containing less than 5 percent heroin. To in-

crease the bulk of the material sold to the addict, diluents are mixed with the heroin in ratios ranging from 9 to 1 to as much as 99 to 1. Sugars, starch, powdered milk, and quinine are among the diluents used.

Hydromorphone

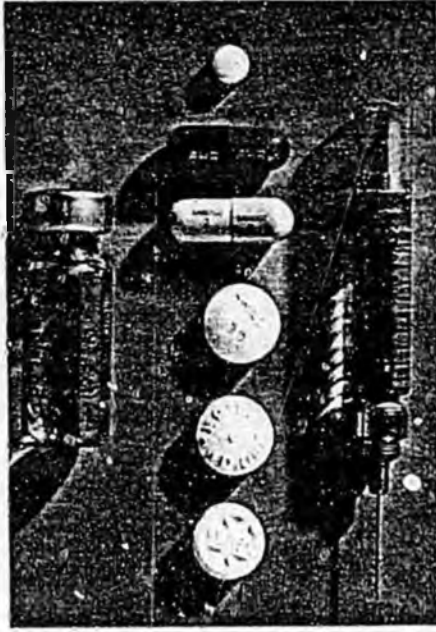
Most commonly known as Dilaudid, hydromorphone is the second oldest semi-synthetic narcotic analgesic. Marketed both in tablet and injectable form, it is shorter acting and more sedative than morphine, but its potency is from two to eight times as great. It is therefore a highly abusable drug, much sought after by narcotic addicts, who usually obtain it through fraudulent prescription or theft. The tablets, stronger than available liquid forms, may be dissolved and injected.

Oxycodone

Oxycodone is synthesized from



Morphine



Codeine



Thebaine

Semi-Synthetic Narcotics



Heroin



Hydromorphone (Dilaudid)

thebaine. It is similar to codeine, but more potent and with a higher dependence potential. It is effective orally and is marketed in combination with other drugs such as Percodan for the relief of pain. Addicts take Percodan orally or dissolve tablets in water, filter out the insoluble material, and "main-line" the active drug.

Etorphine and Diprenorphine

Two of the Bentley compounds, these substances are both made from thebaine. Etorphine is more than a thousand times as potent as morphine in its analgesic, sedative and respiratory depressant effects.

For human use its potency is a distinct disadvantage because of the danger of overdose. Etorphine hydrochloride (M99) is used by veterinarians to immobilize large wild animals. Diprenorphine hydrochloride (M50-50), acting as an antagonist, counteracts the effects of etorphine. The manufacture and distribution of both substances are strictly regulated under the CSA.

Synthetic Narcotics

In contrast to pharmaceutical products derived directly or indirectly from narcotics of natural ori-

gin, synthetic narcotics are produced entirely within the laboratory. A continuing search for a product that will retain the analgesic properties of morphine without the consequent dangers of tolerance and dependence has yet to yield a drug that is not susceptible to abuse. The two that are most widely available are meperidine and methadone.

Meperidine (pethidine)

The first synthetic narcotic, produced originally a generation ago, meperidine is chemically dissimilar to morphine but resembles it in its analgesic potency. It is probably



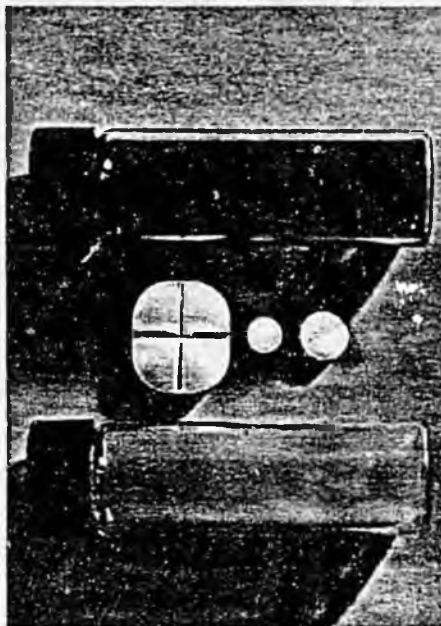
Thebaine derivatives



Diprenorphine (left) and etorphine



Meperidine



Methadone



Propoxyphene

the most widely used drug for the relief of moderate to severe pain. Available in pure form as well as in products containing other medicinal ingredients, it is administered either orally or by injection, the latter method being the most widely abused. Tolerance and dependence develop with chronic use, and large doses can result in convulsions.

Methadone and Related Drugs

German scientists synthesized methadone during World War II because of a shortage of morphine. Although chemically unlike morphine or heroin, it produces many of the same effects. Introduced into the United States in 1947 as an analgesic and distributed under such names as Amidone, Dolophine, and Methadone, it became widely used in the 1960's in the treatment of narcotic addicts. The effects of methadone differ from morphine-based drugs in that they

have a longer duration of action, lasting up to 24 hours, thereby permitting administration only once a day in heroin detoxification and maintenance programs. Moreover, methadone is almost as effective when administered orally as it is by injection. But tolerance and dependence may develop, and withdrawal symptoms, though they develop more slowly and are less severe, are more prolonged. Ironically, methadone, designed to control narcotic addiction, has emerged in some metropolitan areas as a major cause of overdose deaths.

Closely related chemically to methadone is the synthetic compound levo-alpha-acetylmethadol (LAAM), which has an even longer duration of action (from 48 to 72 hours), permitting a further reduction in clinic visits and the elimination of take-home medication. Its potential in the treatment of narcotic addicts is now under investi-

gation. Another close relative of methadone is propoxyphene, first marketed in 1957 under the trade name of Darvon for the relief of mild to moderate pain. Less dependence-producing than the opiates, it is also less effective as an analgesic. Misuse of propoxyphene led to its placement in Schedule IV of the CSA in 1977.

Narcotic Antagonists

The deliberate effort to find an effective analgesic that is not dependence producing has led in recent years to the development of a class of compounds known as narcotic antagonists. These drugs, as the name implies, tend to block and reverse the effects of narcotics, and some of them may in future prove useful in checking recidivist tendencies of former addicts who have undergone treatment. Nalorphine, introduced into clinical medicine in 1951 and now under



Other synthetic narcotics: top to bottom, anileridine (Leritine), levorphanol (Levo-Dromoran), and pentazocine (Talwin)

Schedule III, is called a partial antagonist. In a drug-free individual, it produces morphine-like effects; whereas in an individual under the influence of narcotics, it counteracts these effects. Another partial antagonist is pentazocine (Talwin). Introduced as an analgesic in 1967, it was determined to be an abusable drug and placed under Schedule IV in 1979. Relatively pure antagonists have also been developed. Naloxone (Narcan), having no morphine-like effects, was removed from the CSA when introduced as a specific antidote for narcotic poisoning in 1971. A number of "pure" antagonists have since been developed that are longer lasting and effective when administered orally. One of them is Naltrexone, which was removed from control of the CSA in 1975, and which is now under evaluation to determine its utility in assisting post-narcotic addicts to remain drug free.

Drugs of Abuse

Substances regulated under the CSA as depressants have a high potential for abuse associated with both physical and psychological dependence.

Taken as prescribed by a physician, depressants may be beneficial for the relief of anxiety, irritability, and tension, and for the symptomatic treatment of insomnia. In excessive amounts, however, they produce a state of intoxication that is remarkably similar to that of alcohol.

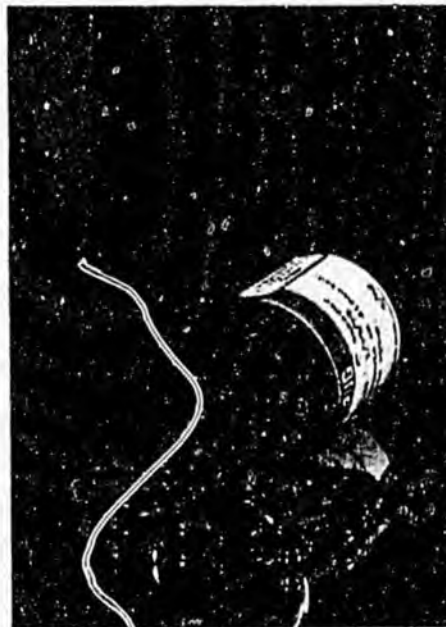
As in the case of alcohol, these effects may vary not only from person to person but from time to time in the same individual. Low doses produce mild sedation. Higher doses, insofar as they relieve anxiety or stress, may produce a temporary sense of well-being; they may also produce mood depression and apathy. In marked contrast to the effects of narcotics, however, intoxicating doses invariably result in impaired judgment, slurred speech, and loss of motor

coordination. In addition to the dangers of disorientation, resulting in a high incidence of highway accidents, recurrent users incur risks of long-term involvement with depressants.

Tolerance to the intoxicating effects develops rapidly, leading to a progressive narrowing of the

margin of safety between an intoxicating and lethal dose. The person who is unaware of the dangers of increasing dependence will often increase the daily dose up to 10 or 20 times the recommended therapeutic level. The source of supply may be no further than the family medicine cabinet. Depressants are also frequently obtained by theft, illegal prescription, or purchase on the illicit market.

Members of the drug subculture often resort to the use of depressants as self-medication to soothe jangled nerves brought on by the use of stimulants, to quell the anxiety of "flashbacks" resulting from prior use of hallucinogens, or to ease their withdrawal from heroin. The dangers, it should be stressed, are compounded when depressants are used in combination with alcohol or other drugs. Chronic intoxication, though it affects every age group, is most common in middle age. The problem often remains unrecognized until



Depressants

In excessive amounts
they induce a state of intoxication
remarkably like that
of alcohol

the user exhibits recurrent confusion or an obvious inability to function. Depressants also serve as a means of suicide, a pattern particularly common among women.

As will be shown, the depressants vary with respect to their potential for overdose. Moderate depressant poisoning closely resembles alcoholic inebriation. The symptoms of severe depressant poisoning are coma, a cold clammy skin, a weak and rapid pulse, and a slow or rapid but shallow respiration. Death will follow if the reduced respiration and low blood pressure are not counteracted by proper medical treatment.

The abrupt cessation or reduction of high-dose depressant intake may result in a characteristic withdrawal syndrome, which should be recognized as a medical emergency more serious than that of any other drugs of abuse. An apparent improvement in the patient's condition may be the initial result of detoxification. Within 24 hours, however, minor withdrawal symptoms manifest themselves, among them anxiety and agitation, loss of appetite, nausea and vomiting, increased heart rate and excessive sweating, tremulousness and abdominal cramps. The symptoms usually peak during the second or third day of abstinence from the short-acting barbiturates or meprobamate; they may not be reached until the seventh or eighth day of abstinence from the long-acting barbiturates or benzodiazepines. It is during the peak period that the major withdrawal symptoms usually occur. The patient may experience convulsions indistinguishable from

those occurring in grand mal epilepsy. More than half of those who experience convulsions will go on to develop delirium, often resulting in a psychotic state identical to the delirium tremens associated with the alcohol withdrawal syndrome. Detoxification and treatment must therefore be carried out under close medical supervision. While treatment techniques vary to some extent, they share common objectives: stabilization of the drug-dependent state to allay withdrawal symptoms followed by gradual withdrawal to prevent their recurrence.

Among the depressants that give rise to the general conditions described are chloral hydrate, a broad array of barbiturates, glutethimide, methaqualone, meprobamate, and the benzodiazepines.

Chloral Hydrate

The oldest of the hypnotic (sleep-inducing) drugs, chloral hydrate was first synthesized in 1862 and soon supplanted alcohol, opium, and cannabis preparations for inducing sedation and sleep. Its popularity declined after the introduction of the barbiturates, but chloral hydrate is still widely used. It has a penetrating, slightly acrid odor, and a bitter caustic taste. Its depressant effects, as well as resulting tolerance and dependence, are comparable to those of alcohol, and withdrawal symptoms resemble delirium tremens. Chloral hydrate is a liquid, marketed in the form of syrups and soft gelatin capsules. Cases of poisoning have occurred from mixing chloral hydrate with alcoholic drinks. Chloral hydrate is

not a street drug of choice. Its main misuse is by older adults.

Barbiturates

Among the drugs most frequently prescribed to induce sedation and sleep by both physicians and veterinarians are the barbiturates. About 2,500 derivatives of barbituric acid have been synthesized, but of these only about 15 remain in medical use. Small therapeutic doses tend to calm nervous conditions, and larger doses cause sleep 20 to 60 minutes after oral administration. As in the case of alcohol, some individuals may experience a sense of excitement before sedation takes effect. If dosage is increased, however, the effects of the barbiturates may progress through successive stages of sedation, sleep, and coma to death from respiratory arrest and cardiovascular complications.

Barbiturates are classified as ultrashort, short, intermediate, and long-acting. The ultrashort-acting barbiturates produce anesthesia within one minute after intravenous administration. The rapid onset and brief duration of action make them undesirable for purposes of abuse. Those in current medical use are hexobarbital (Evipal), methohexital (Brevital), thiamylal (Surlital), and thiopental (Pentothal).

Among the short-acting and intermediate-acting barbiturates are pentobarbital (Nembutal), secobarbital (Seconal), and amobarbital (Amytal)—three of the drugs in the depressant category most sought after by abusers. The group also

CONTROLLED SUB

	Drugs	Schedule	Trade or Other Names	Medical Uses	Physical Dependence
NARCOTICS	Opium	II, III, V	Dover's Powder, Paregoric, Parepectolin	Analgesic, antidiarrheal	High
	Morphine	II, III	Morphine, Pectoral Syrup	Analgesic, antitussive	
	Codeine	II, III, V	Codeine, Empirin Compound with Codeine, Robitussin A-C	Analgesic, antitussive	Moderate
	Heroin	I	Diacetylmorphine, Horse, Smack	Under investigation	
	Hydromorphone		Dilaudid	Analgesic	High
	Meperidine (Pethidine)	II	Demerol, Pethadol	Analgesic	
	Methadone		Dolophine, Methadone, Methadose	Analgesic, heroin substitute	
	Other Narcotics	I, II, III, IV, V	LAAM, Leritine, Levo-Dromoran, Percodan, Tussionex, Fentanyl, Darvon*, Talwin*, Lomotil	Analgesic, anti-diarrheal, antitussive	High-Low
DEPRESSANTS	Chloral Hydrate	IV	Noctec, Somnos	Hypnotic	Moderate
	Barbiturates	II, III, IV	Amobarbital, Phenobarbital, Butisol, Phenoxbarbital, Secobarbital, Tuinal	Anesthetic, anticonvulsant, sedative, hypnotic	High Moderate
	Glutethimide	III	Doriden		High
	Methaqualone	II	Optimil, Parest, Quaalude, Somnafac, Sopor	Sedative, hypnotic	High
	Benzodiazepines	IV	Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Serax, Tranxene, Valium, Verstran	Anti-anxiety, anticonvulsant, sedative, hypnotic	Low
	Other Depressants	III, IV	Equanil, Miltown, Noludar Placidyl, Valmid	Anti-anxiety, sedative, hypnotic	Moderate
	Cocaine†	II	Coke, Flake, Snow	Local anesthetic	
STIMULANTS	Amphetamines	II, III	Biphstamine, Delcobese, Desoxyn, Dexedrine, Mediatric		
	Phenmetrazine	II	Preludin		
	Methylphenidate	II	Ritalin	Hyperkinesia, narcolepsy, weight control	Possible
	Other Stimulants	III, IV	Adipex, Bacarate, Cylert, Dirdrex, Ionamin, Plegine, Pre-Sate, Sanorex, Tenuate, Tepanil, Vg, anil		
HALLUCINOGENS	LSD		Acid, Microdot		None
	Mescaline and Peyote	I	Mesc, Buttons, Cactus	None	None
	Amphetamine Variants		2,5-DMA, PMA, STP, MDA, MDMA, TMA, DOM, DOB		Unknown
	Phencyclidine	II	PCP, Angel Dust, Hog	Veterinary anesthetic	Degree unknown
	Phencyclidine Analogs		PCE, PCPy, TCP		
	Other Hallucinogens	I	Bufotenine, Ibogaine, DMT, DET, Psilocybin, Psilocyn	None	None
CANNABIS	Marihuana		Pot, Acapulco Gold, Grass, Reefer, Sinsemilla, Thai Sticks	Under investigation	Degree unknown
	Tetrahydrocannabinol	I	THC		
	Hashish		Hash		
	Hashish Oil		Hash Oil	None	

STANCES: USES & EFFECTS

Psychological Dependence	Tolerance	Duration of Effects (in hours)	Usual Methods of Administration	Possible Effects	Effects of Overdose	Withdrawal Syndrome
High	Yes	3 - 6	Oral, smoked	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, chills and sweating, cramps, nausea
Moderate			Oral, injected, smoked			
High			Oral, injected			
High-Low		12-24	Injected, sniffed, smoked			
Moderate		Variable	Oral, injected			
Moderate	Possible	5 - 8	Oral	Slurred speech, disorientation, drunken behavior without odor of alcohol	Shallow respiration, cold and clammy skin, dilated pupils, weak and rapid pulse, coma, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
High-Moderate	Yes	1 - 16	Oral, injected			
High		4 - 8				
Low						
Moderate	Possible	1 - 2	Sniffed, injected			
High	Yes	2 - 4	Oral, injected	Increased alertness, excitation, euphoria, increased pulse rate and blood pressure, insomnia, loss of appetite	Agitation, increase in body temperature, hallucinations, convulsions, possible death	Apathy, long periods of sleep, irritability, depression, disorientation
Degree unknown			Oral			
High	Yes	8 - 12	Oral	Illusions and hallucinations, poor perception of time and distance	Longer, more intense "trip" episodes, psychosis, possible death	Withdrawal syndrome not reported
Degree unknown		Up to days	Oral, injected			
High		Variable	Smoked, oral, injected			
Degree unknown	Possible		Oral, injected, smoked, sniffed	Euphoria, relaxed inhibitions, increased appetite, disoriented behavior	Fatigue, paranoia, possible psychosis	Insomnia, hyperactivity, and decreased appetite occasionally reported
Moderate	Yes	2 - 4	Smoked, oral			

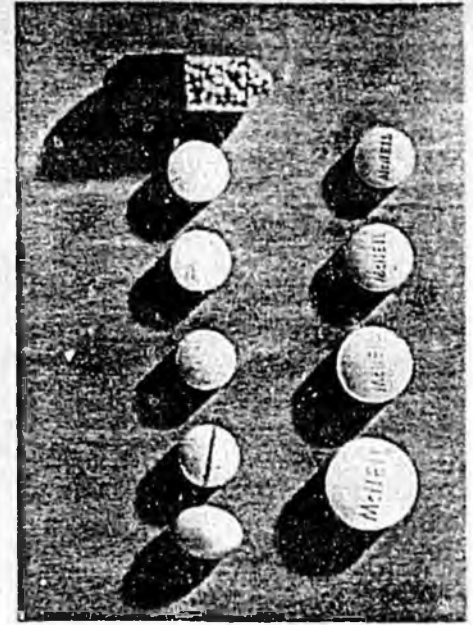
* Not designated a narcotic under the CSA
 † Designated a narcotic under the CSA



Chloral hydrate



Barbiturates: top row, amobarbital; middle row, pentobarbital (in combination with carbromal in the capsule at center); bottom row, secobarbital (in combination with amobarbital in the red and blue capsule at left).



Barbiturates: phenobarbital (left column) and butabarbital

includes butabarbital (Butisol), butalbital (Lotusate), allobarbital (Dial), aprobarbital (Alurate), and vinbarbital (Delvinal). After oral administration the onset time of action is from 15 to 40 minutes and duration of action is up to 6 hours. Physicians prescribe short-acting barbiturates to induce sedation or sleep. Veterinarians use pentobarbital for anesthesia and euthanasia.

Long-acting barbiturates, which include barbital (Veronal), phenobarbital (Luminal), mephobarbital or methylphenobarbital (Mebaral), and metharbital (Gemonil), have onset times of up to one hour and durations of action up to 16 hours. They are used medicinally as sedatives, hypnotics, and anticonvulsants. Their slow onset of action discourages their use for episodic intoxication, and they are not ordinarily distributed on the illicit market except when sold as some-

thing else. It should be emphasized, however, that all barbiturates result in a buildup of tolerance, and dependence on them is widespread.

Glutethimide

When glutethimide (Doriden) was introduced in 1954, it was said to be a safe barbiturate substitute without an addiction potential. But experience has shown glutethimide to be another CNS depressant, having no particular advantage over the barbiturates and several important disadvantages. The sedative effects of glutethimide begin about 30 minutes after oral administration and last for 4 to 8 hours. Glutethimide is marketed as Doriden in 125, 250, and 500 mg tablets. Because the effects of this drug are of long duration, it is exceptionally difficult to reverse overdoses, which often result in death.

Methaqualone

Methaqualone is a synthetic sedative chemically unrelated to the barbiturates, glutethimide, or chloral hydrate. It has been widely abused because it was once mistakenly thought to be non-addictive and effective as an aphrodisiac. Actually, methaqualone has caused many cases of serious poisoning. It is administered orally. Large doses cause coma, which may be accompanied by thrashing movements or convulsions. Continued heavy use of large doses leads to tolerance and dependence. Methaqualone has been marketed in the United States under various brand names such as Quaalude, Parost, Optimil, Somnafac, and Sopor. Counterfeit Quaalude tablets, which do not necessarily contain methaqualone, are prevalent on the U.S. illicit market, similar in appearance to the 300 mg tablet for-



Glutethimide (top row) and meprobamate



Methaqualone



Benzodiazepines: from top to bottom row, diazepam, chlordiazepoxide, flurazepam, clonazepam, clorazepate, lorazepam, and oxazepam

merly distributed by Rorer. Mandrax is a European brand name for methaqualone in combination with an antihistamine. Mecloqualone, a chemical similar to methaqualone in all significant respects, is not legally sold in the United States and is in Schedule I of the CSA.

Meprobamate

Meprobamate, first synthesized in 1950, introduced the era of mild or "minor" tranquilizers. In the United States today more than 200 tons of meprobamate are distributed annually under its generic name as well as under brand names such as Miltown, Equanil, Kessobamate, and SK-Bamate. Meprobamate is prescribed primarily for the relief of anxiety, tension, and associated muscle spasms. Its onset and duration of action are like those of the intermediate-acting barbiturates; it differs from them in

that it is a muscle relaxant, does not produce sleep at therapeutic doses, and is relatively less toxic. Excessive use, however, can result in psychological and physical dependence. Mebutamate (Dormate), a drug similar to meprobamate in its chemical makeup and effects, is also regulated under the CSA.

Benzodiazepines

The benzodiazepine family of depressants relieve anxiety, tension, and muscle spasms, produce sedation, and prevent convulsions. These substances are marketed as mild or minor tranquilizers, sedatives, hypnotics, or anticonvulsants. Their margin of safety is greater than that of other depressants. Eight members of the group are currently marketed in the United States. They are chlordiazepoxide (Librium), clonazepam (Clonopin), clorazepate (Tranxene,

Azene), diazepam (Valium), flurazepam (Dalmane), lorazepam (Ativan), oxazepam (Serax), and prazepam (Verstran). Librium and Valium are among the drugs most widely prescribed in this country. These drugs have a relatively slow onset but long duration of action. Prolonged use of excessive doses may result in physical and psychological dependence. Withdrawal symptoms develop approximately one week to 10 days after continual high doses are abruptly discontinued. The delay in the appearance of the abstinence syndrome is due to the slow elimination of the drug from the body. When these drugs are used to obtain a "high," they are usually taken in conjunction with another drug such as alcohol or marijuana.

Drugs of Abuse

The two most prevalent stimulants are nicotine in tobacco products and caffeine, the active ingredient of coffee, tea, and some bottled beverages that are sold in every supermarket. When used in moderation, these stimulants tend to relieve fatigue and increase alertness. They are an accepted part of our culture.

There are, however, more potent stimulants that because of their dependence-producing potential are under the regulatory control of the CSA. These controlled stimulants are available on prescription for medical purposes; they are also clandestinely manufactured in vast quantities for distribution on the illicit market.

Users tend to rely on stimulants to feel stronger, more decisive, and self-possessed. Because of the cumulative effects of the drugs, chronic users often follow a pattern of taking "uppers" in the morning and "downers" such as alcohol or sleeping pills at night. Such chem-

ical manipulation interferes with normal body processes and can lead to mental and physical illness.

Young people who resort to stimulants for their euphoric effects consume large doses sporadically, over weekends or at night, often going on to experiment with other



drugs of abuse. The consumption of stimulants may result in a temporary sense of exhilaration, superabundant energy, hyperactivity, extended wakefulness and a loss of appetite; it may also induce irritability, anxiety, and apprehension. These effects are greatly intensified with administration by intravenous injection, which may produce a sudden sensation known as a "flash" or "rush." The protracted use of stimulants is followed, however, by a period of depression known as "crashing" that is invariably described as unpleasant. Since the depression can be easily counteracted by a further injection of stimulant, this abuse pattern becomes increasingly difficult to break. Heavy users may inject themselves every few hours, a process sometimes continued to the point of delirium, psychosis, or physical exhaustion.

Tolerance develops rapidly to both the euphoric and appetite suppressant effects. Doses large

Stimulants

Of all abused drugs
the most powerfully reinforcing,
they can lead to increasingly compulsive behavior

enough to overcome the insensitivity that develops may cause various mental aberrations, the early signs of which include repetitive grinding of the teeth, touching and picking the face and extremities, performing the same task over and over, a preoccupation with one's own thought processes, suspiciousness, and a sense of being watched. Paranoia with auditory and visual hallucinations characterizes the toxic syndrome resulting from continued high doses. Dizziness, tremor, agitation, hostility, panic, headache, flushed skin, chest pain with palpitations, excessive sweating, vomiting, and abdominal cramps are among the symptoms of a sublethal overdose. In the absence of medical intervention, high fever, convulsions, and cardiovascular collapse may precede the onset of death. It should be added that physical exertion increases the hazards of stimulant use since accidental death is due in part to their effects on the cardiovascular and body temperature regulating systems. Fatalities under conditions of extreme exertion have been reported among athletes who have taken stimulants in moderate amounts.

If withdrawn from stimulants, chronic high-dose users exhibit profound depression, apathy, fatigue, and disturbed sleep for up to 20 hours a day. The immediate withdrawal syndrome may last for several days. There may also be a lingering impairment of perception and thought processes. Anxiety, an incapacitating tenseness, and suicidal tendencies may persist for weeks or months. Many experts

now interpret these symptoms as indicating that stimulant drugs are capable of producing physical dependence. Whether the withdrawal syndrome is physical or psychological in origin is in this instance academic since the stimulants are recognized as among the most potent agents of reward and reinforcement that underlie the problem of dependence.

Cocaine

The most potent stimulant of natural origin, cocaine is extracted from the leaves of the coca plant (*Erythroxylon coca*), which has been cultivated in the Andean highlands of South America since prehistoric times. The leaves of the plant are chewed in the region for refreshment and relief from fatigue, much as North Americans once chewed tobacco.

Pure cocaine, the principal psychoactive ingredient, was first isolated in the 1880's. It was used as an anesthetic in eye surgery for which no previously known drug had been suitable; it became particularly useful in surgery of the nose and throat because of its ability to constrict blood vessels and thus limit bleeding. Although many of its therapeutic applications are now obsolete, the legal use of cocaine in the United States has in recent years been increased by the introduction of a morphine-cocaine elixir designed to relieve the suffering associated with terminal illness. In England, where this mixture was developed at the Brompton Chest Hospital, the use of cocaine in treatment of the terminally ill was largely abandoned after it was

determined that it contributed to disquieting hallucinations and nightmares.

Illicit cocaine is distributed as a white crystalline powder, often adulterated to about half its volume by a variety of other ingredients, the most common of which are sugars such as lactose, inositol, mannitol, and local anesthetics such as lidocaine. Since the cost of illicit cocaine is high, there is a tendency to adulterate the product at each level of distribution. The drug is most commonly administered by being "snorted" through the nasal passages. Symptoms of repeated use in this manner may resemble the congested nose of a common cold. Less commonly, for heightened effect, the drug is injected directly into the bloodstream. Unlike such drugs as LSD and heroin, cocaine is popularly accepted as a recreational drug, facilitating social interaction. It is erroneously reputed to be relatively safe from undesirable side effects. Because of the intensity of its pleasurable effects, cocaine has the potential for extraordinary psychic dependency, which is all the more deceptive in view of its reputation as the recreational drug of choice.

Recurrent users may resort to larger doses at shorter intervals until their lives are largely committed to their habituation. Anxiety, restlessness, and extreme irritability may indicate the onset of a toxic psychosis similar to paranoid schizophrenia. Tactile hallucinations so afflict some chronic users that they injure themselves in attempting to remove imaginary in-



Coca plant



Coca processing



Cocaine

sects from under the skin. Others are persecuted by the fear of being watched and followed. Excessive doses of cocaine may cause seizures and death from respiratory failure.

Amphetamines

Amphetamine, dextroamphetamine, and methamphetamine are so similar in the effects they induce that they can be differentiated from one another only by laboratory analysis. Amphetamine was first used clinically in the mid-1930's to treat narcolepsy, a rare disorder resulting in an uncontrollable desire for sleep. After the introduction of the amphetamines into medical practice, the number of conditions for which they were prescribed multiplied as did the quantities made available. They were sold without prescription for a time in inhalers and other over-the-counter preparations. Abuse of the inhalers

became popular among teenagers and prisoners. Housewives, students, and truck drivers were among those who used amphetamines orally in excessive amounts, and "speed freaks," who injected them, won notoriety in the drug culture for their bizarre and often violent behavior. Whereas a prescribed dose is between 2.5 and 15 mg per day, those on a "speed" binge have been known to inject as much as 1,000 mg every two or three hours. Recognition of the deleterious effects of these drugs and their limited therapeutic value has led to a marked reduction in their use by the medical profession. The medical use of amphetamines is now limited to narcolepsy, hyperkinetic behavioral disorders in children, and certain cases of obesity—as a short-term adjunct to a restricted diet for patients refractory to other forms of therapy. Their illicit use closely

parallels that of cocaine in the range of its short-term and long-term effects. Despite broad recognition of the risks, clandestine laboratories produce vast quantities of amphetamines, particularly methamphetamine, for distribution on the illicit market.

Phenmetrazine (Preludin) and Methylphenidate (Ritalin)

The medical indications, patterns of abuse, and adverse effects of phenmetrazine (Preludin) and methylphenidate (Ritalin) compare closely with those of the other stimulants. Phenmetrazine is medically used only as an appetite suppressant and methylphenidate mainly for treatment of hyperkinetic behavioral disorders in children. They have been subject to abuse in countries where freely available, as they are here in localities where medical practitioners write pre-



Methamphetamine (top row) and amphetamine. The tablets in the bottom row are of clandestine manufacture.



Phenmetrazine (left column) and methylphenidate



Other anorectic drugs: from top to bottom row, phendimetrazine, diethylpropion, phentermine (third and fourth rows), benzphetamine, and chlorphentermine

scriptions on demand. While the abuse of phenmetrazine involves both oral and intravenous use, most of that associated with methylphenidate results from injection after the drug in tablet form is dissolved in water. Complications arising from such use are common since the tablets contain insoluble materials which upon injection block small blood vessels and cause serious damage, especially in the lungs and retina of the eye.

Anorectic Drugs

In recent years a number of drugs have been manufactured and marketed to replace amphetamines as appetite suppressants. These so-called anorectic drugs include benzphetamine (Didrex), chlorphentermine (Pre-Sate, etc.), clor-termine (Voramil), diethylpropion (Tenuate, Tepanil, etc.), fenfluramine (Pondimin), mazindol (Sano-

rex), phendimetrazine (Plegine, Bacarate, Melfiat, Statobex, Tanorex, etc.), phentermine (Ionamin, Adipex-P, etc.). They produce many of the effects of the amphetamines but are generally less potent. Abuse patterns of some of them have not yet been established, but all are controlled because of the similarity of their effects to those of the amphetamines. Fenfluramine differs somewhat from the others in that at low doses it produces sedation.

Drugs of Abuse

Hallucinogenic drugs, both natural and synthetic, are substances that distort the perception of objective reality. They induce a state of excitation of the central nervous system, manifested by alterations of mood, usually euphoric, but sometimes severely depressive. Under the influence of hallucinogens, the pupils dilate, and body temperature and blood pressure rise. The senses of direction, distance, and time become disoriented. A user may speak of "seeing" sounds and "hearing" colors. If taken in a large enough dose, the drug produces delusions and visual hallucinations. Occasionally, depersonalization and depression are so severe that suicide is possible, but the most common danger is impaired judgment, leading to rash decisions and accidents. Persons in hallucinogenic states should therefore be closely supervised, and upset as little as possible, to keep them from harming themselves and others. Acute anxiety, restlessness, and

sleeplessness are common until the drug wears off.

Long after hallucinogens are eliminated from the body, users may experience "flashbacks"—fragmentary recurrences of psychedelic effects—such as the intensification of a perceived color, the



apparent motion of a fixed object, or the mistaking of one object for another. Recurrent use produces tolerance, which tends to encourage resorting to greater amounts. Although no evidence of physical dependence is detectable when the drugs are withdrawn, recurrent use tends to produce psychic dependence, varying according to the drug, the dose, and the individual user. It should be stressed that the hallucinogens are unpredictable in their effects each time they are used.

The abuse of hallucinogens in the United States reached a peak of popularity in the late 1960's, and a subsequent decline was attributed to broader awareness of their hazardous effects. Their abuse, however, re-emerged in the late 1970's.

Peyote and Mescaline

The primary active ingredient of the peyote cactus is the hallucinogen mescaline. It is derived

Hallucinogens

Natural and
synthetic substances
that distort the perception of reality

from the fleshy parts or buttons of this plant, which has been employed by Indians in Northern Mexico from the earliest recorded time as a part of traditional religious rites. The Native American Church, which uses peyote in religious ceremonies, has been exempted from certain provisions of the CSA. Peyote, or mescal buttons, and mescaline should not be confused with mescal, the colorless Mexican liquor distilled from the leaves of maguey plants. Usually ground into a powder, peyote is taken orally. Mescaline can also be produced synthetically. A dose of 350 to 500 mg of mescaline produces illusions and hallucinations lasting from 5 to 12 hours.

DOM, DOB, MDA, and MMDA

Many chemical variations of mescaline and amphetamine have been synthesized in the laboratory, certain of which at various times have won acceptance in the drug culture. DOM (4-methyl-2, 5-dimethoxyamphetamine), synthesized in 1963, was introduced in 1967 into the Haight-Ashbury drug scene in San Francisco. At first named STP after a motor oil additive, the acronym was quickly reinterpreted to stand for "Serenity, Tranquility, and Peace." A host of related chemicals are illicitly manufactured, including DOB (4-bromo-2, 5-dimethoxyamphetamine), MDA (3, 4-methylenedioxyamphetamine), and MMDA (3-methoxy-4, 5-methylenedioxyamphetamine). These drugs differ from one another in their speed of onset, duration of action, potency, and capacity to modify mood with or without

producing hallucinations. They are usually taken orally, sometimes "snorted," and rarely injected intravenously. Because they are produced in clandestine laboratories, they are seldom pure, and the dose in a tablet, in a capsule, or on a square of impregnated paper may be expected to vary considerably. The names of these drugs are sometimes used to misrepresent other chemicals.

Psilocybin and Psilocyn

Like the peyote cactus, Psilocybe mushrooms have been used for centuries in traditional Indian rites. When they are eaten, these "sacred" or "magic" mushrooms affect mood and perception in a manner similar to mescaline and LSD. Their active ingredients, psilocybin and psilocyn, are chemically related to LSD. They can now be made synthetically, but much of what is sold under these names on the illicit market consists of other chemical compounds.

LSD (LSD-25, lysergide)

LSD is an abbreviation of the German expression for lysergic acid diethylamide. It is produced from lysergic acid, a substance derived from the ergot fungus which grows on rye or from lysergic acid amide, a chemical found in morning glory seeds; both of these precursor chemicals are in Schedule III of the CSA. It was first synthesized in 1938. Its psychotomimetic effects were discovered in 1943 when a chemist accidentally took some LSD. As he began to experience the effects now known

as a "trip," he was aware of vertigo and an intensification of light; closing his eyes, he saw a stream of fantastic images of extraordinary vividness accompanied by a kaleidoscopic play of colors. This condition lasted for about two hours.

Because of the extremely high potency of LSD, its structural relationship to a chemical which is present in the brain, and its similarity in effects to certain aspects of psychosis, LSD was used as a tool of research to study the mechanism of mental illness. It was later adopted by the drug culture. Although its popularity declined after the 1960's, there are indications that its illicit use is once again increasing.

LSD is usually sold in the form of tablets, thin squares of gelatin ("window panes"), or impregnated paper ("blotter acid"). The average effective oral dose is from 30 to 50 micrograms, but the amount per dosage unit varies greatly. The effects of higher doses persist for 10 to 12 hours. Tolerance develops rapidly.

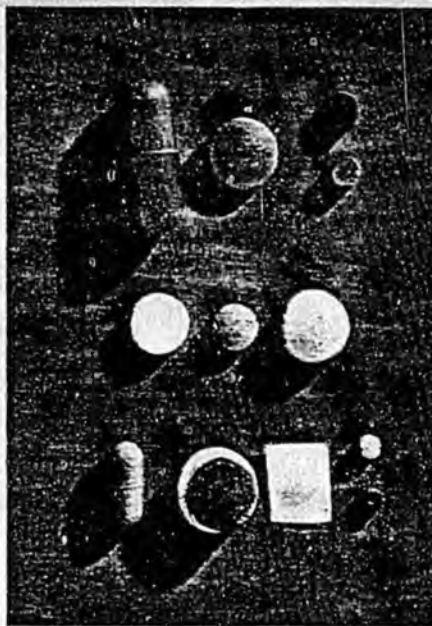
Phencyclidine (PCP) and Related Drugs

According to a consensus of drug treatment professionals, phencyclidine now poses greater risks to the user than any other drug of abuse.

Phencyclidine was investigated in the 1950's as a human anesthetic, but because of side effects of confusion and delirium its development for human use was discontinued. It became commercially available for use in veterinary medicine in the 1960's under the



Peyote cactus



Hallucinogens of clandestine manufacture



Psilocybe mushrooms

trade name Sernylan. In 1978, however, the manufacturer stopped production. That same year phencyclidine was transferred from Schedule III to Schedule II of the CSA, together with two previously unscheduled precursor chemicals.* Most if not all phencyclidine on the U.S. illicit market is produced in clandestine laboratories.

More commonly known as PCP, it is sold under at least fifty other names that reflect the range of its bizarre and volatile effects, including Angel Dust, Crystal, Supergrass, Killer Weed, Embalming Fluid, and Rocket Fuel; it is also frequently misrepresented as mescaline, LSD, or THC. In its pure form a white crystalline powder that readily dissolves in water, most PCP now contains contaminants resulting from its makeshift

*The chemicals are 1-phenylcyclohexylamine and 1-piperidinocyclohexanecarbonitrile (PCC).

manufacture, causing the color to range from tan to brown and the consistency from a powder to a gummy mass. Although sold in tablets and capsules as well as in powder and liquid form, it is most commonly applied to a leafy material, such as parsley, mint, oregano or marijuana, and smoked.

The drug is as variable in its effects as it is in its appearance. A moderate amount often produces in the user a sense of detachment, distance, and estrangement from his surroundings. Numbness, slurred or blocked speech, and a loss of coordination may be accompanied by a sense of strength and invulnerability. A blank stare, rapid and involuntary eye movements, and an exaggerated gait are among the more common observable effects. Auditory hallucinations, image distortion as in a fun-house mirror, and severe mood disorders may also occur, producing in some acute anxiety and a feeling of im-

pending doom, in others paranoid and violent hostility. PCP is unique among popular drugs of abuse in its power to produce psychoses indistinguishable from schizophrenia. Although such extreme psychic reactions are usually associated with repeated use of the drug, they have been known to occur in some cases after only one dose and to last or recur intermittently, long after the drug has left the body.

Modification of the manufacturing process may further yield chemically related analogs, capable of producing, so far as is known, similar psychic effects. Three of these analogs have so far been encountered on the U.S. illicit market where they have been sold as PCP.* In view of the severe behavioral toxicity of phencyclidine

*The analogs are N-ethyl-1-phenylcyclohexylamine (PCE), 1-(1-phenylcyclohexyl)pyrrolidine (PCPy; PHP), and 1-[1-(2-thienyl)cyclohexyl]piperidine (TPCP, TCP).



LSD

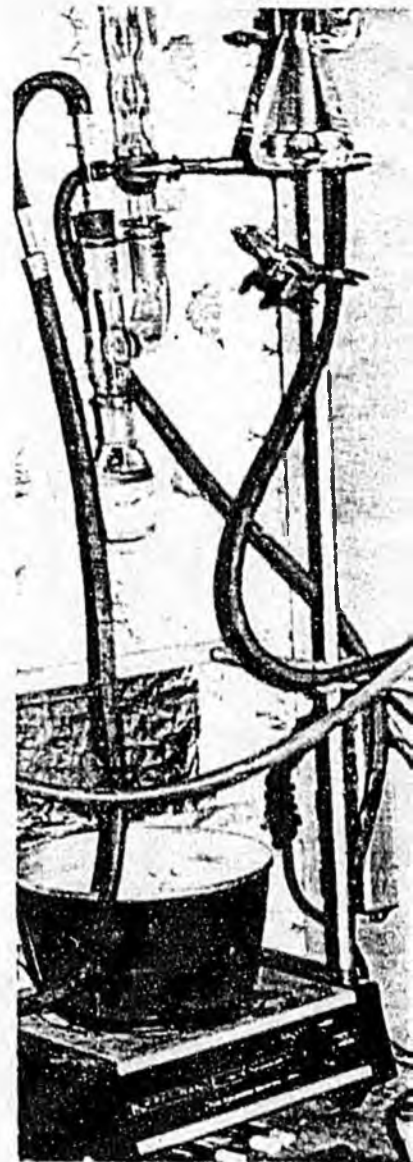
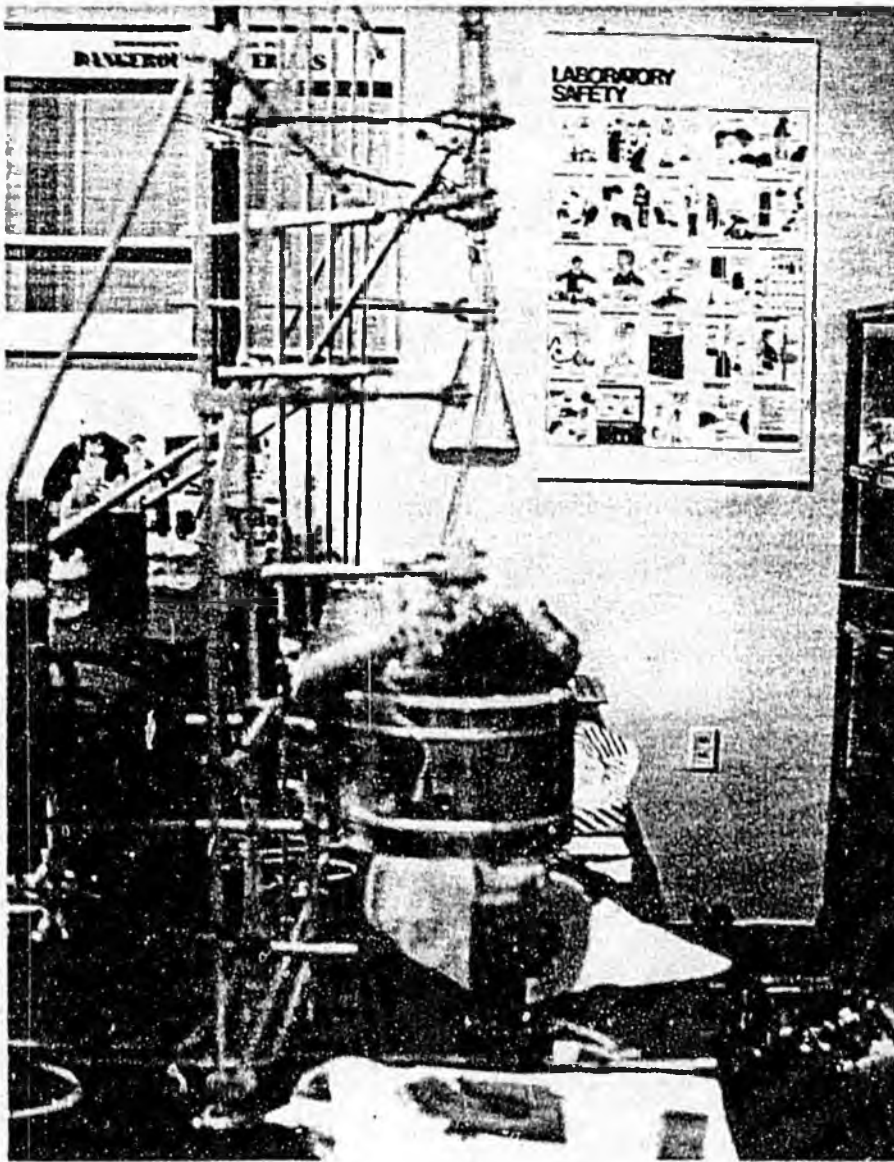


Phencyclidine (PCP)

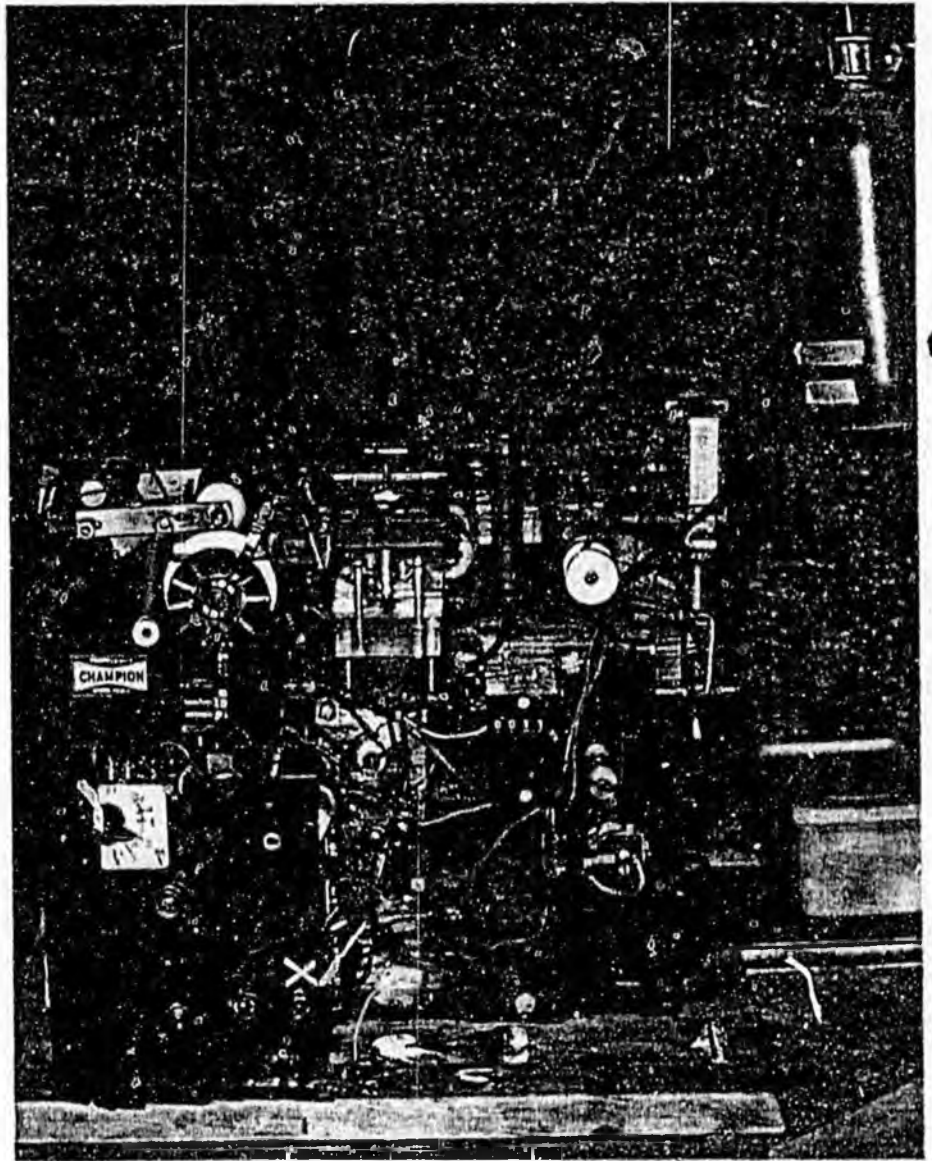
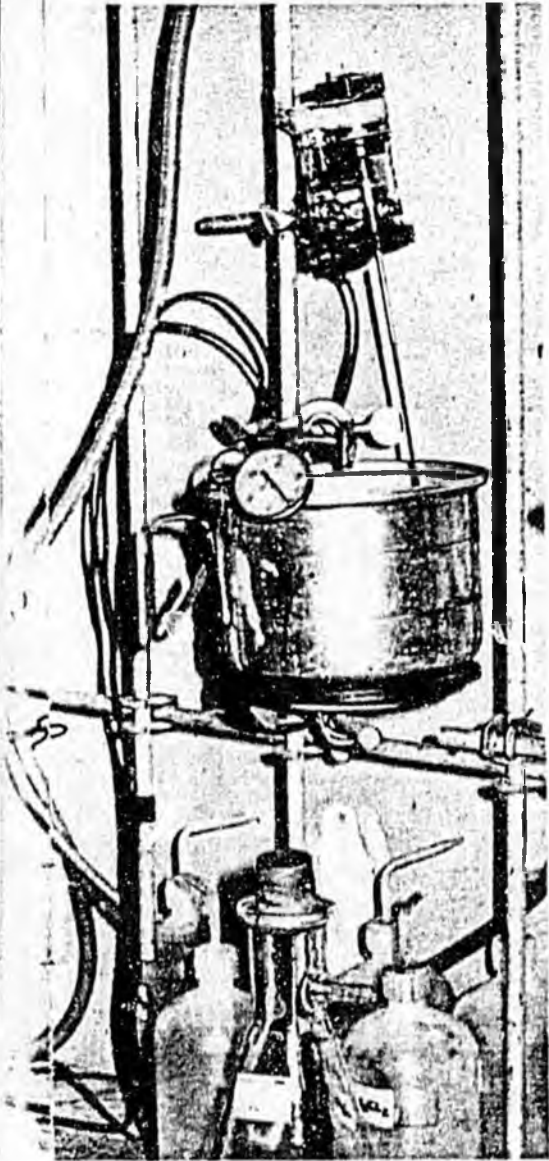
and its analogs, the Congress in November 1978 passed legislation imposing penalties for the manufacture of these chemicals, or possession with intent to distribute them, more severe than for any other non-narcotic violation under the CSA. (For a first offense, a term of imprisonment of up to 10 years, a fine up to \$25,000, or both; for a second offense, imprisonment up to 20 years, a fine of \$50,000, or both.) Legislation was also passed which makes it mandatory to report all sales of the common precursor chemical piperidine, its salts, and acyl derivatives to the Drug Enforcement Administration.

U.S. authorities seized a record number of clandestine drug laboratories in 1978. Seventy-eight of these laboratories were producing PCP. Methamphetamine was found in production at 69 others, one of which may be seen below in the photograph at the left. Despite the sophistication of equipment and easy availability of inexpensive chemicals obtainable through legitimate commercial channels, the clandestine drug industry is a high-risk enterprise, as the chart on the wall serves to remind the operator. This laboratory was

Clandestine Laboratories



seized by DEA in cooperation with the Cambridge, Massachusetts, Police Department. LSD was produced at the laboratory that is shown in the middle, located at a trailer park in Wappinger Falls, near Poughkeepsie, New York. Although the operator had no formal training in chemistry, his procedures were unusually efficient. All solvents were collected in cold traps and batched for later purification; all unreacted materials were removed for later use. The LSD was treated by a four-column chromatographic procedure, yielding a product of extremely high purity. An ingenious contraption, shown at the right, then processed it into pre-cut strips of 100 dosage units of "blotter acid" apiece.



* Section 1. AS14.36.010 (b) is ammended to read:

(b) It is the intent of the legislature that

(1) a program of community school grants be established to provide assistance to local communities in the initial development, implementation and operation of community school programs;

(2) technical assistance, monitoring, training and coordination of statewide efforts to develop and operate community school programs be provided by the department;

(3) the community school program will become fully operational once a plan of operation has been approved by the commissioner; and

(4) evaluation of an approved plan of operation will be conducted by the department in cooperation with the school district. An annual report of all sites evaluated shall be presented by the Department of Education to the Legislature on or before the fifteenth day of the legislative session.

* Section 2. AS14.36.030 is repealed and re-enacted to read:

GRANTS FROM THE STATE. (a) A district operating a community school program under an approved plan of operation may receive an annual grant from the state of one percent of its public school foundation support or \$10,000, whichever is greater.

(b) For each fiscal year beginning after June 30, 1980, a district operating an approved community school program under (a) of this section amy receive a further grant from the state equal to the amount allocated by the district to the support of the community school program from sources other than the grant provided under (a) of this section. Local match monies in the form of hard cash may come from any source the district deems appropriate. Local services or in-kind contributions which the district provides for the community schools program may consist

of district costs associated with energy, maintenance, administration, custodial services, telephone, postage and duplicating/printing costs. Hard cash and in-kind contributions by the district shall be itemized under the community services section of the district's budget. The additional grant under this subsection may not exceed the amount received under (a) of this section.

Sec. 14.36.040. COMMUNITY SCHOOL PROGRAM, APPLICATION FOR GRANTS

Under regulations adopted by the state Board of Education, a district [LOCAL ATTENDANCE AREA] may submit to the commissioner [, THROUGH THE SCHOOL DISTRICT,] an application for a community school grant. An application shall include

(1) a comprehensive plan for the community school program, including, but not limited to, before and after school hours activities for both children and adults, continued education programs for children and adults, and cultural enrichment and recreational activities for citizens in the community;

(2) a provision for a community schools advisory council;

(3) provision for community school direction and coordination to include personnel requirements;

(4) an assurance that the community school program will be reasonably available to residents of all communities within the district [A STATEMENT AS TO THE NUMBER OF SCHOOLS TO BE OPERATED AS COMMUNITY SCHOOLS].

* Sec. 4. AS 14.36.050 is amended to read:

Sec. 14.36.050. APPLICATION REVIEW, DISPOSITION. The commissioner shall review and approve, disapprove or return to the [INITIATOR THROUGH THE] district [BOARD] for modification, an application for a community school program grant.

* Sec. 5. AS 14.36.070(5) is amended to read:

(5) "district" means a [SCHOOL] district of the state public school system as defined in AS 14.12.010 [OR THE STATE-OPERATED SCHOOLS];

* Sec. 6. AS 14.36.070(6) is repealed.

* Sec. 7. This Act takes effect July 1, 1980.