



OREGON DRUG CONTROL UPDATE

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

Oregon At-a-Glance:

- In 2007-2008, Oregon ranked first among all states for rates of use in several drug categories: past-month use of illicit drugs other than marijuana among persons age 12-17; past-year non-medical use of pain relievers among young adults age 18-25; and past-month illicit drug use among persons age 26 and older.

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

- Approximately 12 percent of Oregon residents reported past-month use of illicit drugs; the national average was 8 percent.
- The rate of drug-induced deaths in Oregon exceeds the national average.

Drug Use Trends in Oregon

Drug Use in Oregon: 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, 12.18 percent of Oregon residents reported using illicit drugs in the past month. The national average was 8.02 percent. Oregon's rate was one of the 10 highest among the states. Additionally, 5.51 percent of Oregon 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>

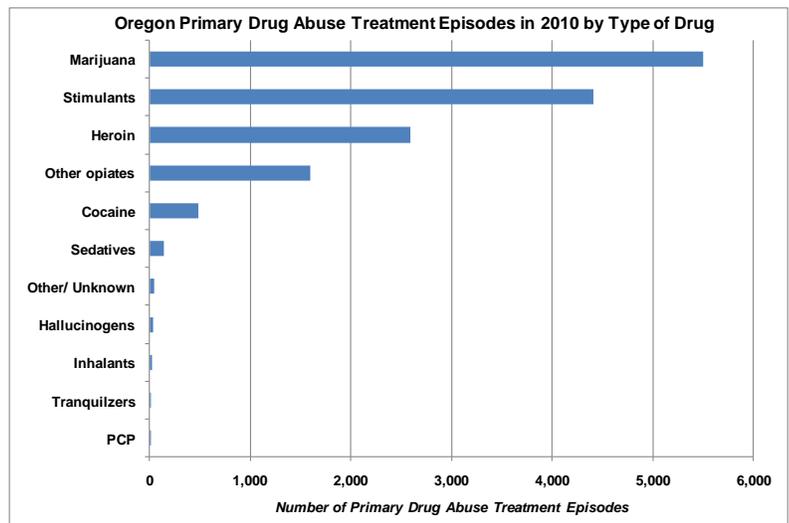
Drug-Induced Deaths: As a direct consequence of drug use, 564 persons died in Oregon in 2007. This is compared to the number of persons in Oregon who died from motor vehicle accidents (490) and firearms (387) in the same year. Oregon drug-induced deaths (15.1 per 100,000 population) exceeded the national 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

Oregon primary treatment admissions: The graph at right depicts substance abuse primary treatment admissions in Oregon in 2010. The data show marijuana is the most commonly cited drug among primary drug treatment admissions in the state.

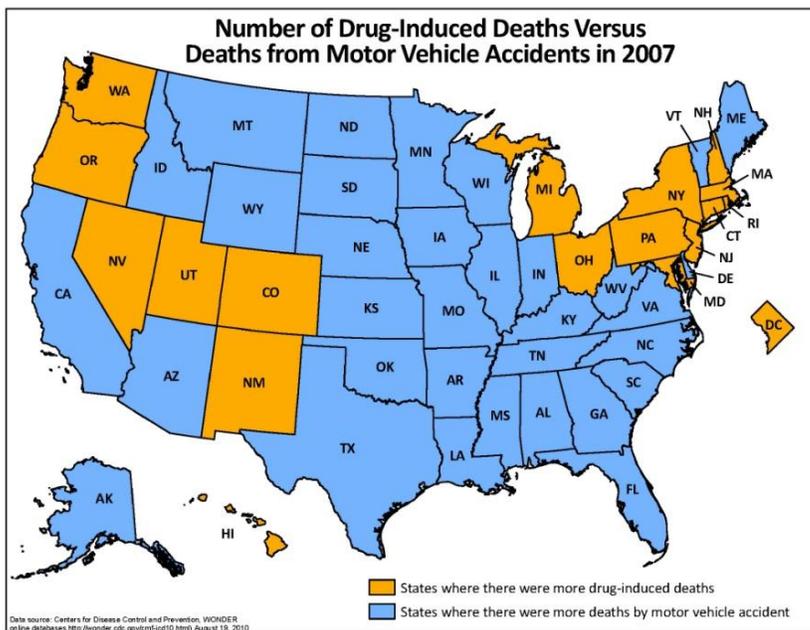
Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration : <http://oas.samhsa.gov/dasis.htm>



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.

Oregon's Prescription Drug Monitoring Program was developed to promote public health and welfare and help improve patient care by providing licensed practitioners and pharmacists a source of information for detecting inappropriate use, abuse, and diversion of prescribed controlled substances. Authenticated and certified healthcare providers can access the PDMP system to monitor a patient's prescription drug use. The information is intended to help providers manage their patients' treatment, including pain management. The information can also help identify patients who can benefit from early assessment, treatment, and rehabilitation for drug abuse and addiction.

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

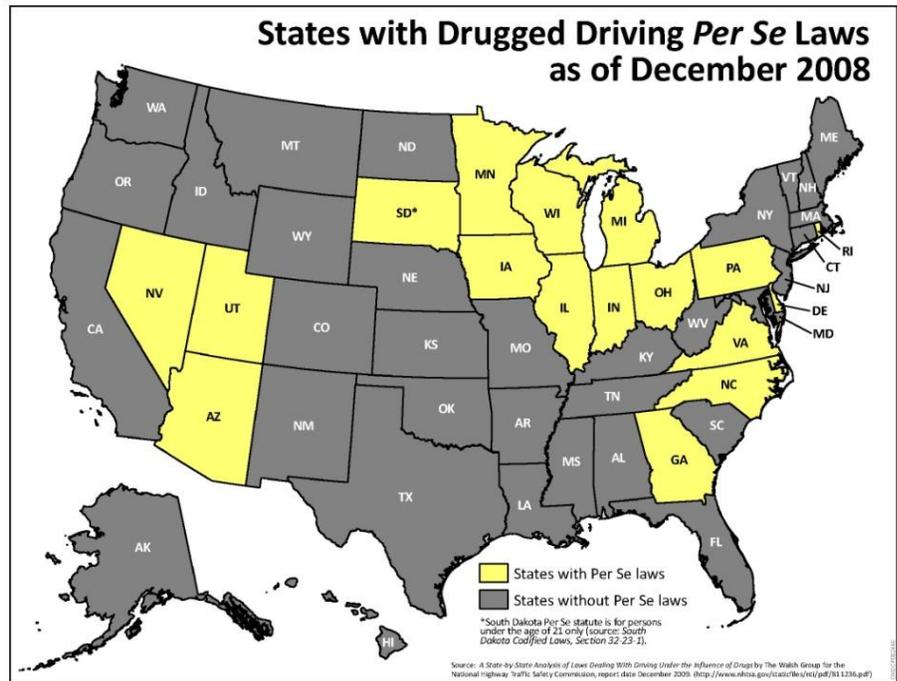
In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested 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 consider *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.

Oregon does not currently have a *Per Se* standard.

However, under Oregon law (Section 813.010), a person commits the offense of driving under the influence of intoxicants if the person drives while under the influence of intoxicating liquor, a controlled substance or an inhalant, or any combination of the above. Implied consent for drugs exists if the officer has received and successfully completed the eight hours of “Drugs that Impair Driving” training. Refusal to submit to a blood or urine test is admissible in civil and criminal cases.



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 in Native American and Alaska Native communities) to young people 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 2011, the following Oregon coalitions received grants from ONDCP:

- Benton County Commission on Children and Families
- Clackamas County Children's Commission
- Clackamas County Prevention Coalition
- Clatskanie Together Coalition
- Community Action to Reduce Substance Abuse
- Dayton Together for a Drug Free Community
- Estacada Community Foundation
- Grant County Safe Communities Coalition
- Harney Partners for Kids and Families
- Helping Empower Youth Together!
- Hood River County Alcohol, Tobacco & Other Drug Prevention Coalition
- Jefferson County Prevention Coalition
- Local Public Safety Coordinating Council Coalition
- Partnership Against Alcohol and Drug Abuse - PAADA
- Tigard Turns the Tide
- Union County Safe Communities Coalition
- United Prevention Intervention Coalition
- Vernonia Prevention Coalition
- Winston Area Community Partnership Inc., (WACP)

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 Oregon

Oregon HIDTA: Clackamas, Deschutes, Douglas, Jackson, Lane, Marion, Multnomah, Umatilla, and Washington counties, and the Warm Springs Indian Reservation.

- The Oregon HIDTA is comprised of 8 Federal agencies, 3 State agencies, 40 local agencies, and the U.S. Attorney's Office in the District of Oregon. All work to achieve the common goals of disrupting and dismantling drug trafficking and money laundering organizations, and reducing the demand for and availability of drugs.

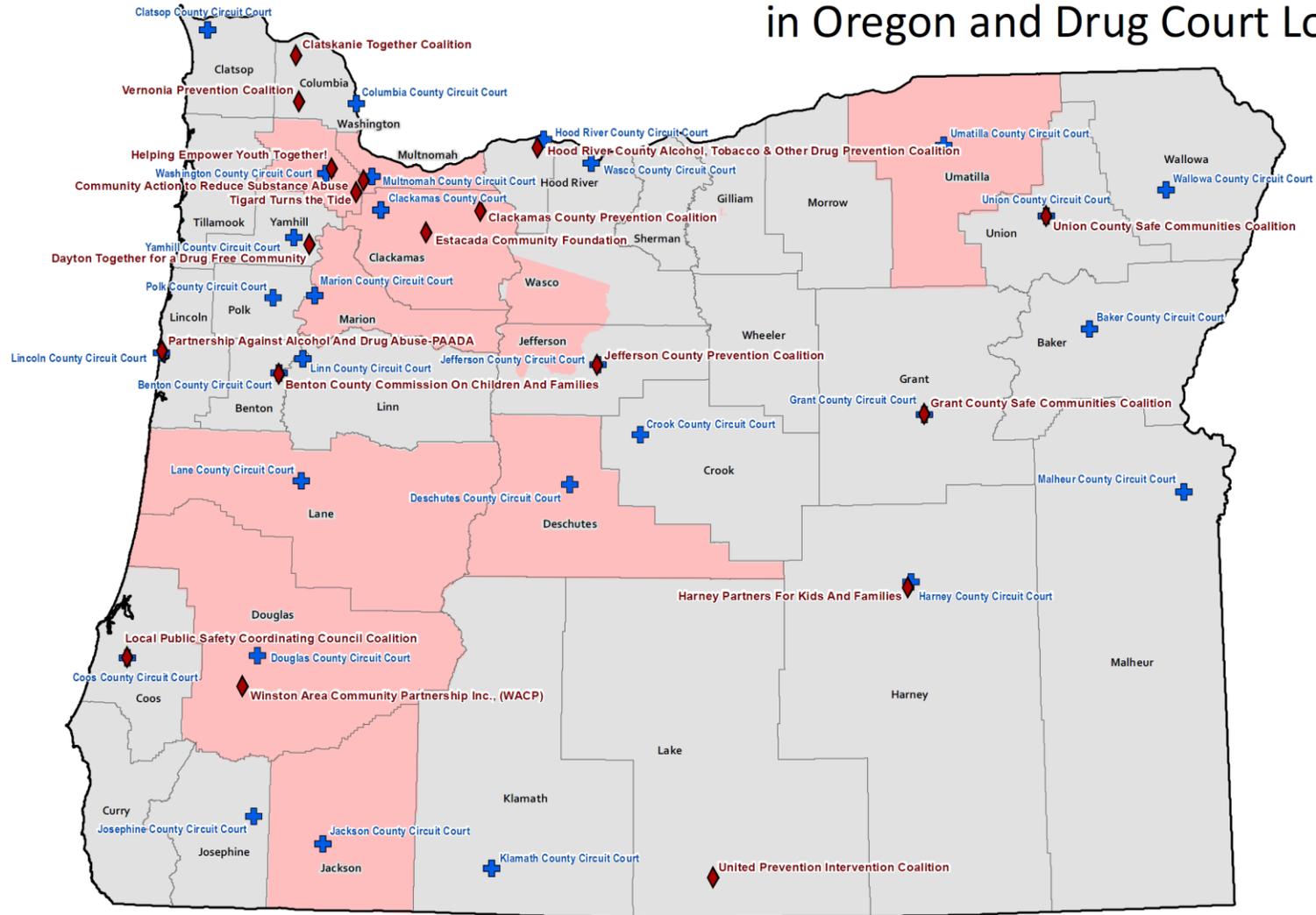
Federal Grant Awards Available to Reduce Drug Use in the State of Oregon

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		5,857,113
Alcohol Abuse Reduction Grants		560,399
Building State And Local Leadership Capacity for Preventing Youth Substance Use and Violence		125,000
Safe Schools/Healthy Students Grants		5,171,714
Department of Health and Human Services		
Administration for Children and Families		8,022,872
Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse		2,167,000
Mentoring Children of Prisoners		753,168
Promoting Safe and Stable Families		5,102,704
Health Resources and Services Administration		1,600,000
Healthy Start Initiative		1,600,000
Immediate Office of the Secretary of Health and Human Services		547,874
Family and Community Violence Prevention Program		547,874
Indian Health Service		315,829
Urban Indian Health Services		315,829
National Institutes of Health		20,190,621
Discovery and Applied Research for Technological Innovations to Improve Human Health		2,101,732
Drug Abuse and Addiction Research Programs		18,088,889
Substance Abuse and Mental Health Services Administration		32,010,896
Block Grants for Prevention and Treatment of Substance Abuse		17,998,935
Projects for Assistance in Transition from Homelessness (PATH)		599,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		10,060,961
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		4,136,861
Shelter Plus Care		4,136,861
Assistant Secretary for Housing--Federal Housing Commissioner		(59,716)
Shelter Plus Care		(59,716)
Department of Justice		
Office of Justice Programs		25,171,594
Community Capacity Development Office		471,000
Congressionally Recommended Awards		3,250,000
Criminal and Juvenile Justice and Mental Health Collaboration Program		100,000
Drug Court Discretionary Grant Program		1,856,776
Edward Byrne Memorial Justice Assistance Grant Program		11,424,414
Enforcing Underage Drinking Laws Program		356,400
Gang Resistance Education and Training		360,000
Harold Rogers Prescription Drug Monitoring Program		399,993
Juvenile Accountability Block Grants		621,300
Juvenile Mentoring Program		624,824
National Institute of Justice Research Evaluation and Development Project Grants		3,269,303
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program		39,162
Residential Substance Abuse Treatment for State Prisoners		452,639
Second Chance Act Prisoner Reentry Initiative		1,945,783
Department of Labor		
Employment and Training Administration		500,000
Reintegration of Ex-Offenders		500,000
Executive Office of the President		
Office of National Drug Control Policy		3,275,000
High Intensity Drug Trafficking Area Program		3,275,000
Substance Abuse and Mental Health Services Administration		2,729,223
Drug-Free Communities Support Program Grants		2,729,223
Grand Total		104,298,167

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 Oregon and Drug Court Locations



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



Source: National Drug Court Institute and ONDCP, September 2011

ONDCP020817