

CALIFORNIA DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of California.

California At-a-Glance:

- In 2010-2011, California was one of the top ten states for rates of drug-use in several categories, including: past-month illicit drug use among persons age 12-17; past-month use of illicit drugs other than marijuana among persons age 12-17; past-year cocaine use among persons age 12-17; and illicit drug dependence or abuse among persons age 12-17.
 - Source: National Survey on Drug Use and Health (NSDUH), 2010-2011.
- Approximately 10.47 percent of California residents reported past-month use of illicit drugs; the national average was 8.82 percent.
- In 2012, 27 percent of California drug treatment admissions were for marijuana, while 35 percent were for stimulants (including methamphetamine).
- In 2010, the rate of drug-induced deaths in California was lower than the national average.

Drug Use Trends in California

Drug Use in California: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. In the most recent Survey, 10.47 percent of California residents reported using illicit drugs in the past month. The national average was 8.82 percent. Additionally, 3.53 percent of California residents reported using an illicit drug other than marijuana in the past month (the national average was 3.33 percent). Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2010-2011 National Survey on Drug Use and Health: http://store.samhsa.gov/shin/content//SMA11-4641/SMA11-4641.pdf



Drug-Induced Deaths: As a direct consequence of drug use, 4,258 persons died in California in 2010. This is compared to the number of persons in California who died from motor vehicle accidents (2,922) and firearms (2,935) in the same year. California drug-induced deaths (11.4 per 100,000 population) were lower than the national rate (12.9 per 100,000).

Source: WONDER online databases: http://wonder.cdc.gov/cmf-icd10.html

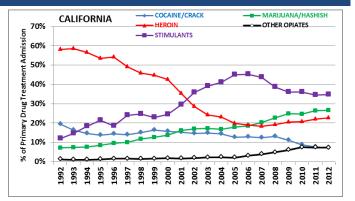
Substance Abuse Treatment Admissions Data

California Primary

Treatment Admissions:

The graph on the right depicts substance abuse primary treatment admissions in California from 1992 to 2012. The data show that stimulants (including methamphetamine), followed by marijuana, are the most commonly cited drugs among primary drug treatment admissions in California.

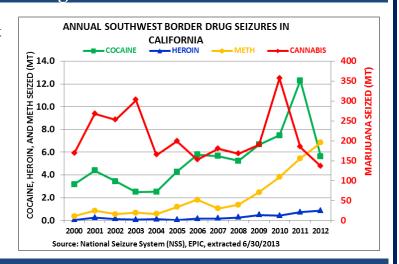
Source: Treatment Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov/data/DASIS.aspx#teds



Southwest Border Drug Seizure Data

California Border Drug Seizure Data: The amount of cocaine seized along the California portion of the Southwest Border steadily increased over the period 2001 to 2011, but then significantly decreased between 2011 to 2012. While the amount of marijuana seized over time has declined, methamphetamine seizures continue to increase.

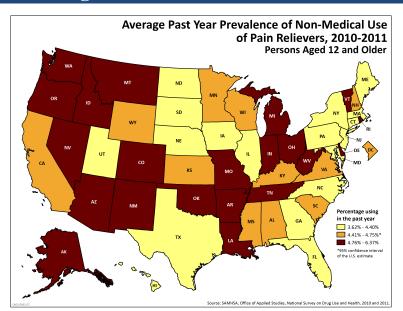
Source: National Seizure System (NSS), EPIC, extracted 6/30/13



Prescription Drug Abuse

ONDCP's Efforts to Combat Prescription Drug Abuse

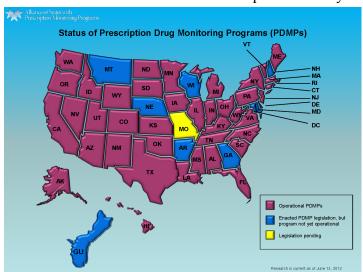
Prescription drug abuse is the fastest-growing problem the Nation. drug in Administration's Prescription Drug Abuse "Epidemic: Prevention Plan entitled Responding to America's Prescription Drug Abuse Crisis" provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of statebased prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers;



and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.

State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies.



PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Forty-one states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 9 states and territories have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

California's operational PDMP, the Controlled

Substance Utilization Review and Evaluation System (CURES), contains over 100 million entries of controlled substances dispensed in California and responds to more than 60,000 requests from practitioners and pharmacists each year. The system allows licensed healthcare prescribers, law enforcement, and regulatory boards to access real-time information on patients' controlled substance history.

Source: Office of the Attorney General, State of California. http://ag.ca.gov/bne/cures.php

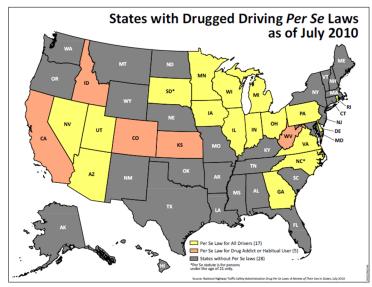
State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take back events and educate the public about safe and effective drug return and disposal.

Drugged Driving

ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.



State-Level Action: Enacting Per Se Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards for

impairment that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.

California does not have a *Per Se* **standard.** However, according to the California Vehicle Code (Section 23152 VC), it is unlawful for any person who is under the influence of any drug, or under the combined influence of any alcoholic beverage and drug, to drive a vehicle. It is also unlawful for any person who is addicted to the use of any drug to drive a vehicle.

Source: A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs, by the Walsh Group for the National Highway Traffic Safety Administration.

ONDCP Support for Community-Based Prevention

National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages to young people (including those in Native American and Alaska Native communities) about drug use and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2013, the following California coalitions received grants from ONDCP:

- The Faith and Institutions Together for Health
- San Marcos Prevention Coalition
- Hayward Coalition for Healthy Youth
- Drug Free RC
- Ashland/Cherryland Violence Preventions Collaborative (ACVPC)
- South Tahoe Drug Free Coalition
- Escondido Education Compact
- Santee Solutions Coalition
- San Rafael Alcohol and Drug Coalition
- CATALYST Coalition
- Coalition for a Drug-Free Nevada County
- One East Palo Alto Community Based Partnership for the Prevention of Alcohol, Tobacco, and Other Drugs
- A Sobering Choice
- Siskiyou Substance Abuse Coalition
- Alcohol, Tobacco and Other Drug Prevention Coalition
- Novato Blue Ribbon Coalition for Youth

- Coalition for Gang Awareness and Prevention
- Tahoe Truckee Future Without Drug Dependence (TT-FWDD)
- Laytonville Healthy Start
- CARE Council Coalition
- North County Prevention Partnership
- Across Ages and Cultures
- California for Drug Free Youth
- Santa Ynez Valley People Helping People
- San Luis Obispo County Friday Night Live Partnership
- Mountain Communities Coalition to Address Substance Abuse
- Coalition for Placer Youth
- Safety Wellness Advocacy Community Coalition
- Community-Supporting Alcohol and Drug Free Environment
- The Petaluma Coalition to Prevent Alcohol, Tobacco and Other Drug Problems
- Crescenta Valley Drug and Alcohol Prevention Coalition

- Julian Backcountry Collaborative
- Saving Lives Camarillo
- Partners for Innovative Communities
- NATHA
- Vision Coalition of Eldorado Hills
- Rancho Cordova Children, Youth, and Families Collaborative
- Hemet Community Action Network (Hemet CAN)
- South Orange County Coalition

- Alcohol and Drug Prevention Coalition
- Santa Cruz County Community Prevention Partners
- Saving Lives San Fernando Valley California
- Cinco de Mayo Con Orgullo (with pride) Coalition

Source: Office of National Drug Control Policy http://www.ondcp.gov/dfc/grantee map.html

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among Federal, State, and local law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

HIDTA Counties in California

Central Valley HIDTA: Kern, Kings, Madera, Merced, Shasta, Stanislaus, San Joaquin, Fresno, Tulare, and Sacramento counties.

Los Angeles HIDTA: Los Angeles, Orange, Riverside, and San Bernardino counties.

Northern California HIDTA: Alameda, Contra Costa, Lake, Marin, Mendocino, Monterey, San Francisco, San Mateo, Santa Clara, Santa Cruz, and Sonoma counties.

Southwest Border HIDTA/California Region: Imperial and San Diego counties.

- The HIDTA program has been integral in targeting the major production and distribution threats of methamphetamine and marijuana in California.
- In addition to interdiction and eradication efforts, the four California HIDTAs participate in a state-wide, community-oriented demand reduction program.

Federal Grant Awards Available to Reduce Drug Use in the State of California

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2012, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2012, your State received support under the grant programs shown below.

epartment / Office / Program Name		2012
Department of Agriculture	\$	12,608,1
National Institute of Food and Agriculture		,_,_,_
Cooperative Extension Service	\$	12,608,1
Department of Defense	\$	9,676,2
The Army		
National Guard ChalleNGe Program	\$	9,676,2
Department of Education	Ś	138,858,6
Office of Elementary and Secondary Education		
Safe and Drug-Free Schools and Communities National Programs	\$	14,781,
Twenty-First Century Community Learning Centers	\$	124,077,
Department of Health and Human Services	Ś	
Administration for Children and Families		
Enhance Safety of Children Affected by Substance Abuse	\$	1,000,
Promoting Safe and Stable Families	\$	34,910
Transitional Living for Homeless Youth	\$	3,526
Centers For Medicare and Medicaid Services		
Medical Assistance Program - Grants to States for Medicaid To Treat Substance Abuse	\$	330,880
Indian Health Service	1.0	
Urban Indian Health Services	\$	2,328
National Institutes Of Health		-/
Alcohol Research Programs	\$	125,492
Drug Abuse and Addiction Research Programs	\$	249,966
Drug Abuse Scientist Development Awards, Research Scientist Development Aw	\$	621
Substance Abuse and Mental Health Services Administration	~**	
Block Grants for Prevention and Treatment of Substance Abuse	\$	248,892
Projects for Assistance in Transition from Homelessness (PATH)	\$	9,034
Substance Abuse and Mental Health Services Projects of Regional and National Significance	\$	75,336
Substance Abuse and Mental Health Services-Access to Recovery	\$	6,455
Health Resources and Services Administration		
Healthy Start Initiative	\$	4,532
Pepartment of Housing and Urban Development	\$	300,870
Community Planning and Development		
Emergency Shelter Grants Program	\$	9,199
Emergency Solutions Grant Program	\$	38,075
Shelter Plus Care	\$	100,718
Supportive Housing Program	\$	152,876
Department Of Justice	\$	54,016
Office of Justice Programs		
Byrne Criminal Justice Innovation Program	\$	1,000
Drug Court Discretionary Grant Program	\$	1,099
Edward Byrne Memorial Competitive Grant Program	\$	1,292
Edward Byrne Memorial Justice Assistance Grant Program	\$	32,406
Harold Rogers Prescription Drug Monitoring Program	\$	375
Juvenile Accountability Block Grants	\$	2,842
Juvenile Justice and Delinquency Prevention Allocation to States	\$	2,237
Juvenile Mentoring Program	\$	399

Federal Grant Awards That Help Reduce the Availability and Misuse Of Drugs In The Sta	ate of CA	
Department / Office / Program Name		2012
Project Safe Neighborhoods	\$	500,000
Regional Information Sharing Systems	\$	4,309,475
Residential Substance Abuse Treatment for State Prisoners	\$	824,123
Second Chance Act Prisoner Reentry Initiative	\$	3,953,118
Tribal Court Assistance Program	\$	2,047,330
Tribal Youth Program	\$	729,053
Department of Labor	\$	9,538,748
Employment and Training Administration		
Reintegration of Ex-Offenders	\$	3,421,271
Youthbuild	\$	6,117,477
Department of Transportation	\$	41,604,294
National Highway Traffic Safety Administration		
Alcohol Impaired Driving Countermeasures Incentive Grants I	\$	11,604,294
Minimum Penalties for Repeat Offenders for Driving While Intoxicated	\$	30,000,000
Department of Veteran's Affairs	\$	42,831,641
Veterans Health Administration		
VA Homeless Providers Grant and Per Diem Program	\$	42,831,641
Executive Office of The President	\$	34,856,211
Office of National Drug Control Policy		
Drug-Free Communities Support Program Grants	\$	5,967,477
High Intensity Drug Trafficking Areas Program	\$	28,888,734
Grand Total	\$	1,737,838,198

File updated 08/01/13.

