



Department of Law – Board 272
Controlled Substances Advisory Committee

Date: Thursday, March 26, 2026, 03:00 PM

Location: Virtual/Teleconference
Host: 123 4th Street, Juneau AK 99801

Chairperson: Sara Rasmussen (President of Board of Pharmacy Designee)

Members in Attendance: Sola Olamikan (Physician), Amanda Plowman (Public Member), Timothy Putney (Peace Officer), Katholyn Runnels (Attorney General Designee), Cornelius Sims (Commissioner of Department of Public Safety Designee)

Others in Attendance: Olivia Nolywaika (State Trooper)

Secretary: Elizabeth Tallmadge (LAW)

Agenda

- I. Welcome and Roll Call
- II. Approval of Minutes from 12.18.2025
- III. Item 1: Gabapentin Scheduling
- IV. Item 2: Statutory Modifications for Fentanyl Analogs as Class 1
- V. Item 3: Mental Health and Treatment: Provider Shortage
- VI. Old Business: Kratom Scheduling & Letter Review
- VII. Legislative Concerns
- VIII. New Business
- IX. Public Comment
- X. Next Steps
- XI. Adjournment

I. Welcome and Roll Call

Roll call conducted for committee members in attendance.

II. Approval of Minutes from 12.18.2025

The minutes from the meeting held December 18, 2025 are approved uncontested. No further comments.

III. Item 1: Gabapentin Scheduling

Chairperson Sara Rasmussen opens discussion. Katholyn Runnels mentions gabapentin has come up in past discussions as being sent and intercepted in Western Alaska, thousands of pills at a time. Because it's unscheduled, they cannot be intercepted. Scheduling a committee consideration so use in Western Alaska outside of medical treatment could be stopped. Dr Sola Olamikan mentions as a physician, concerns regarding restricting or curtailing gabapentin because gabapentin in-use as go-to for complex pain issues in a number of specialties as they're moving away from opioids. In attempts to prevent misuse and overuse, concerns about hindering legitimate use. Notes it has a safe safety profile, everything else has more complications. Amanda Plowman adds previous concerns from the veterinarian community regarding gabapentin handling as a controlled substance: most offices still using paper forms, unable to report controlled usage through electronic system. Runnels asks what state-side scheduling would have on legitimate medical practice, recalls previous concerns seemed to be over federal control. Dr Olamikan responds he isn't sure but wishes to emphasize care in placing burden on healthcare community. Compares use to Tylenol and ibuprofen. If not using opioids: antidepressant, antiseizure, NSAID; if removing class: antiepileptic, complicates ability to use neuropathic medication used to treat complex pain, chronic pain, postoperative pain, perioperative pain. In desire to address law enforcement needs, don't create burden for medical treatments. This is best alternative to opioids, which had a purpose but had fatal side effects. Not an issue with gabapentin despite abuse potential. Wants to address law enforcement concerns but emphasizes must not inadvertently create huge burden for medical, veterinary, healthcare community providers. Cornelius Sims responds law enforcement standpoint isn't concerned with legitimately prescribed medication, rather in addressing ten-thousand-pill boxes being seen coming in through international airport to Western Alaska. Chairperson Rasmussen asks how frequently these are being seen. Sims does not have current report but confirms it is frequent, both airport, USPS, and couriers, will get numbers. Dr Olamikan asks what Sims would need to conduct seizure without hindering healthcare community – confirms no legitimate doctor would prescribe ten thousand pills of anything. Asks if they can already be seized. Sims responds they can seize them incidentally depending on how they're shipped or based on another cause, but cannot do anything if they just happen to contain them. Runnels concurs from legal perspective, there is no probable cause to investigate package or authority to seize package because it isn't an illegal controlled substance. Chairperson Rasmussen asks for comparison between gabapentin and tramadol in terms of pain management. Dr Olamikan answers they're different classes, broadly tramadol is mild opioid agonist, gabapentin is neuropathic seizure; can be used together but are not interchangeable. Gabapentin very broad, complex drug with many uses in many fields. Causes 'in a fog' feeling, compares to alcohol and coffee and acknowledges abuse potential but that abuse of the drug is not dangerous, overdose of entire bottle would make someone sleep and wake up again, only dangerous to those with an allergy; sees more side

effects from aspirin than gabapentin. Gabapentin does not have hard upper-limit like eg Topamax, much safer medication which is why it sees overuse. Suspects current abuse is because of decrease in opioid availability. Has concerns that restriction on gabapentin would shift abuse to more dangerous drugs. Recalls previous discussion was considering possibility of classifying gabapentin at a lower level to allow for law enforcement to act, but would not be a concern for medical use. Posits even low classification would shift broad prescription trends toward unclassified drugs with consequence to life. Chairperson Rasmussen considers soliciting feedback from broader medical community: State Medical Board, Board of Pharmacy. Looking for classification that doesn't raise flags with DEA. Runnels confirms, responds committee considered classification 5A, in-line with suboxone; believes gabapentin is being mixed with other drugs, asks for first-hand account. State Trooper with Drug Enforcement Unit in Western Alaska Olivia Nolywaika confirms, is seeing it mixed primarily with alcohol: vodka or Whisky. Any classification at all would enable removal from mail. Asks if classifying it at lowest level would prohibitively limit ability to prescribe. Chairperson Rasmussen asks if a very large prescription of a 5A would be flagged the same way as a class 2. Dr Olamikan isn't sure. Plowman notes gabapentin is a class 5; 2-4 are reported. Runnels clarifies it's a schedule 5 federal drug, things like opioid derivatives are class 2 on the federal side, stateside prosecution requires state scheduling and eg opioid derivatives are 1A on stateside. Gabapentin is not currently scheduled stateside. Dr Olamikan clarifies he is most familiar with federal scheduling for reporting. If scheduling doesn't curtail healthcare ability to use, he is not concerned, but that is a legal issue. Chairperson Rasmussen believes it might give providers pause, the committee should canvas law and medical communities to determine what level of classification would be low enough barrier. Runnels agrees, would not impact PDMP reporting but issue isn't clear, need to find someone who can inform on medical community to further discussion. Chairperson Rasmussen makes note to CIRCLE BACK TO THIS ITEM WITH LEGAL COUNCIL and MEDICAL BOARD FOR CLARIFICATION. Committee to reach out to State Medical Board, PDMP, veterinary community, Board of Pharmacy chair about next meeting. Dr Olamikan mentions no one should be excused from reporting to the PDMP, no carveouts. Need to doublecheck veterinary and dentist PDMP reporting status.

No further comments.

IV. Item 2: Statutory Modifications for Fentanyl Analogs as Class 1

Chairperson Rasmussen opens discussion. Runnels reached out to representatives from Anchorage crime lab, but they unexpectedly could not attend. Has recently seen fentanyl analogues on legal side, not covered under controlled substances but still highly dangerous. Dr Olamikan recalls per previous conversation it's an issue of wording: cannot use 'fentanyl analog' and need a chemist for language. Runnels to reach out to Mr Foster and new chemist in Anchorage crime lab for meeting. Chairperson Rasmussen makes note to RETURN TO THIS ITEM FOR NEXT MEETING.

No further comments.

V. Item 3: Mental Health and Treatment: Provider Shortage

Chairperson Rasmussen opens for comment. Committee to solicit action items via email.

No further comments.

VI. Old Business: Kratom Scheduling & Letter Review

Chairperson Rasmussen opens discussion for final feedback on language in letter, intends to send Tuesday 31 March. Recalls Dr Lawrence had concerns regarding chemistry labeling but does not know specifics. No comments from committee members in attendance, email soliciting final feedback to be circulated, final edits to be incorporated 30 March, letter to be sent 31 March. Runnels has no concerns or edits.

No further comments.

VII. Legislative Concerns

Bill introduced to move administrative control of Controlled Substances Advisory Committee from Department of Law to Department of Commerce Boards and Commissions. Sponsor: Senator Claman, SB 233. One hearing has occurred, no opposition.

No further concerns.

VIII. New Business

No new business.

IX. Public Comment

No public comment.

X. Next Steps

Reach out for legal, PDMP, Medical Board, veterinary community on gabapentin scheduling for presentation and clarification at next meeting.

Mental health and treatment message for action items.

Kratom letter out 31, committee has until 30 for final edits.

Poll to coordinate next meeting in Q2.

XI. Adjournment

No additional business. Chairperson Rasmussen adjourns meeting at 3:45 PM.

Action Items

- I. Reach out for representatives for gabapentin scheduling discussions
 - Katholyn Runnels to find State Department of Law representative for any legal medical provider investigation, and Anchorage veterinary representative re: gabapentin
 - Chairperson Sara Rasmussen to reach out to PDMP, Board of Pharmacy chair, and State Medical Board for representative re: gabapentin
 - Amanda Plowman to reach out to North Pole veterinary representative re: gabapentin
- II. Circulate email for action items re: *Mental Health and Treatment: Provider Shortage*
- III. Circulate final email for Kratom letter review
 - feedback due Monday 30 March
 - letter to be sent Tuesday 31 March
- IV. Set date and time for next meeting

MINUTES APPROVED:

X
