

ALABAMA DRUG ABUSE TASK FORCE

Report to the Alabama Legislature

February 15, 2013



2013 REPORT TO THE ALABAMA LEGISLATURE
Alabama Drug Abuse Task Force (ADATF)

- What if you were told there was a serial killer loose in one Alabama County who was responsible for killing 57 people in one year?
- What if you were told that a thief was stealing millions of dollars from Alabama's taxpayers and businesses right now?
- What if you were told that an epidemic was running rampant in Alabama, taking thousands of lives yearly?
- What if you were told that an illness was causing tens of thousands of hours of lost work time for businesses every year in Alabama?
- What if you were told that a poison was destroying Alabama families causing children to be lost or displaced every day?
- What if you were told that foreign nationals were targeting Alabama or that illegal operations which often fund terrorism against America would poison Alabama communities?
- What if you were told that a bacteria was causing failure, truancy and violence in Alabama schools?

What if you were told that most of the loss of lives, property, dollars, dreams and hopes could have been prevented? What if you were told that we could catch the serial killer before he struck or the thief before he stole or the virus before it mutated? Now imagine that the plan was to let all this happen. What if you were told that our model was to respond after the serial killer was finished or the thief was done or the epidemic had taken hold? Then we react. Then we would begin to investigate. Then we would punish. Then we would try to cure. Then we would care . . . , but only after the damage was done.

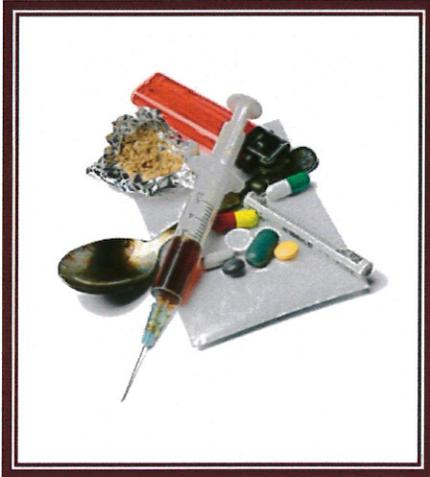
- Jefferson County lost 57 souls to Heroin overdoses last year.
- Alabama loses billions of dollars trying to fund budgets of critical agencies, when the common issue is addiction.
- Communities, families, schools, and businesses are being devastated by the addiction to prescription drugs, new synthetic drugs, meth, cocaine, alcohol and newer hybrid marijuana.
- Businesses cannot find employees or lose millions to internal theft, which feeds addiction.
- Millions are gripped by addiction. When addiction takes over a person, they will push aside God, the truth, family, love, career and community to get that thing that has gripped their life. It steals physical health, motivation and perhaps most sadly of all, it steals hope.
- Yet we do little in an organized focused effort in prevention and education, with even less to treatment.

The Alabama Drug Abuse Task Force has been charged with many responsibilities, one of which is to report to the Alabama Legislature concerning the "State of Drug Addiction and Related Crime" in Alabama. The Task Force has only been in its current form for less than a year. Please accept this report as an ongoing attempt to provide you with the information and tools you need to make a difference in the lives of all Alabamians. Our citizens are our greatest resource and they deserve no less than our best.

Barry Matson
Chairperson, ADATF

Report to the Alabama Legislature

Addiction and drug related crime rob Alabama families and communities of opportunity, prosperity, health, safety and perhaps, the most devastating of all, they steal away hope. The massive weight of addiction and drug



crime is potentially the greatest threat facing our state. Each one of us has seen families, businesses and communities devastated by drug abuse. Law enforcement officers are unduly placed in harm's way every day due to drug crime. Our state and local governments exhaust too many precious resources dealing directly or indirectly with the consequences of addiction and crime.

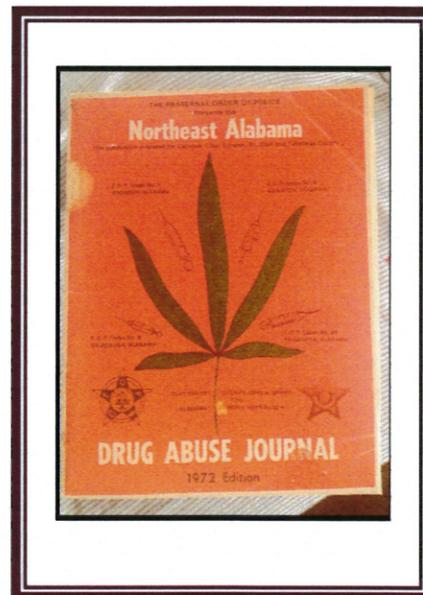
From the moment we realized the threat of these drugs and our helplessness to addiction, we have searched for a plan of defense. Local communities, agencies, private entities and religious organizations have all tried to tackle every aspect of this problem; yet it remains.

"Getting a handle on [drug] abuse is extremely important. It's an epidemic that threatens the health of our citizens." - **Don Williamson**, State Health Officer, Alabama Department of Public Health

The price of drug addiction and related crime can be measured in the rising of individual and public health care costs; loss of workforce productivity; work absenteeism; cost of law enforcement time and resources; violent crime; loss of education resources; broken homes and marriages; soaring medicaid cost; homelessness; poor child safety; elder abuse; crowded prisons and jails; parole and probation supervision costs; DHR services; poor fiscal responsibility; environmental concerns; highway safety; domestic violence; and, most importantly, the loss of human potential.

If government core responsibility is to protect its citizens, then we must realize that the enemy has stormed the gates and is amongst us.

In 1972, Richard Nixon declared a war on drugs. In that same year, Alabama law enforcement published a drug abuse journal which set forth a list of the dangerous drugs that plagued the State of Alabama in 1972. The journal warned of LSD, methamphetamine, oral amphetamines, teen drinking, marijuana, barbiturates, prescription drugs, narcotics, depressants, huffing, heroin and drug trafficking.



Like every approach before and since, the journal viewed the drug problem as an issue for law enforcement in a single geographic region of Alabama. The same issues have heightened and still exist today.

"When you declare war, you suspend all normal activity, you suspend the rules, and you put ALL your resources and people into the battle. My thirty-five years in law enforcement have taught me that we never really declared war. We declared a skirmish." - Ellen Brooks, Montgomery County District Attorney

In addition to the get-tough policies and intervention and prevention on local levels, we need to consider the drug abuse problem from the 30,000 foot observation. It is time to seek a state wide comprehensive assessment of the problem with coordinated solutions that speak to prevention, education, deterrence, treatment and enforcement. A thorough view of the problem and an all-inclusive approach to this menace must be undertaken. The goal is to assess the problem, obtain a clear picture, and seek viable solutions. Once those solutions are obtained, they will be integrated throughout Alabama with the key objective being to match the intensity of the addiction to prevention, deterrence, intervention, education, treatment, and enforcement.

What is the Alabama Drug Abuse Task Force?

The Alabama Drug Abuse Task Force (ADATF) is a statutorily created multi-agency and private sector entity, whose membership and responsibilities are set forth by Legislative Act 2012-237. The ADATF was created to comprehensively study the drug abuse problem and to report the findings and recommendations to the Alabama Legislature and to the people of Alabama. ADATF is also charged with the duty to develop strategic prevention and education models to curb drug addiction in Alabama.

The ADATF puts the State of Alabama on the cutting edge.

The ADATF recognizes that this is a huge first step toward a truly comprehensive assessment of drug addiction, drug crime, prevention, treatment and enforcement in Alabama. For the first time ever, Alabama has brought together agencies, departments, professionals, and associations that are affected by drug addiction and crime to address the problem. The integrated efforts of the Task Force will further the ability to share information, provide education, and shape policy. This is a journey not a sprint; the Task Force will not have the answers immediately, but will be diligent in seeking solutions.

The Task Force will provide the legislature and the people of Alabama with the effects of drug crime and addiction in Alabama. In doing so, the Task Force will have a tremendous impact on the lives of Alabamians and their communities stifled by this crushing problem. It is truly believed that this task force will be successful and together will make a difference.

ADATF STATUTORY MEMBERS

Alabama Attorney General
State Board of Pharmacy
Alabama District Attorneys Association
Alabama Department of Revenue
Alabama Sentencing Commission
State Superintendent of Education
A member of a regional county drug task force as appointed by the District Attorneys Association
Director of the Department of Public Safety
Chiefs of Police Association
A member of a regional county drug task force as appointed by the Chiefs of Police Association
Sheriff's Association
Narcotics Officers Association
Alabama Association of Pharmacists
Alabama Assistant District Attorneys Association
Alabama Department of Human Resources
Alabama Retail Association
Alabama Administrative Office of Courts
Alabama Department of Corrections
Commission of Environmental Management
Alabama Department of Forensic Sciences
State Health Officer, Alabama Department of Public Health
Alabama Department Homeland Security
Mental Illness and Substance Abuse Services of the Alabama Department of Mental Health
Office of Prosecution Services
Alabama Criminal Justice Information Center
Board of Dental Examiners
Alcoholic Beverage Control Board

The following entities have requested membership or have been invited to participate:

Alabama Medical Association
Alabama Medical Examiners Association
Alabama Department of Economic and Community Affairs
Students for Alabama Universities
Students from Alabama High Schools
Nursing Home Association
Consumer Healthcare Products Association
Private certified drug and alcohol treatment providers

Alabama Drug Abuse Task Force (ADATF)

Created by Act 2012-237

Purpose Statement

Drug addiction and drug crime rob Alabama citizens, families and communities of opportunity, prosperity, health, safety and perhaps most devastating of all; they steal away hope. The massive weight of addiction and drug crime are the greatest threat facing our state.

Individually, each of our entities has the responsibility to effectively provide goods or services to our constituents through the conscientious management of our limited resources.

Collectively, we recognize that drug abuse, addiction and related crime cross the spectrum of everything we do.

Together, we will develop a comprehensive assessment of the problem and put into action a statewide plan that will focus on prevention, education, treatment, deterrence and enforcement. We will remain good stewards of the public trust in developing strategies that are responsive to current threats yet flexible enough to address emerging trends.

The greatness of Alabama is its **people**. They deserve a safer tomorrow.

ADATF Responsibilities:

(Set forth in Act 2012-237)

Approve or develop drug awareness, enforcement, education, prevention and training programs.

The programs SHALL be designed to:

Curb the abuse of ALL dangerous, illegal, or abused drugs, including but not limited to [meth] precursors, other key, critical, [or] common ingredients used to make [meth], or **OTHER** illegal **OR** abused drugs. . .

These programs MAY be targeted for, but not limited to:

Education, prevention and training programs also may be targeted to law enforcement, prosecutors, the judiciary, students, **OR**, that may serve to protect, educate, and inform the public.

ADATF to Execute a Memorandum of Understanding:

The Alabama Department of Public Health, the ADATF and the Alabama State Board of Education SHALL enter into a memorandum of understanding to develop **AND** implement the training, education, or prevention programs referenced in this section, **AND** are authorized to expend any funds necessary to further the requirements and objectives of the ADATF . . . or any other legitimate drug abuse prevention or law enforcement purposes for the protection of the citizens of this state.



Drugs: Threats and Trends

The established drugs abused in Alabama include: opium, salvia divinorum, heroin, synthetic spice, bath Salts, methadone, marijuana, hashish, methamphetamine, ecstasy, prescription drugs, cocaine, crack, methylphenidate, inhalants, ketamine, PCP, mushrooms, and LSD.

SYNTHETIC DRUGS

Spice or K2



Synthetic marijuana is made by blending plants and herbs including bay bean, blue lotus, and red clover. These ingredients are sprayed with a chemical that gives it its marijuana-like effects in the brain.

Many teens may be drawn to these drugs because they are so easy to come by and can't be detected in drug tests. The American Association of Poison Control Centers reported 4,500 calls involving them since 2010.

Now a new study in *Pediatrics* highlights some of the dangers associated with their use. The study includes reports on three teens who showed up at the emergency room after using these drugs. Users became anxious or agitated. In some, use of these compounds caused excessive sweating and inability to speak. All three teens were treated and released from the hospital.

"Parents and teens need to be aware of the signs and symptoms of synthetic marijuana use and know that it is out there," says researcher Joanna Cohen, MD. She is an emergency room doctor at Children's National Medical Center in Washington, D.C.

As to whether the symptoms experienced by the three teens in the new report are typical, "we really don't know because it is such a new drug," she says. "The big danger is that kids' brains are still developing and we don't know about the long-term effects. It can have serious consequences such as memory loss, [mental] deficits, and psychosis with long-term, repeated use."

Mann, Denise. **Spice, K2 Sending Teens to the Emergency Room! It's accessible and dangerous!**. WebMD Health News, April 17, 2012

ALABAMA RESEARCH

Cases of acute coronary syndrome associated with synthetic marijuana have been reported. However, the **University of Alabama Birmingham (UAB)** recently published a scientific finding that linked the use of synthetic marijuana with acute kidney injury or failure.



Other common names for synthetic cannabinoid drugs:

K2
Spice
Chronic Spice
Spice Gold
Spice Silver
Stinger
Yucatan Fire
Skunk
Pulse

Black Mamba
Mystery
Red X Dawn
Zohai
Mr. Nice Guy
Spicylicious
K3 Legal
Earthquake

Cathinones “Bath Salts”

"Ivory Wave," "Purple Wave," "Vanilla Sky," and "Bliss" -- all are among the many street names of so-called designer drugs known as “bath salts,” which have sparked thousands of calls to poison centers across the U.S. over the last year.

Bath salts have been declared an “imminent threat to public safety.” The U.S. Drug Enforcement Administration (DEA) made the possession and sale of three of the chemicals commonly used to make bath salts illegal - the synthetic stimulants mephedrone, MDPV, and methylene. The Alabama Department of Public Health as well as the Alabama Legislature decreed such drugs as controlled and thus illegal to possess or sell.

What do you experience when you take bath salts?

Common side effects which occur with the use of ‘bath salts’ are similar to those of mephedrone (a chemical found in other designer drugs) and include: feelings of agitation, paranoia, hallucinations, chest pain, high blood pressure, psychosis, increased pulse,

suicidal desire and stimulatory effects. Both of these agents should be of concern and can cause the same effects of an amphetamine overdose. Additionally, even after the stimulatory drugs have worn off, there is an ongoing suicidal tendency. Currently, there is no test to detect the use of bath salts. Admission by a user is the only way to discover if bath salts have been taken.

Adverse Effects:

- Hallucinations
- Delusions
- Suicidal thoughts
- Seizures
- Panic attacks
- Increased blood pressure
- Increased heart rate
- Chest pain

Prescription Drug Abuse

More people will die from legally prescribed but diverted prescriptions than illegally obtained drugs in the back alleys of Alabama. We can do better. - Don Williamson, State Health Officer, Alabama Department of Public Health

Opioid (prescription pain medication) drug deaths have greatly risen. In 1991, there were approximately 4000 opioid overdoses. In 2009, the number of overdoses increased to 16,000. For the first time, in 2009 and 2010, overdoses surpassed the total for motor vehicle crash deaths.

I grew up in an era where you worried about illegal drugs and the health and crime problems associated with illegal drugs. The challenge for us today is the huge transformation of it now being about what was supposed to be health care drugs. We have seen an enormous expansion of overdoses and deaths involving the non-medical use of prescription drugs. - Don Williamson, State Health Officer, Alabama Department of Public Health

NATIONAL

In 2000, the U.S. had approximately 174 million prescriptions for controlled substance pain medication. In 2009, that number grew to 257 million, a 48% increase in 9 years.

Whether possession of illegal drugs, the manufacture of methamphetamine, the robbery of a local pharmacy, or the nearly 100% increase in heroin related deaths in Jefferson and Shelby Counties, drug abuse and misuse affects us all.

Unfortunately, there is not one answer or solution to this problem. Drug abuse and misuse requires more than a mental health or substance abuse response – to be effective, our response requires a comprehensive, ongoing effort that involves every aspect of our State. – Luther Strange, Attorney General

ALABAMA

Alabama is among the highest in the country for numbers of persons with prescribed pain medication. There were 1.2 million prescriptions prescribed for painkilling narcotics per month for a total of 14 million per year.

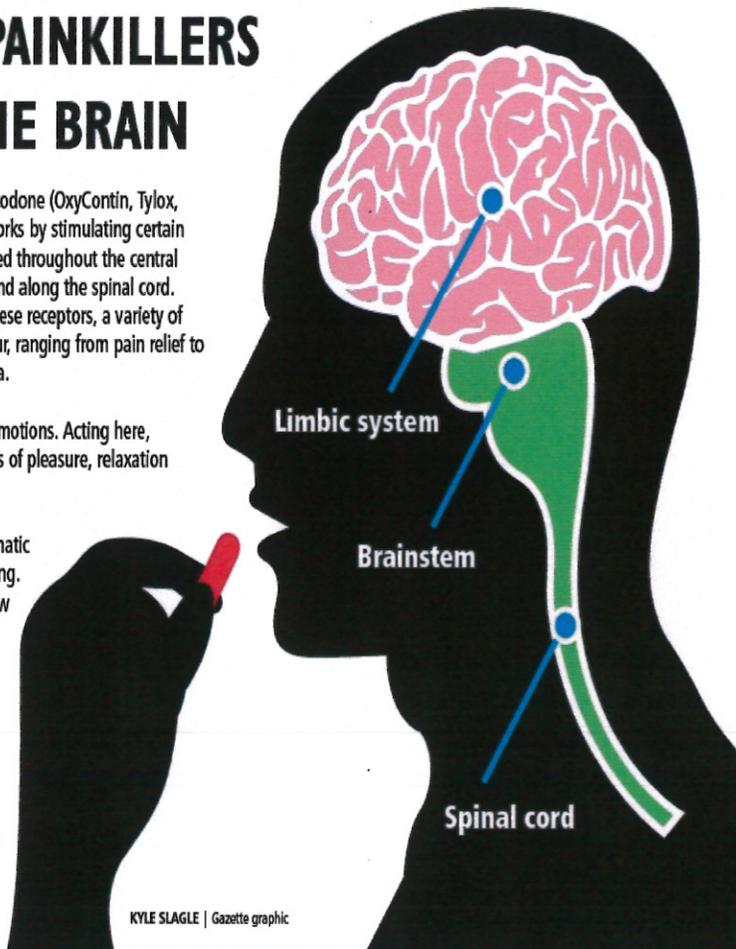
HOW Rx PAINKILLERS AFFECT THE BRAIN

When a painkiller such as oxycodone (OxyContin, Tylox, Percocet) enters the body, it works by stimulating certain opioid receptors that are located throughout the central nervous system, in the brain and along the spinal cord. When the chemical binds to these receptors, a variety of physiologic responses can occur, ranging from pain relief to slowed breathing and euphoria.

The **limbic system** controls emotions. Acting here, painkillers can produce feelings of pleasure, relaxation and contentment.

The **brainstem** controls automatic body functions such as breathing. Acting here, painkillers can slow breathing, stop coughing and lessen the intensity of pain.

The **spinal cord** transmits sensations from the body. Acting here, painkillers bond with the spinal cord to decrease the intensity of pain.



SOURCES: National Institute for Drug Abuse, Discovery Health, Drug Enforcement Agency

KYLE SLAGLE | Gazette graphic

Many agencies participate in the Prescription Drug Take-Back Initiative. Take-Back, which is promoted by the Attorney General's office and sponsored by the U.S. Drug Enforcement Administration (DEA), provides individuals with a safe and secure method of disposing unwanted, unused, or expired prescription drugs. In 2012 alone, this program was responsible for the collection of over 8,000 pounds of prescription drugs in Alabama – that is approximately 10 million pills that were properly disposed of and will never be abused or misused.

MEDICAID

It is critical to get prescription drug abuse under control to combat the ever rising cost of health care and its effects on Medicaid. The pharmaceuticals / narcotics are relatively cheap. However, the associated medical visits and costs are extremely expensive. Resolving this issue could save Alabama significant dollars and precious resources.

Department of Human Resources (DHR)

The Department of Human Resources (DHR) has approximately 5000 children in foster care in Alabama, with an additional 5000 cases actively open for services and investigates more than 29,000 reports each year.

Approximately 65% of the child welfare DHR cases involve drugs on some level. We need more funds to operate state government. If we stop this problem, we could probably fund our agencies and other areas of state government adequately.

*In the past, when we removed a child (due to a dangerous situation), we could place that child with a grandparent or family member. Now we have grandparents on drugs and oftentimes can't place the children with family due to addiction issues. - **Nancy Buckner**, Commissioner, Alabama Department of Human Resources*

DHR is seeing a rise in elder abuse and financial exploitation cases. More and more of these cases are a result of people needing to fund a drug addiction.

Schools Education and Prevention



Alabama Public Schools provide education, services, and oversight to over three-quarters of a million children in Alabama. Drug abuse and crime are a real threat to the safety and wellbeing of the students in Alabama schools. Local education and prevention initiatives vary in type and effectiveness.

The abuse of illegal, synthetic and prescription drugs among Alabama students is at a critical mass.

We need to, and we look forward to, the partnership between education and the members of the ADATF, to come into our schools for prevention and education. - Marilyn Lewis, Prevention & Support, Alabama Department of Education

Drug abuse starts early. I am tired of seeing my classmates lost to drugs, the star athlete kicked off a team for a failed drug test, and good students quitting after school jobs and not studying because they have chosen to just stay high on drugs.

Adderall is huge in Alabama high schools, but so is Ambien (a prescription sleep aid). When used properly and according to the prescription, it is an effective sleep aid. But when 'stacked' 3 or 4 at a time, it gives a dangerous hallucinogenic affect. - Jamie Hillman, Senior, Shelby County High School

Drug abuse in Alabama colleges goes far beyond marijuana and cocaine. The biggest abuse we see is the abuse of prescription Adderall.

Students with prescriptions for Adderall can hold back their own use and sell the individual pills for \$10 to \$50 a piece. A kid can easily make up to \$1000 a month.

I am concerned for the safety and wellbeing of my classmates. It is an epidemic. - **Wesley Smithart**, Sophomore, Huntingdon College, Montgomery, Alabama

Alabama Department of Forensic Sciences

DRUGS

The Alabama Department of Forensic Sciences receives approximately 30,000 cases per year. Ninety-seven (97) percent of these cases test positive for controlled substances. Of the drugs seized by law enforcement, the greatest number of tests performed by DFS are on substances suspected to be marijuana, followed by cocaine and, for the first time in 35 years, pharmaceuticals rank third on this list.

VIOLENT CRIME

The DNA database shows that a significant number of rapists are apprehended because they left DNA at a scene of a burglary and that DNA was later matched to an unsolved rape. Many rapists commit rape as a crime of opportunity when they have found someone home. The burglaries occur in the first place because the offender is in need of money to buy drugs and can sell the stolen items for drugs.

DUI

In blood samples tested in DUI cases, Xanax is now second behind alcohol, displacing marijuana to third place for the first time. For the first time in the history of ADFS, prescription Xanax is the second most prevalent source of impairment in DUI cases.

Alabama Prison Population, Addiction and Crime

ALABAMA SENTENCING COMMISSION

Our prison system has one of the most violent populations in the country. While simple drug possession cases make up 1 out of 4 of our criminal convictions in Alabama . . . our prison is not filled with (inmates serving) drug cases. - **Bennett Wright**, Executive Director, Alabama Sentencing Commission

From October 1, 2006 to September 30, 2011, the Alabama court system reported 23,408 convictions for possession of controlled substances. (Not including

marijuana). On September 20, 2012 the total in-house population for all offenses was 25,401. Only 1,065 were incarcerated for possession of controlled substances. - **Report of the Alabama Sentencing Commission 2013**

ALABAMA DEPARTMENT OF CORRECTIONS

75 % of all inmates entering the system have an underlying drug problem. - **Terry McDonald**, Associate Commissioner of Corrections for Plans and Programs

73% of inmates are serving conviction for a **violent offense.** - **Report of the Alabama Sentencing Commission 2013**

In the past, the Alabama Department of Corrections had 1.5 million dollars in grant funding for drug treatment programs. We now have less than 200,000 dollars of grant funding [for 23 facilities]. We have 92 slots for drug treatments with only 58 filled due to budget restraints. - **Terry McDonald**, Assoc. Commissioner of Corrections for Plans and Programs

INMATE POPULATION

I had everything - I had good parents - I had a college baseball scholarship. I was playing baseball on a Sunday with Atlanta Brave scouts watching; on Tuesday I was arrested and lost my scholarship on a Wednesday.

Once we are in prison, we are grown men and are not going to change unless we want to change. I didn't become an intravenous drug user until I got to prison. There are more drugs in prison than you can imagine. - **Blake Russell**, Alabama inmate serving 15 years in prison for Drug Trafficking and Manufacturing of Controlled substances.

Organized Crime and Gang Involvement



Alabama is a staging ground for organized crime, cartels, and gang activity. Interstates 10, 20, 65 and the Memphis corridor make Alabama the thoroughfare for illegal drug trafficking and transportation. Intelligence from other organizations in law enforcement tell us that Alabama's lack of a RICO Statute or significant forfeiture and anti-gang laws make Alabama a prime business destination for organized drug enterprises.

In the 1990 the gang threat was kids wearing colors and gang banging [fighting/violence], but from 1995 to 2012 it has moved into the business and sale of narcotics. - Kevin Turner, Chief Investigator, Madison County District Attorney's Office; Head of the Gang Task Force, Madison County; Member, High Intensity Drug Trafficking Area Task Force

Gangs have put operatives in the schools to sell prescription drugs, such as Adderall, to kids. It is about money and the violence is to support the enterprise.

Treatment and Mental Health

Alabama Department of Mental Health provided drug treatment to 22,714 clients in FY2012. Currently 506 people are waiting services. The average wait for services is 146 days. The Department of Mental Health spends approximately \$642 on each patient in drug treatment. A crown on a tooth costs more than the state of Alabama spends per patient on adult and adolescent drug abuse patients.

The Alabama Department of Mental Health – Location of Drug Treatment Providers (adult & adolescent)

- **Level I** (Outpatient) – 51 counties total (28 for adolescents, 48 for adults)
- **Level II.1** (Intensive Outpatient) – 34 counties total (13 for adolescents, 33 for adults)
- **Level II.5** (Partial Hospitalization) – 1 county (0 for adolescents, 1 for adults)
- **Level III.01** (Transitional Residential) – 1 county (1 for adult males, 1 for adult females, not eligible level of care for adolescents)
- **Level III.1** (Low Intensity Residential) – 10 counties (9 for adult males, 6 for adult females, 0 for adolescents)
- **Level III.3** (Medium Intensity Residential) – 4 counties (2 for adult males, 2 for adult females, 0 for adolescents)
- **Level III.5** (High Intensity Residential) – 11 counties (7 for adult males, 5 for adult females, 3 for adolescent males, 1 for adolescent females)
- **Level III.7-D** (Medically Monitored Residential Detox) – 2 counties (2 for adult males and females)

Courts and Prosecution

We are fighting a losing battle against drug addiction in the criminal justice system. We don't see them until the back end, (after addiction.) If you don't change behavior, we will see them again and again in the revolving door of the criminal justice system. When you change behavior, you eliminate crime. - Ellen Brooks, Montgomery County District Attorney

We had the get tough and lock them up policies of the past. The truth is that unless you are a violent felon, it is very difficult to go to prison now in Alabama. Drug sellers, traffickers and manufactures must be treated differently than the addicted user, and we are doing that in Alabama. Low level and non-violent defendants receive drug court, deferment, probation, community corrections, treatment, or other alternatives to incarceration that is available to the prosecution or the court.

Drug Courts work. In my 18 years of courtroom trial experience, I realized that every time I sent a person to prison in the front door, they had to let someone out the back door. And if I was sending a non-violent or low level drug offender to prison, then I have the risk that they may let serious violent out the back door, due to very crowding. - Mike Joiner, Alabama Court of Criminal Appeals

Conclusion

The bad guys will just keep developing new drugs and new ways of making money off the death of our children. We just have to be smarter, care more, and never ever give up the fight. I spent the first third of my career locking up the bad guys and the last third trying to educate and prevent the addiction that I have seen destroy too many lives. - Mike Reese, Alcohol Beverage Control, Narcotic Enforcement Division

The Alabama Drug Abuse Task Force is comprised of dedicated public servants and committed private professionals. The Task Force recognizes that, while each of us are effective in how we provide goods and services to our own constituents, while being good stewards of the public trust, individually we are separate threads. The ADATF binds us together with a common cord in the fabric of drug addiction and associated crime.

This year, the ADATF members have met a few times and held one public hearing. Our work will take time. The Alabama Legislature has provided a framework from which to operate, but no budget. We have direction and passion. We will succeed. We must succeed.

The Task Force has initially sought to assess the problem of drug addiction and drug crime in order to give an accurate snapshot of the entire state. The ADATF identified through discussions some immediate action items that may provide critical help in the protection of Alabama citizens from this terrible problem. This is not a total solution; however, it is a positive first step. The ADATF recommends to the Legislature that they aggressively pursue several pieces of legislation pending in the 2013 Legislative Session.

They are:

1. Prescription drug legislation aimed at curbing doctor shopping
2. Pill Mill legislation aimed at doctors that write excessive illegal narcotic prescription
3. Prescription drug database legislation
4. Elder Abuse Bill aimed at protection the elderly from financial exploitation or physical abuse
5. Organized crime RICO legislation
6. A uniform forfeiture of the instruments, tools, and gains from criminal activity

We often hear people say, "***Why doesn't someone do something about that problem***". Or, often people say, "***Why don't they stop that terrible problem***". "***Maybe someday someone will do something***".

Well, **today** is 'someday' and **we** are 'they'. We can wait no longer. **We can no longer wait on someone else to save our children and our state.**
The costs are too high and the danger is too great.

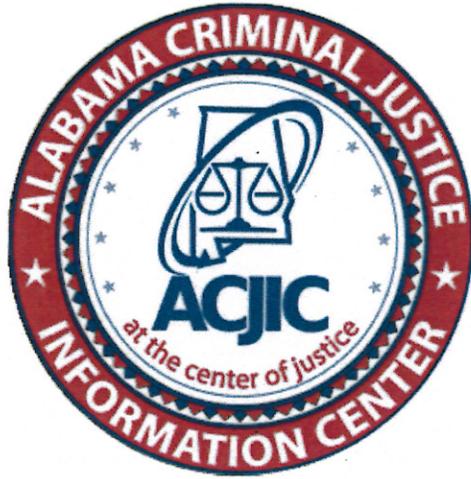
If our core responsibility is to protect our citizens, then we must realize that the enemy has stormed the gates and is amongst us.

With every good wish,
I am,
Sincerely,

Barry Matson
Chairperson, **ADATF**

Deputy Director
Alabama District Attorneys Association, **ADAA**
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2012

Alabama

Pseudoephedrine

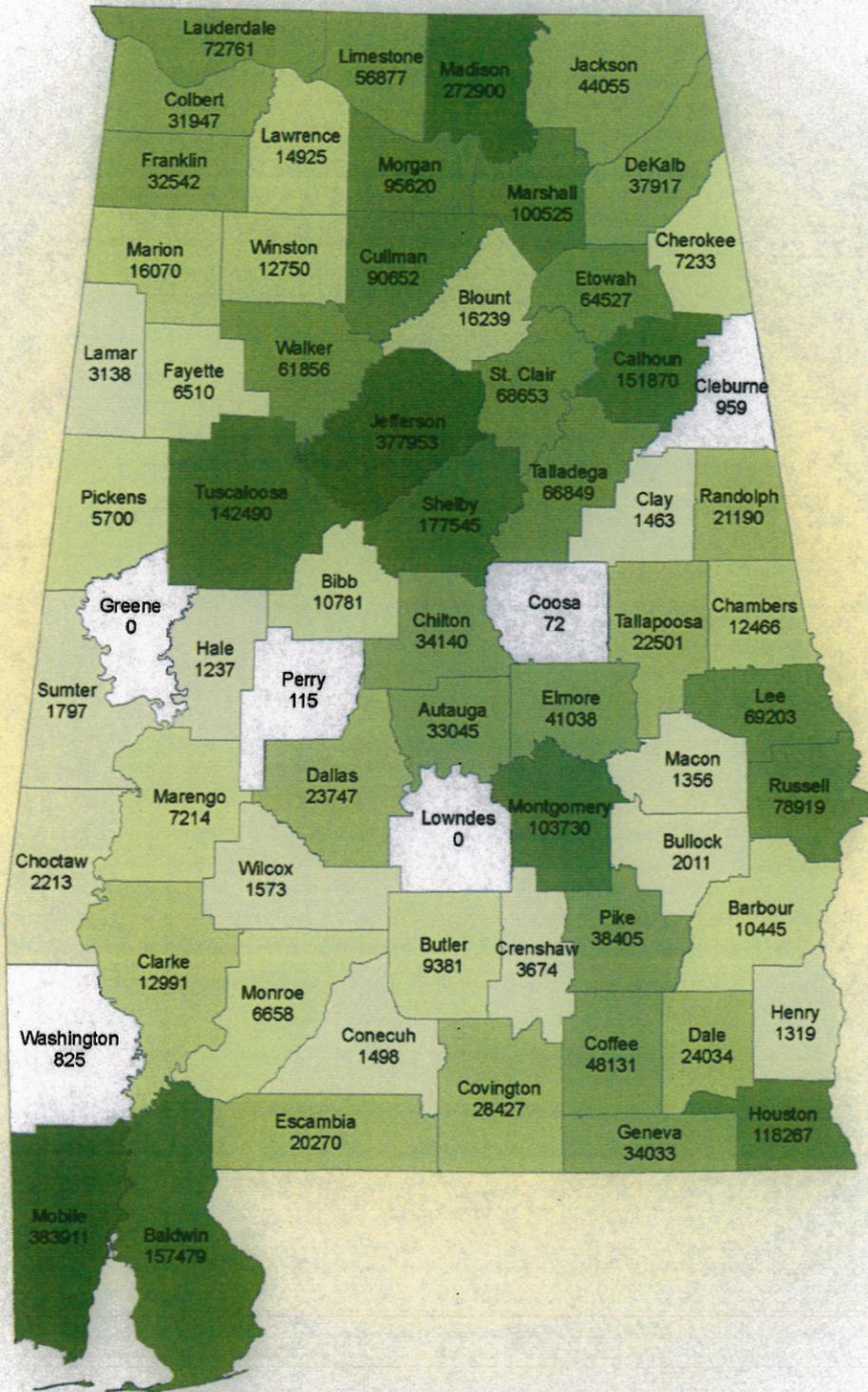
Transactions

2012 Alabama Pseudoephedrine Transactions

JAN 1 - DEC 31, 2012						
State/County	Purchases	Grams Sold	Boxes Sold	Blocks	Grams Blocked	Boxes Blocked
AUTAUGA	16,158	33,045	16,316	621	1,530	648
BALDWIN	73,449	157,479	74,895	3,057	8,023	3,218
BARBOUR	5,205	10,445	5,374	81	212	87
BIBB	5,096	10,781	5,356	385	912	436
BLOUNT	7,549	16,239	7,795	646	1,613	721
BULLOCK	948	2,011	978	25	92	35
BUTLER	4,486	9,381	4,580	212	550	230
CALHOUN	66,025	151,870	66,923	4,684	11,967	4,796
CHAMBERS	6,252	12,466	6,520	149	388	169
CHEROKEE	3,399	7,233	3,446	104	319	119
CHILTON	15,846	34,140	16,108	1,215	2,810	1,245
CHOCTAW	1,122	2,213	1,188	22	90	64
CLARKE	6,331	12,991	6,418	101	283	109
CLAY	747	1,463	843	27	92	66
CLEBURNE	415	959	494	34	88	46
COFFEE	22,160	48,131	23,166	2,150	5,355	2,304
COLBERT	13,862	31,947	14,106	550	1,495	574
CONECUH	806	1,498	826	6	28	10
COOSA	26	72	26	-	-	-
COVINGTON	12,507	28,427	12,869	324	841	355
CRENSHAW	1,873	3,674	1,924	14	34	14
CULLMAN	40,167	90,652	40,409	2,703	6,741	2,762
DALE	10,224	24,034	11,198	778	2,030	995
DALLAS	10,459	23,747	10,644	663	1,750	688
DE KALB	18,071	37,917	18,183	1,102	2,636	1,120
ELMORE	19,776	41,038	20,196	503	1,451	571
ESCAMBIA	9,173	20,270	9,237	193	547	197
ETOWAH	28,547	64,527	28,713	1,716	4,586	1,759
FAYETTE	2,617	6,510	2,624	149	432	151
FRANKLIN	11,899	32,542	11,951	545	1,651	555
GENEVA	14,108	34,033	15,867	1,566	3,963	1,995
HALE	729	1,237	752	22	72	33
HENRY	663	1,319	674	11	31	11
HOUSTON	54,277	118,267	56,009	3,404	8,617	3,720
JACKSON	19,072	44,055	19,322	1,754	4,588	1,791
JEFFERSON	185,113	377,953	187,894	8,406	21,508	8,939
LAMAR	1,558	3,138	1,744	55	136	60
LAUDERDALE	29,705	72,761	30,094	1,276	3,903	1,333
LAWRENCE	6,193	14,925	6,273	290	823	306
LEE	33,811	69,203	34,390	919	2,561	1,037
LIMESTONE	27,030	56,877	27,335	1,458	3,724	1,543
MACON	769	1,356	776	21	70	26
MADISON	128,666	272,900	131,017	7,660	18,794	7,997

2012 Alabama Pseudoephedrine Transactions

State/County	Purchases	Grams Sold	Boxes Sold	Blocks	Grams Blocked	Boxes Blocked
MARENGO	3,373	7,214	3,506	70	217	88
MARION	6,754	16,070	6,789	479	1,325	498
MARSHALL	44,969	100,525	45,634	3,847	9,813	3,985
MOBILE	176,924	383,911	178,559	11,584	28,511	11,822
MONROE	3,152	6,658	3,201	67	158	74
MONTGOMERY	50,878	103,730	51,675	1,574	4,365	1,783
MORGAN	41,840	95,620	42,452	2,341	5,986	2,443
PERRY	59	115	59	-	-	-
PICKENS	2,612	5,700	2,624	113	356	128
PIKE	17,107	38,405	18,493	1,707	4,368	1,992
RANDOLPH	9,157	21,190	9,285	284	745	286
RUSSELL	36,052	78,919	36,568	2,867	7,248	2,945
SAINT CLAIR	31,746	68,653	32,362	2,447	5,905	2,551
SHELBY	88,169	177,545	89,862	2,901	7,531	3,139
SUMTER	1,062	1,797	1,132	46	123	57
TALLADEGA	30,585	66,849	30,922	3,146	7,704	3,179
TALLAPOOSA	10,536	22,501	10,697	336	785	359
TUSCALOOSA	65,971	142,490	66,985	2,456	6,465	2,622
WALKER	24,300	61,856	24,684	2,439	7,216	2,503
WASHINGTON	502	825	532	15	32	18
WILCOX	832	1,573	842	15	55	23
WINSTON	5,382	12,750	5,449	541	1,360	551
AL	1,568,851	3,400,620	1,597,765	88,876	227,604	93,881

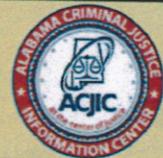


Grams PSE Sold

January 1, 2012 - December 31, 2012

Produced by the
Alabama Criminal
Justice Information Center
GIS Department

January 31, 2013



Alabama Sentencing Commission

**2013
Report**

Who is in our Prisons - Top 25

Figure 14.

Offenders Convicted of Robbery 1st and Murder Account for Over One-Quarter of Prison Population

In-House Population on September 20, 2012

Robbery 1st	1	3,812
Murder	2	3,391
Rape 1st	3	1,312
Burglary 3rd	4	1,299
Distribution of Controlled Substance	5	1,280
Theft of Property 1st	6	1,069
Possession of Controlled Substance	7	1,065
Capital Murder	8	919
Manslaughter	9	845
Burglary 1st	10	774
Trafficking Drugs	11	707
Robbery 3rd	12	632
Sodomy 1st	13	622
Manufacturing Controlled Substance 2nd	14	502
Theft of Property 2nd	15	489
Robbery 2nd	16	438
Manufacturing Controlled Substance 1st	17	419
Assault 1st	18	418
Attempted Murder	19	413
Burglary 2nd	20	384
Sexual Abuse 1st	21	377
Assault 2nd	22	366
Rape 2nd	23	356
Kidnapping 1st	24	315
Possession Marihuana 1st	25	302
Top 25 Offenses		22,506
Other Offenses		2,895
Total In-House Population		25,401

Figure 15.

In-House Population Offense Category

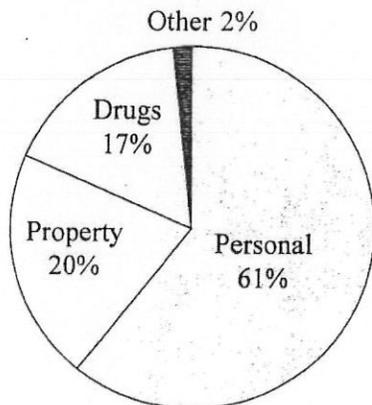
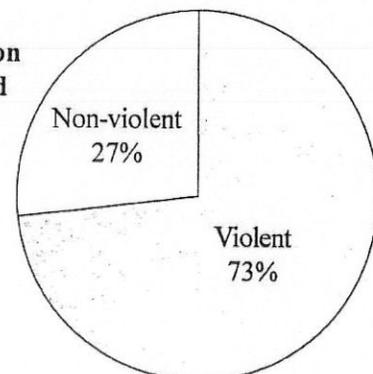


Figure 16.

In-House Population (Violent as defined in § 12-25-32)



Most Frequent Felony Offense at Conviction

Possession of Controlled Substances convictions exceed convictions for other offenses for the previous five years by a substantial margin.

**Possession of Controlled
Substance Convictions
Outnumber Others**

Figure 17.

**Most Frequent Felony Offense at Conviction - Top 10
October 1, 2006 - September 30, 2011**

