

Execution of Ohio Man Continues Switch to Alternative Lethal Drugs

Apr 12, 2011 – 1:21 PM

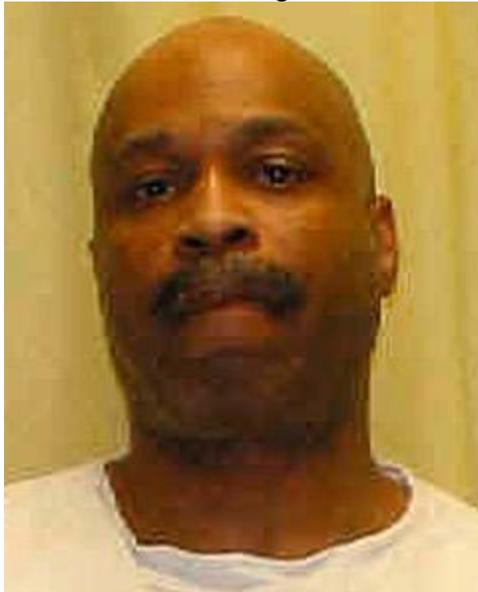


[Lisa Flam](#) Contributor

Ohio executed its second inmate with the surgical sedative pentobarbital today, continuing the move by several states away from the long-used drug sodium thiopental, which is in short supply in death chambers around the country.

Clarence Carter, 49, was put to death by injection this morning at the Southern Ohio Correctional Facility in Lucasville. He was condemned for fatally beating a fellow inmate in a Cincinnati jail days after arguing over what to watch on television, [according to reports](#).

Carter was the second Ohio inmate to be executed with the single drug pentobarbital, which is used in lower doses to induce a coma in heart surgery patients. Ohio inmate Johnnie Baston was executed with the drug in March. The state said both executions were problem-free.



Handout / AP

Clarence Carter, who beat to death a fellow Cincinnati jail inmate, was executed in Ohio this morning by lethal injection.

Sodium thiopental has been used in lethal injections since 1982, according to Richard Dieter,

executive director of [Death Penalty Information Center](#), and was widely used by the 34 states with the death penalty.

But the sole U.S. maker of the drug said earlier this year that it's no longer making it, and a foreign manufacturer said it will [no longer sell](#) the drug for use in capital punishment. The decisions have left death penalty states searching for an alternative drug or supplier as sodium thiopental stocks begin to dwindle or expire.

Along with Ohio, Oklahoma, Texas, Mississippi and Louisiana have made the change to pentobarbital, although only Ohio and Oklahoma have used it, the Death Penalty Information Center said. Texas was expected to use pentobarbital for an April 5 execution, but it was [stayed](#) by the U.S. Supreme Court.

Dieter told AOL News that states rushed into using pentobarbital and said the drug hasn't been studied for use in the death chamber.

"It's been kind of approved without hearings, and it's experimental at this stage," he said. "The drug's being used out of necessity rather than because it was a good choice or humane alternative. It was taken up because the other drug is no longer available."

Ohio, which switched to a single-drug protocol about a year ago, faced a shortage of sodium thiopental and announced the change to pentobarbital in January, saying it's widely available and made in the U.S. At the time, the state noted that Oklahoma had used it three times.

Ohio conducted "extensive research" into the substitute drug and relied on court testimony in Oklahoma on the issue, said the state's chief corrections spokesman, Carlo LoParo.

"They drugs are identical in effect," he said today. "Both are barbiturates, and courts have determined and our expert witnesses have confirmed that pentobarbital is a gram-for-gram replacement for sodium thiopental. It's humane, FDA-approved and effective."

The move away from sodium thiopental began when Hospira Inc. of Lake Forest, Ill., said in January that it will [stop making the drug](#). The company had halted production a year earlier and planned to switch from a domestic to an Italian plant, but Italian authorities did not want the drug used in executions.

Last week, an Indian company, [Kayem Pharmaceutical](#), said it will no longer sell sodium thiopental for use in executions, saying it goes against the "ethos of Hinduism."

Earlier this year, federal authorities seized Georgia's supply of sodium thiopental amid questions about whether it was illegally imported from a British distributor, [according to news reports](#).

Because of problems getting sodium thiopental from overseas suppliers, pentobarbital may be used in many more executions, Dieter said.

"The ones that went overseas are running into problems," he said of states. "Ohio may be the

wave of the future in terms of a single drug that's available here, as opposed to scurrying around with companies that don't want the death penalty."

Some states can switch drugs administratively, but others would require a change in state law, which could all lead to delays and possibly legal challenges. Either way, Dieter predicted a shift.

"There's going to be changes virtually everywhere," he said.