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Research Brief

TO: Representative Lance Pruitt
FROM: Katie Spielberger, Legislative Analyst
DATE: March 11, 2014
RE: Alaska Controlled Substance Overdose Statistics
LRS Report 14.283

You asked for statistical information about overdoses from controlled substances—prescription and illicit drugs—and how Alaska's drug overdose fatality rate compares to that in the rest of the nation. Additionally, you asked which controlled substances result in the most overdoses in Alaska. You also wished to know how many overdoses receive appropriate medical attention, and how many 911 overdose calls result in criminal charges or arrests. Finally, you asked if overdose fatality rates have decreased in states that have enacted "911 Good Samaritan" immunity or limited-immunity laws.

Between 1999 and 2010, deaths due to drug overdoses greatly increased in nearly every state, including Alaska. Of particular concern have been deaths due to opioid pain relievers, also called prescription painkillers, which are responsible for three-fourths of prescription drug overdose deaths in the U.S., according to the Centers for Disease Control (CDC).[1] Alaska currently has the 29th highest drug overdose mortality rate in the nation, according to a 2013 report by the Trust for America's Health, "Prescription Drug Abuse: Strategies to Stop the Epidemic." Alaska's mortality rate due to drug overdoses was about 11.6 per 100,000 people in 2010, an increase of 55 percent from 1999, yet still below the national rate of 12.4 per 100,000 people.[2]

Below, we present data regarding fatal drug overdoses, toxicity and hospitalizations due to pain reliever overdoses, and drug-related charges and arrests in Alaska in recent years. These data come from several different sources and years, so we urge caution when making comparisons across data sets. We found no data that directly addresses your question regarding the connection between overdose reports and criminal charges in Alaska.[3]

Overdoses: Fatalities and Hospitalizations

Between 2008 and 2012, there were, on average, 116 deaths annually in Alaska due to drug overdoses, according to the Alaska Bureau of Vital Statistics. Far more of these deaths involved prescription drugs, particularly opioid pain relievers, than involved illicit drugs such as heroin and cocaine. Of these deaths—some of which involved multiple types of drugs—about 70 percent involved prescription drugs, and about 32 percent involved illicit drugs. Table 1 shows drug overdose deaths in Alaska between 2008 and 2012 by type of drug, as well as annual averages over this time period.

[1] The CDC notes a connection between the sharp rise in opioid overdose deaths and a sharp increase in the prescription of these drugs—opioid pain reliever sales quadrupled from 1999 to 2010 in the U.S., according to the CDC's Prevention Status Report, "Prescriptions Drug Overdose: Alaska," accessed at *http://www.cdc.gov/stltpublichealth/psr/prescriptiondrug/2013/AK-pdo.pdf*. Another CDC resource you may find useful is "Policy Impact: Prescription Painkiller Overdoses," accessed at *http://www.cdc.gov/homeandrecreationalsafety/rxbrief/*.

[2] Trust for America's Health is a non-profit, non-partisan organization "dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority." The report, as well as state-by-state information, can be accessed through *http://healthyamericans.org/reports/drugabuse2013/*. The report uses data from CDC's National Center for Health Statistics. Rates include total drug overdose mortality rates, the majority of which are from prescription drugs.

[3] We reviewed a number of national and state data sources and also consulted with officials at the Alaska Department of Health and Social Services and the Department of Public Safety.

Table 1: Drug Overdose Deaths in Alaska, 2008-2012

Category	2008		2009		2010		2011		2012		Annual Average, 2008-2012	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Prescription Drugs	**105**	**78.9%**	**104**	**79.4%**	**68**	**80.0%**	**56**	**51.4%**	**71**	**57.7%**	**81**	**69.5%**
Opioid Pain Relievers	82	61.7%	80	61.1%	59	69.4%	48	44.0%	51	41.5%	64	55.1%
Illicit Drugs	**35**	**26.3%**	**36**	**27.5%**	**23**	**27.1%**	**40**	**36.7%**	**53**	**43.1%**	**37**	**32.2%**
Heroin	7	5.3%	7	5.3%	4	4.7%	12	11.0%	20	16.3%	10	8.6%
Cocaine	26	19.5%	24	18.3%	15	17.6%	14	12.8%	19	15.4%	20	16.9%
Other Illicit	5	3.8%	11	8.4%	5	5.9%	16	147%	23	18.7%	12	10.3%
Unspecified Drugs	**8**	**6.0%**	**6**	**4.6%**	**2**	**2.4%**	**13**	**11.9%**	**13**	**10.6%**	**8**	**7.2%**
Total Deaths	**133**	**100%**	**131**	**100%**	**85**	**100%**	**109**	**100%**	**123**	**100%**	**116**	**100%**

Notes: This table includes deaths in which a drug was listed as an underlying or contributing cause on the death certificate. A death certificate may have more than one drug noted, so percentages will exceed 100. 2012 data is provisional and subject to change. Prescription drugs include oxycodone, hydrocodone, fentanyl, and hydromorphone.
Source: Alaska Bureau of Vital Statistics, updated January 22, 2014. Data provided by Jason Hooley, Legislative Liaison, Department of Health and Social Services, 907.269.7806.

According to a State of Alaska Epidemiology "Bulletin" (Attachment A), there were 283 hospitalizations due to opioid pain reliever poisonings or overdoses reported in the Alaska Trauma Registry between 2001 and 2010. These hospitalizations, per region, are presented in Table 2. The "Bulletin" notes that 231 of these hospitalizations—82 percent—resulted from suicide attempts, and only 39 (14 percent) were due to unintentional poisonings.

Table 2: Opioid Pain Reliever Overdose Hospitalizations by Region, 2001-2010

Region	Number	Percent of Total	Annual Average
Anchorage/Mat-Su	152	53.7%	15.2
Gulf Coast	28	9.9%	2.8
Interior	40	14.1%	4.0
Northern	16	5.7%	1.6
Southeast	27	9.5%	2.7
Southwest	16	5.7%	1.6
Unknown	4	1.4%	0.4
State Total	**283**	**100%**	**28.3**

Notes: The Alaska Trauma Registry is an information system of the most seriously injured patients in Alaska, and the treatment that they have received. Since 1991, the trauma registry has collected data from all 24 of Alaska's acute care hospitals.
Source: "State of Alaska Epidemiology Bulletin: Toxicity and Hospitalizations due to Opioid Pain Relievers – Alaska, 2001-2010," Alaska Department of Health and Social Services, December 5, 2012.

Toxicity Reports

The "Bulletin" (Attachment A) also includes information about opioid pain reliever-related toxicity reports in Alaska between 2001 and 2010. These data reflect only reports to poison control centers, about 41 percent of which were ultimately managed in a health-care facility. As shown in Table 3, about half of these reports reflect intentional exposure. The most commonly reported drugs were hydrocodone and oxycodone.

Table 3: Alaska Opioid Pain Reliever-Related Toxicity Reports in National Poison Data System, 2001-2010

Drug	Total		Intentional Exposure		Unintentional Exposure		Managed in Health Care Facility	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Hydrocodone	465	32.7%	259	55.7%	171	36.8%	175	37.6%
Oxycodone	388	27.3%	186	47.9%	171	44.1%	150	38.7%
Codeine	203	14.3%	97	47.8%	95	46.8%	77	37.9%
Tramadol	179	12.6%	111	62.0%	58	32.4%	97	54.2%
Methadone	86	6.0%	47	54.7%	29	33.7%	50	58.1%
Morphine	77	5.4%	7	9.1%	46	59.7%	24	31.2%
Meperidine	24	1.7%	6	25.0%	12	50.0%	8	33.3%
Total	**1,422**	**100%**	**713**	**50.1%**	**582**	**40.9%**	**581**	**40.9%**

Notes: The National Poison Data System is a national database of toxicity reports made to participating U.S. poison control centers. More information is available through the American Association of Poison Control Centers (*http://www.aapcc.org/*). Totals do not include cases where intent was undetermined. Data for "other" exposures and adverse reactions are not shown.
Source: "State of Alaska Epidemiology Bulletin: Toxicity and Hospitalizations due to Opioid Pain Relievers – Alaska, 2001-2010," Alaska Department of Health and Social Services, December 5, 2012.

Drug-Related Arrests

The Alaska State Troopers 2013 Annual Drug Report includes information on seizures and arrests for cocaine, heroin, marijuana, and methamphetamine. We summarize the reported drug-related charges and arrests made in recent years in Table 4. We identified no data source, however, connecting drug overdoses directly to criminal charges or arrests.[4]

Table 4: Drug-Related Charges and Arrests in Alaska, 2011-2013

Drug	2011		2011		2013	
	No.	Percent of Total	No.	Percent of Total	No.	Percent of Total
Cocaine	108	7%	74	6	37	4
Heroin	118	7%	146	12	151	14
Marijuana	1211	74%	817	67	669	64
Methamphetamine	194	12%	182	15	187	18
Total	**1631**	**100%**	**1219**	**100**	**1044**	**100**

Notes and Source: The 2013 Annual Drug Report, Alaska State Troopers, Alaska Bureau of Investigation Statewide Drug Enforcement Unit, accessed at *http://www.dps.state.ak.us/AST/ABI/docs/SDEUreports/2013%20Annual%20Drug%20Report.pdf*. The Alaska State Troopers and Alaska Bureau of Investigation supplied the majority of information presented in this report. These data do not necessarily reflect all drug-related charges and arrests.

According to an analysis by the Alaska Justice Statistical Analysis Center regarding drug offenses in Alaska between 2000 and 2011, the majority of arrests for both adults and juveniles involve marijuana, with a significantly smaller percentage involving narcotics.[5]

[4] According to Kelly Howell, legislative liaison to the Department of Public Safety (DPS), Alaska State Troopers do not track criminal charges oar arrests specifically associated with overdoses. Ms. Howell can be reached at 907.465.4336.

[5] "Arrests for Drug Offenses in Alaska: 2000-2011," Alaska Justice Statistical Analysis Center, September, 2013, accessed at *http://justice.uaa.alaska.edu/ajsac/2013/ajsac.13-09.drug_arrests.pdf*. We include a copy as Attachment B.

Effects of Drug Overdose "Good Samaritan" Laws in other States

At least fourteen states—California, Colorado, Connecticut, Delaware, Florida, Illinois, Maryland, Massachusetts, New Mexico, New York, North Carolina, Rhode Island, Vermont, and Washington—and the District of Columbia have enacted drug overdose "Good Samaritan" laws—often called "911 Good Samaritan" laws—that provide immunity or limited immunity from prosecution for individuals who report or seek assistance for overdoses from law enforcement and/or healthcare providers.[6] In addition to Alaska, several other state legislatures are currently considering such laws, including Hawaii House Bill 393, Iowa (House File 2207), and New Jersey (SB 851 and Assembly Bill 578).[7]

Supporters of such laws, which include the Drug Policy Alliance and the American Civil Liberties Union, maintain that many deaths could be avoided if those witnessing or suffering an overdose could report the incident or seek help without fear of being prosecuted for a drug crime.

Most existing drug overdose Good Samaritan laws have been in effect only a short period of time. The second state to pass such a law, Washington (2008), appears to be the only state in which the effects of the law have been evaluated so far. Researchers at the University of Washington evaluated the law over its first year of implementation in Seattle in a study supported by the Public Health Law Research Program. One researcher noted the following:

> We have not been able to determine if there is a positive impact *directly* related to the law either on increasing calls to 911 or decreasing overdose deaths. This is not because there is no effect, but rather because passage of the law facilitated the unfolding of a chain of events that was much broader than the simple legal immunity clause.[8]

The enactment of the Washington drug overdose Good Samaritan law and subsequent evaluation resulted in a number of outreach efforts that may have contributed to positive outcomes. For example, following a survey that showed very low awareness of the law among Seattle police officers (only 16 percent surveyed had heard of the law, and only 8 percent knew that it applied to both overdose victims and witnesses who sought aid), police command staff developed a training video, which has increased awareness of the law.[9] A survey at syringe exchanges found that only one-third of opiate users had heard of the law, but, upon learning about it, 88 percent of respondents said they would call 911 if they witnessed an overdose.[10] We include a summary of these findings as Attachment C.

As far as we can discern, no studies have yet been conducted analyzing the effects of such laws on the number of drug overdoses occurring in a state. We list below the states that have passed drug overdose Good Samaritan laws and provide CDC data on drug-induced deaths in these states. Since the majority of these laws went into effect after 2010, and comprehensive data on death rates is generally only available through 2010, it is too early to tell what effects on death rates these laws have had. Such an analysis would also need to take into account other factors, such as changes in prevalence of the use of drugs in these states. Table 5 shows the states that have passed immunity or limited immunity laws. For each

[6] The Network for Public Health Law, "Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws," *https://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf* . These laws are materially similar; however, states have variously limited the crimes for which immunity is provided and/or the circumstances under which immunity is granted. For example, New York requires that a person seeking immunity have no prior conviction for a high-level drug felony, and Colorado requires that someone seeking protection under its law must wait at the scene until assistance arrives and must provide cooperation to authorities. The report notes, "Since such laws have few if any foreseeable negative effects, can be implemented at little or no cost, and will likely save both lives and resources, they may represent some of the lowest-hanging public health fruit available to policy-makers today."

[7] The National Conference of State Legislatures (NCSL), "Prevention of Prescription Drug Overdose and Abuse," March 2014, *http://www.ncsl.org/research/health/prevention-of-prescription-drug-overdose-and-abuse.aspx*. The NCSL provides further information about 911 Good Samaritan immunity laws at *http://www.ncsl.org/research/civil-and-criminal-justice/drug-overdose-immunity-good-samaritan-laws.aspx*.

[8] *http://www.whitehouse.gov/blog/2013/03/29/good-samaritan-overdose-response-laws-lessons-learned-washington-state*

[9] "Police officers' and paramedics' experiences with overdose and their knowledge and opinions of Washington State's drug overdose-naloxone-Good Samaritan law," *Journal of Urban Health,* December 2013. The abstract and links to full-texts sources can be accessed at *http://www.ncbi.nlm.nih.gov/pubmed/23900788*.

[10] Resources related to this evaluation can be accessed at *http://stopoverdose.org/evaluation.htm*.

state, we show the citation and effective date of the law, as well as the drug-induced death rates for each year from 2006 to 2010.

Table 5: States with Drug Overdose "Good Samaritan" Immunity Laws and Drug-Induced Deaths per 100,000 People, 2006-2010

State	Citation	Effective Date	Drug-Induced Deaths per 100,000 People				
			2006	2007	2008	2009	2010
California	Cal. Health and Safety Code § 11376.5	January 1, 2013	11.2	11.5	11.3	11.6	11.4
Colorado	Colo. Rev. Stat. § 18-1-711	May 29, 2012	14.0	15.5	15.5	15.8	13.4
Connecticut	Conn. Gen. Stat. § 21a-279	October 1, 2011	13.0	12.6	11.2	11.1	10.4
Delaware	Del. Code Ann. Tit. 16 § 4769	Aug. 31, 2013	9.7	11.7	14.1	15.6	16.4
Florida	Fla. Stat. Ann § 893.21	October 1, 2012	16.1	16.0	16.7	17.1	16.9
Illinois	20 Ill. Comp. Stat. Ann. 301/5-23 and 720 Ill. Comp. Stat. Ann. 570/414 and 646/115, 730 Ill. Comp. Stat. Ann. 5/5-5-3.1	January 1, 2010 and February 6, 2012	11.3	9.8	11.1	11.2	10.5
Maryland	Md. Code Ann., Crim. Proc. § 1-210	October 1, 2009	14.3	14.3	12.9	13.4	11.7
Massachusetts	Mass. Gen. Laws Ch. 94c § 34A	August 2, 2012	15.9	15.6	13.7	14.1	12.8
New Mexico	N.M. Stat. Ann. § 30-31-27.1 (2007)	June 15, 2007	22.2	23.7	26.6	21.9	23.7
New York	N.Y. Penal Law § 220.03, 220.78, and 390.40	September 18, 2011	10.2	10.0	9.7	9.3	9.1
North Carolina	Session Law 2013-23 (S.B. 20)	April 9, 2013	12.6	12.3	13.1	12.9	11.8
Rhode Island	R.I. Gen. Laws § 21-28.8-4	June 18, 2012	16.8	13.4	18.3	15.9	16.7
Vermont	Vt. Stat. Ann tit. 18 § 4254	June 5, 2013	13.3	10.9	12.2	9.1	10.9
Washington	Wash. Rev. Code § 9.94A.535	June 10, 2010	15.2	15.5	16.1	15.5	14.3

Notes and Sources: Citations are from "Legal Intervention to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws," The Network for Public Health Law, November, 2013, accessed at *https://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf*.
Drug-related death data are from the Centers for Disease Control, accessed through the WONDER database at *http://wonder.cdc.gov/*. According to the CDC, "Drug-induced deaths" include all deaths for which drugs are the underlying cause, including those attributable to drug overdoses and deaths from medical conditions resulting from chronic drug use (e.g., drug-induced Cushing's syndrome). "Drug" includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included.
Highlighted cells indicate years in which an immunity or limited-immunity law was in effect for all or part of the year.

We hope this is helpful. If you have questions or need additional information, please let us know.

Attachment A

"Toxicity and Hospitalizations due to Opioid Pain Relievers – Alaska, 2001-2010," State of Alaska Epidemiology Bulletin, December 5, 2012

State of Alaska Epidemiology Bulletin

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Bulletin No. 26 December 5, 2012

Toxicity and Hospitalizations due to Opioid Pain Relievers — Alaska, 2001–2010

Background

Opioid pain reliever (OPR) overdoses constitute a growing public health threat nationally.[1] In 2008, the rate of prescription drug overdose deaths in Alaska was more than twice that of the United States overall (14.2 versus 6.5 per 100,000 persons, respectively), and most of these overdoses were due to opioids (79% in Alaska and 74% in the United States).[1,2] This *Bulletin* presents Alaska's OPR-related poison control center reports and hospitalizations during 2001–2010.

Methods

The National Poison Data System (NPDS) -- a national database of human exposures reported to participating U.S. poison control centers since 1985 -- was queried to characterize OPR-related toxicity reports in Alaska during 2001–2010.[3] The Alaska Trauma Registry (ATR) was queried to characterize the epidemiology of hospitalizations due to OPRs using ICD-9-CM Codes 965.00–09. Crude and age-adjusted rates (per 100,000 persons) were calculated using Alaska Population Estimates and 2010 U.S. Census data.

Results

During 2001–2010, there were 1,422 cases of OPR-related toxicity reports in NPDS, and half of these were identified as intentional exposures (Table 1). Overall, 41% of the reported cases were managed in a health care facility.

Table 1. OPR-related Toxicity Reports in NPDS — Alaska, 2001–2010

	Total*	Intentional Exposure†	Unintentional Exposure	Managed in HCF±
Hydrocodone	465	259 (56%)	171 (37%)	175 (38%)
Oxycodone	388	186 (48%)	171 (44%)	150 (39%)
Codeine	203	97 (48%)	95 (47%)	77 (38%)
Tramadol	179	111 (62%)	58 (32%)	97 (54%)
Methadone	86	47 (55%)	29 (34%)	50 (58%)
Morphine	77	7 (9%)	46 (60%)	24 (31%)
Meperidine	24	6 (25%)	12 (50%)	8 (33%)
Total	1,422	713 (50%)	582 (41%)	581 (41%)

** Totals include intentional and unintentional exposures, as well as "other" exposures and adverse reactions (data not shown); totals do not include cases where intent was undetermined.*

† Defined as intentional improper or incorrect use of a substance to achieve a euphoric or psychotropic effect or to cause self-harm.

± HCF = health care facility

During 2001–2010, 283 hospitalizations due to OPRs were captured in the ATR. Of the 283 hospitalized persons, 183 (65%) were female; the median age was 34 years (range: <1–82 years). Of the 283 hospitalizations, 231 (82%) were due to a suicide attempt, and 39 (14%) were due to unintentional poisonings; most of the unintentional poisonings were among children aged 0–4 years (54%; 21/39), followed by persons aged 15–19 years (28%; 11/39). Forty percent (112/283) of the hospitalizations involved a stay in an intensive care unit (duration range: <1–15 days); the overall hospital charges totaled $8.6 million (median: $5,965 per hospitalization).

The average annual age-adjusted rate of hospitalizations due to OPRs was 4.0 per 100,000 persons (range: 1.7–5.6 per 100,000 persons; Figure). Age-adjusted rates by sex were 5.4 per 100,000 females and 2.7 per 100,000 males. Crude rates by race were highest among Alaska Native/American Indian (AI/AN) people, followed by Whites, and all other races (7.2, 3.8, and 3.0 per 100,000 persons, respectively). Crude rates by region show that OPR overdoses are a problem statewide (Table 2).

Figure. OPR Overdose Hospitalization Rates by Year — Alaska, 2001–2010

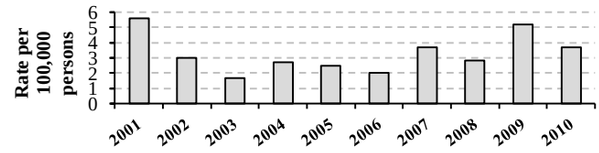

Table 2. OPR Overdose Hospitalization Rates by Region — Alaska, 2001–2010 (N=283)

Region	Number (%)*	Crude Rate†	Region	Number (%)*	Crude Rate†
Anchorage/ Mat-Su	152 (54)	4.3	Northern	16 (6)	6.7†
Gulf Coast	28 (10)	3.7	Southeast	27 (10)	3.8
Interior	40 (14)	3.8	Southwest	16 (6)	4.1†
Unknown	4 (1)	–			

** Percentages do not add up to 100% due to rounding.*

† Rates calculated from ≤20 observations should be interpreted with caution.

Discussion

In Alaska from 2001–2010, hospitalization rates due to OPRs were highest among females and AI/AN people. Regional data indicate that OPR overdoses are a problem statewide. The majority of OPR overdose hospitalizations were due to intentional self-harm. The fact that most of the unintentional poisonings involved children aged <5 years underscores the importance of routinely educating adults about safely storing and disposing of OPRs to assure that they are inaccessible to children. Hydrocodone and oxycodone were the most frequently reported OPRs associated with toxicity.

Emergency response for OPR overdose involves prompt administration of first aid and the appropriate use of naloxone, an opioid antagonist.[4,5] Nationally, many states have opioid overdose prevention programs that distribute naloxone at the community level.[4] Despite our high rate of OPR overdose hospitalizations and deaths, Alaska does not yet have any local drug overdose prevention programs that provide naloxone.[4]

Health care providers should follow guidelines for prescribing prescription pain relievers correctly, including the following:

- prescribe only the quantity needed based on the expected length of pain;
- use pain agreements for chronic pain management;
- screen and monitor patients for substance abuse and mental health issues;
- use prescription drug monitoring programs to identify patients who are misusing prescription pain relievers;
- educate patients on how to safely use, store, and dispose of prescription pain relievers;[6] and
- provide treatment options for OPR-addicted patients.[7]

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(Contributed by Deborah Hull-Jilly, MPH, Injury Surveillance Programs, Section of Epidemiology.)

Attachment B

"Arrests for Drug Offenses in Alaska: 2000-2011," Alaska Justice Statistical Analysis Center, September, 2013

Alaska Justice Statistical Analysis Center

FACT SHEET

JUSTICE CENTER | UNIVERSITY *of* ALASKA ANCHORAGE | SEPTEMBER 2013, AJSAC 13-09

Arrests for Drug Offenses in Alaska: 2000–2011

Brad A. Myrstol, Ph.D. AJSAC Director

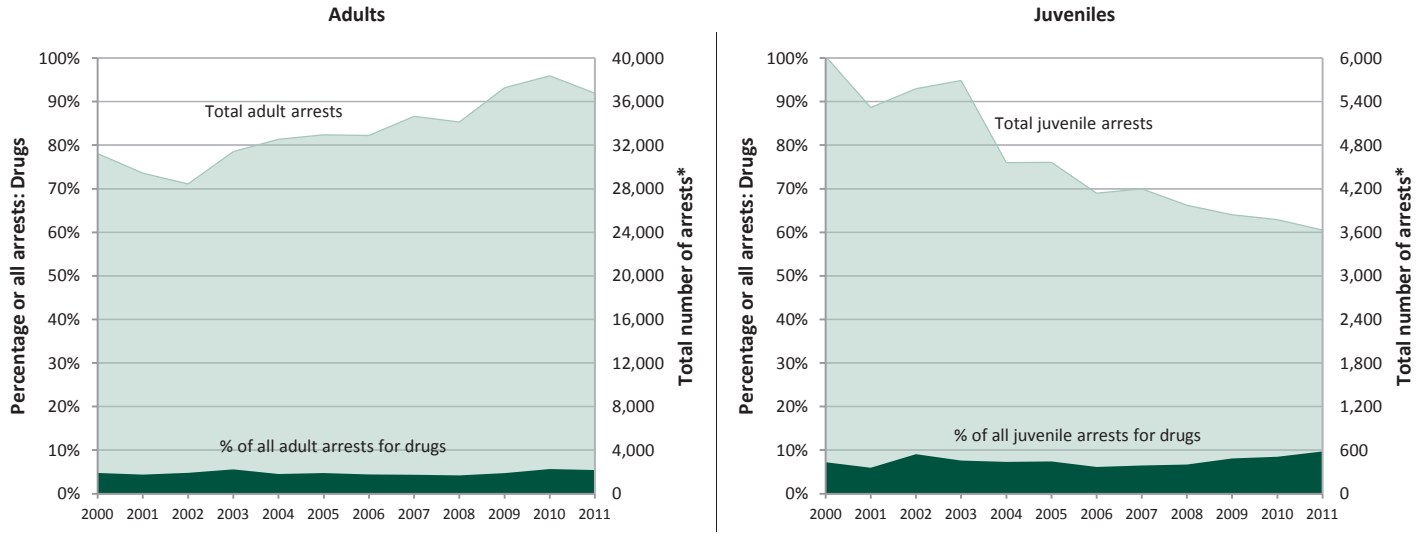
This fact sheet presents data on arrests for drug offenses made by Alaska police agencies for the period 2000 through 2011. The data presented were extracted from the Alaska Department of Public Safety's annual publication, *Crime in Alaska*.

The frequency of arrests for drug offenses. Figure 1 presents information on the total *number* of arrests (light green shading), and the *percentage* of all arrests (dark green shading) for drug offenses for the period 2000 through 2011. Arrest data pertaining to adult arrests are depicted in the left panel; data for juvenile arrests are shown in the right panel. Since 2000, the total number of adult arrests increased nearly 18%, from 31,227 to 36,770 statewide. The *proportion* of adult arrests attributable to drug offenses also increased, from 4.8% of all adult arrests in 2000 to 5.4% of all adult arrests in 2011 (a percentage increase of 12.5%).

In contrast, the total number of juvenile arrests in Alaska declined sharply during the 2000–2011 time period. In 2000, Alaska police agencies reported 6,024 arrests of persons under the age 18; by 2011, that number had fallen to 3,631 (a percentage decrease of nearly 40%). While the total number of juvenile arrests declined between 2000 and 2011, the percentage of juvenile arrests attributable to drug offenses increased at a rate nearly three times that for adults, from 7.2% in 2000 to 9.7%

FIGURE 1

Total Number of Arrests and Percentage of All Arrests for Drug Offenses: Adults and Juveniles in Alaska, 2000–2011



* Note that the "Total number of arrests" scale differs between adults and juveniles.

Source of data: *Alaska Department of Public Safety, Criminal Records & Identification Bureau (2001–2012). Crime in Alaska. Juneau, AK.*

in 2011 (a percentage increase of 34.7%). Since 2006, when the percentage of juvenile arrests attributable to drug offenses stood at 6.1%, the proportional increase in juvenile arrests for drug offenses has risen 59%.

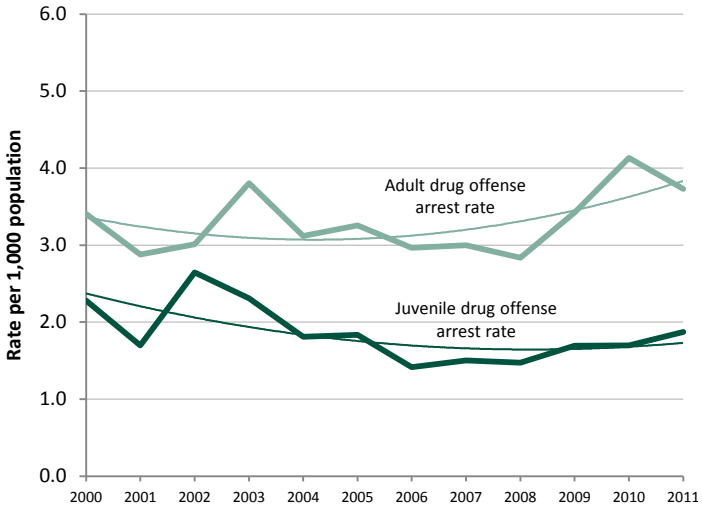
Importantly, the arrest data reported by Alaska police agencies reflect official agency actions once police are made aware of criminal offenses. Readers are cautioned against inferring that decreases or increases in the percentages of arrests attributable to drug offenses are due to decreases or increases in underlying criminal activity (i.e., possession, sale/manufacture, or use of illicit drugs).

Figure 2 presents the *drug offense arrest rate* for both Alaskan adults and juveniles for the period 2000 through 2011. The rates presented in Figure 2 represent the number of arrests per 1,000 members of the adult and juvenile populations for each year, from 2000 to 2011. The adult drug offense rate is depicted using a light green line; a dark green line represents the juvenile drug offense arrest rate. The thinner lines overlaid on each of these lines represent what is called a "best fit" trend line — that is, a line that depicts the overall shape of the data trend.

The drug offense arrest rate for adults was consistently higher than that for juveniles for the entire 2000–2011 period. On average, between 2000 and 2011 the adult drug offense arrest rate was 1.4 times higher than the juvenile drug offense arrest rate. Notably, however, the difference in drug offense rates between adults and juveniles has diverged since 2000. That year, adult Alaskans were arrested for drug offenses at a rate of 3.4 arrests per 1,000 population, while juveniles were arrested for drug offenses at a rate of 2.3 arrests per 1,000 population. Based on these rates, adults were approximately 1.5 times more likely to be arrested for a drug offense than juveniles. By 2011, the drug offense arrest rates for adults and juveniles were 3.7 per 1,000 and 1.9 per 1,000, respectively, making adults 1.9 times more likely to be arrested for drug offenses than juveniles. The drug offense arrest rates for both adults and juveniles have increased over the past several years. Since 2006, the drug offense arrest rate for adults increased 23%; for juveniles, the rate increased 35%. However, when the entire 12-year trend is examined, distinctive patterns emerge for adults and juveniles. For adults, since 2000, the drug offense arrest rate *increased* by 8.8%. For juveniles, since 2000, the drug offense arrest rate *decreased* by 17.4%.

FIGURE 2

Drug Offense Arrest Rate per 1,000 Population: Adults and Juveniles in Alaska, 2000–2011



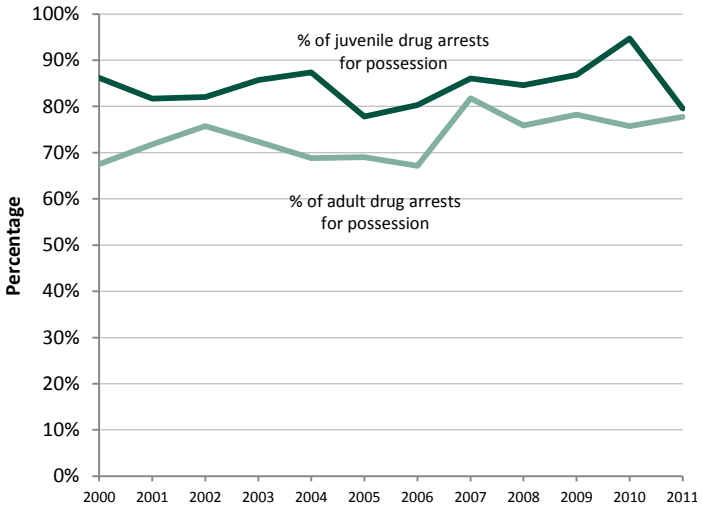
Source of data: *Alaska Department of Public Safety, Criminal Records & Identification Bureau (2001–2012). Crime in Alaska. Juneau, AK.*

Drug offense arrests, by offense type. Figure 3 and Figure 4 present data on adult and juvenile drug offense arrests according to the type of offense committed: *possession* of a controlled substance, and *sale/manufacture* of a controlled substance. Figure 3 shows data for both adults and juveniles for possession offenses; Figure 4 shows data for both adults and juveniles for sale/manufacture offenses.

For both adults and juveniles, a large majority of all drug offense arrests during the 2000–2011 time period were for the *possession* of a controlled substance. On average, 73.5% of all adult drug offense arrests were for illegal possession of a controlled substance between 2000 and 2011. For juveniles, this figure was 84.4%. The peak for adults was in 2007, when 81.7% of all drug offense arrests were for possession. For juveniles, the highest percentage was in 2010, when 94.7% of all drug offense arrests were for possession. Overall, the proportion of drug offense arrests made for possession increased for

FIGURE 3

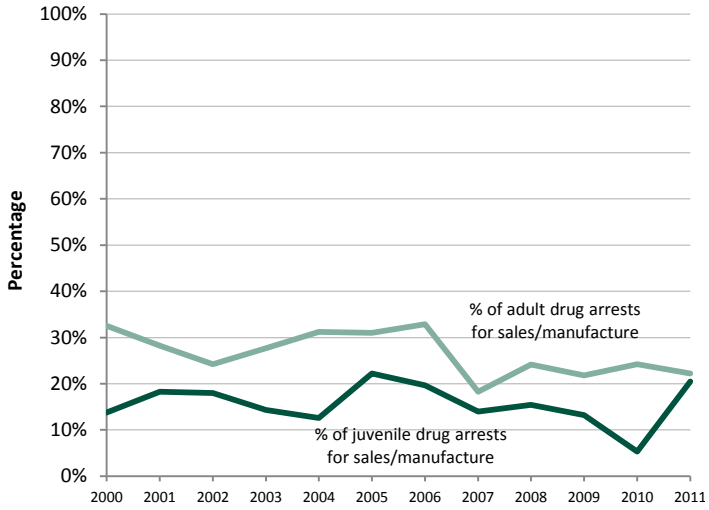
Percentage of Drug Arrests for Possession: Adults and Juveniles in Alaska, 2000–2011



Source of data: *Alaska Department of Public Safety, Criminal Records & Identification Bureau (2001–2012). Crime in Alaska. Juneau, AK.*

FIGURE 4

Percentage of Drug Arrests for Sales/Manufacture: Adults and Juveniles in Alaska, 2000–2011



Source of data: *Alaska Department of Public Safety, Criminal Records & Identification Bureau (2001–2012). Crime in Alaska. Juneau, AK.*

adults during the 2000–2011 period, from 67.5% in 2000 to 77.8% in 2011 (a percentage increase of more than 15%). In contrast, the percentage of drug arrests for juveniles that were classified as possession offenses declined during the same time period, from 86.2% in 2000 to 79.5% in 2011 (a percentage decline of more than 7%).

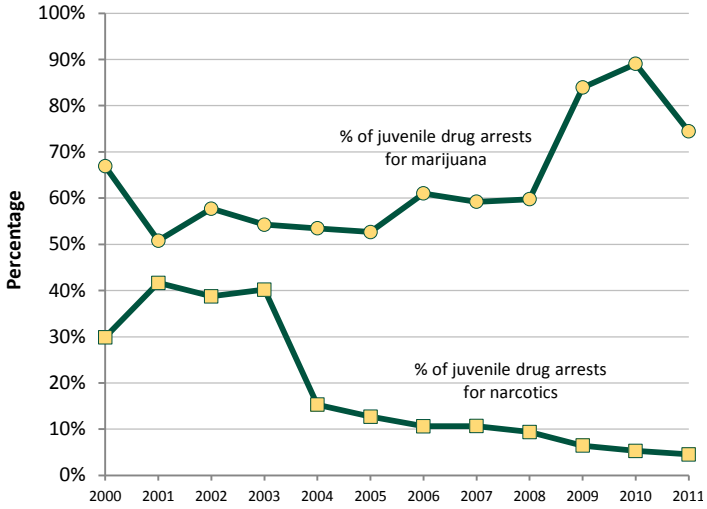
Figure 4 presents the percentage of all drug offense arrests that were classified by police as sale/manufacture offenses, for both adult and juvenile offenders. Overall, the percentage of drug sale/manufacture offense arrests declined substantially among adults (from 32.5% of all drug offense arrests in 2000 to 22.2% of all drug offense arrests in 2011). In contrast, the percentage of drug sale/manufacture offenses among juveniles increased during the same period, from 13.8% of all drug offense arrests in 2000 to 20.5% of all drug offense arrests in 2011. For both adults and juveniles, illegal drug sale/manufacture arrests comprised only a minority of all drug offense arrests between 2000 and 2011. On average, 26.5% of all adult and 15.6% of all juvenile drug arrests were classified by police as sale/manufacture offenses.

Drug offense arrests, by type of drug. Figure 5 and Figure 6 present data on the percentage of drug offense arrests according to the type of drug. Figure 5 presents the information for juveniles; Figure 6 presents the information for adults. In both figures, data are presented for the percentage of drug arrests for two drug types: *marijuana* (depicted using line with circles), and *narcotics* (depicted using line with squares). On average, marijuana and narcotics comprised over 80% of all juvenile drug offense arrests, and over 85% of adult drug offense arrests. Additional drug types reported by Department of Public Safety in their *Crime in Alaska* publication, but which are not reported in this fact sheet, include *synthetic narcotics* and *other (not specified)*.

The data in Figure 5 show that most juvenile drug offense arrests involve marijuana. On average, nearly two-thirds (63.6%) of all juvenile drug offense arrests during the 2000–2011 time period were for either the possession or sale/manufacture of marijuana. In contrast, over the same period approximately 19% of drug offense arrests involved narcotics. Since 2000, the percentage of juvenile *marijuana* drug offense arrests has increased, while the percentage of juvenile *narcotics* drug offense arrests have decreased. Juvenile marijuana drug offense arrests increased from a low of 50.8% in 2001, to a high of 89.1% in 2010. (Marijuana arrests comprised 74.4% of all juvenile drug offense arrests in 2011.) Overall,

FIGURE 5

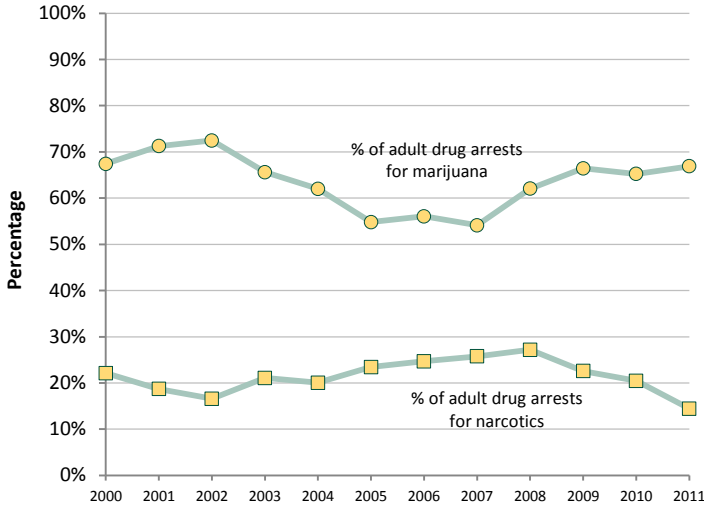
Percentage of Juvenile Drug Arrests for Marijuana and Narcotics in Alaska, 2000–2011



Source of data: *Alaska Department of Public Safety, Criminal Records & Identification Bureau (2001–2012). Crime in Alaska. Juneau, AK.*

FIGURE 6

Percentage of Adult Drug Arrests for Marijuana and Narcotics in Alaska, 2000–2011



Source of data: *Alaska Department of Public Safety, Criminal Records & Identification Bureau (2001–2012). Crime in Alaska. Juneau, AK.*

juvenile arrests for marijuana offenses increased 11.2% between 2000 and 2011; juvenile arrests for narcotics offenses declined by nearly 85%.

Figure 6 presents the percentage of adult drug offense arrests for marijuana and narcotics. As with juvenile drug offense arrests, a majority (63.7%) of all adult drug offense arrests between 2000 and 2011 were for marijuana offenses. Overall, the frequency with which adults were arrested for marijuana offenses remained relatively stable (67.4% in 2000, 66.9% in 2011), although a marked increase in marijuana arrests was observed for the 2007–2011 period (54.1% in 2007, 66.9% in 2011). Adult arrests for narcotics offenses, on the other hand, declined between 2000 and 2011, from 22.1% of all drug offense arrests in 2000 to 14.4% of all drug offense arrests in 2011 (a percentage decrease of 35%). The overall percentage of narcotics arrests was higher for adults (21.4%) than for juveniles (19%).

Summary. This fact sheet presented drug offense arrest data compiled from the Alaska Department of Public Safety's annual *Crime in Alaska* publication. Drug offense arrest information was presented for both adults and juveniles for the period 2000 through 2011.

Over the 2000–2011 period the total number of adult arrests (for all offenses) increased significantly, from 31,227 in 2000 to 36,770 in 2011. In contrast, the total number of juvenile arrests (for all offenses) declined from 6,024 in 2000 to 3,631 in 2011.

Drug offenses comprise a small portion of all arrests for both adults and juveniles in the state of Alaska. On average, only 4.8% of all adult arrests were for drug offenses between 2000 and 2011; for juveniles, an estimated 7.5% of all arrests were drug offenses during the same period. Between 2000 and 2011 the *percentage* of adult arrests attributable to drug offenses increased from 4.8% to 5.4%. The *percentage* of juvenile arrests attributable to drug offenses also increased, but much more rapidly than for adults — from 7.2% of all arrests in 2000 to 9.7% of all arrests in 2011.

The adult drug offense *arrest rate* (the number of arrests per 1,000 Alaska adults) was consistently higher than the drug offense *arrest rate* for juveniles (the number of arrests per 1,000 Alaska juveniles). While the adult drug offense *arrest rate* increased over the 2000–2011 period (+8.8%), the juvenile drug offense *arrest rate* declined markedly (-17.4%).

A large majority of all drug offense arrests during the 2000–2011 period were for the possession of a

controlled substance. On average, 73.5% of all adult drug offense arrests were for illegal possession; for juveniles, this figure was 84.4% of all drug arrests. For adults, the proportion of drug offense arrests made for possession increased during the 2000–2011 period; for juveniles, the percentage of drug arrests classified as possession offenses declined.

Adult arrests for drug sale/manufacture offenses dropped substantially between 2000 and 2011, from 32.5% of all drug arrests in 2000 to 22.2% of all drug offense arrests in 2011. In contrast, the *percentage* of drug sale/manufacture offenses among juvenile increased, from 13.8% in 2000 to 20.5% in 2011.

Most adult and juvenile drug offense arrests involve marijuana. On average, 63.6% of all juvenile and 63.7% of all adult drug offense arrests during the 2000–2011 period were for either the possession or sale/manufacture of marijuana. Since 2000, the *percentage* of juvenile marijuana drug offense arrests has increased, while the *percentage* of narcotics drug offense arrests have decreased. For adults, the *percentage* of arrests for marijuana drug offense arrests remained relatively stable between 2000 and 2011, while the *percentage* of adult arrests for narcotics drug offenses declined by an estimated 35%.

NOTES

Uniform Crime Reports

First initiated by the Federal Bureau of Investigation in 1930 to measure the volume of crime in the United States, the Uniform Crime Reporting (UCR) Program collects monthly information from nearly 18,000 law enforcement agencies on eight serious crimes (called Part I offenses) and more than twenty less serious offenses (called Part II offenses). Part I offenses include four violent crimes (murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault) and four property crimes (burglary, larceny-theft, motor vehicle theft, and arson). These eight offenses are the most frequently cited crimes statistics in the United States.

The primary objective of the UCR program is to produce reliable data on crime for use in law enforcement administration, operation, and management. UCR data are not intended to be used to rank agencies or the jurisdictions in which they are located, and thus UCR data should not be used to designate American cities, counties, or other jurisdictions as "safe" or "dangerous" in the absence of careful consideration of the limitations of these data.

UCR in Alaska

Since 1982 the Alaska Department of Public Safety (DPS), Division of Administrative Services, has administered the UCR program for the state of Alaska. The Division of Administrative Services collects, tabulates, reports, and publishes UCR data voluntarily submitted by Alaska law enforcement agencies.

The Alaska Department of Public Safety's annual report, *Crime in Alaska*, represents the State of Alaska's contribution to the Federal Bureau of Investigation's national Uniform Crime Reporting (UCR) Program.

As is the case nationally, submitting agencies in Alaska retain responsibility for the accuracy of the data. Because the UCR is a voluntary program, the number of agencies reporting data to DPS varies from year to year. As of 2011, 34 Alaska law enforcement agencies provided crime data to DPS. An estimated 99.4 percent of the state's total population fell within the jurisdiction of the submitting agencies.

The Alaska Justice Statistical Analysis Center

About

The Alaska Justice Statistical Analysis Center (AJSAC) was established by Administrative Order No. 89, signed by Governor William Sheffield on July 2, 1986. Since that time the AJSAC has been housed within the University of Alaska Anchorage Justice Center. The AJSAC assists Alaska criminal justice agencies, as well as state and local governments and officials, with the development, implementation, and evaluation of criminal justice programs and policies through the collection, analysis, and reporting of crime and justice statistics.

Since 1972, the Bureau of Justice Statistics (BJS) and its predecessor agency, the National Criminal Justice Information and Statistics Service, has provided support to state and territorial governments to establish and operate Statistical Analysis Centers (SACs) to collect, analyze, and report statistics on crime and justice to federal, state, and local levels of government, and to share state-level information nationally. There are currently 53 SACs located in the United States and its Territories. The AJSAC is a member of the Justice Research and Statistics Association (JRSA), a national nonprofit organization comprised of SAC directors, researchers, and practitioners dedicated to policy-oriented research and analysis.

Contact Information

Location

The Alaska Justice Statistical Analysis Center (AJSAC) is housed in the University of Alaska Anchorage Justice Center, which is located on the second floor of the UAA/APU Consortium Library, Suite 213.

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On The Web

To learn more about the AJSAC research, please visit our website at: http://www.uaa.alaska.edu/ajsac/.

Attachment C

"Washington's 911 Good Samaritan Drug Overdose Law: Initial Evaluation Results," University of Washington Alcohol and Drug Abuse Institute, November 2011

UNIVERSITY of WASHINGTON
ADAI Alcohol & Drug Abuse Institute

INFO BRIEF

Washington's 911 Good Samaritan Drug Overdose Law: Initial Evaluation Results

November 2011

Washington State passed the "911 Good Samaritan overdose law" in 2010 to address drug overdoses (RCW 69.50.315). The law provides immunity from prosecution for drug possession charges to overdose victims and bystanders who seek aid in an overdose event. In addition, legal provisions were made to encourage the use of an opiate-antidote by overdose witnesses; evaluation of this component of the law will be addressed in the future. This summary presents initial findings regarding the legal intent and implementation of the law to date, based on a study funded by the Robert Wood Johnson Foundation Public Health Law Research Program. Additional results from this study are expected in 2012.

SUMMARY OF INITIAL FINDINGS

Passage of the "911 Good Samaritan Overdose Law" took five years, keys to passage included:

- Framing the law as a public health issue, not primarily as a legal issue.
- The emergence of prescription medicines (e.g. opiate pain medicines) as the drugs involved in a majority of drug overdoses. This increased the perceived public health risks of overdose and broadened the populations, demographically and geographically, that could be helped by legislative action.
- Keeping the scope of immunity narrow, just drug possession, was the only way to get support of law enforcement, prosecutors, and some legislators.

First responders' and opiate users' experience with overdose included

- Opiate overdoses are common---42% of opiate users and 62% of Seattle police reported being present at the scene of a serious opiate overdose in the prior year. (Almost all opiate users surveyed at syringe exchange used heroin.)
- Most paramedics had been at an overdose in the prior year and approximately 45 serious opiate overdose victims (heroin or pharmaceutical) are transported by Seattle medics each month.
- Police were at the scene of most overdoses for which 911 was called according to drug users and paramedics.
- Arrests of overdose victims and bystanders were very rare according to drug users, paramedics, and police.

Impacts of Good Samaritan Law on planned behaviors

- 88% of opiate users indicated that now that they were aware of the law they would be more likely to call 911 during future overdoses.
- 62% of police surveyed said the law would not change their behavior during a future overdose because they would not have made an arrest for possession anyway, 20% were unsure what they would do, and 14% said they would be less likely to make such an arrest.

Information dissemination

- Funding for implementation of the law was not included in the legislation and no state agency was assigned responsibility for implementing the law.
- Information dissemination has involved the limited distribution of written educational materials.
- The website http://stopoverdose.org appears to be a frequently accessed source of information.

BACKGROUND

Drug induced deaths in the U.S. totaled 37,485 in 2009, surpassing motor vehicle fatalities according to the CDC. Washington State's rate of drug induced deaths surpasses the national average and the state legislature's intent in passing the Good Samaritan law was to *"save lives by increasing timely medical attention to drug overdose victims through the establishment of limited immunity from prosecution for people who seek medical assistance in a drug overdose situation."*
A public health law research framework is guiding evaluation of the law's impact and the mediators by which the law may impact public health. The stated goal of the Public Health Law Research Program is to build the evidence base for laws that improve public health by funding research, improving research methods, and making evidence more accessible to policy-makers, the media, and the public.

EVALUATION METHODS

Legal intent analyses included a review of written and video records of legislative procedures. Interviews with key stakeholders including legislators and advocacy groups were conducted. Implementation analyses included: interviews with stakeholders to determine how the law was implemented and the real world impact on their area of work; document review to determine how and to what extent information about the law was disseminated; and anonymous surveys with Seattle police officers and paramedics. These research procedures were conducted in 2011 and were formally reviewed by the University of Washington Human Subjects Division and were determined to be exempt. Public Health-Seattle & King County conducted the 2011 Public Health-Seattle & King County Syringe Exchange Survey, an anonymous survey of syringe exchange clients and collaborated with this research team in the wording of some questions; data included here are for the 355 opiate users of which 96% reported recent use of heroin.

STUDY FINDINGS

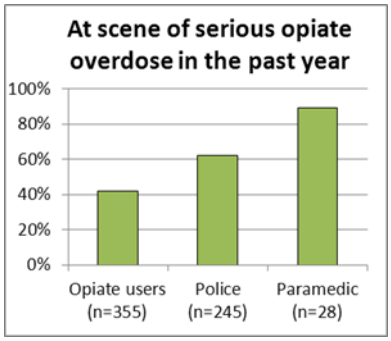
The law had been considered by the Washington state legislature for five years before it passed in 2010. Law enforcement and prosecutors' associations were initially opposed to the law, thinking it was unnecessary because police rarely arrest people for drug possession during overdoses and because of a general aversion to granting immunity. However, as they heard from their constituents, such as campus police supportive of alcohol Good Samaritan laws, and learned about the dramatic increase in the use and abuse of pharmaceuticals by people across the age spectrum and across the state, they became supportive of the law. Legislators and organizational stakeholders agreed that framing the law as a public health issue, not as a legal issue, was also key to its passage.

Challenges for implementation include the lack of any funding in the legislation and not designating any state agency to implement the law. In order to educate the public a press conference was held when the law took effect and radio public service announcements were recorded that included messages from the state's Attorney General, the medical director of the Washington Poison Center, and the parent of a teenager who died of an opiate overdose. Included in the PSA's were references to the educational website http://stopoverdose.org, which explains the law. Subsequently, most of the implementation has focused on publicizing the website, distributing informational wallet cards at needle exchanges and other venues, and putting up posters about the law at drug treatment programs. Links to the website have also been included on other websites and on educational materials such as those distributed with opiate prescriptions. Ongoing media reports of drug overdoses occasionally make reference to the website.

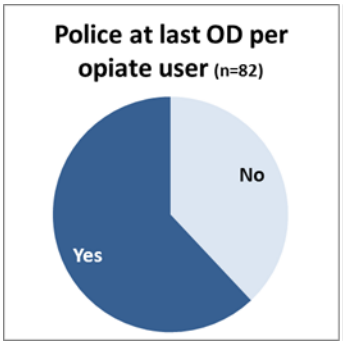
From June 2010 through October 2011 the website has had 3,273 visits from 2,601 unique visitors. The most common traffic source to the website during the year after the law took effect was an internet user directly typing in the website address (37% of visitors), followed by Google searches (16%). From June 2011 onward Google searches have been the most common source (42%) followed by direct entry of the website address (20%). This change may reflect a waning of educational outreach efforts that include reference to the website address. It may also be a reflection of increasing interest in Good Samaritan laws nationally as indicated by a shift from the majority (67%) of website traffic coming from Washington State in the initial year of the law compared to a minority (44%) of web traffic coming from within the

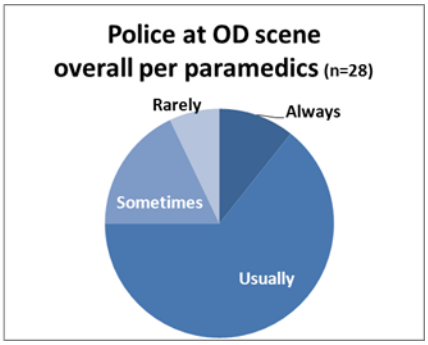
state more recently.

A survey conducted at syringe exchanges found that 42% of opiate users (n=355) had witnessed an opiate overdose in the prior year and 911 was called in 50% of those incidents. Police responded along with medics 62% of the time, but only 1 person was reported to have been arrested at the scene of an overdose. Just one-third of opiate users had heard of the Good Samaritan law. According to the survey, 88 percent indicated that now that they were aware of the law they would be more likely to call 911 during future overdoses.

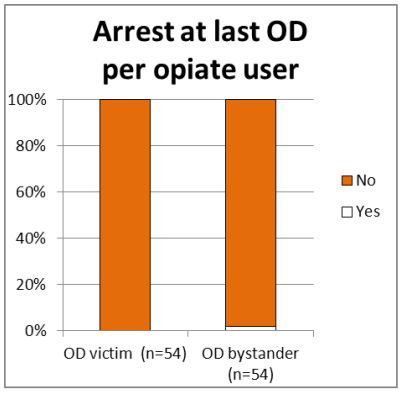


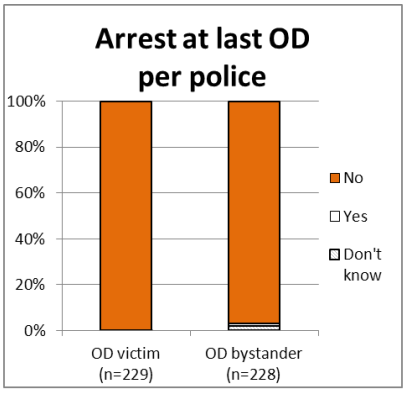
The majority of police (62%) say they have been at an overdose scene in the past year, yet few had heard of the law (16%) or could correctly identify who the law protects (7%) according to surveys conducted by the research team. Subsequent to learning about the law, 62% of police surveyed said the law would not change their behavior during future overdoses because they would not have made an arrest for possession anyway, 20% were unsure what they would do, and 14% said they would be less likely to make such an arrest.

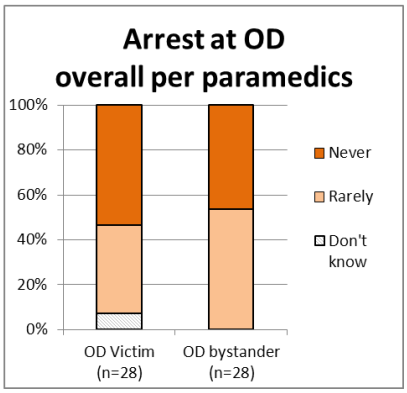




Paramedics were surveyed to help triangulate and verify the experiences reported by opiate users and police, to date approximately half of Seattle paramedics have been surveyed. Paramedics (n=28) reported that police are usually at the scene of overdoses, but that arrests of overdose victims or bystanders rarely occur. These findings parallel data from opiate users and police. Paramedics transport approximately 45 serious opiate overdoses each month in Seattle according to initial findings from 2011 incident reports being abstracted in preparation for outcome analyses.







LIMITATIONS

Initial results are limited to cross-sectional, descriptive analyses from a single city. Drug use and overdoses are notoriously difficult to measure and therefore evaluating the impact of a law on drug overdoses and related behaviors is subject to many measurement limitations. To help address these limitations, data from multiple perspectives have been collected. This form of triangulation can help improve the validity of findings. Findings are limited to the Seattle area and the implementation and potential impacts of such laws may vary substantial depending upon the legal and public health environments in other locales.

CONCLUSION

Dealing with the consequences of overdoses is a frequent part of the work and lives of police, paramedics and opiate users according to initial study results. The 911 Good Samaritan overdose law essentially makes the existing law on the streets formally the law on the books. Although arrests during overdose situations are very rare, drug users expressed fear of arrest as a reason they do not call 911 during overdoses. However, drug users now overwhelmingly state that the Good Samaritan law makes them more likely to call 911 in the future.

Despite lingering concerns about possible negative consequences of the new law, such as prosecutions being impeded, no evidence of negative consequences has been found to date. The research team continues to actively study the impacts of the law on arrests, calls to 911 during overdoses, the severity of overdoses, and ultimately the number of non-fatal and fatal overdoses. Additional research is needed to look at the impact of the law on other controlled substances (illegal and prescription drugs) as well as other areas of Washington State.

Given the substantial impact of drug overdoses in both human and economic terms, and the lack of apparent negative consequences of Good Samaritan overdose laws, other states should consider this legislative approach as an integral part of their plan to improve public health.

This research was funded by the Robert Wood Johnson Foundation's Public Health Law Research Program.

Many thanks Public Health-Seattle & King County, the Seattle Police Department, the Seattle Fire Department and to all those who participated in surveys and interviews.

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Websites referenced in this document

2011 Public Health-Seattle & King County Syringe Exchange Survey
http://adai.uw.edu/pubs/infobriefs/2011NXsurvey.pdf

Prescription opiate patient education flier
http://here.doh.wa.gov/materials/safe-use-of-prescription-pain-medication

Public Health-Seattle & King County
http://www.kingcounty.gov/healthservices/health/communicable/hiv/HarmReduction.aspx

Press conference announcing Good Samaritan overdose law http://tinyurl.com/wa-good-sam

WA State Law addressing drug overdoses http://apps.leg.wa.gov/RCW/default.aspx?cite=69.50.315

RWJ Public Health Law Research Program http://www.publichealthlawresearch.org

CDC 2009 Mortality Report http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_04.pdf

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Citation: Banta-Green CJ, Kuszler PC, Coffin PO, Schoeppe JA. Washington's 911 Good Samaritan Drug Overdose Law - Initial Evaluation Results. Alcohol & Drug Abuse Institute, University of Washington, November 2011. URL: http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2011-05.pdf

Find more information in the ADAI Library and the ADAI Clearinghouse.