ALASKA LEGISLATURE COMMITTEE FILES 2007-2008 SL&C 12640

the assistance of medical doctors addressing comprehensive health of patience. Legislative authorization of eye care by unqualified persons with the expanded authority to undertake the prescription of drugs and other procedures is not in the best interest of Alaskan citizens.

It is believed that CS HB 113 provides authorization of oral medications (antivirals, antifungals, antihistamines, antimetabolites, steroids, antibiotics, and oral anti-glaucoma drugs) - that will result in increased potential patient risks. In addition to the oral systemic drugs authorized in CS HB 113, this legislation also would allow Alaska optometrists to inject Botox into the eyelids and surrounding tissues, inject steroids into chalazions, inject anesthetics into the lid, and prescribe a broad array of narcotics and analgesics. Such a wide expanded prescription and injection authority is not in the best interest of patient care for Alaskans. I believe that Alaskans should receive specialized medical care from the most qualified medical doctors available on the most comprehensive basis possible for the human body, including eyes.

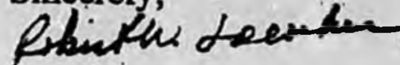
I urge you to advocate, in your capacity as an Alaska State Legislator, to emphasize patient safety for all Alaskan citizens in the provision of all health care and that the Legislature, on behalf of its citizens, protect citizen and consumer interests over economic competition between professional service groups, including optometrists and ophthalmologists.

As you know, I am legally blind. I have had nine (9) surgeries on my eyes and have remaining only a little bit of clouded vision in my left eye. All of this blindness was brought on by me through diabetes and a kidney transplant. My experience is that a persons eyes is a part of his total health well being and must be treated in concert with all other vital functions of the body. Only qualified medical doctors are able to keep medications, treatment of other vital organs and a prescribed health regime in balance.

I urge you to oppose CH HB 113 as a measure of protecting the health and safety for all Alaskans and I urge you to continue the Legislatures effort to fund and train more qualified medical doctors so that comprehensive and quality health care is available to all Alaskans.

Thanking you for this consideration.

Sincerely,



Robert W. Loescher

10645 Misty Lane
Juneau AK, 99801
Ph: 907-723-8516

State Capitol
Juneau, AK 99801

RE: HB113

Dear Representative Wilson:

Expanding the scope of practice for optometrists through the legislature, especially as delineated in the current bill, would be a horrible mistake. We ophthalmologists have repeatedly delineated the vast educational differences, so I will not repeat them here. Mistakes made by other states do not constitute a safe precedent. It is very frustrating and dangerous that these bills keep coming before you. **At the end of the day it has to somehow make sense to you to pass a bill allowing optometrists to perform injections of the eyes of Alaskans, including your own eyes and the eyes of your children.** These are injections that ophthalmologists do hundreds of times in training under the supervision of other MDs - optometrists have never done them. Never. The injection itself requires skill and just as importantly the experience to know when to use them. Optometrists have none of this experience. Zero. Passage of this bill will be equivalent to allowing chiropractors to inject the spine because they swear up and down they have read as much as orthopedists or neurosurgeons. Even if they had read as much, which is manifestly false, this does not remotely qualify them to perform these injections.

Also relevant is that these injections are rarely necessary. What is the positive outcome of such a bill? Is the optometric agenda actually improved patient care? If a patient in a rural area has such a severe condition that it requires an eye injection, it is already beyond the scope of optometrists and the patient must see an ophthalmologist. Other milder conditions that might benefit from an injection, such as chronic sties, are rarely injected. I am a subspecialist in this area and I never inject them, using more conservative measures the vast majority of the time, with surgery only if these measures fail.

It is also well documented in other states that these absurd requests for increased procedural scope of practice (that can hardly enhance patient care) are actually designed as legislative stepping stones to later argue for surgical privileges.

As MDs, our most important oath is "First do no harm". Please help us help Alaskans by rejecting this bill. Please contact me at any time if you have any questions.

Sincerely,

Griff C. Steiner, MD (4th generation Alaskan and Stanford graduate)
Ophthalmologist subspecializing in Cornea/External disease.
542 W. 2nd Ave.
Anchorage, AK 99501
lbngriff@gci.net
907-276-1617 main office
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907-350-4232 cell

cc: HESS Committee Members

March 18, 2007

Honorable Representative Peggy Wilson, Chair
Health Education & Social Services Committee
Alaska State Legislature
State Capitol
Juneau, AK 99801

Dear Representative Wilson:

I am an Alaskan ophthalmologist and I strongly urge you to oppose HB 113. This bill would allow optometrists to prescribe oral medications to patients. This bill is touted as a convenience for patients, claiming that optometrists have the training and experience to prescribe narcotics, steroids, and all other classes of potentially lethal medicine to patients with eye conditions.

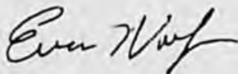
I believe that optometrists are often helpful in screening patients for eye disease and systemic problems. **But it would be very dangerous to allow the unsupervised "practice of medicine" by anyone who has no medical training**. Please understand that I have completed 11 years of intensive medical training since college, as compared to 4 years of optometry school. I became "board certified" by the Academy of Ophthalmology after two more years of work/study. I complete over 25 hours of accredited "continuing education" every year to maintain my medical license under the jurisdiction of the Alaska Medical Board.

As far as patient convenience, I have never turned down a patient or optometrist request for a same-day exam, usually with less than one hour waiting time. For routine exams, my "next available" appointment is only 2 weeks or so away. I work very hard to protect patients and to see them within a reasonable time period.

Perhaps like you, I grow weary of the annual "turf battles" that occur in state legislatures across the country. If optometrists want to be medical doctors (physicians) or even surgeons, there are plenty of openings in medical schools for qualified applicants.

Please reject this dangerous bill, this year and in the future.

Sincerely,



Evan Wolf, MD, PhD

Valley Eye Associates, PC
935 E Westpoint Drive
Wasilla, AK 99654

CC: Legislative members of the House HESS Committee
Senate HESS

UNIVERSITY EYE SPECIALISTS

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Myron Yanoff, MD
Comprehensive Ophthalmology
Cataract Surgery

Leo Santamarina, M.D.
Retina-Vitreous
Medical and Surgical

Elliot B. Werner, M.D.
Glaucoma
Cataract Surgery

March 12, 2004

Harry Grossman, M.D.
100 Brick Road
Suite 115
Marlton, NJ 08053

Dear Harry:

It has been brought to my attention that Sheryl Lentfer, O.D., a 1996 graduate of The Pennsylvania College of Optometry testified before a committee of the Alaska State Legislature. According to Committee Minutes 23 Legislature, ***"She explained that at the school she attended the first year ophthalmology residents were under (fourth year optometry students) in emergency care."*** This is found on page 26 of the document as posted on the web site of the Alaska State Legislature.

This is not a true statement. Since 1988 until the present time I have been a member of the clinical staff of The Eye Institute of the Pennsylvania College of Optometry (TEI). I have the title of Glaucoma Consultant and have served as Co-chief of The Glaucoma Service at TEI. During that time I have been actively involved in patient care and educational activates at The Pennsylvania College of Optometry. During that time I have also served on the faculty of the Department of Ophthalmology at Hahnemann University Hospital and currently serve as the Residency Program Director. At no time and under no circumstance would any ophthalmology resident be "under" optometry students in any capacity. Ophthalmology residents at Hahnemann at all times report to and are supervised by the faculty of the Department of Ophthalmology and the officers of the hospital and medical school. Students at The Pennsylvania College of Optometry neither supervise any activity of our ophthalmology residents nor do they have any role in formal or informal teaching of our residents. I hope this clarifies this matter.

Very truly yours

Elliot B. Werner, M.D.

Feb 3, 2004 Health Education & Social Services Committee Hearing on HB 306:

SHERYL LENTFER, O.D., testified in support of HB 306 and answered questions from the committee. She told the members that access to the curriculums of the schools is readily available. She urged the members to take a look at [the curriculums] because she believes that will clarify the education issue. She questioned why, if education is a big issue, PAs and nurse practitioners are prescribing and not prescribing with a doctor right behind them at every moment. They are able to do this pretty much on their own, she commented. Dr. Lentfer asked the members to deal with the education issue factually by comparing [the curriculums] of the optometry schools and medical schools. Dr. Lentfer stated that education should not even be an issue in this debate. She urged the committee to compare the education qualifications with those for dentists or podiatrists.

DR. LENTFER told the members that she would like to talk about who currently treats the public with oral prescriptions and the educational relationship to these professionals. She said medical doctors, osteopathic doctors, podiatrists, dentists, nurse practitioners, and PAs all have prescriptive authority to prescribe pharmaceutical agents in Alaska. Medical doctors, osteopathic doctors, podiatrists, dentists, and optometrists all have a four-year doctor degree.

DR. LENTFER clarified that after a four-year college undergraduate degree, an optometrist receives a four-year doctorate degree. There is no variation in that education, she stated. Nurse practitioners have two years of master's work after an undergraduate degree, but to her surprise she found that PAs do not have to have a four-year undergraduate degree to be accepted into the [PA] program.

Number 1916

DR. LENTFER emphasized that PAs and nurse practitioners have been very beneficial to Alaska and that it is not her intention to [undermine their role in ensuring good public health]. She emphasized that her point is only to demonstrate the correlation between their ability to prescribe drugs and their educational background, compared to that of optometrists.

DR. LENTFER pointed out that the pharmacology education for medical doctors, osteopathic doctors, and optometric doctors is

the same. She told the members that optometrists provide 70 percent of the eye care in the U.S. Considering that there are many professionals treating eye conditions today including PAs, nurse practitioners, physicians, and eye surgeons, that is a large percentage. In Alaska [the percentage of eye care that is provided by optometrists] is greater. There are 103 optometrists in 17 different locations, and many travel a lot. There are only 28 eye surgeons in six locations, most of which do surgery. She pointed out that with a population of over 500,000, eye surgeons availability and accessibility have been a big challenge for this state. Dr. Lentfer explained that this [fact] has put more demand on optometrists to practice to their fullest training.

DR. LENTFER spoke to Representative Coghill's comments about training. She told the members that this is not new or additional training, since she was prescribing [oral medications] in 1996 after graduating from medical school. She told the members that while additional training is not required, there will be additional training for those optometrist who have not had prescriptive authority in the last few years. The [Alaska Board of Examiners in Optometry] will require optometrists to probably have over 200 hours of course work, pass a test, and get a therapeutic endorsement on the license. If the optometrist does not pass the test, he/she cannot prescribe [oral medications], she said. An OD [doctor of optometry] would have to have graduated [from medical school] in the last two years in order to be qualified to prescribe. When therapeutic eye drops were approved by the legislature, optometrists were not automatically allowed to prescribe because the [Alaska Board of Examiners in Optometry] required that optometrists prove that they were qualified.

DR. LENTFER pointed out that the language in this legislation is for the treatment of eye-related conditions, as the language on line 9 and 10 is very specific where it says "ocular disease or conditions, ocular adnexal disease or conditions, or emergency anaphylaxis." She added that [this language] makes it clear that optometrist are not interested in prescribing a broad spectrums of pharmaceuticals like PAs or nurse practitioners. The only interest in prescribing is for the treatment of conditions and diseases for which optometrists are trained and practicing.

DR. LENTFER explained that it is difficult physically, as well as financially for patients to be sent from an optometrist's

office to another practitioner's office to receive treatment that the optometrist has prescribed. In some instances this requires the patient to travel some distance, she said. Dr. Lentfer told the members of an individual who needed an oral prescription for a drug that would relieve a condition she had diagnosed, but could not find a practitioner to prescribe the medication. In this case the medication is most effective when administered within the first 48 hours.

Number 1719

DR. LENTFER told the members that after the then Governor Knowles vetoed the legislation that passed the Alaska House of Representatives and the Alaska State Senate, the Alaska Board of Examiners in Optometry went to the State Medical Board and did everything Governor Knowles requested. She stated that there was no cohesiveness. The "so-called turf war" is not a good reason to make a judgment on this bill. The only reason to support this bill is to provide better health care for Alaskans.

Number 1680

CHAIR WILSON explained that she worked in the clinic Tok where she worked with a PA or a nurse practitioner who were under the umbrella of a [physician]. She asked if optometrist would want work under [the umbrella] of a physician in the prescribing of drugs.

DR. LENTFER responded that optometrists have already completed a four-year doctorate degree program. She said the same comparison could be made in asking a dentist to work under a medical doctor.

CHAIR WILSON clarified that she is not talking about dentists; she is talking about PAs and advanced nurse practitioners.

DR. LENTFER responded that going under an umbrella of another physician does not make sense. Whose umbrella would optometrists be under? She said that optometrists are established entities with a regulating board that has an excellent history. If the committee had doubts about optometrists' education, training, and ability to prescribe [oral] medications, she urged them to research the educational background. Optometrists are not [in the same educational category] as PAs or nurse practitioners. The educational background is the same as for dentists and medical doctors in

pharmacological education. Dr. Lentfer asked why optometrists' educational qualifications are in question, when those for dentists and medical doctors are not.

Number 1587

CHAIR WILSON responded that the [educational qualification] is in question because optometrist have not had the other specialized training. Professionals who have not had that training [such as PAs and nurse practitioners have had to] work under other professionals.

DR. LENTFER told the members that she took human anatomy, neuroanatomy, physiology, pathology, ocular biology, and ocular physiology at the same time. She explained that, depending on which medical school a medical student goes to, in the third or fourth year there is a series of rotations. During this time the medical student is trying to decide what kind of doctor he/she chooses to be. For those [students] that know they want to be an eye doctor, in the third year of medical school they begin to see patients. **She explained that at the school she attended, the first-year ophthalmology residents were under [fourth-year optometry students] in emergency care.** Dr. Lentfer emphasized that optometry students not only learn about the whole body, but also specialize in eye care, while other medical students are learning about the whole body and not specializing. The fourth year of medical school consists entirely of clinical hours. There are as many as 2,000 patient hours before finishing the fourth year of medical school, which is very good for any health care profession.

April 27, 2000

Governor Tony Knowles
State of Alaska
Juneau AK 99811

In response to your request for an opinion, the State Medical Board, at its April 27, 2000, meeting unanimously voted to oppose the enactment of Senate Bill 78.

Although this legislation may have been passed by the House and Senate in an effort to improve patient access to care, the board believes that the potential for harm to Alaskans from optometrists prescribing and administering non-topical medications greatly exceeds the benefits. Optometrists do not have the clinical experience to safely administer eye injections, intravenous and intramuscular injections, and oral medications, including some narcotics. Reading about the effect and side effects of medications or attending seminars, does not prepare an optometrist for complications related to patients' other medical problems and chronic medications. The board's charge is to protect Alaskan patients; we believe that this legislation would endanger patients.

Sarah A. Isto, MD, Chair
Alaska State Medical Board

Tony Knowles, Governor

Department of Community and Economic Development

Division of Occupational Licensing
3601 C Street, Suite 722, Anchorage, AK 99503-5934
Telephone: (907) 269-8160 • Fax: (907) 269-8156 • Text Telephone: (907) 465-5437
Email: License@dced.state.ak.us • Website: www.dced.state.ak.us/occ/
ALASKA STATE MEDICAL BOARD Telephone: 907/269-8163 ◆ Fax: 907/269-8196

March 18, 2002

Barbara Gabier, Program Coordinator
Division of Occupational Licensing

MAIL BALLOT ON CSHB 215

Ms. Gabier, following is a compilation of the results of a mail ballot survey distributed to the medical board soliciting their opinions on CSHB 215. All eight board members have now responded to the mail ballot.

QUESTION		VOTE
1	What should the position of the state Medical Board be regarding CSHB 215?	7 Opposed 1 Supports
2	Do you believe CSHB 215 creates increased risk to patients?	6 Yes 2 No
3	Do you believe CSHB 215 would increase access to needed health care?	2 Yes 6 No
4	Do you believe the bill should be amended to reduce the maximum length or prescriptions for systemic analgesic agent from seven days to 72 hours?	5 Yes 2 No 1 Not applicable*
5	If you oppose CSHB 215, would reduction of the length of the prescription remove your opposition to the legislation?	1 Yes 6 No (1 did not vote**)
6	Do you believe the training requirements in CSHB 215 are adequate?	3 Yes 5 No

ISSUE FOR CONSIDERATION: CSHB 215 Optometrists Prescribing Authority

Following this page is the complete text of CSHB 215 that makes changes to optometrists prescribing authority. You are being asked to provide your recommendations on this bill. Please vote and return your ballot to me as soon as possible. Please fax your completed ballots to me at 907/269-8196. Thank you for your continuing efforts in this matter.

EDITOR'S PAGE

Encore! Encore!

Rich Kirkner
Editor-in-Chief

About 30 years ago, a handful of optometric visionaries hammered out an agenda for the profession. At the top of that agenda: gain diagnostic agents, then therapeutics.

Today, you can say mission accomplished. Because of that, our special report, "The State of Optometry," finds that state is solid.

It begs the question: What's next now that the DPA-TPA curtain has dropped?

The vanguards of optometry will have to sort that out, but here's a wish list they can work with:

- **Eye exams for infants.** Operation Bright Sight is onto something here (see "Pilot Program Takes Eye Care to the Cradle.) Cradle-to-grave eye care has to start somewhere. The cradle seems like a logical place.
- **Eye exams for school children.** Kentucky has the right idea passing a law that mandates these. Besides, hasn't anyone yet figured out that our children who see well can learn well?
- **Eye exams for licensed drivers.** The eyes can change a lot between license renewals. Imagine how much they change between the 16th and 65th birthdays. The DMV can't.
- **Promote medical comanagement.** Surgical fees are in a free-fall, so organized ophthalmology is squabbling over your role in managing these patients. To them, it's about money, not sound medical practice. Every patient deserves to have his or her family doctor quarterback care, whether it's brain surgery, foot surgery or eye surgery.
- **Continue to expand the scope of practice.** Optometry now has an excellent track record in disease management. Time to move to the next

level: universal privileges for glaucoma meds, orals and injectibles. Then go for laser privileges for all O.D.s. Today Oklahoma, tomorrow America!

- **Raise awareness of computer-related eye problems.** Most people who use a computer have some kind of eye-related symptom-and that's a lot of people, about 75 million on the job and almost as many at home. A good pair of glasses and some expert consultation can fix just about all those aches and pains.

Indeed, this is a public health agenda. Some items are legislative efforts—something the profession can proudly say it is quite skilled at. All would require big-time public awareness campaigns.

The group of visionaries who laid out optometry's DPA and TPA movements 30 years ago scored a rousing success. Now, that the profession finds itself in a pretty good state, it's time for an encore.

Rich Kirkner

top

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November 15, 2000

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May 8, 2007

Senator Johnny Ellis
Chairman, Senate Labor
& Commerce Committee
Alaska State Senate
State Capital, Rm 9
Juneau AK 99801-1182

Re: Opposition to CS HB 113, An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists

Dear Senator Ellis,

The Alaska State Legislature has been considering proposed changes to law that would enable optometrists to use oral and injectable drugs.

There exists a difference in the education and training between optometrists and ophthalmologists, with the more comprehensive training of ophthalmologists who are considered medical doctors. Optometrists complete four years education at optometry school without any requirement in Alaska for residency training, ophthalmologists, must complete four year of medical school, a hospital residency, and an additional three to four year residency training program that specializes in medical and surgical treatment of the eye.

Over the last six years optometrists and ophthalmologists have been engaged in a professional dispute in the legislature with the optometrists promoting the expansion of their scope of practice and the ophthalmologists supporting and protecting public health by advocating comprehensive eye and total health care of Alaskans. Very little citizen input to protect the safety and health of Alaskan citizens has been presented to law makers.

Eye care is related to total body health and the risk of the loss of eyesight is great if eye care is not undertaken by qualified medical doctors. The loss of eyesight

cannot be replaced and the diminishment of eyesight can be only prevented with the assistance of medical doctors addressing comprehensive health of patience. Legislative authorization of eye care by unqualified persons with the expanded authority to undertake the prescription of drugs and other procedures is not in the best interest of Alaskan citizens.

It is believed that CS HB 113 provides authorization of oral medications (antivirals, antifungals, antihistamines, antimetabolites, steroids, antibiotics, and oral anti-glaucoma drugs) - that will result in increased potential patient risks. In addition to the oral systemic drugs authorized in CS HB 113, this legislation also would allow Alaska optometrists to inject Botox into the eyelids and surrounding tissues, inject steroids into chalazions, inject anesthetics into the lid, and prescribe a broad array of narcotics and analgesics. Such a wide expanded prescription and injection authority is not in the best interest of patient care for Alaskans.
I believe that Alaskans should receive specialized medical care from the most qualified medical doctors available on the most comprehensive basis possible for the human body, including eyes.

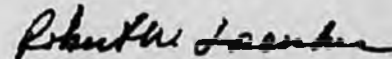
I urge you to advocate, in your capacity as an Alaska State Legislator, to emphasize patient safety for all Alaskan citizens in the provision of all health care and that the Legislature, on behalf of its citizens, protect citizen and consumer interests over economic competition between professional service groups, including optometrists and ophthalmologists.

As you know, I am legally blind. I have had nine (9) surgeries on my eyes and have remaining only a little bit of clouded vision in my left eye. All of this blindness was brought on by me through diabetes and a kidney transplant. My experience is that a persons eyes is a part of his total health well being and must be treated in concert with all other vital functions of the body. Only qualified medical doctors are able to keep medications, treatment of other vital organs and a prescribed health regime in balance.

I urge you to oppose CH HB 113 as a measure of protecting the health and safety for all Alaskans and I urge you to continue the Legislatures effort to fund and train more qualified medical doctors so that comprehensive and quality health care is available to all Alaskans.

Thanking you for this consideration.

Sincerely,



Robert W. Loescher

10645 Misty Lane
Juneau AK, 99801
907-723-8516

April 3, 2007

Chair Kurt Olson
House Labor & Commerce Committee
State Capitol
Juneau, AK 99801 **Re: CSHB 113**

Dear Representative Olson:

In the interest of patients, optometrists should communicate with medical doctors over circumstances requiring systemic medications. In the event of an ocular manifestation of a potentially systemic disease, the Alaskan optometrist should confer with local ophthalmologists. In the extremely unlikely event of an anaphylactic reaction in the optometrist's office, emergency services or local family medical doctors should be called.

Since 1989, I have practiced with some fine optometrists as collegial partners with subspecialty ophthalmologists. Their experience has been gleaned by decades of optometric practice adjacent to ophthalmic practice. There are optometrists, when covering cases that might benefit from systemic medications, easily contact ophthalmologists in or out of our practice, or directly with other medical physicians. They also clearly recognize that their individual familiarity with medical conditions has been mainly influenced by the years of adjacent practice with ophthalmologists rather than from their training in optometry school. I recommend we keep things as they are in Alaska and oppose HB 113, if the system is not broken, why meddle, especially when it comes to patient care.

The following information is written to clear up some misinformation expressed by several optometrists that occurred in House HESS, regarding the extent to which Alaskan ophthalmologists interact with rural patients.

After graduating from UAF in 1980, I trained at Yale Medical School and did an Internship and ophthalmology residency at the Mayo Clinic in Rochester, Minnesota. After completing an additional year of subspecialty training in pediatric ophthalmology in Indiana, I returned to Alaska to start a practice with Ophthalmic Associates. I have since conducted ongoing subspecialty clinics in Cordova, Homer, Kodiak, Wasilla, Bethel, Galena and the Koyukon region as well as a surgical practice in Anchorage covering both private hospitals, ANMC and Elmendorf. I have mentored a dozen premedical students one of the first of which is now Dr. Griff Steiner. At the request of Alaskan optometrists, I have offered education to many of them and to optometrist interns. Over arrange of experiences and skills, it is best for Alaskan eye patients, young and old, to have collegial communication between optometrists, local physicians and with general and subspecialty ophthalmologists who continuously cover the urgent and emergent cases.
The most common cause of vision impairment in children is Amblyopia; this disease can potentially be eliminated through early consistent screening and persistent,

Alaska Blind Child Discovery (ABCD)
542 West Second Avenue, Anchorage, Alaska 99501-2242
(800)270-1617 • (907)276-1617 • fax 278-1705 • abcd-vision.org

accurate treatment. As a result, I have devoted over a decade and over $300,000 to a cooperative, charitable vision screening program called the Alaska Blind Child Discovery (ABCD; w ww.abcd-vision.org). As you may know, the single most expensive component of the Alaska Medicaid travel budget has been for follow-up exams and glasses for children who are referred by non-specific wall-chart acuity screening. ABCD instead offers much more valid, and cost-effective objective screening to over 21,000 children through out the state, Ketchikan to Adak, from Kodiak to Barrow. No insurance or Medicaid yet pays for this new enhanced vision screening. The ABCD program carefully interprets objective screening results and recommends that referred children get a carefully defined Confirmatory Exam from the "nearest convenient eye doctor." ABCD then coordinates follow up over the years referred children are treated. ABCD has demonstrated a significant reduction in Alaskan amblyopia vision impairment cost-effectively.
This is one example of the extent to which ophthalmologists in Alaska are offering rural eye care. Please review our experiences offering this state-of-the-art pediatric vision screening free of charge to Alaskans at the State Fair(1), in the Koyukon region(2, 3), and state-wide(4-7).

Sincerely Yours,

Robert W. Arnold

Robert W. Arnold, M.D.

Cc: House Labor & Commerce Committee & Sen. Ellis

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Alaska Blind Child Discovery (ABCD)
542 West Second Avenue, Anchorage, Alaska 99501-2242
(800)270-1617 • (907)276-1617 • fax 278-1705 • abcd-vision.org

House of Representatives
State of Alaska
Labor and Commerce Committee

April 5, 2007

Re: cshb113

Dear Representatives,

I am writing to you in opposition of House Bill 113. This bill would give Optometrists within the state of Alaska full authority to prescribe both oral and injectible pharmaceuticals. As such, the bill would allow Optometrists to use intravenous medications and give peri-ocular injections. As an Ophthalmic surgeon specializing in retinal surgery, I perform intravenous angiograms and give intra and peri-ocular injections on a daily basis. Ocular injections entail the risk of infection, retinal tear, retinal detachment, hemorrhage, blindness and death. An infection related to an intraocular injecton is an absolute surgical emergency requiring surgical vitrectomy and injection of antibiotics to the eye. Only an Ophthalmic surgeon specializing in retinal surgery is capable of treating such an emergency. Only a retinal surgeon should be performing such procedures.

HB 113 would also give Optometrists the authority to use intravenous medications and perform procedures such as intravenous fluorescein angiography in the office. This procedure entails numerous risks including: extravasation of the dye with skin necrosis, allergic reaction, anaphylaxis and death. In our office we keep a "crash cart" with all the medications and supplies necessary to treat an anaphylactic reaction, in the room where the procedure is performed. The treatment of anaphylaxis entails the use of medications and may require full resuscitation with intubation of the patient, placement of central venous access and treatment of cardiac arrhythmias and cardiovascular collapse. In spite of proper treatment, several people die in the United States each year as a result of anaphylaxis related to the use of intravenous fluorescein angiography.

As an Ophthalmic surgeon, I have completed four years of college, four years of medical school, one year of internship, three years of surgical residency, and one year of subspecialty fellowship training. This experience qualifies me to use intravenous medications and perform ocular injections. This experience qualifies me to treat the complications of the use of intravenous medications and ocular injections. Optometrists do not have the education or experience to use such medications. Optometrists do not have the education or experience to treat the complications related to the use of such medications. This bill is a danger to the residents of Alaska.

Please vote against HB 113.

Sincerely,

Scott A. Limstrom

Scott A. Limstrom, M.D.

DO

cc: [illegible] Ellis

ALASKA RETINAL CONSULTANTS
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May 3, 2007

Eric W. Coulter, M.D.
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907-317-1455

Senate HESS Chairman and Members
Alaska State Legislature
Chair, Health, Education and Social Services Committee

Dear Senators,

At some point you will be considering HB 113, a piece of legislation introduced to expand the scope of practice for non-medically licensed practitioners of optometry. **You are likely to hear many arguments for and against this bill from two sides of the fence; the optometrists' side and everyone else in the state who is a medically licensed professional.** The Alaska State Medical Board is against this, the Alaska State Medical Association is against this, the Alaska Ophthalmology Society is against this and the American Academy of Ophthalmology is against this as well as every ophthalmologist in the State of Alaska.

Current law allows optometrists to utilize topical medications, antibiotics, steroids, glaucoma medications and to treat and follow all ocular conditions without requiring medical licenses. There is not a cry for help from communities in Alaska for lack of available eye care and 40 ophthalmologists serve throughout the State to maintain a high standard of care. **To argue that a lack of care in Alaska warrants expanded pharmacologic privileges or that their current level of pharmacologic privilege compromises patient care is simply erroneous and misleading.** I would ask that you look for any evidence supporting the statement that rural areas are subject to increased risk of blindness due to lack of care or appropriate availability. This is not "just a little bit more" to "help out" as Representative Samuels has stated; this is a paradigm shift in medical practice and standards. **Essentially, optometrists would like to legislate medical competency, which is not only impossible, but dangerous to the public.**

Optometrists are not medical doctors or surgeons and are not trained as such. They are not allowed surgical privileges at any facility in Alaska or the United States. Attempts at this in Oklahoma were met with overwhelming opposition and laws briefly allowing optometrists such privileges throughout the VA hospital system came to a crashing halt just a few years ago. No hospital in Alaska or the United States recognizes their training as sufficient to practice medicine at their facilities and no insurance companies insure them for such. No optometrist in Alaska or the United States is allowed to help in the emergency rooms or to take call for the community. They are not medical doctors, they do not have medical licenses and they are not allowed to perform procedures around the eye any more than a chiropractor is allowed to perform back surgery. **They are well trained for what they do, but dispensing and injecting pharmaceuticals on a level with the medical doctors and in this country is not one of them.** That is the nature of this bill.

To vote for this bill is to go against the very body (the Alaska State Medical Board) you rely on to make appropriate medical decisions for the citizens of Alaska. You and they are tasked with maintaining the highest level of medical standards and responsibility for our State. This bill would allow paramedical individuals to write prescriptions and perform injections for drugs they do not have cause or need for including Botox™, retro bulbar anesthetics (injections behind the eye and near the brain) and dermatologic plastic injections. They would be allowed to police themselves, make determinations about required training, and determine injection

proficiency without a single one of them possessing a medical license. Does this sound "better for the State" to you?

We need to draw the line that paraprofessionals can not cross, placing our States population at risk for their own gain. **This bill is much broader and more loosely written than all but 5 other states in the union according to the American Academy of Ophthalmology research department.** If this passes, other groups will follow in the name of 'patient access' and the next bill on the table will be for medical procedures etc. There is an agenda here, but it is not for the well managed, competent care of our people. The optometric lobbyists have pushed for this for years without success. There are reasons these individuals are not medically licensed which will be presented to you ad nauseum. There is a reason Tony Knowles vetoed this bill in the past.

Please respect the historic validity of our medical system and do not rewrite what constitutes competent medical care in our communities. If their interest is truly for improved patient care, then let them come forward through these existing pathways of required training and education. To date, none of them have approached the Alaska State Medical Board, the Alaska State Medical Association, the American Academy of Ophthalmology, the Alaska Ophthalmology Society or any hospital administration etc. to approach this in a unified way. This does not represent an effort at community improvement but reveals its special interest and effective reduction of medical standards. Do not succumb to this modicum.

I am glad you are in the position you hold to ensure the best for our State and our populace. Thank you for you attention.

Sincerely,

Eric W. Coulter, M.D.
Diplomat, American Board of Ophthalmology
Fellow, American Academy of Ophthalmology
Active Staff member, Providence Alaska Medical Center, Alaska Regional Hospital

Dear Senator Ellis, Chair Labor and Commerce Committee,

My name is David Chamberlain. I am an Ophthalmologist or Eye MD and have worked in Alaska for over 12 years, 9 years at my current position at Alaska Native Medical Center. On 5/2/2007 HES committee members heard testimony regarding HB 113 that was factually incorrect and misleading. I am writing to clear up some misunderstandings that were evident.
It was stated that Ophthalmologists do not provide services to Klawock or Craig. In fact, I myself or one of my Eye MD partners have indeed held an eye clinic in Klawock once or twice a year for the last 10 years and, although, we don't hold a clinic in Craig we do serve many patients from Craig. Craig patients drive a few minutes to Klawock. The 3 Eye MDs at Alaska Native Medical Center, work closely with 19 IHS Optometrists, forming a cohesive team with clearly defined roles offering comprehensive service within Alaska. Eye MDs from my department hold 1-4 annual clinics in each of the following villages: Barrow, Kotzebue, Nome, Bethel, Dillingham, Kodiak, Sitka, Ketchikan, and Klawock. The Optometrists on our team in Nome, Kotzebue, Bethel, Sitka, Dillingham, Fairbanks, Juneau, and Anchorage each provide eye care in their respective locations and the surrounding smaller villages. Pamela Steffes, OD for example, is based in Sitka and holds clinics in Klawock, Angoon, and Yakutat, among other places. Under the current system, when eye patients are sick enough to require oral or injectable medicine, Ophthalmology gets a call from the Optometrist or sometimes from a Village Health Aid, or a Physician, or Nurse Practitioner. In Alaska, there are at least 2 Eye MDs on-call 24/7 365 days per year for just such emergencies (I know of no comparable on-call system for Optometry). HB 113 does not increase access to Optometry and may instead decrease access to Eye MDs. HB 113, if allowed to pass, would both reduce the training level required to inject and prescribe medicines and force a redefinition of our relative roles. So, exactly what level of training is required to responsibly inject and prescribe medicine for eye conditions and who should make such determinations? To answer these questions, one must have knowledge of the particular disease including its differential diagnosis, natural course, risks and benefits of treatment. Sounds like a job for an MD doesn't it? MDs are uniquely qualified to make such assessments, and Eye MDs even more so if your talking about eye disease. Lets face it; the human organism and Alaska Statutes are both highly complex. We need to respect that complexity by getting the most highly qualified advice when it comes to making medical decisions and when it comes to making laws. I prescribe a lot of drugs and inject both into the globes and around it. Each drug I use caries risks and benefits. One of my patients died from a non-allergic reaction to a totally appropriately prescribed oral medicine. She had developed clear signs and symptoms of a life-threatening drug reaction that unfortunately went unrecognized by her Internist. I frequently inject medicines next to the globe with thorough awareness of the risk of inadvertent intraocular injection which can result in severe vision loss. The risk of inadvertent intraocular injection has been reported to be much higher when non-Ophthalmologists perform such injections. HB 113 does prohibit injection into he "ocular globe of the eye" (sic) but allows for any other injections including those near the globe. It is surprisingly difficult to fully control the needle tip location once it is not visible after it is embedded into tissue. It is an unwritten informal but essential part of my job to assess the level of eye knowledge of the providers who call me from all over Alaska. I get calls from providers at all levels of skill. It is frequently the case that the diagnoses are wrong, and the proposed treatments are wrong. I have noticed this to be true especially for Optometrists just out of training. They know enough to be scary, and they don't know that they don't know. HB 113 in the hands of a fearless knowledge-shy aggressive Optometrist I fear will eventually result in disaster. None of the Optometrists I work with closely fit that description, but I do wonder about the knowledge and motives of those pushing this bill. Where and who is the specific patient they would like to help? Dr. Mike Bennett for example, in testimony 5/2/07 HES, indicated the primary reason for increased injection authority was for "antibiotics ... injection into the eyelid is what you would be looking at". It is well known that antibiotics can kill infections, and well known that antibiotics can be injected. It may seem intuitive that therefore antibiotics could be injected into an infected eyelid, as Dr. Bennett seems to suggest. This is exactly the type of seemingly innocent even intuitive but erroneous action an unqualified practitioner is likely to take never even knowing the harm they may cause. Why not inject antibiotics into the eyelid? I am not sure myself, it is not something I have ever seen done, but I am aware of some potential problems with it. Medicines ll have approved routes of administration and dosages that have been tested and confirmed through clinical trials, animal studies etc. Intramuscular injections, for example, are only to be injected well within the body of a relatively large muscle. I know of no

antibiotics that are approved for local injection into eyelids. I know of no disease requiring such an injection. This is just one example of the naivety of those who support this bill.
Some HES committee members may have the impression that it costs more for an individual to see an Ophthalmologist than an Optometrist. To my knowledge, insurance companies including Medicare and Medicaid pay by the service given or by the condition not by the level of education or training or license of the provider.
The Alaska State Legislature has a duty to responsibly regulate narcotic usage. The Controlled Substances Advisory Committee is to be composed of a panel that includes MDs. Has this committee been consulted regarding HB 113 and its controlled substance impact? Has the state medical board been consulted? The State of Alaska has wisely exhibited a great deal of concern regarding the level of training required before a person can inject medicine or prescribe codeine or opium. For example, Alaska requires (as of Jan 1, 1995), MD's to undergo an additional 2 years of medical education after medical school graduation to qualify for the Md license (http://www.acgme.org/acWebsite/downloads/RRC_progReq/240pr106.pdf). This is the license that allows MDs to prescribe the medicines, which would be available to Optometrists with only a seven-hour postgraduate course (if HB 113 passes). We do need Optometrists in rural and urban areas in Alaska but they and their patients need MD involvement when patients get so sick that they need surgery, or non-topical medicines. HB 113 does nothing good for the public interest.

David Chamberlain, MD (sole author, not authorized to speak for anyone)
2401 Brittany Cir.
Anchorage, AK 99504
May 10, 2007

CC: Alaska, Labor and Commerce Committee Members

HB
118

REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

Sponsor Statement
House Bill 118

"An Act relating to underage possession of alcoholic beverages in a dwelling."

While it is against the law in Alaska to rent a hotel room for the purposes of providing alcohol to underage persons (AS 04.16.055) there is no provision in statute that makes it illegal to allow underage drinking in a home. This appears to be a significant oversight in statute since a home is the most commonly cited place underage people consume alcohol.

House Bill 118 closes this gap in statute by making it a non-criminal violation to permit underage persons to possess alcohol in your home. A parent allowing their own child to possess alcohol is not subject to the violation because they are allowed to provide alcohol to their children under AS 04.16.05. Under HB 118 however, a person throwing a party where an underage person possess alcohol (even if they were not responsible for providing the alcohol) would face a $500 fine.

Alcohol is the drug of choice for young people in Alaska and has very serious impacts on our families, our institutions and our society. HB 118 closes a significant gap in our statutes and gives law enforcement an important tool to deter people from providing a venue for underage drinking.

(Updated 2/6/07)

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Session: State Capitol, Juneau, Alaska 99801-1182 • **Phone:** (907) 465-4945 **Fax:** (907) 465-3476
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Red Ribbon Week October 23 – 31

April 9, 2007

Representative Kevin Meyer
State Capitol, Room 515
Juneau, AK 99801-1182

Dear Representative Meyer,

On behalf of the Alaska Red Ribbon Coalition, we are writing to express our full support of House Bill 118. As you are aware, there is growing attention on the issue of adults hosting drinking parties for young people in their homes. Some parents and other adults believe that, since young people are going to drink, it is better they drink in their homes rather than somewhere else. On the surface it seems reasonable, but teen drinking parties can be the source of many problems—only one of which is drunken driving. Drinking parties almost always involve binge drinking, and can lead to violence, sexual assault, rape, and even death by alcohol poisoning.

Decreasing the easy access to alcohol in our communities and homes is the best way to decrease teenage alcohol use. This approach involves strengthening statewide alcohol policies and laws, including giving law enforcement the tools to combat and reduce teenage alcohol use as well as the risks associated with this use.

The timing of House Bill 118 could not be better, as you know we are in the middle of our "Parents Who Host Lose The Most" and "Community Heroes" media campaigns, which specifically discourage parents from hosting teenage drinking parties.

The Alaska Red Ribbon Coalition stands in full support of House Bill 118 and applauds you for your efforts. We thank you for encouraging parents to not be a party to teenage drinking. With your leadership, Alaska's future is healthy and bright.

Sincerely,

Carol Comeau	Harvey Goehring	Col. Audie Holloway
Superintendent	Assistant Agent in Charge	Director
Anchorage School District	US Drug Enforcement Administration	Alaska State Troopers

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Laws crash underage drinking parties

Posted 1/4/2007 11:12 PM ET
By John Ritter, USA TODAY

OJAI, Calif. — Tony Barrett and his wife were enjoying a getaway weekend when police called to report they'd broken up an underage drinking party at the couple's home here. Their daughter Shannon, legally an adult but at 19 too young to drink, was cited for hosting the party and was fined $1,000.

Barrett, who grew up in this art- and music-loving city of 8,000, wasn't happy with his daughter — "the house was trashed and stunk like beer and cigarettes for a week" — but was even angrier at Ojai's "social host" ordinance that gave police the authority to bust the party.

"She called three friends, and before an hour was up, 100 people were here," Barrett says. "I told the police she was a hostage, not a host. I'm still not paying the fine, because I didn't do anything."

Authorities here and in a growing number of cities and counties say their ability to enforce "social host" ordinances to curb such parties, held with or without parents' knowledge, is a key tactic in the battle against underage drinking and its potentially tragic consequences.

CRACK DOWN: Adults penalized for teen drinking

"We don't want to send parents to jail," says Stacy Saetta, a lawyer with the Center for the Study of Law and Enforcement Policy in Felton, Calif. "We want to get parents to change their behavior when kids want to throw a party."

A catalyst for action

Underage drinking costs the nation at least $53 billion a year, mostly because of traffic deaths and violent crime, according to a 2003 report by the National Research Council's Institute of Medicine. The report, which urged communities to hold adults accountable for teen drinking parties, was a catalyst for many recent ordinances, Saetta says.

Ojai, the picturesque setting for Shangri-La in the 1937 Frank Capra film *Lost Horizon,* is one of seven cities in Ventura County that passed social host ordinances last year after the county did. In one three-month period in 2004, police in the Ojai Valley, an affluent enclave north of Los Angeles, responded to nearly 300 parties involving underage drinking, according to sheriff's statistics.

"We had overdose deaths. We had prescription-drug use after hazardous drinking. We had parties where gang members showed up and beat the hell out of people. Close to 70% of the sexual assaults on young women were coming out of home parties," says Dan Hicks, administrator of Ventura County Limits, an initiative to curb underage binge drinking.

"It was like the big elephant in the living room: People thought there was nothing we could do about it," he says.

Social host ordinances give police a tool beyond standard disturbing-the-peace laws. Typically these ordinances call for civil fines, thus avoiding the courts and the higher burden of proof required under criminal laws.

Ordinances give police discretion to target repeat offenders or the most egregious bashes. Most permit officers to cite a host if they identify a handful of underage drinkers among dozens of partiers. Fines range from less than $500 to $2,500 and more. "The whole purpose is to make the community aware," says Sgt. Pat Ruby of the Ventura County sheriff's station here. "But this won't have an effect on a lot of people unless it hits them in the pocketbook."

Ojai's laid-back image may be part of the problem, Ruby says. "There's not a whole lot for kids to do up here, and a lot of them look at parties as a release," he says. Violent crime is relatively rare in Ojai. The city hasn't had a murder in years. Its gang problem is small enough that police know all the players.

Social host ordinances have been used 20 times around the county to shut down parties in the past year, Hicks says. Ten of those incidents were in Ojai, and Ruby was involved in seven of them.

There was the 19-year-old who got nailed twice while his parents were vacationing in Hawaii. Police responded the first time to a report of a fistfight. Cars lined both sides of a street. Maybe 75 people were milling around a yard, at least 80% of them underage. Beer was everywhere, Ruby says. The host was cited and fined.

A week before the 19-year-old's parents were to return, he hosted another party and was cited again. "You'd think he'd learn the first time. He didn't," Ruby says. "The parents weren't happy."

Party trouble

Another time, officers drove by a party of 25 or so people and found a young man with a severe gash in his leg from falling on a beer bottle. An investigation identified underage drinkers.

Once a father hosted a party — "he was well aware the kids were drinking," Ruby says — and police responding to a noise complaint found a young man lying in a driveway where his friends had left him. He had to have his stomach pumped, Ruby says.

A 49-year-old man hosted a small Halloween party for his daughter that got large and out of hand. He was reluctant to step in. "He didn't want to embarrass his daughter. It's a common thing," Capt. Bruce Norris says.

Though most underage drinking parties occur in the summer, there's a feeling among police, not yet backed up by data, that they've declined as word of these crackdowns spread. "So it seems to be working," Norris says.

On a recent Saturday night, Ruby patrolled the city and outlying areas, but the party scene was quiet.

The next night, New Year's Eve, officers in nearby Moorpark had bottles thrown at them as they dispersed 75 people at a party hosted by the mother of an 18-year-old. "She admitted providing alcohol to his friends, and she knew some of the minors were under 21," Capt. Jeff Matson says.

He says her rationale is common among some parents: "If my son is going to drink, it's OK if I provide it at home."

Tony Barrett thinks the city's enforcement is excessive.

"This is all punitive, but they could turn it into a positive," Barrett says. "I told them you have a perfect chance to help these kids, because it's the same core group that go to all these parties. It fell on deaf ears."

Find this article at:
http://www.usatoday.com/news/nation/2007-01-04-teen-drinking-inside_x.htm

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What's Hot - Adults and Underage Drinking

The Party's Over: San Diego

"Whenever a young person drinks, an adult is involved in some way," says Dana Stevens, Manager of the North Inland Community Prevention Program in Poway, California. "Whether it is a retailer, parent, older sibling, or friend, it is time we hold adults accountable for underage drinking. Underage drinking is an adult problem, as well as a youth problem."

Cities in San Diego County are giving local law enforcement new tools to reduce youth access to alcohol. Poway and San Diego passed ordinances that make it illegal for adults to host parties on their property where three or more minors are present and any of the youth are drinking. Oceanside and La Mesa are also considering "house party" ordinances that close a loophole in California law that meant it was easier to cite teens for possession than penalize the adults who provided the alcohol.

"Before the new ordinance," says Stevens, "criminal penalties required a witness to see the adult provide alcohol to the underage person. Police could only break up a party if it got too loud or if neighbors complained. Now, if police see somebody leaving a party either drinking or intoxicated, and that person appears to be underage, the cops can find out what's going on in the house. If it turns out to be an underage drinking party, the police can cite the parent or other adult at the home."

Penalties under Poway and San Diego's house party ordinances include fines up to $1,000 and up to six months in jail. Adults are not responsible, under the new law, if they are away from home and teens hold a drinking party without their knowledge.

"When our ordinance came up for a vote in Poway," recalls Stevens, "not a single person spoke in opposition." But, she emphasizes, unanimous support for the measure did not materialize spontaneously. According to Stevens, adoption of the new law was the product of three years of grassroots work and consistent leadership from the San Diego Policy Panel on Youth Access to Alcohol.

The need to close the loophole on house parties emerged as the policy panel reduced or eliminated other sources young people had used to acquire alcohol. Before turning to social access, the panel implemented a series of decoy campaigns to identify retailers who were selling to minors or allowing "shoulder tap" purchases.

"We got better at what we were doing," says Stevens. "And we learned from the kids where they were getting alcohol and where they went to consume it." The panel participants also reviewed the reports filed by police when they cited youth for possession of alcohol. They learned that social access is a significant ingredient in underage drinking.

Some parents believe that hosting a drinking party for teens keeps them safe and "off the streets." A tragedy following one such house party helped to build community support for the ordinance. "A few years ago, some teens were drinking at a party hosted by parents,"

recalls Stevens. "The parents thought that they were being responsible because they took the kids' car keys. But then they went to bed, leaving the keys on the kitchen counter. The young people later drove to a store for cigarettes and got in an accident. One teen was killed, and the driver ended up in jail for several years."

Large family celebrations also allow youth access to alcohol. "The adults aren't worried about kids drinking because they are having a good time and it seems safe to them," says Stevens. "But they don't think about what can happen when the young people inevitably leave the party and either drive or go elsewhere unsupervised."

Not all of the adults hosting underage drinking parties are parents. The new law will also help curb underage drinking in and around college campuses where young teens often attend parties hosted by young adults who provide the alcohol.

Advocates of the house party ordinances are happy to have another tool for reducing underage drinking. They are also encouraged to see evidence that the policymakers who passed the new laws recognize that underage drinking is an adult problem.

"If adults face criminal charges," says San Diego Police Detective Larry Darwent, who chairs the Law Enforcement Task Force on Underage Drinking, "they'll think twice before hosting underage drinking parties."

More information

Recommendations

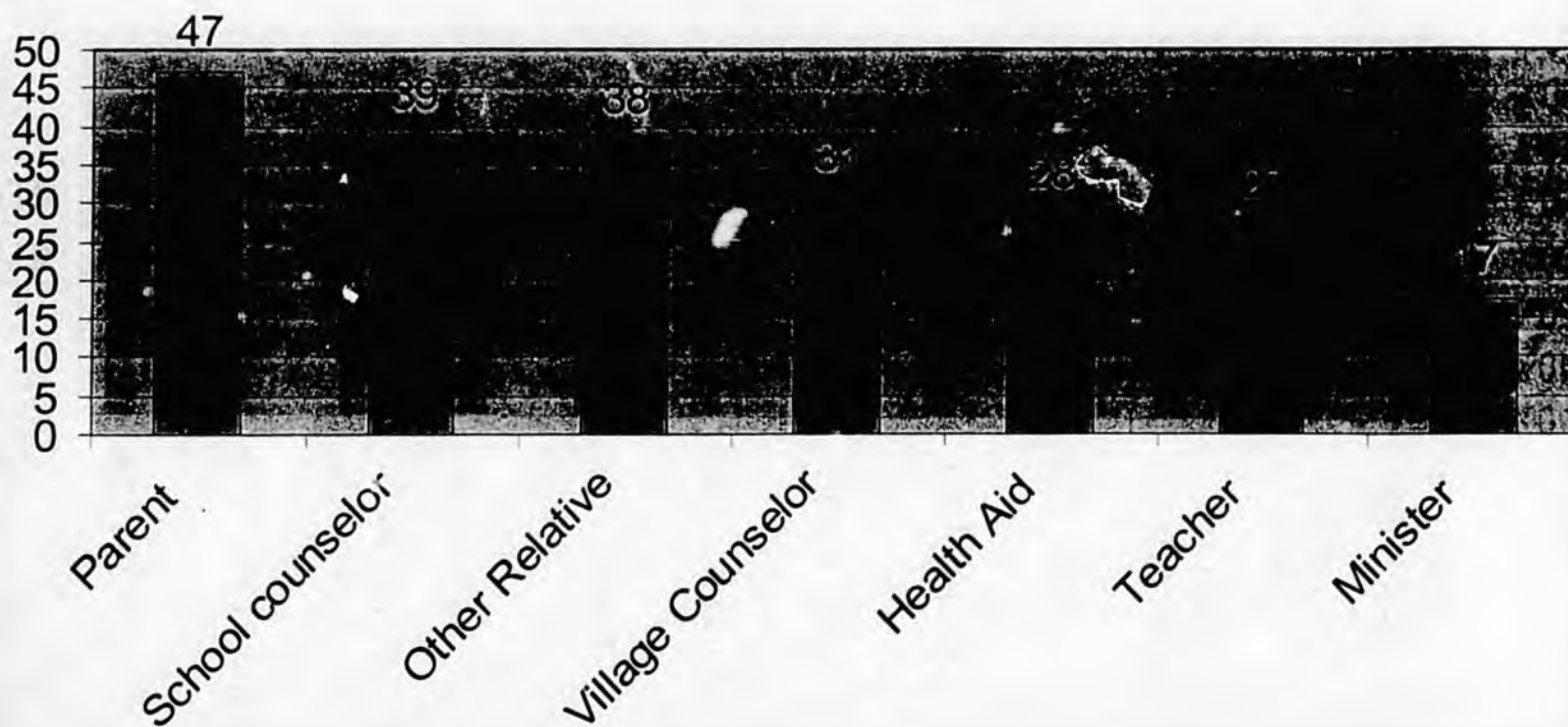
- Change the perceived norm
- Listen and Act
- Insure that help is available
- Advocate for funding of prevention programs

Conclusions

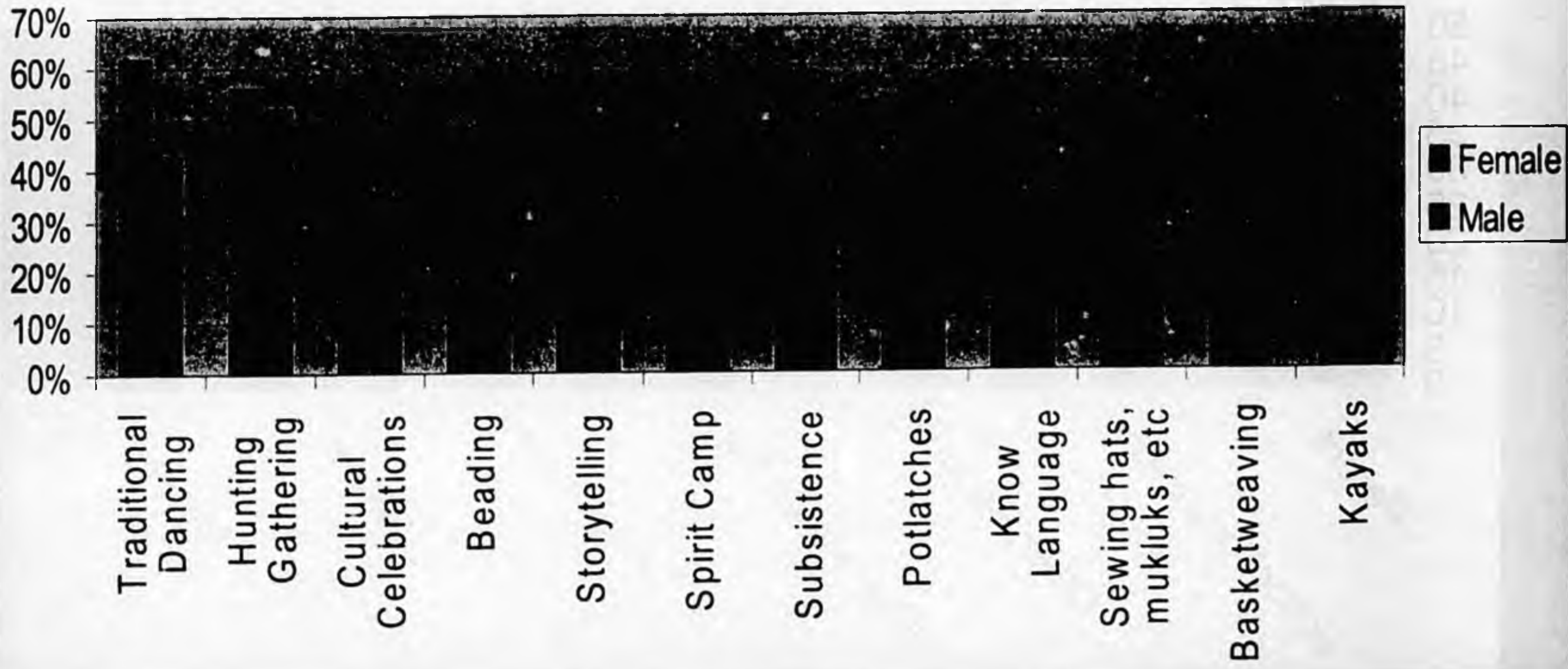
- Youth perceive that underage drinking is a problem
- There are multiple ideas for solutions
- Listen to youth and use adult knowledge

Who to Ask for Help

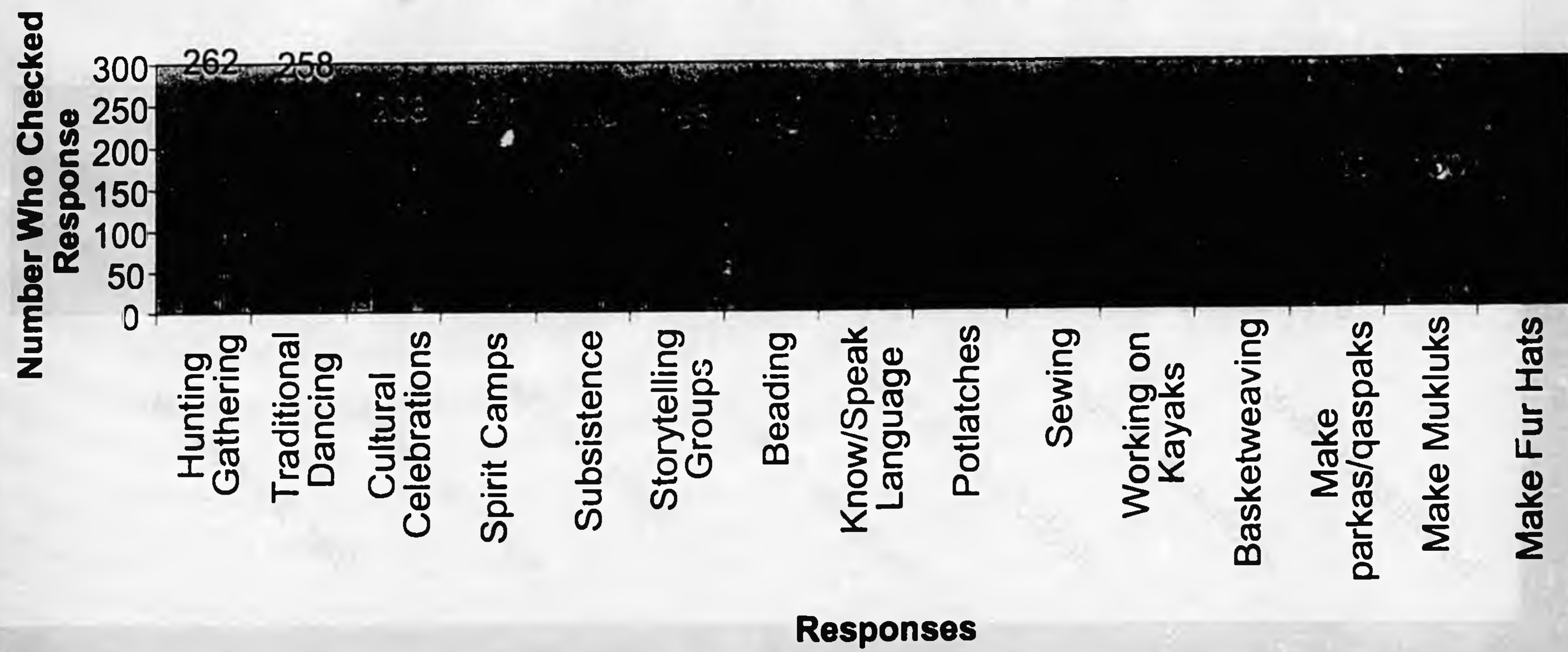
Percent of Responses



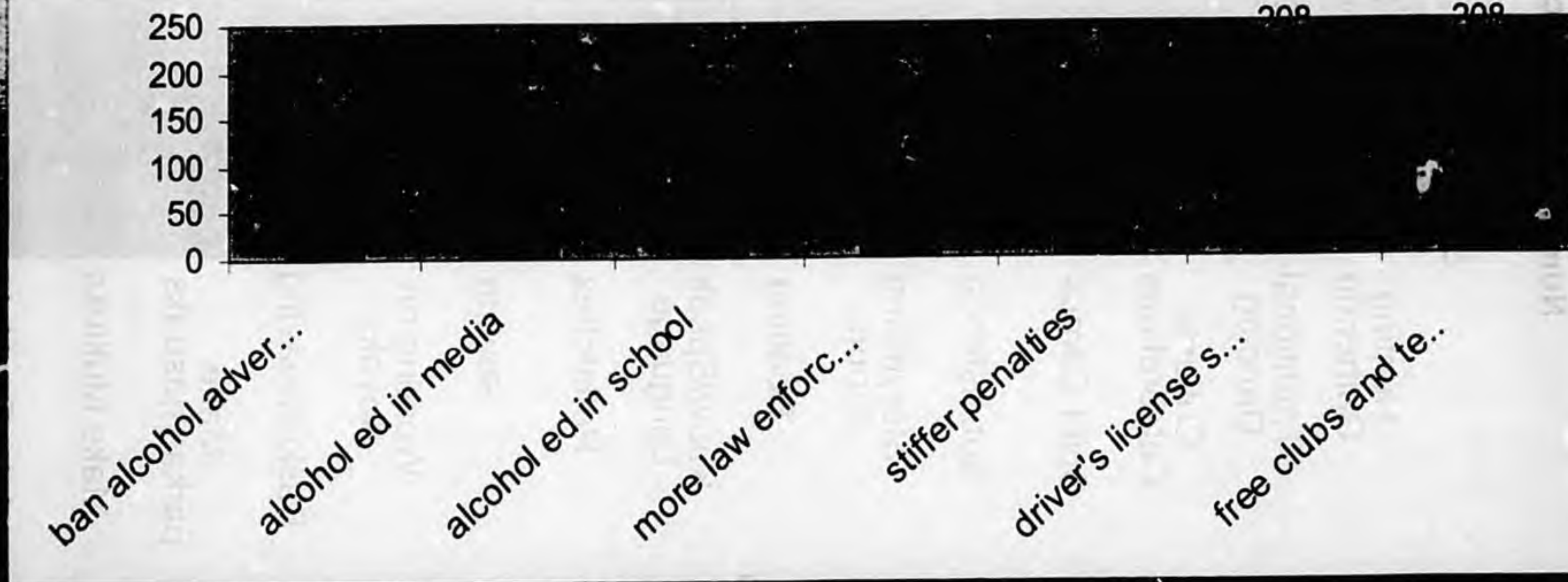
Cultural Activities - Protective



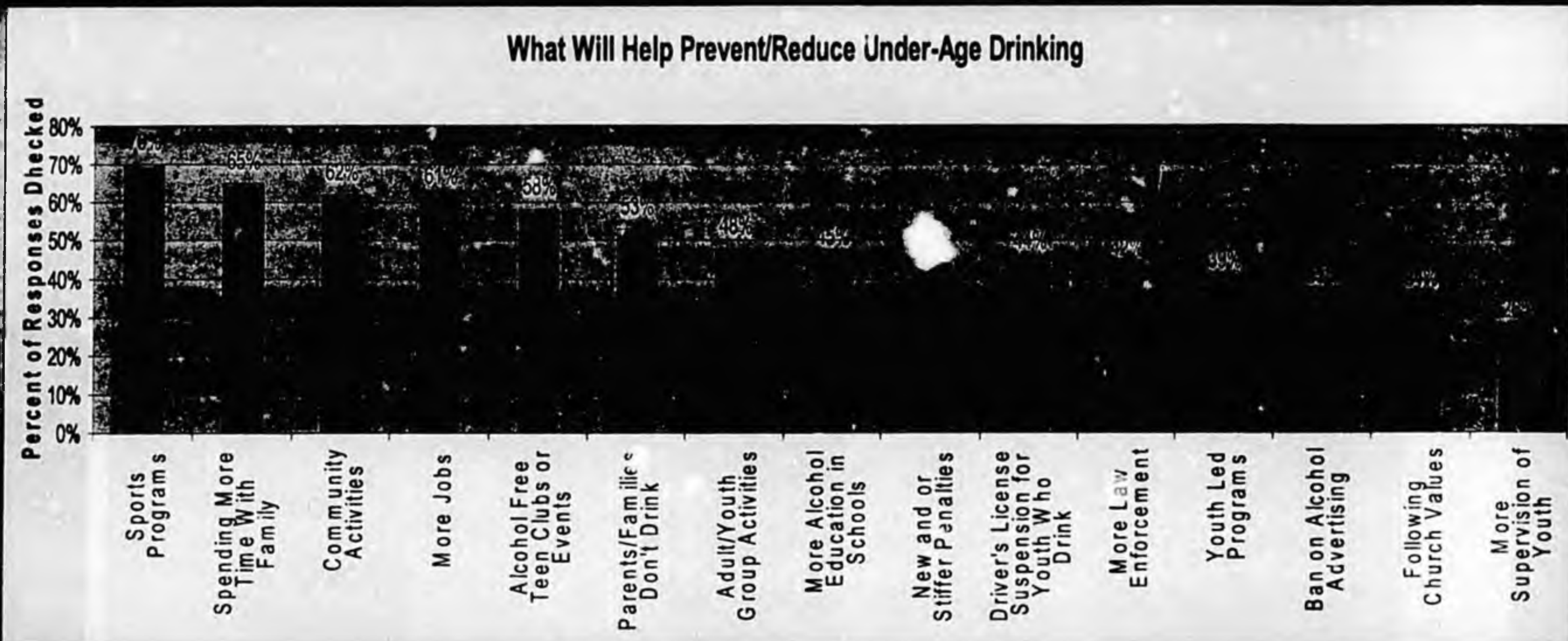
Prevention and Interventions



Anchorage Youth Solutions



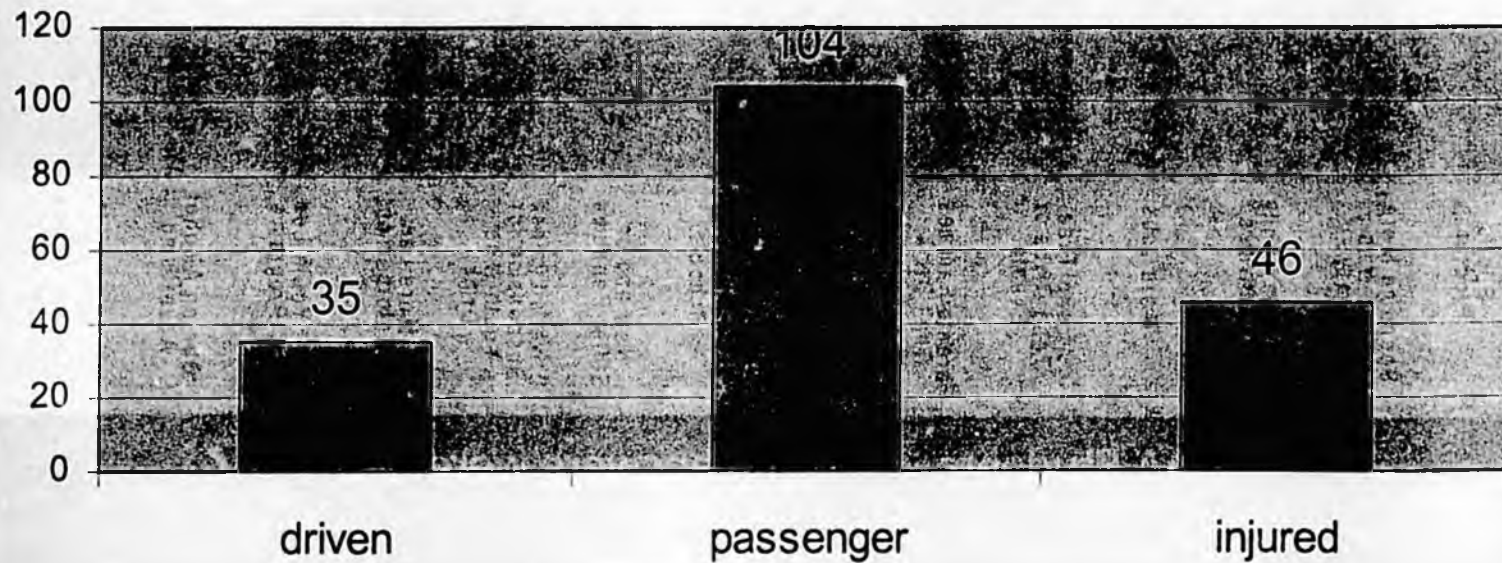
What Works: Youth Perspective



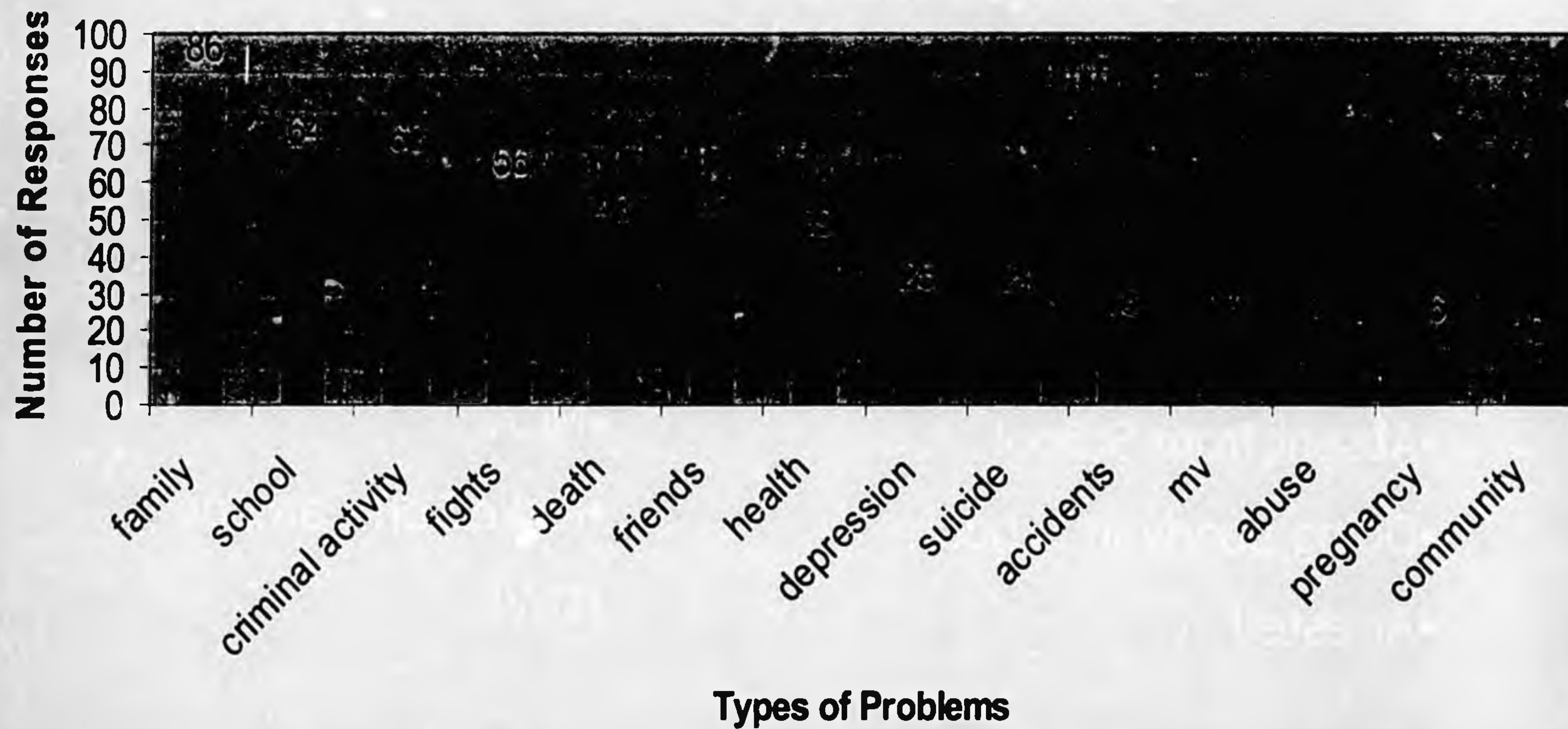
UAA Students Top 3 answers were tied

- Spend More Time with Families
- More Community Activities
- Parents/Families Who Don't Drink

Drunk Driving



Problems Caused by Underage Drinking



What are the Consequences

- Getting Grounded
- Yelling
- Eliminating contact with Friends

- Absent from School
- Doing poorly in School
- Arrested

- MCA
- Kicked off Campus
- DWI

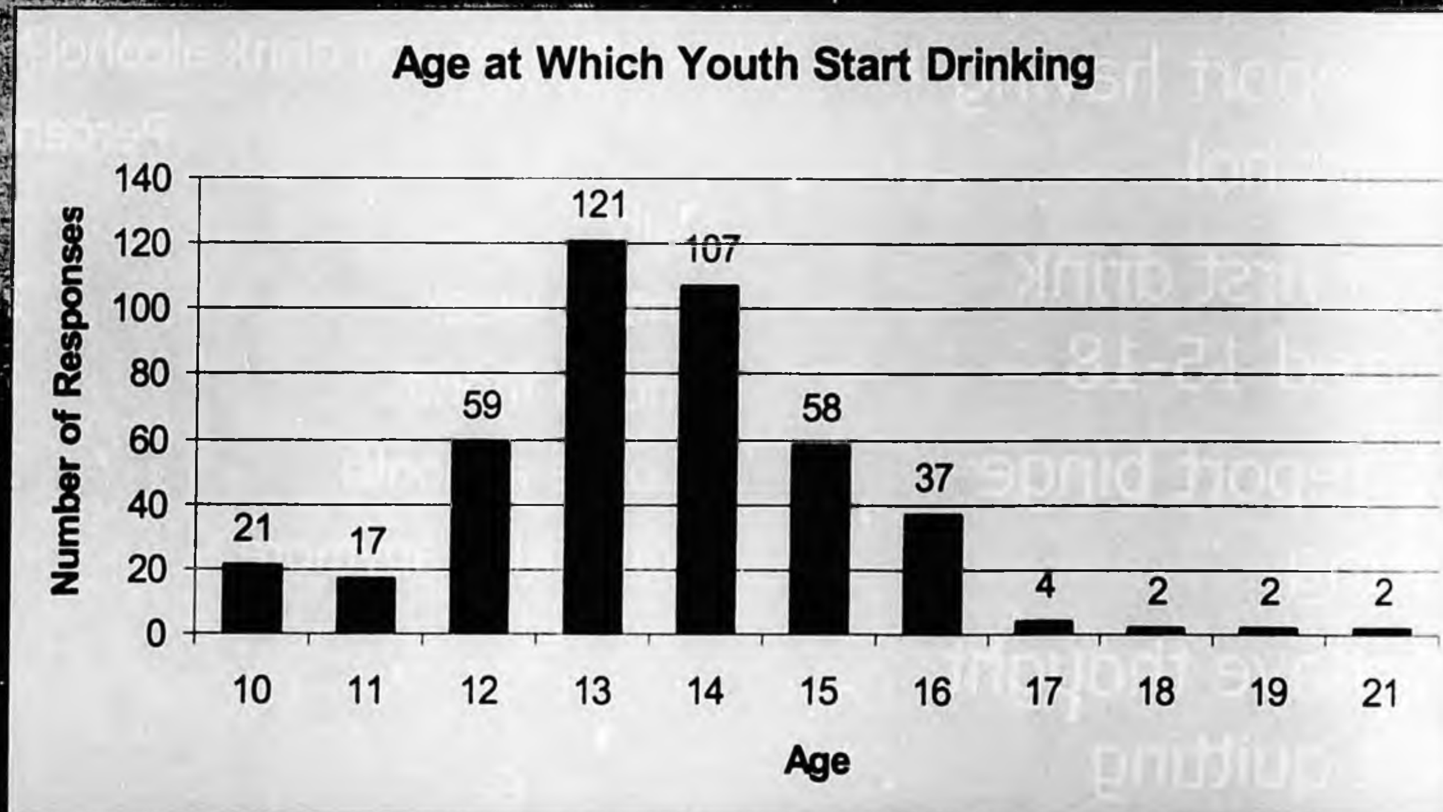
College Students

- 89% report having had alcohol
- Age of first drink reported 15-18
- 72% report binge drinking
- 30% have thought about quitting

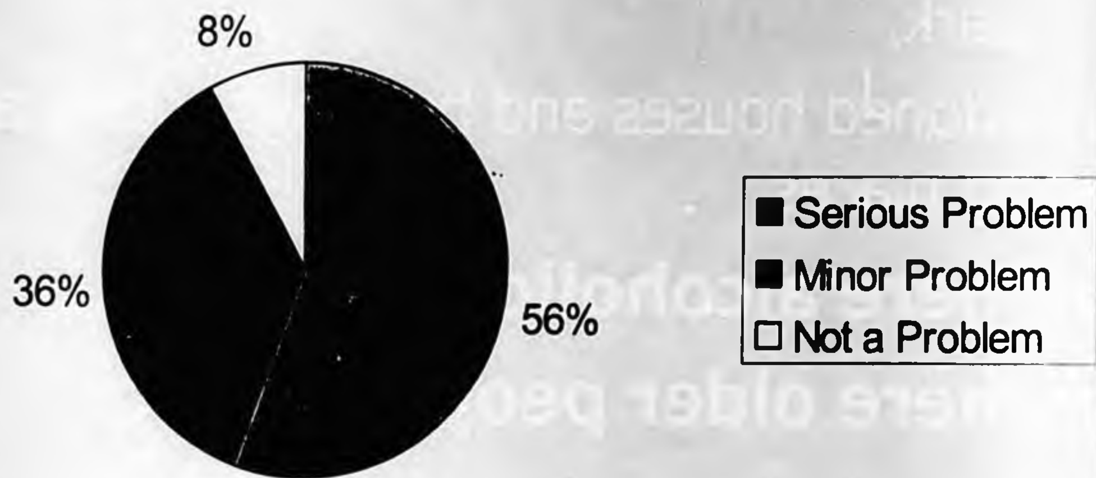
How often do you drink alcohol?

	Percent
Daily	4
Once a week	24
Once a month	25
< once a month	34
Don't drink anymore	14

When do Youth Start Drinking



Perception of the Underage Drinking Problem



Where Youth Drink, Cont'd.

- Isolated places:
  - the beach,
  - the woods,
  - the park,
  - abandoned houses and buildings, other assorted hiding places
- **Anywhere alcoholics are,**
- **Anywhere older people aren't.**

Where youth drink

- Most common places to drink:
  - at a friend's house,
  - an older friend's house,
  - or one where there either isn't supervision or no adults are at home.

When Youth Drink, Cont'd.

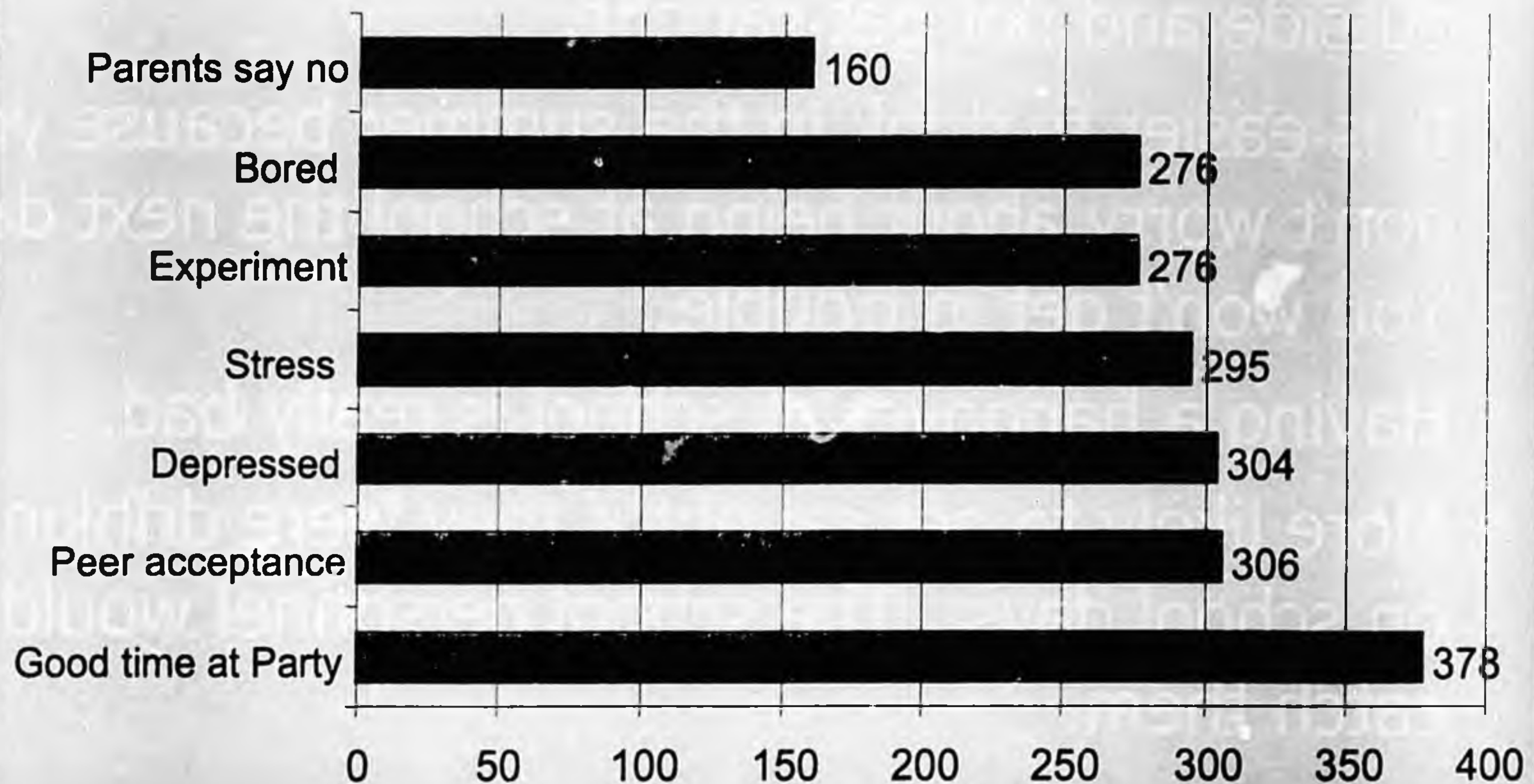
- If they had a job then they wouldn't be out drinking so much they would worry about being there the next day.
- If you drink during school teachers might catch on, some parents don't care because they drink too.
- Parents don't know how to confront their children and tell them to quit – not putting consequences on them. Getting caught and facing consequences is more likely to happen at school.

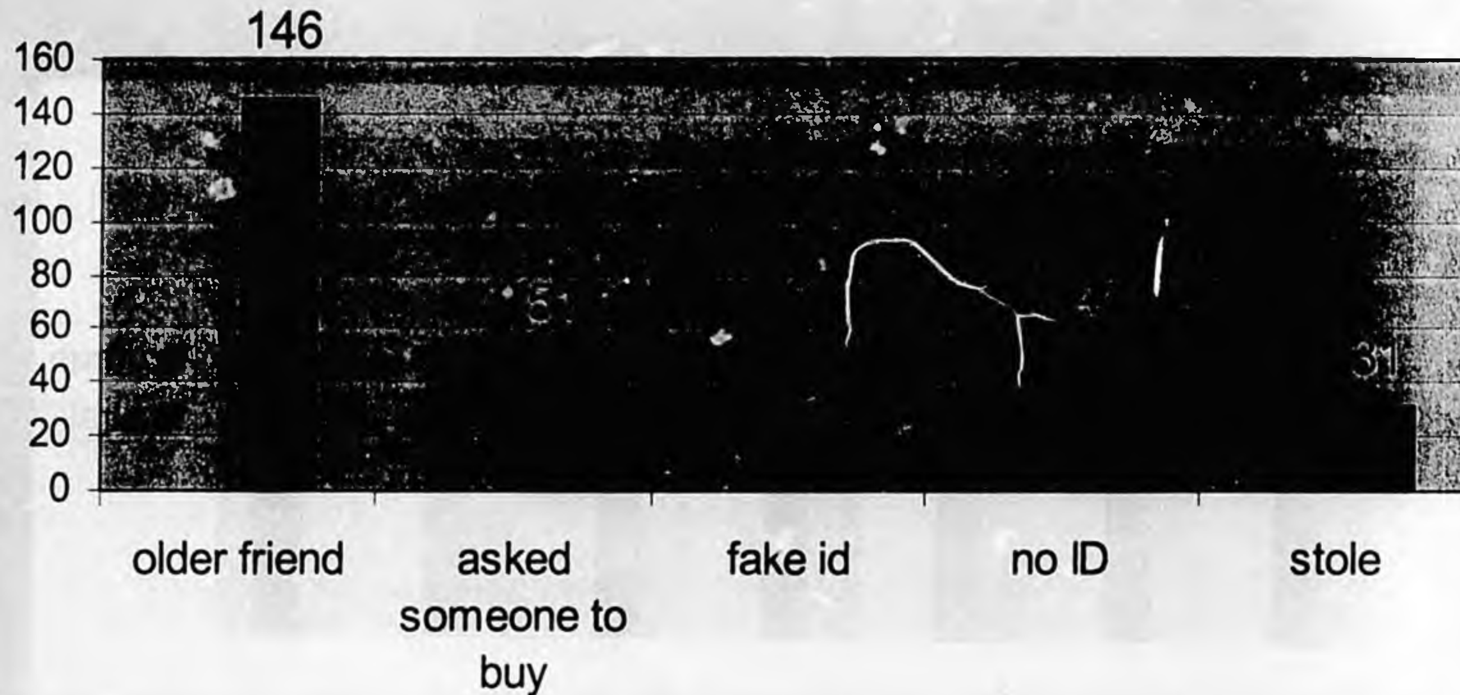
When youth drink

- Summer is best because then you can drink outside and not get caught.
- It is easier to drink in the summer because you don't worry about being at school the next day. You won't get in trouble.
- Having a hangover at school is really bad.
- More likely to get caught if they were drinking on school days. The school personnel would catch them.

Why youth drink

"Alcohol costs a lot, and so if money is spent on it then they are really broke, and that makes them want to drink more."





91% of UAA students report having an older friend provide alcohol.

Access to Alcohol