



NORTH CAROLINA DRUG CONTROL UPDATE

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

North Carolina At-a-Glance:

- The number of meth lab seizure incidents in the state of North Carolina increased 32%, from 153 incidents in 2007 to 202 incidents in 2009.
Source: El Paso Intelligence Center's National Seizure System (EPIC-NSS).
- Approximately 8 percent of North Carolina residents reported past-month use of illicit drugs; the national average was 8 percent.
- The rate of drug-induced deaths in North Carolina is similar to the national average.
- Marijuana is the most commonly cited drug among primary drug treatment admissions in North Carolina.

Drug Use Trends in North Carolina

Drug Use in North Carolina: 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, 7.75 percent of North Carolina residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 3.51 percent of North Carolina 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, 1,125 persons died in North Carolina in 2007. This is compared to the number of persons in North Carolina who died from motor vehicle accidents (1,818) and firearms (1,116) in the same year. North Carolina drug-induced deaths (12.4 per 100,000 population) were similar to the national rate (12.7 per 100,000).

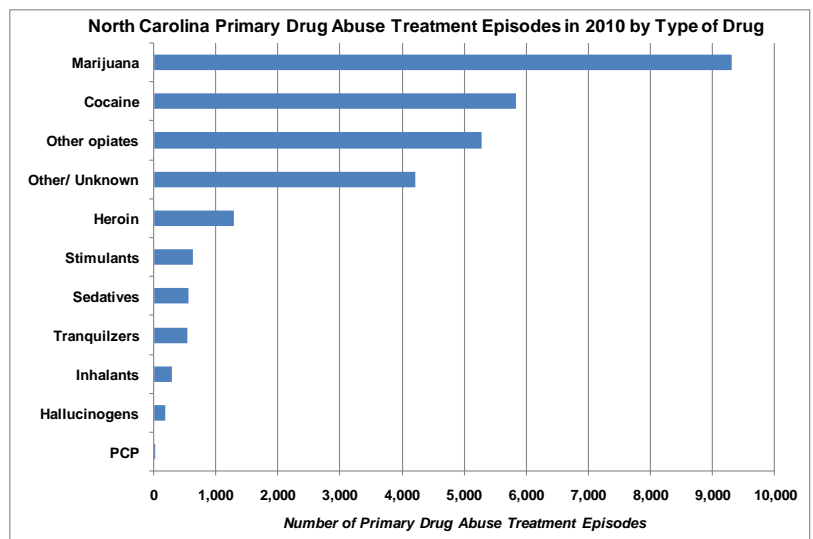
Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Substance Abuse Treatment Admissions Data

North Carolina Primary Treatment Admissions:

The graph at right depicts substance abuse primary treatment admissions in North Carolina in 2010. The data show that marijuana, followed by cocaine, 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>

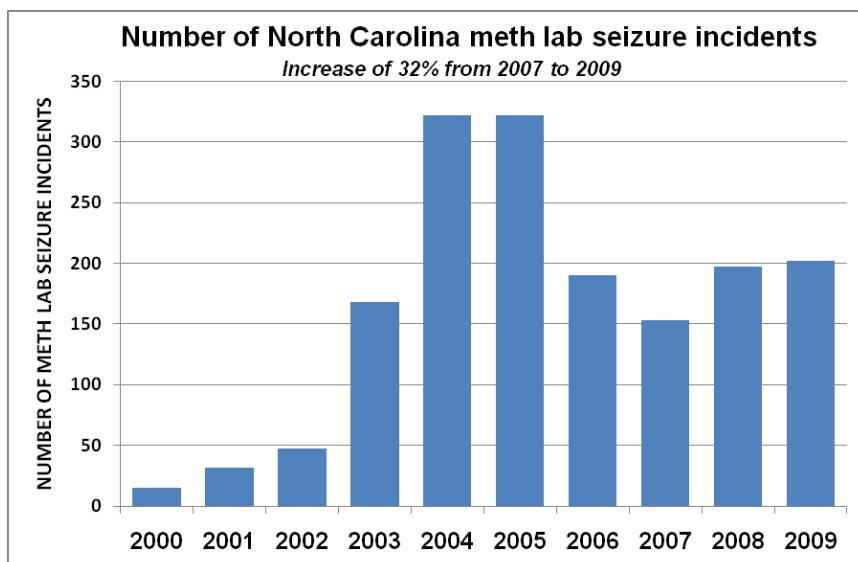


Methamphetamine Lab Seizures

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. Meth lab seizures in North Carolina have mirrored this overall trend, rising 32% from 2007 to 2009.

Source: EPIC, NSS, extracted 11/2010



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

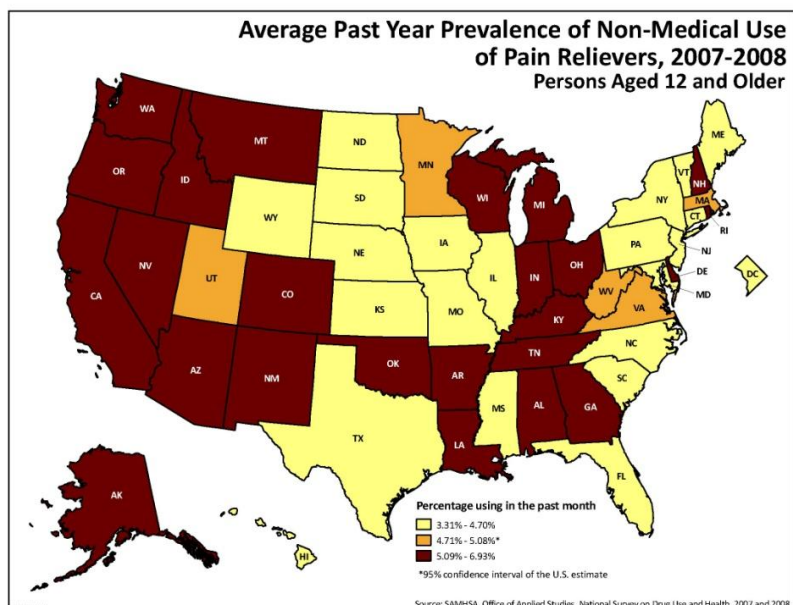
Facing a steep increase in meth lab incidents, the state of Oregon returned medicines containing PSE to prescription-drug status in 2006. Several years later, the results are promising, with meth lab incidents declining from a high of 467 in 2004 (prior to enactment of the bill) to 12 in 2009 and Oregon 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.

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.

The **North Carolina Controlled Substances Reporting System** became operational in 2007 under the North Carolina Controlled Substances Reporting System Act, which was enacted in 2005. The System is under the North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services. It monitors controlled substances in Schedules II, III, IV, and V. The data are collected weekly; in 2008, an estimated 17,000,000 prescription records were collected.

Source: Alliance of States with Prescription Monitoring Programs: <http://www.pmpalliance.org/content/north-carolina-state-profile>

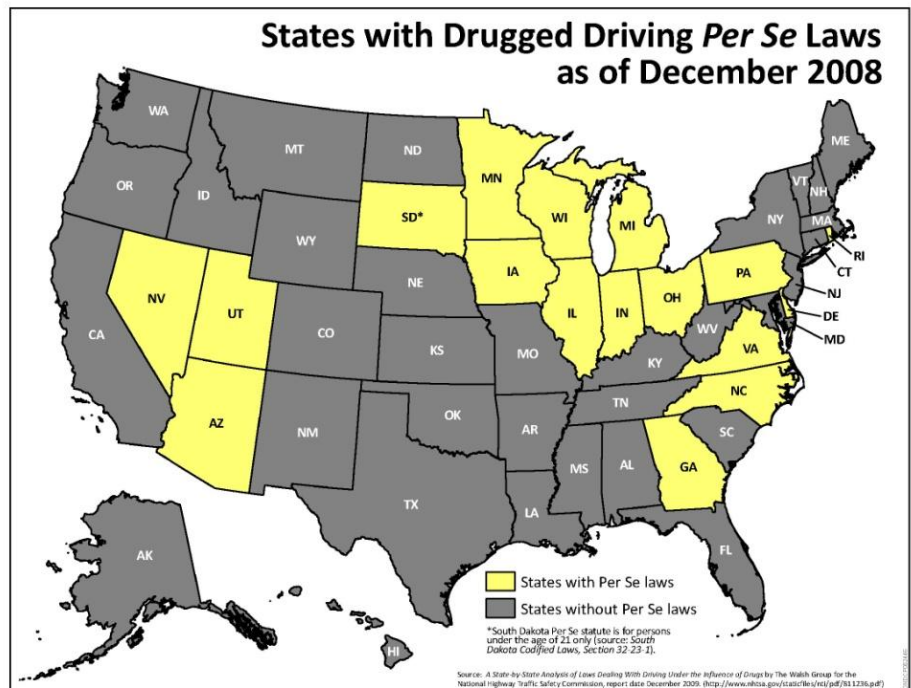
State-Level Action: Drug Take-Back Programs

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.

North Carolina has an operating *Per Se* standard. According to the North Carolina General Statutes Section 20-138.3, it is unlawful for a person under 21 to drive a motor vehicle while consuming or still remaining in their body, any alcohol or controlled substance previously consumed, unless the controlled substance was lawfully obtained and taken in therapeutically appropriate amounts. Proof Required: that the defendant was driving a vehicle in North Carolina, had any amount of a Schedule I controlled substance, was under the influence of an impairing substance, or was under 21 and had a controlled substance in his/her body.

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 North Carolina coalitions received grants from ONDCP:

- Cape Fear Coalition For A Drug-Free Tomorrow
- Charlotte Mecklenburg Drug Free Coalition
- Chatham Community for Alcohol and Drug Free Youth
- Coalition for a Safe and Drug Free Cherokee County
- Coalition for Alcohol & Drug Free Teenagers of Chapel Hill & Carrboro, Inc.
- Dare Coalition Against Substance Abuse, Inc.
- Elon Community Coalition to Prevent Underage Drinking
- Northern Orange Partnership for Alcohol and Drug Free Youth

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.

Atlanta HIDTA

North Carolina counties: Alamance, Buncombe, Durham, Gaston, Guilford, Henderson, Johnston, McDowell, Mecklenburg, Randolph, Union, Wake, Wayne, and Wilson.

- The primary focus of the Atlanta HIDTA's North Carolina initiatives continues to be investigating the operations of the Mexican-based drug cartels. The North Carolina HIDTA counties are a primary corridor for the transportation of illicit narcotics throughout the Eastern United States and for the movement of illicit proceeds back to Mexico.
- The HIDTA is also targeting an emergent regional Mexican black tar heroin threat.

- In 2010, six counties in the Ashville and Charlotte areas were added to the North Carolina HIDTA designated areas.

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

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	6,556,108
Alcohol Abuse Reduction Grants	359,089
Competition To Prevent High-Risk Drinking & Violent Behavior Among College Students	239,693
Grants For School-Based Student Drug-Testing Programs	38,860
Safe Schools/Healthy Students Grants	5,918,466

Department of Health and Human Services

Administration for Children and Families	13,396,700
Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse	500,000
Mentoring Children of Prisoners	1,002,500
Promoting Safe and Stable Families	11,894,200
Centers for Disease Control and Prevention	512,928
HIV Prevention Activities_Non-Governmental Organization Based	512,928
Health Resources and Services Administration	2,767,679
Healthy Start Initiative	2,767,679
National Institutes of Health	51,751,211
Discovery and Applied Research for Technological Innovations to Improve Human Health	9,955,523
Drug Abuse and Addiction Research Programs	41,795,688
Substance Abuse and Mental Health Services Administration	47,263,273
Block Grants for Prevention and Treatment of Substance Abuse	40,041,719
Projects for Assistance in Transition from Homelessness (PATH)	1,139,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance	6,082,554

Department of Housing and Urban Development

Assistant Secretary for Community Planning and Development	6,838,945
Shelter Plus Care	6,838,945
Assistant Secretary for Housing--Federal Housing Commissioner	(28,245)
Shelter Plus Care	(28,245)

Department of Justice

Office of Justice Programs	22,729,836
Community Capacity Development Office	1,097,992
Congressionally Recommended Awards	1,375,000
Criminal and Juvenile Justice and Mental Health Collaboration Program	250,000
Drug Court Discretionary Grant Program	1,068,947
Edward Byrne Memorial Justice Assistance Grant Program	13,135,684
Enforcing Underage Drinking Laws Program	356,400
Juvenile Accountability Block Grants	1,240,000
National Institute of Justice Research Evaluation and Development Project Grants	1,470,750
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program	241,967
Residential Substance Abuse Treatment for State Prisoners	749,531
Second Chance Act Prisoner Reentry Initiative	1,265,069
Tribal Youth Program	478,496

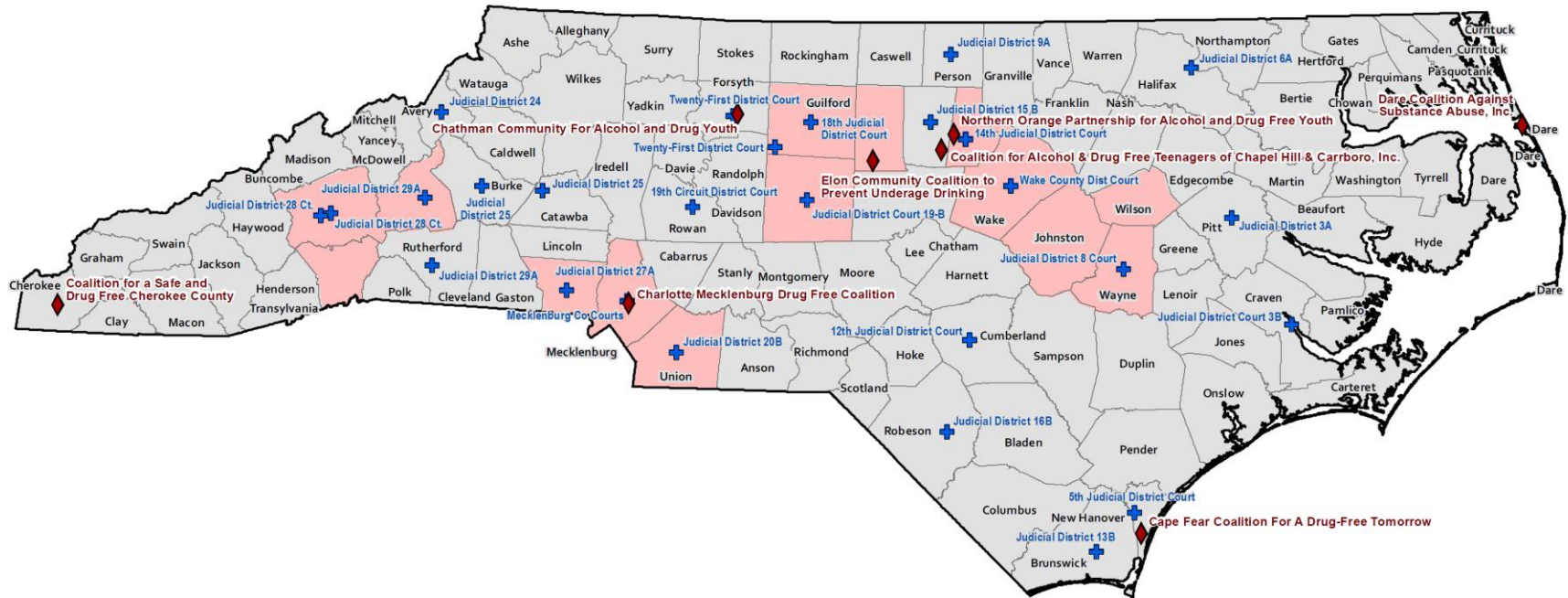
Executive Office of the President

Office of National Drug Control Policy	460,385
High Intensity Drug Trafficking Area Program	460,385
Substance Abuse and Mental Health Services Administration	600,000
Drug-Free Communities Support Program Grants	600,000

Grand Total **152,848,820**

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 North Carolina with Drug Court Locations



- ◆ Drug Free Communities program grantees
- ⊕ Drug Court locations
- Atlanta HIDTA counties
- County Boundaries



Source: National Drug Court Institute and ONDCP, September 2011