



ARKANSAS DRUG CONTROL UPDATE

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

Arkansas At-a-Glance:

- In 2007-2008, Arkansas was one of the top ten states for rates in several drug-use categories: past-year non-medical use of prescription pain relievers among persons age 12 or older; past-year non-medical use of pain relievers among young adults age 18-25; past-month use of illicit drugs other than marijuana among persons age 12 or older; and past-month use of illicit drugs other than marijuana among young adults age 18-25.

Source: National Survey on Drug Use and Health (NSDUH) 2007-2008.

- The number of meth lab seizure incidents in the state of Arkansas increased 47%, from 321 incidents in 2007 to 473 incidents in 2009.

Source: El Paso Intelligence Center's National Seizure System (EPIC-NSS)

- Approximately 8 percent of Arkansas residents reported past-month use of illicit drugs; the national average was 8 percent.
- The drug-induced death rate in Arkansas is lower than the national average.

Drug Use Trends in Arkansas

Drug Use in Arkansas: 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, 7.96 percent of Arkansas residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 4.28 percent of Arkansas residents reported using an illicit drug other than marijuana in the past month (the national average was 3.58 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007-2008 National Survey on Drug Use and Health: <http://oas.samhsa.gov/2k8state/Cover.pdf>

Drug-Induced Deaths: As a direct consequence of drug use, 326 persons died in Arkansas in 2007. This can be compared to the number of persons who died from motor vehicle accidents (675) and firearms (426) in the same year. Arkansas drug-induced deaths (11.5 per 100,000 population) were lower than the national rate (12.7 per 100,000).

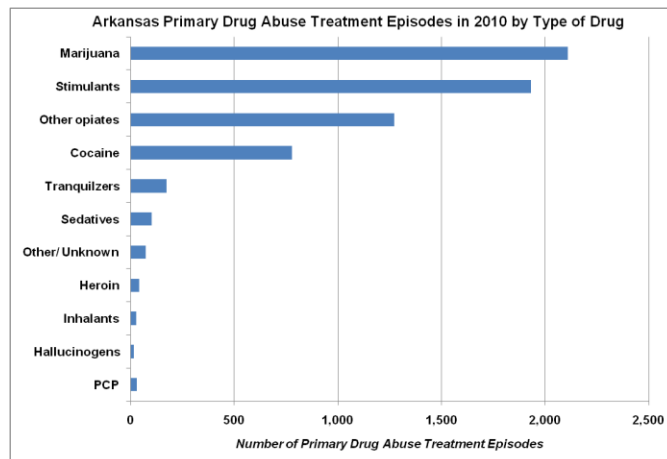
Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Substance Abuse Treatment Admissions Data

Arkansas primary treatment admissions:

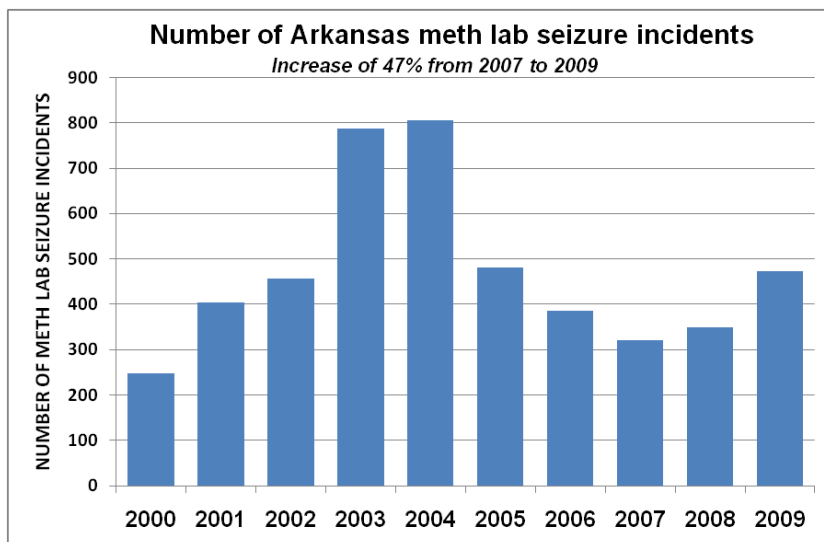
The graph at right depicts substance abuse primary treatment admissions in Arkansas in 2010. The data show marijuana, followed by stimulants (including methamphetamine) is the most commonly cited drug among primary drug treatment admissions in the state.

Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: <http://oas.samhsa.gov/dasis.htm>



Methamphetamine Lab Seizure Data

Methamphetamine Seizures: Nationwide, methamphetamine lab seizures declined drastically following the 2005 Federal Combating Methamphetamine Epidemic Act (CMEA) and similar state laws to control the sale of pseudoephedrine (PSE). Recently, the number of meth labs seized has risen due to “smurfing,” which is the bulk purchase of PSE for non-therapeutic reasons, and due to smaller, more mobile “one-pot” labs. Nationwide, meth lab seizures rose 76% between 2007 and 2009. During this time, meth lab seizures in Arkansas rose 47% from 2007 to 2009.



Example of State-Level Action: Return pseudoephedrine to prescription-drug status

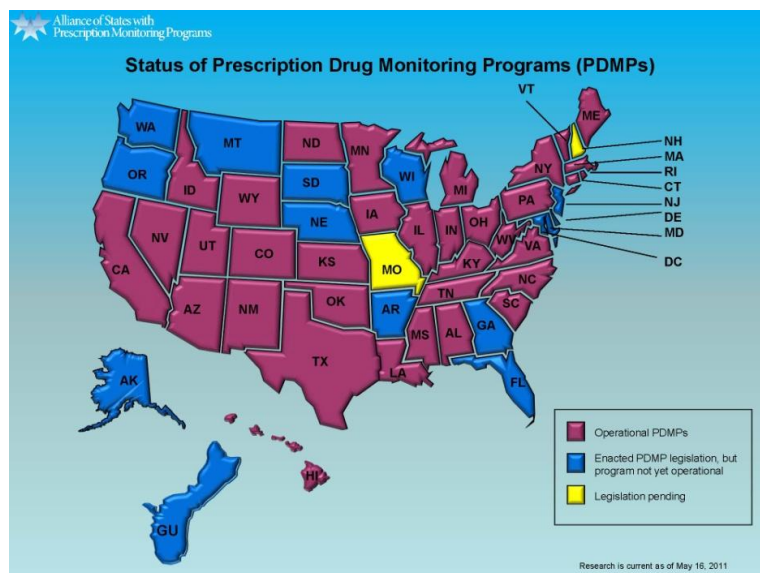
Facing a steep increase in meth lab incidents, the state of Oregon returned medicines containing PSE to prescription-drug status in 2006. Several years later, the results are promising, with meth lab incidents declining from a high of 467 in 2004 (prior to enactment of the bill) to 12 in 2009 and Oregon officials reporting a virtual “eradication” of smurfing and meth labs. Experiencing a similar rise in meth lab production and trafficking, Mississippi enacted similar legislation, which took effect on July 1, 2010. Mississippi reports that after six months, there has been a nearly 70 percent reduction in meth-related cases statewide.

Source: EPIC, NSS, extracted 11/2010; Bovett, Rob, “Killing the Meth Monster,” *The New York Times*, 16 Nov, 2010.

Prescription Drug Abuse

ONDCP’s Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration’s Prescription Drug Abuse Prevention Plan, entitled, “**Epidemic: Responding to America’s Prescription Drug Abuse Crisis,**” provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based 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. Thirty-five states have operational PDMP

programs established by state legislation and funded by a combination of state and Federal funds. An additional 13 states 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.

On March 17, Governor Mike Beebe signed **SB 345**, authorizing the establishment of a Prescription Drug Monitoring Program to monitor the prescribing and dispensing of Schedule II-V controlled substances. Arkansas's PDMP will be overseen by the Arkansas Department of Health.

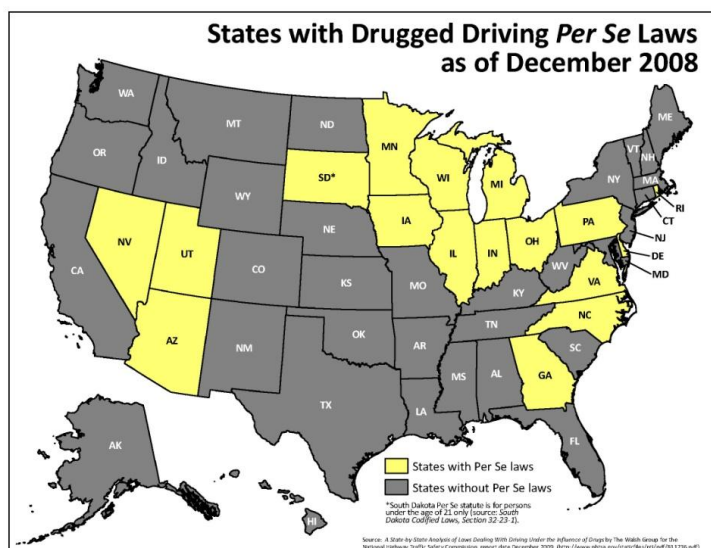
State-Level Action: Drug Take-Back Programs

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 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.

Arkansas does not currently have a *Per Se* standard. However, it is unlawful for any person who is intoxicated to operate or be in actual physical control of a motor vehicle while under the influence "to a degree that it substantially alters the defendant's reaction, motor skills, and judgment so as to constitute a clear and substantial danger of physical injury or death."

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 (including those in Native American and Alaska Native communities) to young people about drug abuse 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 2011, the following Arkansas coalitions received grants from ONDCP:

- TEA Coalition
- Tremendous Opportunities for Union County Health (TOUCH)
- River Valley Tobacco and Drug Free Coalition
- Quapaw House, Inc
- Madison County Community Coalition
- Drug Free Rogers Lowell
- White County Invested in Substance Abuse Eradication (WISE)

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 local, state, and Federal 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 Arkansas

Arkansas-Gulf Coast HIDTA: Benton, Jefferson, Pulaski, and Washington counties.

- The Gulf Coast HIDTA supports three drug task forces servicing the Little Rock and Fayetteville, Arkansas, areas. These task forces focus on state's two primary drug threats: methamphetamine trafficking and the transshipment of illicit drugs from Mexico to the Midwest and eastern seaboard states.
- The recent addition of Memphis, TN, into the Gulf Coast HIDTA will result in improved communication and coordination between the two states. In 2010, Gulf Coast HIDTA task forces disrupted or dismantled over 20 drug trafficking organization operating within the state and beyond.

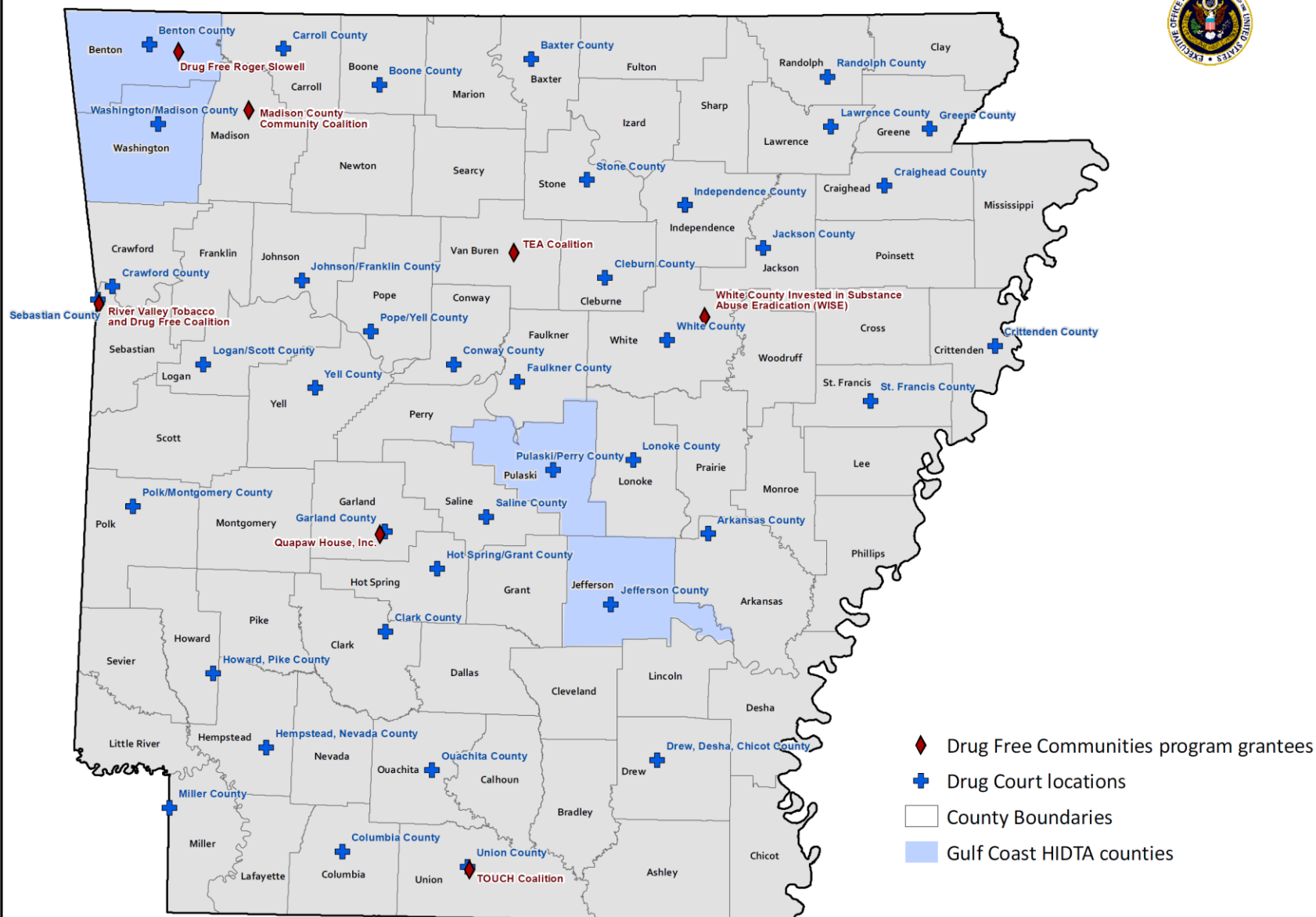
Federal Grant Awards Available to Reduce Drug Use in the State of Arkansas

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, 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 2010, your State received support under the grant programs shown below.

Federal Grant Awards		2010
Department of Education		
Safe and Drug-Free Schools and Communities_National Programs		749,998
Safe Schools/Healthy Students Grants		749,998
Department of Health and Human Services		
Administration for Children and Families		5,332,253
Mentoring Children of Prisoners		564,566
Promoting Safe and Stable Families		4,767,687
Centers for Disease Control and Prevention		360,876
Urban Indian Health Services		360,876
Health Resources and Services Administration		259,768
Healthy Start Initiative		259,768
National Institutes of Health		8,956,623
Discovery and Applied Research for Technological Innovations to Improve Human Health		1,089,714
Drug Abuse and Addiction Research Programs		7,866,909
Substance Abuse and Mental Health Services Administration		17,936,112
Block Grants for Prevention and Treatment of Substance Abuse		13,381,171
Projects for Assistance in Transition from Homelessness (PATH)		300,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		902,941
Substance Abuse and Mental Health Services-Access to Recovery		3,352,000
Department of Housing and Urban Development		
Assistant Secretary for Community Planning and Development		493,020
Shelter Plus Care		493,020
Department of Justice		
Office of Justice Programs		12,361,772
Community Capacity Development Office		157,000
Congressionally Recommended Awards		1,400,000
Criminal and Juvenile Justice and Mental Health Collaboration Program		198,379
Drug Court Discretionary Grant Program		549,923
Edward Byrne Memorial Justice Assistance Grant Program		7,464,277
Enforcing Underage Drinking Laws Program		356,400
Juvenile Accountability Block Grants		547,000
National Institute of Justice Research Evaluation and Development Project Grants		100,000
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program		37,131
Residential Substance Abuse Treatment for State Prisoners		355,116
Second Chance Act Prisoner Reentry Initiative		871,546
Youth Gang Prevention		325,000
Executive Office of the President		
Substance Abuse and Mental Health Services Administration		687,741
Drug-Free Communities Support Program Grants		687,741
Grand Total		47,138,163

Note: Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. File updated 06/07/2011.

Office of National Drug Control Policy Programs in Arkansas with Drug Court Locations



Source: National Drug Court Institute and ONDCP, September 2011