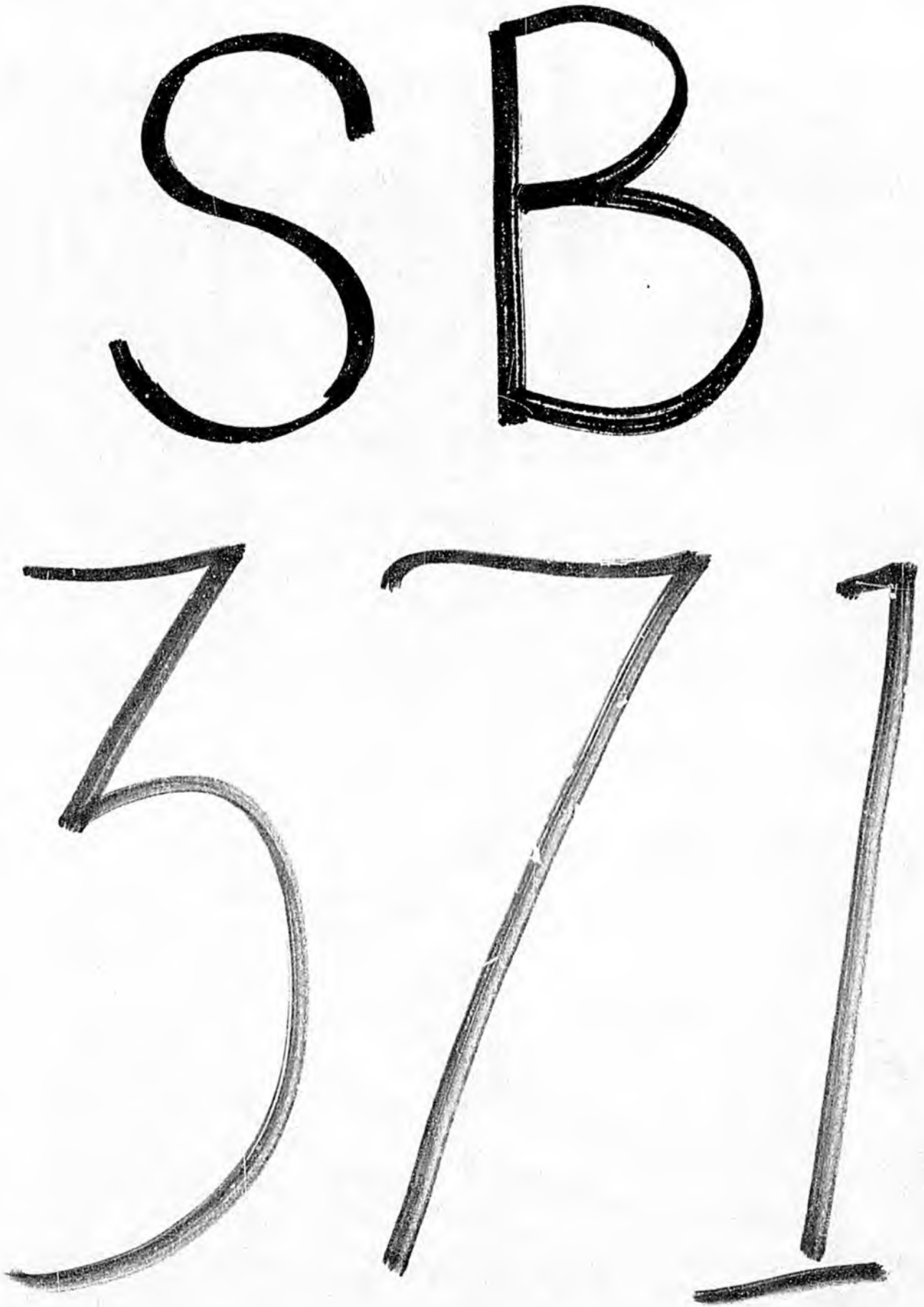
SB
371

HOUSE
COMMITTEE REPORT

(7)

Date referred: 4/29/86

FURTHER REFERRALS: JUDICIARY

DATE: May 5, 1986

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee has considered SB 371

"An Act amending the controlled substance schedules."

and recommends:

[✓] do pass
[ ] do not pass
[ ] do pass with attached amendment(s)
[ ] no recommendation
[ ] replace with ______________ [ ] same title
[ ] new title

and recommends ______________

[ ] further referral to the ______________ Committee

and attaches:

[ ] letter of intent
[ ] first fiscal note
[ ] new fiscal note
[ ] zero fiscal note

SIGNING DO PASS:

Niilo Koponen
Katie Hurley
Mike Miller/Gruenberg
[illegible]
Joyce Hanley

SIGNING OTHER RECOMMENDATIONS:

Max Gruenberg Co-Ch
Chairman
Niilo Koponen Co-Ch

BILL SHEFFIELD
GOVERNOR

ch 371

STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

Januarh 29, 1986

The Honorable Don Bennett
President of the Senate
Alaska State Legislature
P. O. Box V
Juneau, AK 99811

Dear Senator Bennett:

Under the authority of art. III, sec. 18, of the Alaska Constitution, and in accordance with AS 11.71.120(b), I am transmitting a bill that amends Alaska's controlled substance schedules to add substances that are controlled under federal law but not under Alaska's law.

This bill would add 26 substances to the Alaska schedules: 16 to schedule IA, three to schedule IIA, one to schedule IIIA, and six to schedule IVA. The bill would also reschedule two substances that have been rescheduled under the federal law, and remove from control two substances that have been removed from the federal schedules. The drug scheduling criteria set out in AS 11.71.120(c) were used to determine the appropriate level of scheduling for each substance.

A section-by-section analysis of the bill, explaining in detail what drugs will be added to the schedules and why, follows:

SECTION-BY-SECTION ANALYSIS OF DRUG BILL

Note: Unless otherwise indicated, the descriptions of the drugs listed below are based upon materials supplied by the federal Drug Enforcement Administration (DEA).

Section 1 removes the substance "nalmefene" from Alaska's Controlled Substances Act by adding it to the list of exclusions in AS 11.71.140(b)(1). Currently, nalmefene is included in schedule IA (AS 11.71.140) because it is a

derivative of the listed opiod "thebaine". Nalmefene is also a derivative of the narcotic antagonist naltrexone, currently excepted from the state Controlled Substances Act. The DEA and the Secretary of the U.S. Department of Health and Human Services have concluded there is insufficient scientific evidence to demonstrate that nalmefene possesses sufficient potential for abuse to justify its continued control in any schedule of the federal Controlled Substances Act.

Section 2 adds five narcotic substances to schedule IA: alfentanil; alpha-methylfentanyl; bulk dextropropoxyphene; sufentanil; and tilidine.

Alfentanil was placed in federal schedule I in accordance with U.S. treaty obligations under the Single Convention on Narcotic Drugs. At the request of the World Health Organization, alfentanil was examined by various groups from the Committee of Problems of Drug Dependence. The results of the study showed that alfentanil is a potent morphine-like compound with two to four times the potency of morphine when used as an analgesic.

Alpha-methylfentanyl, also known as "China White" or "synthetic heroin", is a close structural analog of the Alaska schedule IA substance "fentanyl". It is an analgesic approximately 80 times more potent than morphine. The substance has been placed in federal schedule I because it has a high potential for abuse and currently has no accepted use in medical treatment in the United States.

Bulk dextropropoxyphene (nondosage form) is a federal schedule II opiate. The scheduling criteria used in Alaska require that all federal schedule I and II narcotics be placed in Alaska's schedule IA. This substance, therefore, is placed in schedule IA. It should be noted that dextroproxyphene in dosage form is placed in Alaska's schedule IVA and federal schedule IV. Dextropropoxyphene in dosage form is better known as the drug "Darvon". Nondosage form was placed in federal schedule II in accordance with U.S. treaty obligations under the Single Convention on Narcotic Drugs.

Sufentanil is contained in the federal schedule II; it is a congener of the federal schedule II narcotic substance fentanyl. Sufentanil is indistinguishable in terms of abuse potential from fentanyl, a drug used mainly in operating rooms and abused primarily by operating room personnel.

Tilidine, also known as "tilidate hydrochloride," is a

narcotic analgesic used in the control of moderate to severe pain. Tilidine was placed in federal schedule I in accordance with U.S. treaty obligations under the Single Convention on Narcotic Drugs.

Section 3 adds a new subsection to AS 11.71.140 to list the new "designer drugs" included in the federal schedules by the DEA over the past year. A designer drug is defined as:

> New chemical analogs or variations of existing controlled substances, or other new substances, which have a psychedelic, stimulant, depressant, or narcotic effect and have a high potential for abuse.

The federal 1984 Crime Control Act provided the DEA with emergency scheduling authority, to avoid an imminent hazard to the public safety. Scheduling under this authority is effective for one year and is not applicable to substances for which there is an exemption under the Federal Food, Drug, and Cosmetic Act (e.g., investigational new drugs and new drug applications). To classify a substance under its emergency powers, the DEA must publish a notice of the classification in the Federal Register; the classification becomes effective after 30 days. To date, the DEA has scheduled a total of 12 new substances under its emergency scheduling authority. Eleven of these substances are added, in sec. 3 of this bill, to the state's schedule IA; the 12th is a non-narcotic and is therefore placed in the state's schedule IIA (see sec. 4).

Section 4 would add three new substances to schedule IIA (AS 11.71.150): fenethylline, N-ethylamphetamine, and 3,4-methylenedioxymethamphetamine (MDMA).

Fenethylline is a conjugate of amphetamine and theophyllin (a methylxanthine). The drug produces a delayed, but prolonged, central nervous system stimulatory effect. Fenethylline has a high potential for abuse, has no recognized medical use in the United States, and has not been tested to determine its safety for use under medical supervision. It is a federal schedule I drug, but it has been placed in Alaska's schedule IIA because the drug is non-narcotic.

N-ethylamphetamine's pharmacological and behavioral effects are similar to those of amphetamine and methamphetamine. It is a federal schedule I substance with a high potential for abuse, and no known medical use in the United States.

MDMA, the designer drug known as Ecstasy, is an analog of the substance "methamphetamine." It has a high potential for abuse and no currently accepted medical use in the United States.

Section 5 removes the substance "mazindol" from Alaska's schedule IIIA (AS 11.71.160), and transfers it to schedule IVA (AS 11.71.170) (see sec. 8). This change has been made because mazindol is an anorectic substance which has a lower potential for abuse than other schedule III anorectics; it also presents less danger of psychological dependence relative to other anorectics in schedule III.

Section 6 places the substance "parahexyl" into Alaska's schedule IIIA. Parahexyl is a synthetic analog of delta-9-tetra-hydrocannabinol (THC), and has been placed in federal schedule I. Because Alaska law classifies THC as a schedule IIIA substance, however, it is appropriate to place parahexyl in Alaska's schedule IIIA.

Section 7 adds four benzodiazepines to schedule IVA: alprazolam, halazepam, temazepam, and triazolam. Each substance is an anti-anxiety agent substantially similar to other benzodiazepines currently listed in Alaska's schedule IVA. All four substances have been classified into the federal schedule IV.

Section 8 places the substance "mazindol" in schedule IVA (see sec. 5 description, above). Section 8 also adds two additional substances to schedule IVA: "pipradol" and "SPA". Each of these substances has been classified into the federal schedule IV.

Pipradol is a mild central nervous system stimulant. Its effects resemble those of the amphetamines, but the usual therapeutic dose of pipradol results in less euphoria, anorexia, and insomnia. It is an effective anti-depressant without the extreme central nervous system stimulation found in the amphetamines.

SPA is a substance marketed in Japan, but not in the U.S. It exhibits the same properties as morphine and methamphetamine, but with analgesic effects. Results of a study conducted by the University of Michigan showed that SPA has no physical dependence capacity.

Section 9 classifies the substance "buprenorphine" as a schedule VA (AS 11.71.180) drug. The DEA has placed buprenorphine into federal schedule V. It had previously been

considered a federal schedule II drug because it is a derivative of the substance "thebaine" (a schedule IA narcotic in Alaska). The DEA has found that buprenorphine has a low potential for abuse, has a currently accepted medical use, and has limited potential for physical or psychological dependence.

Section 9 also removes the substance "loperamide" from Alaska's schedule VA. Loperamide, an antidiarrheal, was removed from control by the DEA in 1982. The DEA concluded that loperamide has a currently accepted use in medical treatment in the United States and does not have sufficient potential for abuse to justify its continued control in any schedule of the federal Controlled Substances Act.

To ensure that all dangerous drugs that have a potential for abuse are appropriately covered by Alaska's law, I urge your prompt passage of this bill.

Sincerely,

Bill Sheffield
Governor

from Senator Kerttula
5/5/86

Amendment to CSSB 251 letter of intent House Labor & Commerce Version

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advanced preparation appropriate to the area of specialization. Internship or <u>other appropriate supervised experience</u> takes place in a specialized doctoral program following the supervised practicum and/or laboratory experience [and as such is not within the purview of the designation process or the equivalent thereof].