

SB

162

<TARGET><BILL>SB 162</BILL><SUBJECT>SB
162</SUBJECT><COMM>HHSS28</COMM></TARGET>

HOUSE COMMITTEE REPORT

4-11-14

(7)

Date Referred to Committee: March 25, 2014

FURTHER REFERRALS:

Date of Committee Action: 4/10/2014

Rules

The HEALTH AND SOCIAL SERVICES Committee considered:

SB 162

SENATE BILL NO. 162

"An Act authorizing a licensed optometrist to prescribe a pharmaceutical agent containing hydrocodone."
 SB 162 HYDROCODONE PRESCRIPTION BY OPTOMETRISTS

Recommends it be replaced with HCS or CS for _____ (_____)
 For Senate Bills with new title: Technical Title New Title: HCR _____ Same Title New Title

- attach amendments
- add new referral to _____ Committee
- Letter of Intent _____ Committee

- List of Abbrev for Depts.:
- ADM
 - CEC
 - COR
 - CRT
 - EED
 - DEC
 - DFG
 - GOV
 - DHS
 - LWF
 - LAW
 - LEG
 - MVA
 - DNR
 - DPS
 - REV
 - DOT
 - UA

NEW FISCAL NOTES				
*FN# is assigned by Chief Clerk's Office				
*FN#	List by Dept(s):	Fiscal	Indet.	Zero

PREVIOUS FISCAL NOTES				
FN#	List by Dept(s):	Fiscal	Indet.	Zero
1	CEC			✓

(2) (3)

Signing with recommendations	Printed Last Name	DP	DNP	NR	AM
<i>Paul K. Seaton</i>	SEATON	x			
<i>Lora H. Kumbel</i>	Kumbel			x	
<i>Lara Smith</i>	Smith			x	
<i>Wes Keller</i>	Keller			x	
Chair: <i>[Signature]</i>	Higgins				
Chair:					

ALASKA STATE LEGISLATURE

SENATOR DONALD C. OLSON SENATE DISTRICT T

Session

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Interim

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Senate Bill 162 HYDROCODONE PRESCRIPTION BY OPTOMETRISTS

This is a technical change to the statute. This bill does not increase or change the current scope of practice of optometry.

Optometrists endorsed to prescribe medications currently have authority to prescribe Schedule III controlled substances such as hydrocodone+acetaminophen, a combination drug (also known as Vicodin).

The federal FDA is proposing to reclassify hydrocodone combination drugs such as Vicodin to a Schedule II. If this occurs, then optometrists will lose their current ability to prescribe this medication. So this bill simply makes an exception to the statute specifically for hydrocodone in case the FDA changes the classification, allowing optometrists to continue prescribing in the same manner as current law allows.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: SB 162
Fiscal Note Number: 1
(S) Publish Date: 2/24/14

Identifier: SB162-DCCED-CBPL-02-14-2014
Title: HYDROCODONE PRESCRIPTION BY
OPTOMETRISTS
Sponsor: OLSON
Requester: Senate Health and Social Services

Department: Department of Commerce, Community and
Economic Development
Appropriation: Corporations, Business and Professional
Licensing
Allocation: Corporations, Business and Professional
Licensing
OMB Component Number: 2360

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates					
			FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? **No**
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By:	Don Habeger, Director	Phone:	(907)465-2536
Division:	Corporations, Business and Professional Licensing	Date:	02/14/2014 02:00 PM
Approved By:	Jeanne Mungle, Director	Date:	02/14/14
Agency:	Administrative Services		

FISCAL NOTE ANALYSIS #1

**STATE OF ALASKA
2014 LEGISLATIVE SESSION**

BILL NO. SB 162

Analysis

SB162 will retain licensed optometrists' ability to prescribe hydrocodone to patients. Licensed optometrists may currently prescribe Schedule III medications as part of their treatment of patients. The federal Drug Enforcement Agency (DEA) has proposed to change hydrocodone to a Schedule II drug to combat the nationwide epidemic of hydrocodone-based drug abuse. The bill specifies that optometrists shall be able to prescribe the drug regardless of how it is classified by the DEA.

The Division of Corporations, Business, and Professional Licensing does not anticipate a fiscal impact from this legislation.

Affiliate



American Optometric
Association

Alaska Optometric Association

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Steve Dobson, OD
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Andrea Eberle, OD
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Victoria Blower, OD
Treasurer

Lisa Johnson
Executive Director

February 18, 2014

Senator Donny Olson,

On behalf of the patients of Alaska, the practicing optometrists, and the Alaska Optometric Association, I wish to extend sincere gratitude for sponsoring SB 162.

This act, authorizing licensed optometrists to continue prescribing short courses of hydrocodone-containing pharmaceutical agents, is intended to allow for continued use of these drugs for temporary analgesia of eye-related pain. Optometrists in Alaska and throughout most of the United States have been safely and effectively prescribing hydrocodone containing drugs for a number of years as part of their responsibility to controlling pain secondary to eye abrasions, lacerations, other injuries and inflammations as well as following foreign body removals. While these drugs have and will continue to be used judiciously and conservatively by optometrists, when they are needed by a patient they are indispensable. As you are aware, there are other pain-relieving drugs that may be prescribed, however the ratio of side-effect to relief of pain is very favorable for the hydrocodone combination drugs making them an effective choice.

While optometrists today can prescribe hydrocodone-containing drugs, there is a likely change at the federal level coming that is prompting the need for the passage of SB 162. Most hydrocodone-containing compounds that are Schedule III are proposed to be rescheduled by the Food and Drug Administration to Schedule II. This federal change would supersede the intent of current Alaska optometry statute without SB162's necessary addition to the language of our statute to include "a licensee may prescribe and use a pharmaceutical agent containing hydrocodone." In summary, SB 162 is not intended to expand or alter the scope of practice of optometry but rather to maintain it.

Sincerely,
David Karpik, OD
President, Alaska Optometric Association

David Scott

From: Sherry Lentfer <sherry_lentfer@yahoo.com>
Sent: Wednesday, February 19, 2014 1:42 PM
To: Sen. Donny Olson
Subject: SB162

Dear Senator Olsen,

I am writing this letter in reference to, SB 162 been scheduled for a hearing in the Senate Health and Social Services committee next Friday February 21st at 1:30pm. In the years that I have prescribed oral medications for Optometric eye care, the times which I use hydrocodone has been limited. However at these times of extreme eye pain, the short use of hydrocodone becomes very significant and important. In our conservative profession, discontinuing the use of a drug that has not been abused does not make sense, and is not better of the health care of a patient.

Thank you for your time!

Sheryl Lentfer, OD

[Home](#) [Drugs](#) [Drug Safety and Availability](#)

Drugs

Statement on Proposed Hydrocodone Reclassification from Janet Woodcock, M.D., Director, Center for Drug Evaluation and Research

[10-24-2013] Over the past several years, the U.S. Food and Drug Administration (FDA) has been carefully evaluating and weighing the appropriate use of opioid analgesic drug products. For the millions of American patients experiencing an acute medical need or living with chronic pain, opioids, when prescribed appropriately, can allow patients to manage their pain as well as significantly improve their quality of life.

However, in recent years, the FDA has become increasingly concerned about the abuse and misuse of opioid products, which have sadly reached epidemic proportions in certain parts of the United States. While the value of and access to these drugs has been a consistent source of public debate, the FDA has been challenged with determining how to balance the need to ensure continued access to those patients who rely on continuous pain relief while addressing the ongoing concerns about abuse and misuse.

In 2009, the U.S. Drug Enforcement Administration (DEA) asked the U.S. Department of Health and Human Services (HHS) for a recommendation regarding whether to change the schedule for hydrocodone combination products, such as Vicodin. The proposed change was from Schedule III to Schedule II, which would increase the controls on these products. Due to the unique history of this issue and the tremendous amount of public interest, we are announcing the agency's intent to recommend to HHS that hydrocodone combination products should be reclassified to a different and more restrictive schedule. This determination comes after a thorough and careful analysis of extensive scientific literature, review of hundreds of public comments on the issue, and several public meetings, during which we received input from a wide range of stakeholders, including patients, health care providers, outside experts, and other government entities.

By early December, FDA plans to submit our formal recommendation package to HHS to reclassify hydrocodone combination products into Schedule II. We anticipate that the National Institute on Drug Abuse (NIDA) will concur with our recommendation. This will begin a process that will lead to a final decision by the DEA on the appropriate scheduling of these products.

Going forward, the agency will continue working with professional organizations, consumer and patient groups, and industry to ensure that prescriber and patient education tools are readily available so that these products are properly prescribed and appropriately used by the patients who need them most.

Related Information

- [Opioid Medications¹](#)

Page Last Updated: 10/24/2013

Note: If you need help accessing information in different file formats, see [Instructions for Downloading Viewers and Players](#).

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For Government For Press

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Continuing EducationInspections/ComplianceState & Local OfficialsConsumersIndustryHealth
ProfessionalsFDA Archive



U.S. Department of Health & Human Services

Links on this page:

1. </Drugs/DrugSafety/InformationbyDrugClass/ucm337066.htm>

David Scott

From: Steven Dobson <stevendobsonod@gmail.com>
Sent: Wednesday, February 19, 2014 11:40 PM
To: Sen. Donny Olson
Cc: Jerry Mackie; David Karpik; Lisa Johnson; victoria_blower@hotmail.com; Andrea Eberle; Jim Falconer; JEFFREY GONNASON
Subject: Senate Bill 162

Dear Senator Olson,

First of all I want to thank you for your support and sponsorship of SB 162.

As you are well aware, optometrist's in Alaska are currently authorized to prescribe a very limited quantity (up to a maximum of only four days) of hydrocodone containing compounds and also only for the management of acute, severe, ocular pain, due to injuries and or infections of the eye and surrounding ocular tissue. Currently, hydrocodone is a schedule "three" controlled substance. Recently, the federal government has recommended hydrocodone be re-classified from a schedule "three" to a schedule "two" controlled substance in an effort to reduce abuse. Clearly, the potential for abuse is with "chronic" long term/recurrent pain management conditions. Currently, optometrist's in Alaska are authorized to prescribe schedules three, four, and five.

SB 162 would allow optometrists throughout Alaska to continue prescribing hydrocodone containing compounds for a limited period(maximum four days) and for limited use(pain management for ocular/surrounding tissues) without expanding their current scope of practice.

Even though the need for prescribing hydrocodone containing compounds is infrequent in most optometric practices, I am reminded from time to time how such medication is a godsend to those patients who suffer from a significant injury or infection resulting in extreme ocular pain. I recall one of my female patients who presented with a large, deep corneal fingernail abrasion received from her 16 month old daughter. I had to anesthetize the eye so she could stop crying, open her eyes to allow me to examine. She then went on to explain what had happened. Her first comments were... " I have delivered three of my own babies, and that pain was nothing compared to the pain I am currently feeling from this injury to my eye". Needless to say, aside from antibiotics, patching and follow up for the next several days, she benefited tremendously from a three-four day course of a hydrocodone containing medication to help manage the pain and allow her to sleep while healing.

Again, on behalf of all Alaskans throughout our state who may be in need of urgent optometric eyecare services--thank you for your support of SB162.

Sincerely,

Steven Dobson, O.D.
President-elect, Alaska Optometric Association

David Scott

From: victoria blower <victoria_blower@hotmail.com>
Sent: Thursday, February 20, 2014 9:47 PM
To: Sen. Donny Olson
Subject: SB 162

Dear Senator Olsen,

As a member of the Alaska optometric community of health care providers I want thank you for sponsoring SB 162.

As you know, this act authorizes licensed optometrists to continue utilizing a medication in our current arsenal of medications to treat our patients when temporary analgesia is needed for acute ocular pain. This medication, hydrocodone, when used for ocular care is used for short course treatment of 2-4 days when aspirin or other NSAIDs are not adequate for pain management. In my own practice it is rare that I need to utilize something other than a Schedule III medication (which currently includes hydrocodone) for controlling ocular pain. However, with the proposed FDA rescheduling of the medication to Schedule II it will no longer be available for my patients when needed. It would be a shame to lose this very effective medication for pain control in the case of abrasions, post-surgical foreign body removal and other ocular injuries.

SB 162 will help the optometric community of health care providers continue to responsibly treat our patients as we have for years.

Sincerely,
Victoria Blower, OD

Victoria Blower, O.D.
Accurate Vision Clinic
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March 25, 2014

The Honorable Pete Higgins
Chairman, Alaska House Health and Social Services Committee
State Capitol
120 4th Street Juneau, AK 99801-1182

Dear Chairman Higgins:

On behalf of the American Academy of Ophthalmology and its worldwide membership of 31,531 medical eye physicians and surgeons, I am writing to ask you to oppose SB 162.

SB 162 would authorize optometrists to prescribe pharmaceutical agents containing hydrocodone, regardless of the schedule of the controlled substance.

In explaining our opposition, it is essential to know the context of this legislation. In 2009, the U.S. Drug Enforcement Administration (DEA) asked the U.S. Department of Health and Human Services (HHS) for a recommendation regarding whether to change the schedule for hydrocodone combination products, from Schedule III to Schedule II. A Schedule II classification increases the controls on these products. In October 2013, after extensive analysis, public comments, and public meetings, the Food and Drug Administration (FDA) determined that it would recommend to HHS that hydrocodone products be reclassified to Schedule II. In 2013, the American Optometric Association provided public testimony to the FDA Drug Safety and Risk Management Advisory Committee arguing that hydrocodone remain a Schedule III drug. That view held by the American Optometric Association (as well as other providers) did not prevail. After carefully evaluating and weighing the evidence, the FDA concluded that it was in the public interest to restrict access to frequently abused narcotics. One of the key goals of reclassifying hydrocodone-containing narcotics from schedule III to schedule II is to restrict the overall number of providers who can prescribe that medication, due to the high abuse potential. SB 162 plainly runs counter to the FDA's intent to restrict hydrocodone combination products. The US Department of Health Human Services has recently issued a letter supporting the rescheduling.

This legislation is also premature. The DEA is only now in the public comment period to determine whether rescheduling would be appropriate for these products. No regulations have been promulgated.

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There are ample reasons to restrict hydrocodone combination products. As you know, narcotic overdose is a serious problem in Alaska. A recent data set published by the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that opiates including prescription drugs were the second leading cause of substance abuse primary treatment admissions in Alaska in 2010. Restricting provider access will reduce community availability of these medicines in the recreational market.

Consider this problem also in relation to the actual need to prescribe these drugs for eye care. Hydrocodone containing medicines are RARELY prescribed by ophthalmologists except after surgery or in the setting of severe trauma. The vast majority of eye pain is treated with topical measures - ointments, drops, bandage contact lenses, patches... In a typical surgical ophthalmology practice, it is uncommon to use oral narcotics. Moreover, a question was raised before the Senate Health and Human Services Committee if any other effective medications for eye pain could be prescribed by optometrists instead of hydrocodone-containing painkillers. Other options do exist for medical providers in general - and optometrists in particular - to prescribe to patients with eye pain. There are at least two additional opioid narcotic painkillers that currently are available as schedule III drugs for optometrists to prescribe. These drugs are in the same drug class as hydrocodone and are prescribed for moderate to severe pain:

Tylenol #3 (Codeine, Tylenol)
Empirin (Codeine, aspirin)

In addition, *narcotic-like* pain relievers (synthetic opioids) are available that work in a similar way as hydrocodone, but without the strong euphoric effect. These pain relievers are prescribed for moderate to severe pain:

Ultram (tramadol hydrochloride)

A multitude of additional prescription, non-narcotic pain medications are listed below that are available for use. These may also be used in moderate to severe pain:

Diclofenac Indomethacin Nabumetone Sulindac
Etodolac Ketorolac Piroxicam Oxaprozin
Tolmetin sodium Fenoprofen calcium Meclofenamate sodium

In addition to the addiction risks, hydrocodone is often combined with acetaminophen which can amplify risks to patients. On January 14, 2014,



the FDA specifically issued a warning against prescribing analgesics containing more than 325 mg of acetaminophen due to the risk of liver injury. Some pharmaceuticals containing hydrocodone contain more than this 325 mg of acetaminophen. In the near future, the FDA intends to institute proceedings to withdraw approval of prescription combination drug products containing more than 325 mg of acetaminophen per dosage unit that remain on the market. Moreover, according to the FDA, cases of severe liver injury with acetaminophen have occurred in patients who:

- ① took more than the prescribed dose of an acetaminophen-containing product in a 24-hour period;
- ① took more than one acetaminophen-containing product at the same time; or
- ① drank alcohol while taking acetaminophen products.

For all these reasons, the Alaska Society of Eye Physicians and Surgeons and the Academy ask you to oppose SB 162. *Patient safety is paramount.*

Sincerely,

Dan Briceland, MD
Secretary for State Affairs
American Academy of Ophthalmology
Physicians & Surgeons

Scott A. Limstrom, MD
President
Alaska Society of Eye

CC:

The Honorable Wes Keller, Vice-Chair
The Honorable Benjamin Nageak
The Honorable Lance Pruitt
The Honorable Lora Reinbold
The Honorable Paul Seaton
The Honorable Geran Tarr



ALASKA STATE TROOPERS

ALASKA BUREAU OF INVESTIGATION
STATEWIDE DRUG ENFORCEMENT UNIT



2013 ANNUAL DRUG REPORT



2013 Annual Drug Report



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Introduction

The Alaska State Troopers, Alaska Bureau of Investigation Statewide Drug Enforcement Unit (SDEU) in authoring this publication, has endeavored to represent the drug situation in Alaska in a manner that provides the broadest possible picture of the true situation.

There are numerous agencies that conduct drug investigations in Alaska. While some agencies have a less formal relationship, most work closely with the Alaska State Troopers. In order to properly represent the true drug situation in Alaska, statistics from as many agencies in Alaska as possible are included in this report. While we made an effort to provide the most accurate seizure data and avoid duplication, there are instances where a specific seizure may have been counted in more than one report. Information provided by all sources should be considered when attempting to measure how drugs are impacting the citizens of this state.

We believe including as much information from all agencies involved in drug enforcement in Alaska is vital when analyzing the needs of the state in the arena of drug enforcement. However, it is important to note that the numbers alone should not be the sole source from which to make a complete assessment of the true drug situation in Alaska. To get the truest picture of the drug situation within Alaska we have attempted to take into account the anecdotal information gathered from conversations with those investigators on the frontlines of Alaska's war on drugs.

Our Mission

SDEU provides a leadership role in coordinating law enforcement's efforts to reduce the availability of illegal alcohol and controlled substances throughout Alaska. SDEU recognizes that a successful alcohol and drug program depends upon a unified effort blending traditional law enforcement techniques with demand reduction programs that address educational, social, and community concerns.

SDEU's mission is to:

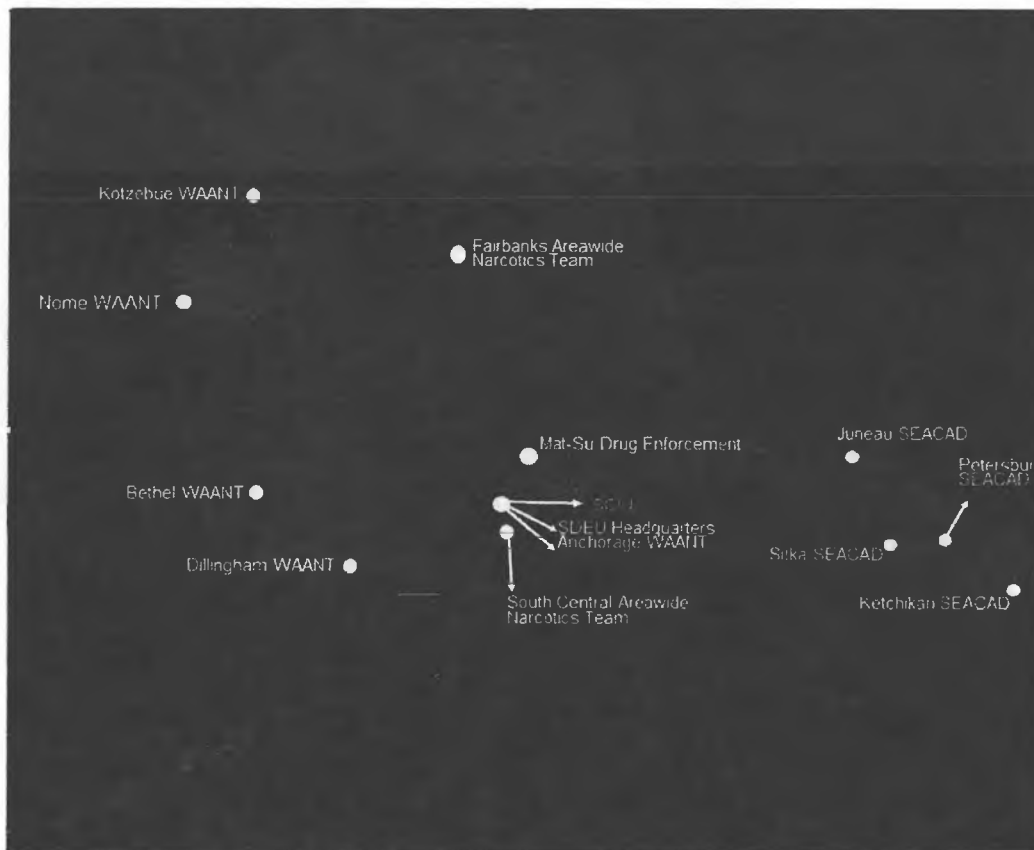
- ❖ Interdict and seize alcohol and controlled substances that are illegally distributed throughout Alaska.
- ❖ Identify and arrest distributors of controlled substances and illegal alcohol.
- ❖ Provide training and investigative support to criminal justice agencies.
- ❖ Support and participate in public education programs.



Staffing and Support

SDEU recognizes that because of Alaska's geographical vastness no single law enforcement agency is capable of handling the drug and alcohol issues alone. Using a combination of federal and state funding, the Department of Public Safety helps to fund a number of multi-jurisdictional task forces around the state. SDEU encourages cooperative efforts between federal, state and local law enforcement agencies and has taken a leadership role in fostering and developing many of these cooperative arrangements through multi-jurisdictional and/or multi-agency efforts. The ABI-SDEU Headquarters office in Anchorage primarily supports seven (7) investigative task forces throughout the state. These teams are broken down by region as follows:

Alaska Interdiction Task Force / Anchorage Enforcement Group (DEA sponsored)
Fairbanks Area-wide Narcotics Team
Mat-Su Narcotics Enforcement Team
South Central Area-wide Narcotics Team
Southeast Alaska Cities Against Drugs Task Force
Western Alaska Alcohol and Narcotics Team
Special Crimes Investigation Unit



Additional specific information on the individual units can be found at –
<http://dps.alaska.gov/AST/ABI/SDEU.aspx>



SDEU participates with and receives assistance from several investigative agencies involved in drug enforcement. These agencies include the Drug Enforcement Administration (DEA), Federal Bureau of Investigation (FBI), the US Postal Inspection Service, the Internal Revenue Service (IRS), Bureau of Alcohol, Tobacco, Firearms and Explosives (BATF) and US Immigration and Customs Enforcement (ICE). SDEU also works closely with other local law enforcement agencies.

Nature of Alaska's Drug and Alcohol Problem

Members of Alaska's law enforcement community and others who are part of Alaska's criminal justice system have long known that the greatest contributing factor to violent crimes, including domestic violence and sexual assault, is drug and alcohol abuse. It is also widely recognized that many of the accidental deaths that occur in Alaska are related to alcohol use. This is especially true in the western regions of the state and is evident in the statistics entered into the Alaska State Trooper case management systems.

According to the 2009-2010 National Survey on Drug Use and Health, Alaska was ranked as one of the top ten states for rates of illicit drug use in a number of categories. Approximately 14.15 percent of Alaska residents reported past month illicit drug use while the national average was 8.82 percent.

While there is no question that many aspects of the drug and alcohol problem are unique to Alaska, SDEU strives to provide a continuing and coordinated effort that not only meets the needs of Alaska, but also supports the National Drug Control Strategy. The strategy underscores the social and economic costs to society and was developed to provide general guidance and a framework for federal, state, and local agencies in developing a counter drug effort. The National Drug Control Strategy's established objectives are to:

- Strengthen efforts to prevent drug use in communities
- Seek early intervention opportunities in health care
- Integrate treatment for substance use disorders into health care and expand support for recovery
- Break the cycle of drug use, crime, delinquency, and incarceration
- Disrupt domestic drug trafficking and production
- Strengthen international partnerships
- Improve information systems for analysis, assessment, and local management



Drugs of Choice

Alcohol, cocaine, heroin, marijuana, methamphetamine, and prescription drugs have been identified as the primary substances of abuse and are the focus of most Alaskan law enforcement efforts.

During 2013 the number of methamphetamine labs investigated by the Alaska State Troopers remained steady with 5 labs investigated. Despite the small number of labs seized, methamphetamine, mainly from sources outside the state, continues to be readily available throughout the state.

The resurgence of the abuse of heroin and continued abuse of other opiates including various opioid based prescription medications is of significant concern primarily in the urban areas. Alcohol and marijuana continue to be the overwhelming drugs of choice for rural Alaska, however seizures of methamphetamine, heroin and prescription drugs have been made in our smaller rural communities in 2013.

<http://www.samhsa.gov/data/NSDUH/2k10State/NSDUHsae2010/NSDUHsaeCh2-2010.pdf>



Alcohol

Alaska's criminal justice professionals recognize that alcohol is the primary substance of abuse in Alaska and contributes to many violent, suicidal, and accidental deaths, especially in rural areas. Currently, 108 communities¹ have voted in favor of local option statutes prohibiting the sale, importation, and/or possession of all alcohol. Because alcohol remains legal in many areas of Alaska, illegal bootlegging activities continue to be a problem in the local option communities. Alcohol is frequently transported to the villages via the US Postal Service, local air carriers, private aircraft, boat, snow machines and express mailing services. Bootlegging alcohol of all types has become a very lucrative business in rural Alaska.

The United States Postal Inspector continues to support the cross deputation of investigators in SDEU's Western Alaska Alcohol and Narcotics Team. This program is believed to be the only one of its kind in the United States.

The economics of the illegal sales of alcohol is staggering. For example, a bootlegger can purchase a 750-milliliter bottle of alcohol legally for \$10 or less in an urban liquor store. The same bottle of alcohol in Bethel, Kotzebue or Barrow may sell for \$50. In the more remote communities, alcohol can easily sell for \$150 to over \$300 per bottle depending on the supply and demand. The initial purchase for the bootlegger involves a minimal cash investment, a maximum cash return. A dollar-for-dollar comparison of alcohol and drugs purchased in Anchorage and then resold in many Alaskan villages breaks down as follows:

Cocaine	\$1.00	\$1.50
Marijuana	\$1.00	\$4.00
Alcohol	\$1.00	\$15.00

* Calculated at \$150 per bottle

Alcohol seized (gallons)

2011	2012	2013
868.87	473.00	394.00

Alcohol related charges/arrests

2011	2012	2013
392	284	214



Cocaine

Cocaine continues to be a widely used and lucrative drug for sale in Alaska. Cocaine is readily available in most areas of the state and is seen with great frequency in powder form and crack cocaine in the major urban areas such as Anchorage and Fairbanks.

Cocaine is brought into Alaska concealed on passengers or in luggage through ports of entry such as the Ted Stevens Anchorage International Airport, and it is also shipped via the US Post Office or commercial parcel companies such as FedEx, DHL or UPS.

The cocaine brought into Alaska is typically packaged in kilogram quantities and later broken down by dealers into smaller quantities for retail sale. In powder form, it is normally sold in gram quantities for \$100-150 and its primary method of ingestion is by snorting.

Crack dealers use a process involving powder cocaine, water, baking soda and heat to produce crack cocaine, which is then sold in small rocks for \$20. The primary method of use for crack is by smoking.

The statistics below show powder and crack cocaine seized by all task forces where SDEU investigators are assigned.

Cocaine seized (pounds)

2011	2012	2013
37.12	56.00	14.58

Cocaine related charges/arrests

2012	2012	2013
108	74	37



Heroin

Heroin is a highly addictive drug derived from morphine which is obtained from the opium poppy. It is a "downer" or depressant that affects the brain's pleasure systems and interferes with the brain's ability to perceive pain. It is a white to dark brown powder or tar like substance. Heroin can be used in a variety of ways, depending on the user's preference and the purity of the drug. Heroin can be injected into a vein, injected into a muscle, smoked in a water pipe or standard pipe, mixed in a marijuana joint or regular cigarette, inhaled as smoke through a straw, or snorted as a powder via the nose.

The short term effects of heroin abuse appear soon after a single dose and disappear after a few hours. After an injection of heroin, the user reports feeling a surge of euphoria accompanied by a warm flushing of the skin, a dry mouth, and heavy extremities.

Heroin use is not isolated to the urban areas of Alaska. Undercover buys and interdictions of heroin have been reported in several smaller communities. Heroin is primarily imported into Alaska via parcels and body carries. Investigations have shown that heroin use crosses socio-economic boundaries.

Heroin seized (pounds)

2011	2012	2013
6.41	4.93	55.12

Heroin related charges/arrests

2011	2012	2013
118	146	151



Marijuana

Marijuana is available throughout the state and is viewed as a gateway drug to other drugs for young adults and teenagers. The 2011 Alaska Youth Risk Behavior Survey conducted by State of Alaska Department of Health and Social Services indicates that 21.2% of high school students used marijuana within the last 30 days. Demand for Alaskan-grown marijuana continues to be high as a result of its exceptional tetrahydrocannabinol (THC) content. Because Alaskan produced marijuana is extremely high quality; Alaska is considered a marijuana exporting state. However, there is also a significant market for "BC Bud" brought into Alaska from British Columbia, Canada.

SDEU teams continue to find extremely sophisticated indoor growing operations. Most commercial marijuana growing operations are found in communities along Alaska's road system. It is not unusual for sites to be located in homes with hidden or underground rooms specifically designed for the cultivation of marijuana. These rooms are often equipped with surveillance cameras and state-of-the-art timers controlling temperature, lighting, water, humidity and air purifiers. Many grows are found during and/or after fires. Also, many lease/rental and abandoned houses are damaged by the remodeling and humidity of a grow operation.



The Drug Enforcement Administration awarded \$80,000 in Marijuana Eradication grant funds to the State of Alaska in 2013. These funds were used to cover some of the costs associated with marijuana eradication in the state. Local police departments were notified of the availability of these funds to cover overtime incurred by officers involved in eradication operations. In 2013 funds were shared with the Anchorage, Juneau, Kenai and Sitka Police Departments.



Processed Marijuana seized (pounds)

2011	2012	2013
260.95	407.03	295.79

Marijuana related charges/arrests

2011	2012	2013
1,211	817	669

Marijuana grows eradicated

2011	2012	2013
96	65	38

Marijuana plants seized

2011	2012	2013
7,882	5,090	2,351

Methamphetamine

Methamphetamine use continues to be an issue throughout the United States including Alaska. Methamphetamine, also known as meth, speed, crank, crystal, and ice, produces an increase in energy and alertness and a decrease in appetite. The effects, which include an intense rush, have been reported to last up to 36 hours. It can be smoked, snorted, injected, or taken orally.

The collection of hazardous materials associated with the take down of a methamphetamine lab requires a certified clean-up company to respond to the location, collect and containerize larger items as well as various chemicals found at the site. These containers are then transported to a location for safe long-term storage and/or destruction.

Methamphetamine labs continue to be discovered in single and multi-family residences in many neighborhoods. In addition to meth labs producing illegal, often deadly drugs, the clandestine nature of the manufacturing process and the presence of ignitable, corrosive, reactive, and toxic chemicals at the sites, have resulted in explosions, fires, toxic fumes, and irreparable damage to human health and to the environment. Children are found residing in meth lab sites and many continue to live in dangerous environments. Loaded firearms are also frequently found at these meth labs, which increases the danger to children living in these residences. Locations found to contain methamphetamine labs are reported to the Alaska Department of Environmental Conservation which maintains an online listing of these addresses, a link to which can be found below. Reoccupation of these properties often requires expensive remediation.



Meth Labs seized

2011	2012	2013
8	3	5

Meth seized (pounds)

2011	2012	2013
6.20	35.19	11.53

Meth related charges/arrests

2011	2012	2013
194	182	187



http://dec.alaska.gov/spar/perp/methlab/methlab_listing.htm

For more information regarding meth education and awareness, go to:

www.montanameth.org, www.mfiles.org, www.lifeormeth.org.



Prescription Drugs

Throughout the state, the abuse of prescription drugs continues to be a significant problem. Not only does the abuse of prescription drugs create a health hazard for the users, it creates a financial impact upon the communities. The drugs vary in price and can cost anywhere from one dollar per milligram to two dollars per milligram depending on availability. With the increased demand for the drugs and a shortening of supply, many abusers may not have the money or insurance to pay for their addiction; thus increasing property and violent crimes in these communities. It has been reported that tens of thousands of dollars are being spent to feed this growing abuse and addiction.

The abuse of Oxycontin/Oxycodone and Hydrocodone and other opioid type medications continued to be a significant issue in 2013. These drugs are sought for their pharmaceutical purity and ability to alter the central nervous system.

Prescription drugs have been linked to the following crimes - homicide, assault, prescription fraud, home invasion thefts and pharmacy robberies. People who are addicted to prescription drugs facilitate their addiction by doctor shopping, pharmacy shopping, forgery, and purchasing the drugs via the internet. Law enforcement is especially concerned for the welfare of particularly vulnerable populations such as the elderly and those with severe long-term illnesses such as cancer.

It is the intent of SDEU to increase pressure on those involved in the non-medical use, abuse, and sales of these addictive drugs, by applying tried and true narcotics investigation techniques, and when ever prudent partnering with the DEA to charge these crimes in the federal system.

Hydrocodone seized (dosage units)

2011	2012	2013
1,051	141	1,311

Oxycontin/Oxycodone seized (dosage units)

2011	2012	2013
1,836	609	1,419

All other prescription drugs seized (dosage units)

2011	2012	2013
2,548	2,839	2,485



National Prescription Drug Take Back Program

This initiative addresses a vital public safety and public health issue. More than seven million Americans currently abuse prescription drugs, according to the 2009 Substance Abuse and Mental Health Administration's National Survey on Drug Use and Health. Each day approximately 2,500 teens use prescription drugs to get high for the first time according to the Partnership for a Drug Free America. Studies show that a majority of abused prescription drugs are obtained from family and friends, including the home medicine cabinet.

In an effort to address this problem, the US Department of Justice, Drug Enforcement Administration, Office of Diversion Control, in conjunction with state and local law enforcement agencies throughout the United States, conducted the first ever National Prescription Drug Take Back Day on Saturday, September 25, 2010. The purpose of this National Take Back Day was to provide a venue for persons who wanted to dispose of unwanted and unused prescription drugs. This effort was a huge success in removing potentially dangerous prescription drugs, particularly controlled substances, from our nation's medicine cabinets. There were approximately 3,000 state and local law enforcement agencies throughout the nation that participated in the event. All told, the American public turned in more than 121 tons of pills on this first National Take Back Day.

Members from the Alaska State Troopers along with the Drug Enforcement Administration, other Alaskan law enforcement agencies and other professional and community organizations worked together in April and again in October of 2013 to facilitate "Prescription Drug Take Back Days." The program resulted in the collection and proper disposal of over 3 tons of prescription medications from around the state.





Drug Enforcement Administration

The DEA in Alaska is deeply involved in working with all federal, state and local drug units to enhance and facilitate investigations of major offenders throughout Alaska.

The Drug Enforcement Administration (DEA) in Alaska is broken down into the Anchorage District Office (DO) and the Fairbanks Post of Duty. The Anchorage DO is broken down into the Enforcement Group (EG) and the Alaska Interdiction Task Force (AITF). Both Groups operate as Task Forces (TF), in that they are comprised of DEA Agents as well as officers from other departments. The EG has federally deputized TF Officers from the Anchorage Police Department (PD) while the AITF, which is housed at the Ted Stevens Anchorage International Airport, consists of federally deputized TF Officers from the Alaska State Troopers (AST), Anchorage PD, Airport Police, as well as several other federal agencies as needed.

The DEA continues to facilitate forfeiture proceedings related to assets and funds seized as a result of criminal investigations and drug trafficking. This effort allows state and local law enforcement agencies to receive a portion of the assets seized, which in turn funds additional criminal investigations.

Calendar Year	Cocaine (Kilos)	Heroin (Kilos)	Marijuana (lbs)	Meth (lbs)	Synthetics (kilos)
2011	5.77	.63	3.54	2.58	0
2012	7.17	4.3	11.93	9.26	0
2013	13.63	25.41	57.74	32.3	122.14





Anchorage Police Department

The Anchorage Police Department drug enforcement effort includes the Vice Unit, Special Assignment Unit, FBI Safe Streets Task Force, and a DEA Task Force. In addition to these units that specialize in drug investigations we also have our Patrol Division that responds to immediate calls for service involving narcotics.

The Vice Unit focuses on longer term investigations targeting mid to high level dealers in the Anchorage area. Most of these investigations are three to six months in length but can last up to a year. The Vice Unit consists of 1 Sergeant, 5 full time Detectives and 2TDY Officers from the Patrol Division. The Special Assignment Unit focuses on short-term street level drug investigations often resulting in an immediate buy/bust. This Unit has 1 Sergeant and 6 full time Officers. The Safe Streets Task Force mission consists of targeting violent offenders with an emphasis on gang members. These are often associated with the narcotics trade. There are 3 full time Officers from APD assigned to the Safe Streets Task Force.

Our DEA Task Force is comprised of DEA Agents as well as Officers from other departments. We currently have one Detective assigned to the airport interdiction group and one Detective assigned to the enforcement group. The primary mission of the airport interdiction group is interception of narcotics entering the State.

The Vice Unit also provides Detectives for narcotics training and education in the Anchorage community.

Current trends seen by the Anchorage Police Department are a 94% increase in heroin seizures. Marijuana seizures increased by 59% during 2013. We saw a slight increase in methamphetamine (4%) and decreases in both cocaine and crack seizures.

Drug induced overdose deaths in the Anchorage area continue to be a concern for the Anchorage Police Department Vice Unit. Enforcement efforts targeting heroin use and distribution are being increased in an effort to reduce deaths related to heroin overdose.

Drug Seizures by APD

	Crack (kilos)	Cocaine(kilos)	Heroin (kilos)	Marijuana(lbs)	Meth (lbs)
2011	0.72	7.40	2.78	157.71	2.69
2012	0.90	1.78	2.92	186.89	5.72
2013	0.31	1.50	5.67	297.52	5.95





Juneau Police Department Drug Enforcement Unit

Juneau Police Department has two investigators assigned to its drug enforcement unit (DEU), which targets dealers and importers of illegal drugs in the Juneau Borough. Drug investigations range from short term buy/busts, airport interdictions, and controlled deliveries, to long term operations lasting many months. As a member of SEACAD, DEU frequently collaborates with state and federal agencies in airport interdictions and smuggling investigations, in effort to identify and interrupt drug trafficking in the Juneau Borough. The majority of drugs make their way to Juneau from source states Arizona, California, Nevada, Oregon, and Washington via mail and parcel delivery services and body carries on commercial airlines. The DEU investigators are also members of the Safe Streets Task Force, which targets violent offenders.

The following highlights the 2013 amounts of scheduled drugs seized and their street value:

Marijuana	18204.46g	\$ 773,585
Marijuana Plants	119	\$ 238,000
Hashish	25g	\$ 2,500
Oxycodone	969.5 pills	\$ 156,640
Hydrocodone / Methadone Vicodin / Suboxone	233.5 pills	\$ 14,300
Heroin	592g	\$ 592,000
Cocaine	130.8g	\$ 22,670
Methamphetamine	760.15g	\$ 124,017
Clonazepam / Lorazepam	241.5 pills	\$ 2,415
Fentanyl	250 micrograms	\$ 500
LSD	2 blotter tabs	\$ 50
MDMA / "Molly"	106 tabs	\$ 3,180
Spice	32g	\$ 17,250
Total value of drugs seized:		\$1,947,107
Total cash seized:		\$ 50,325

In 2013, several shipments of heroin were intercepted and street values subsequently soared to an average \$1000 per gram in Juneau. Both methamphetamine / "Molly" and heroin continue to be in demand, and "Spice" made an appearance in Juneau. The DEU generated 137 cases, with 41 defendants charged or arrested with 65 crimes. Additionally, 22 search warrants were served. Nine calls for emergency medical services involving overdoses were made in 2013.





North Slope Borough Police Department

The North Slope Borough Police Department has five detectives currently assigned to the Detective Unit, which is supervised by a Detective Sergeant. All sworn officers in Barrow and the Villages are task with the interdiction of alcohol and illegal drugs.

The Detective Sergeant and two detectives, one of which is a K9 officer are assigned to Barrow. The Department also has one detective assigned to Anchorage and one detective assigned to Fairbanks. An additional K9 unit is assigned to the Village Patrol Unit.

The primary focus of the Detective's Unit is alcohol and illegal drug interdiction, along with the investigation of all major crimes. Alcohol and drug interdiction activities include, but are not limited to, airport interdiction, controlled deliveries, buy/bust operations and short/long term surveillance activities.

North Slope Borough Police detectives work closely with the Anchorage Airport Police, Fairbanks Airport Police, United States Drug Enforcement Administration, United States Postal Inspection Service and Prudhoe Bay Oil Field Security personnel to interdict alcohol and illegal drugs being trafficked into and throughout the North Slope Borough.

The majority of alcohol and illegal drugs enter the North Slope Borough via Airline services, United States Postal Service, transit over the Dalton Highway and by water during open water season.

<u>Substance</u>	<u>Quantity</u>	<u>Barrow Street Value</u>	<u>Village Street Value</u>
Alcohol	178 Gallons	\$112,662	\$337,986
Marijuana	30.5 Pounds	\$921,142	\$1,381,713
Meth	16.3 Grams	\$4,890	\$4,890
Hydrocodone	85 Tablets	\$2,550	\$2,550
Oxycodone	15 Tablets	\$450	\$450
Hashish	40.3 Grams	\$2,015	\$3,022
Total Value of Alcohol Seized:		\$112,662	\$337,986
Total Value of Drugs Seized:		\$931,047	\$1,392,625
Total Cash Seized:		\$34,787	





Ted Stevens Anchorage International Airport

The Ted Stevens Anchorage International Airport Police conducts investigative efforts within the hub involving the statewide, domestic and international transportation of illegal drugs and alcohol. The mission to seize and interdict these illegal substances to prevent distribution throughout Alaska starts with a commitment to narcotics enforcement activities by assigning an officer to the DEA operated Alaska Interdiction Task Force. Additionally, uniformed officers and the department investigator conduct numerous narcotics investigations as a result of anonymous tips and complaints from airlines and cargo facilities. The department also coordinates investigative efforts with other state, federal and lower 48 law enforcement agencies. Dedication to community/customer service in this arena is paramount and officers are involved in drug education activities with our local airport businesses, schools and other private and public entities.

Drug Seizures by Anchorage Airport Police

	Cocaine (kilos)	Heroin (kilos)	Marijuana (lbs)	Meth (lbs)
2011	.0013	.024	4.40	.05
2012	.003	0.00	10.2	0.00
2013	0.00	0.0005	.052	0.00



Emerging Trends in 2013

It is the intent of this section to familiarize the reader with some current and anticipated trends within Alaska. To do so it is important to look at the current Pacific Region picture as Alaska tends to follow suit in the following years. The National Drug threat Assessment Summary breaks the nation down into eight regions. The Pacific Region is made up of Alaska, Washington, Oregon, Idaho, Nevada, Hawaii, Guam and Northern and Central California.

PACIFIC REGION TRENDS

Methamphetamine

According to the DEA's 2013 National Drug Threat Assessment, 76% of Pacific Region survey respondents report high availability of methamphetamine in their areas. It is further reported that the supply of Mexican methamphetamine is increasing in the United States. Seizures of methamphetamine coming across the Southwest border have increased nearly fivefold between 2008 and 2012, with numbers rising from 2,282.8 kilograms to over 10,000 kilograms.

Powder Cocaine

The National Drug Threat Assessment identifies powder cocaine as a significant issue in the Pacific Region as well. Cocaine is smuggled into the United States by Mexican Drug Trafficking Organizations who supply independent dealers and street gangs with the powder cocaine which they often times process into crack cocaine prior to distribution.

Marijuana

Marijuana is the most widely available and commonly abused drug throughout the Pacific Region. The Pacific Region leads the country in marijuana cultivation.

During 2011, utilizing funds acquired from federally forfeited illegal drug proceeds, the Alaska State Troopers (AST) commissioned the University of Alaska Anchorage (UAA) Justice Center to analyze five years of marijuana grows which were discovered by AST. The UAA study analyzed 333 marijuana grow searches conducted by AST during calendar years 2006 through 2010.

The primary purpose of the study was to provide an empirical estimate of the extent to which AST investigators' detection of marijuana odors served as a reliable indicator of the presence of illegal quantities of marijuana in structures.

Detection of marijuana odors was found to be significantly associated with the discovery of relatively large amounts of marijuana – that is, quantities of four ounces or more, as well as 25 or more plants.

The study titled, "The Predictive Validity of Marijuana Odor Detection" analyzed a total of 115 variables, a link to the entire 53 page report can be found in the resources section of this report.



ALASKA TRENDS

Methamphetamine

In July of 2006, pseudoephedrine regulations were adopted by the State of Alaska. This armed law enforcement professionals with a valuable tool to combat meth labs in the state. The table below shows the number of reported meth labs seized by SDEU.

Reported Meth Labs Seized in Alaska *				
2009	2010	2011	2012	2013
9	11	8	3	5

* Statistic represents labs seized by SDEU only.

Although we have witnessed a decrease in the number of methamphetamine labs since 2006, SDEU has some concern due to the recent popularity of a new method in producing methamphetamine known as the "One Pot" or "Shake and Bake" method. All of the labs encountered by the SDEU in 2013 employed the "One Pot" method.



Methamphetamine cooks using the one pot method combine ammonium nitrate or sulfate, pseudoephedrine tablets, ether, water and the reactive metal into one container (typically a plastic soda bottle) from the beginning of the process. The intent is to reduce the amount of time needed for the overall process. The dangers to the cooks and to first responders are due to the mixing of all of the ingredients in one container. The concentration of products builds pressure within the sealed container to levels beyond which the containers were built to withstand. The building pressure along with the violent reaction of the reactive metal with water can create a rupture or bursting of the container exposing the ingredients within to



the outside air. Beyond the damage that is created by the bursting container, these ruptures are often accompanied by flames resulting from the flammable liquid within the container. As this method begins to gain in popularity within Alaska it will increase the danger to all citizens of Alaska from explosions, fires, and exposure to dangerous chemicals.

The number of methamphetamine lab seizures in nearly every other region of the country has shown a steady increase over the last three years due primarily to one pot labs.

As previously mentioned in this publication, methamphetamine abuse remains a significant issue within Alaska. Although the number of labs has remained relatively low, it appears that the use and abuse of the drug lingers.

Prescription Medication

More and more, prescription medications are being abused and sold. SDEU continued to see significant seizures of prescription medications in 2013. It is believed that the largest portion of these medications is being obtained through illegal means.

The 2013 National Drug Threat Assessment Summary prepared by the DEA, notes that prescription drug abuse is the nation's fastest growing drug problem. Opioid pain relievers such as hydrocodone and oxycodone are the most widely misused.

Heroin

The number of heroin seizures in our urban and rural areas continue to grow. SDEU recognizes that there has been an increase in the availability of heroin throughout the state and it is no longer isolated to the urban areas.

The State Medical Examiner's office continues to see a significant number of deaths where heroin and other opiates are listed as the cause.

Synthetic Cannabinoids

Synthetic cannabis is a term used to describe a variety of a psychoactive herbal and chemical substances which, when consumed mimic the effects of smoking marijuana. Marketed as incense and herbs, these products are sold on the internet and in smoke shops.

Although complete studies have not been conducted, some of the side effects of synthetic cannabis consumption are heart palpitations, extreme agitation, vomiting, delusions, hallucinations, and panic attacks.

In July of 2011, Alaska legislation prohibiting the sale and possession of a number of the common chemical compounds found in these synthetic cannabinoids was enacted.

Bath Salts

Products containing MDPV (3,4 methylenedioxypropylvalerone)—marketed as “legal alternatives to cocaine or Ecstasy (MDMA)” emerged in the U.S. designer drug market during 2009. These synthetic cathinone type products have caused users throughout the country to experience severe adverse effects, and the number of calls to U.S. poison



control centers related to them has trended upward. Retailers often sell these products labeled as “bath salts.”

In 2012, state legislation banning the substances most commonly found in these substances was enacted.

Summary

The Statewide Drug Enforcement Unit, with its unique ability to interdict and investigate cases across the state, recognizing that drug abuse is not confined to any one geographical location or any economic strata in our state. Drug and alcohol abuse affects all Alaskans, despite social, ethnic, racial and economic differences.

We also recognize that the ill-gotten gains of drug traffickers and alcohol smugglers promote an increase in lawlessness of all types. This lawlessness is not isolated to the use of controlled substances. It includes, but is not limited to, burglary, theft, domestic violence assaults and murder. By the eradication of such activity and the arrest of those who would profit off the misery of others, we will make Alaska and the communities therein a much better and safer place to live and raise a family. The Alaska Bureau of Investigation, along with our partner agencies throughout the state, diligently dedicates our resources and energy toward that goal.

The Statewide Drug Enforcement Unit is committed to working with interested agencies in the fight against substance abuse throughout the state by using innovative concepts to deal with the illegal sale and distribution of alcohol and drugs. We are also committed to focusing on increased awareness and knowledge of drug abuse through educational presentations to the Public Safety Academy and in public forums, such as schools, service organizations and other community groups.



Resources

Office of National Drug Control Policy
www.whitehousedrugpolicy.gov/index.html

Drug Enforcement Administration
<http://www.justice.gov/dea/resource-center/statistics.shtml>

Office of Diversion Control
www.deaiversion.usdoj.gov/index.html

Center for Substance Abuse Research
www.cesar.umd.edu/

U.S. Department of Health and Human Services
www.oas.samhsa.gov/nhsda.htm

The Partnership at Drug Free
www.drugfree.org/drug-guide

Department of Health and Social Services
<http://dhss.alaska.gov/dph/Chronic/Pages/vrbs/vrbsresults.aspx>

University of Alaska – “The Predictive Validity of Marijuana Odor Detection”
<http://justice.uaa.alaska.edu/research/2010/1110.02.ast.marijuana/1110.02.marijuana.pdf>

The 2013 Annual Drug Report is authored by the Alaska State Troopers, Alaska Bureau of Investigation Statewide Drug Enforcement Unit. It can be accessed via the Department of Public Safety internet site therefore there is no publication cost. It is intended to inform Alaskans about the type and frequency of drug related crime reported in Alaska during 2013.

The Alaska State Troopers, Alaska Bureau of Investigation supplied the majority of information presented in this report. Statistical data was provided by the Alaska State Troopers, Alaska Bureau of Investigation, the Anchorage Police Department, Juneau Police Department, North Slope Borough Police Department, Ted Stevens Anchorage Airport Police and the Drug Enforcement Administration.



Optometry/Ophthalmology Educational Training Comparison Chart

Degree/Qualifications	Optometrist (OD)	Ophthalmologist (MD)
	Optometry School	Medical School
Education	<ul style="list-style-type: none"> ◆ 4 years in length ◆ Average hours of coursework based on comparison SUNY Optometry School are <u>597.3</u> hours of basic 	<ul style="list-style-type: none"> ◆ 4 years in length ◆ Average hours of coursework based on average across medical schools are <u>1,436</u> hours.
	Optometry Residency	Ophthalmology Residency
Mandatory Post – Graduate Training	<ul style="list-style-type: none"> ◆ There is no mandatory post graduate training. About 15% go on to an optional 1yr training program. ◆ Additional optometry lab and instruction on ocular disease and management are <u>335.5</u> hours. 	<ul style="list-style-type: none"> ◆ Additional <u>4</u> years in training ◆ Must complete <u>1</u> year of general medical or surgical internship. ◆ <u>3</u> years of an ophthalmology residency training program. ◆ <u>40%</u> of ophthalmologists participate on a 1 or 2 year fellowship program ◆ Additional ophthalmology lab and instruction on ocular disease and management of a minimum <u>626</u> hours.
Clinical Experience During Mandatory Education and Training	<ul style="list-style-type: none"> ◆ On average of <u>1,910</u> hours of clinical experience. ◆ Optometrists have no minimum requirements for number of patient visits with ocular diseases or ocular surgical operative experience. 	<ul style="list-style-type: none"> ◆ Estimate of an average <u>60</u> hours per week. ◆ At least <u>17,280</u> hours are for clinical experience. ◆ ¹ACGME requires that Ophthalmologists have a minimum of 3,000 outpatient visits.
Profession Regulation	<ul style="list-style-type: none"> ◆ State licensure ◆ National board which does not qualify for membership in the American Board of Medical Specialties. 	<ul style="list-style-type: none"> ◆ State licensure ◆ National board certification by the American Board of Ophthalmology, aa a member Board of the American Board of Medical Specialties. ◆ Recertification every <u>10</u> years for Ophthalmologists certified in 1992 or later.

¹ Accreditation Council for Graduate Medical Education

FOR IMMEDIATE RELEASE

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American Society of Addiction Medicine Applauds FDA Recommendation to Reschedule Hydrocodone

CHEVY CHASE, MD, OCTOBER 31, 2013 –

The American Society of Addiction Medicine (ASAM) applauds the FDA's recommendation to reschedule hydrocodone combination products into a more tightly controlled class of narcotics. ASAM has advocated for the rescheduling of hydrocodone combination products since September 2011, when it sent a letter to the FDA Commissioner in response to an Associated Press news story that called the level of hydrocodone abuse a "national crisis." ASAM has since sent additional letters to the FDA, has testified before the FDA Drug Safety and Risk Management Advisory Committee and has supported U.S. House and Senate legislative language, all calling for the rescheduling of hydrocodone.

"Hydrocodone combination products are potent, effective pain pharmacotherapies but they are also highly addictive," says Dr. Stuart Gitlow, ASAM President. "We are hopeful that tighter restrictions on the prescribing of these drugs sends a message to prescribers and patients alike that hydrocodone is a powerful drug that could have unintended, deadly consequences if misused."

ASAM recognizes the important role that opioid analgesics play in the management of chronic, severe pain. However, most opioid analgesic prescribers have had little to no formal pain management or addiction treatment training. "The vast majority of doctors prescribing hydrocodone are dealing with patients who have significant pain and for whom these drugs provide serious relief," maintains Dr. Brad Hall, an ASAM member practicing in West Virginia. "The problems begin when doctors and patients don't know how or when to taper these medications. A little education about pain management and addiction risk evaluation could go a long way toward stemming the opioid epidemic and overdose rates I see at home." Dr. Hall also testified on behalf of the Society, before the January 2013 meeting of the FDA Drug Safety and Risk Management Advisory Committee.

The American Society of Addiction Medicine is a national medical specialty society of over 3,100 physicians. Its mission is to increase access to and improve the quality of addiction treatment, to educate physicians, and other health care providers and the public, to support research and prevention, to promote the appropriate role of the physician in the care of patients with addictive disorders, and to establish Addiction Medicine as a specialty recognized by professional organizations, governments, physicians, purchasers and consumers of health care services and the general public. ASAM was founded in 1954, and has had a seat in the American Medical Association House of Delegates since 1988.

<http://www.asam.org/docs/default-source/pressreleases/asam-applauds-fda-recommendation-to-reschedule-hydrocodone-2013-10-31.pdf>