



RHODE ISLAND DRUG CONTROL UPDATE

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

Rhode Island-At-A-Glance:

- In 2007-2008, Rhode Island ranked first among all states in a number of drug-use categories among persons age 12 and older: past-month illicit drug use; past-year marijuana use; past-month marijuana use; past-month use of illicit drugs other than marijuana; past-year cocaine use; and illicit drug dependence.
Source: National Survey on Drug Use and Health (NSDUH) 2007-2008.
- Approximately 13 percent of Rhode Island residents reported past-month use of illicit drugs; the national average was 8 percent.
- The rate of drug-induced deaths in Rhode Island is higher than the national average.

Drug Use Trends in Rhode Island

Drug Use in Rhode Island: 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 NSDUH Survey, 13.34 percent of Rhode Island residents reported using illicit drugs in the past month. The national average was 8.02 percent. Rhode Island's rate was one of the 10 highest among the states. Additionally, 5.87 percent of Rhode Island 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, 142 persons died in Rhode Island in 2007. This is compared to the number of persons in Rhode Island who died from motor vehicle accidents (85) and firearms (37) in the same year. Rhode Island drug-induced deaths (13.4 per 100,000 population) exceeded the national rate (12.7 per 100,000).

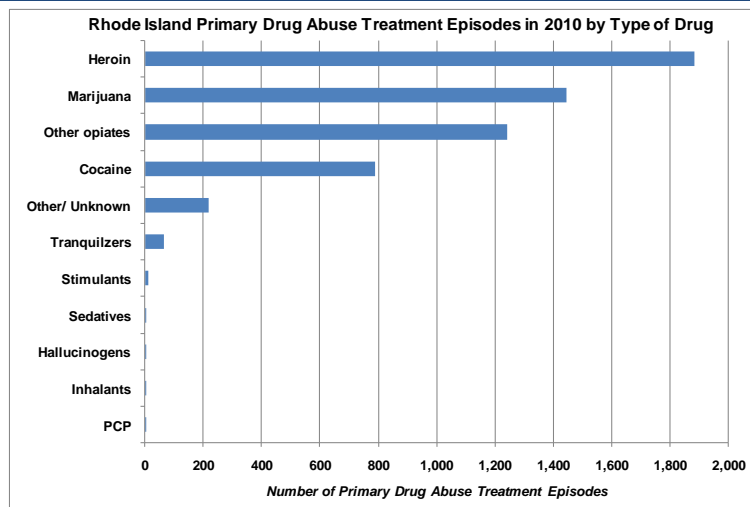
Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007:
http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Substance Abuse Treatment Admissions Data

Rhode Island primary treatment

admissions: The graph at right depicts substance abuse primary treatment admissions in Rhode Island in 2010. The data show heroin is the most commonly cited drug among primary drug treatment admissions in the state, followed by marijuana.

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



ONDCP's Efforts to Combat Prescription Drug Abuse

Number of Drug-Induced Deaths Versus Deaths from Motor Vehicle Accidents in 2007

The map displays the following distribution:

- Orange (More drug-induced deaths):** WA, OR, NV, UT, CO, NM, MI, OH, PA, NY, NJ, DE, DC.
- Blue (More deaths by motor vehicle accident):** CA, AZ, TX, MT, ND, SD, NE, KS, OK, MN, IA, MO, AR, LA, WI, IL, IN, KY, TN, MS, AL, GA, FL, SC, NC, VA, WV, MD, CT, RI, MA, NH, VT, ME.

States source: Centers for Disease Control and Prevention, WONDER
Software developed by Mike Brunette and Christopher Smith, August 28, 2009.

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.

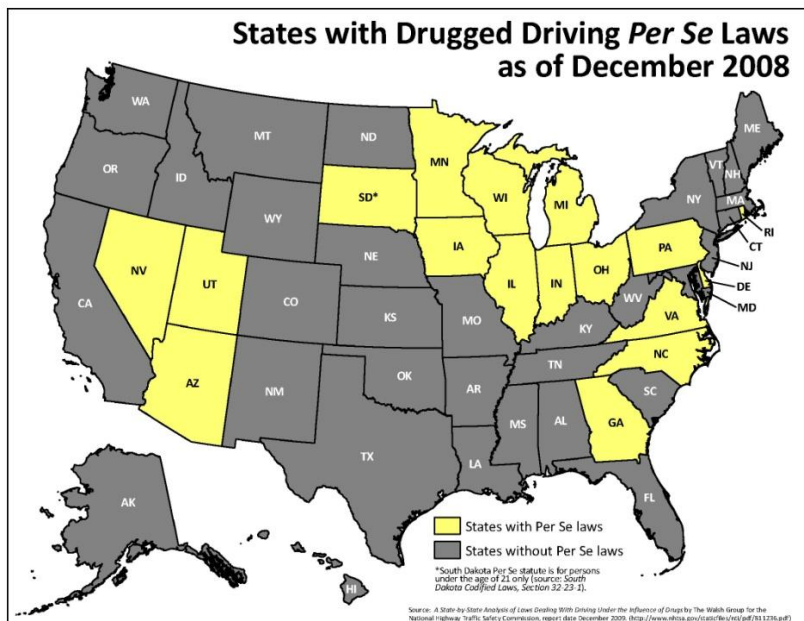
Source: http://www.health.ri.gov/hsr/professions/csr_reporting.php ; <http://www.pmpalliance.org/content/rhode-island-state-profile>.

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.

Rhode Island has an operating *Per Se* standard (*General Laws of Rhode Island § 31-27-2, Driving under influence of liquor or drugs*) that prohibits driving or operating a motor vehicle “with a blood presence of any scheduled controlled substance.” Chemical drug testing can be requested based on “reasonable grounds” to believe the defendant was operating a motor vehicle while under the influence.

ONDCP Support for Community-Based Prevention

The Drug Free Communities Program: Recognizing that local problems require local solutions, the 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 Rhode Island coalitions received grants from ONDCP:

- Barrington Substance Abuse Task Force
- Chariho Tri-Town task force
- Mayor’s Substance Abuse Prevention Council
- Narragansett Prevention Partnership
- The Smithfield Substance Abuse Prevention Coalition
- Tiverton Prevention Coalition
- Town of Middletown
- Woonsocket Task Force on Substance Abuse
- Working Together for Wellness (North Kingstown)

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

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.

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 Rhode Island

New England HIDTA: Providence County

- *Rhode Island HIDTA Task Force*: Seeks to dismantle core and secondary Dominican/Colombian/Mexican and other significant cocaine and heroin trafficking organizations, including Regional Priority Organization Targets, and to identify, arrest, and prosecute members of drug trafficking organizations that participate in money laundering and violent criminal activity.
- *Fugitive Task Force*: Targets fugitives that are members of Colombian and Dominican drug trafficking organizations, Consolidated Priority Organization Targets, and other drug trafficking organizations operating in the New England area and other regions of the country.
- *New England Domestic Highway Enforcement*: Promotes collaborative, intelligence-led, unbiased policing in coordinated and mutually supportive multi-jurisdictional law enforcement efforts on the major highways that connect New England to drug sources-of-supply in New York City and the New England-Canadian border.
- *Financial Investigative Task Force*: Seeks to identify, investigate, and prosecute large-scale drug money laundering organizations and their financial operating systems throughout the New England area.

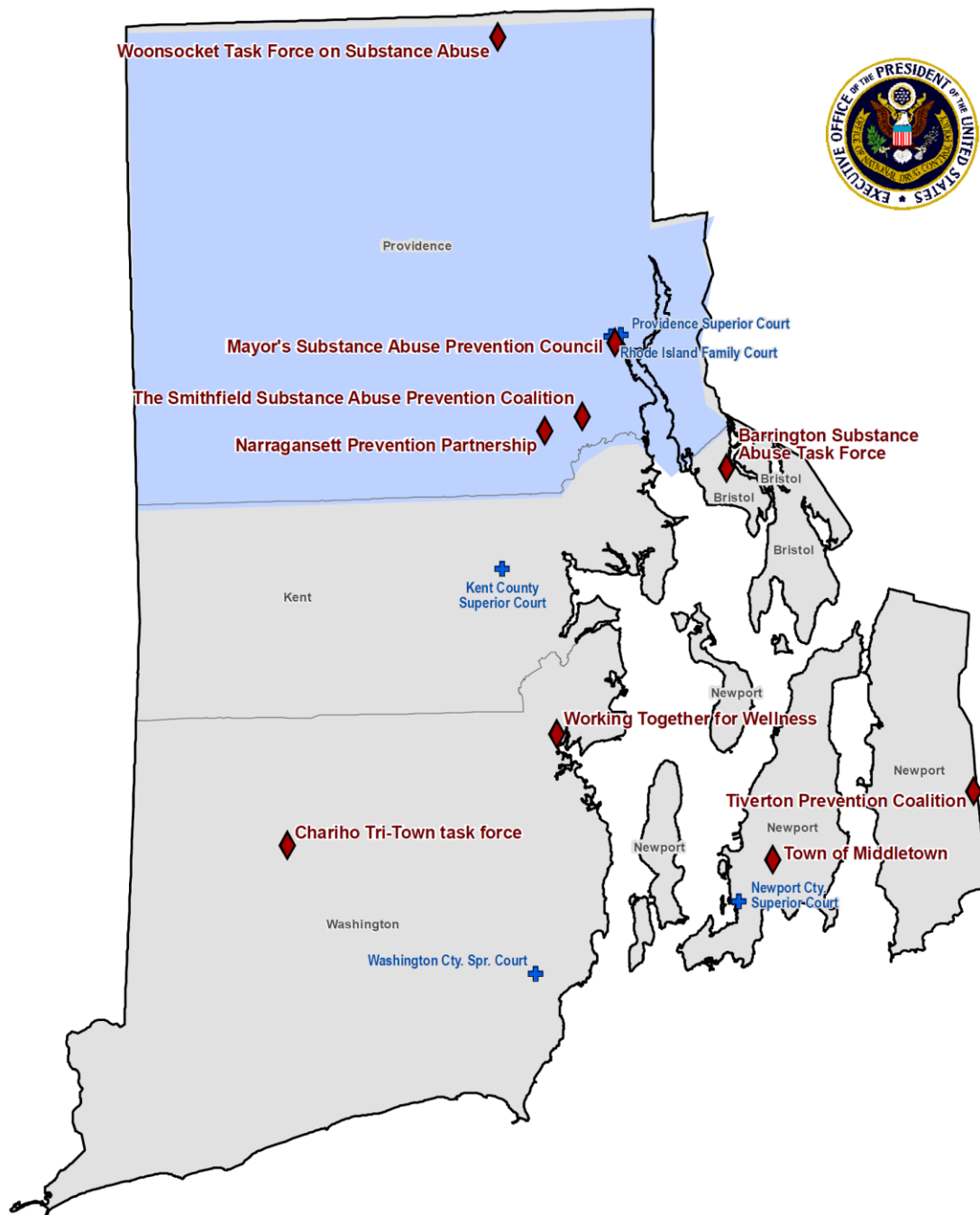
Federal Grant Awards Available To Reduce Drug Use in the State of Rhode Island

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		124,978
Building State And Local Leadership Capacity for Preventing Youth Substance Use and Violence		124,978
Department of Health and Human Services		
Administration for Children and Families		2,028,734
Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse		499,029
Mentoring Children of Prisoners		528,364
Promoting Safe and Stable Families		1,001,341
National Institutes of Health		17,072,920
Discovery and Applied Research for Technological Innovations to Improve Human Health		1,673,366
Drug Abuse and Addiction Research Programs		15,399,554
Substance Abuse and Mental Health Services Administration		17,125,470
Block Grants for Prevention and Treatment of Substance Abuse		6,744,716
Projects for Assistance in Transition from Homelessness (PATH)		300,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		6,728,754
Substance Abuse and Mental Health Services-Access to Recovery		3,352,000
Department of Housing and Urban Development		
Assistant Secretary for Housing--Federal Housing Commissioner		1,146,384
Shelter Plus Care		1,146,384
Department of Justice		
Office of Justice Programs		4,934,494
Congressionally Recommended Awards		1,300,000
Criminal and Juvenile Justice and Mental Health Collaboration Program		166,100
Edward Byrne Memorial Justice Assistance Grant Program		2,164,027
Enforcing Underage Drinking Laws Program		356,400
Juvenile Accountability Block Grants		333,900
National Institute of Justice Research Evaluation and Development Project Grants		175,000
Residential Substance Abuse Treatment for State Prisoners		151,493
Second Chance Act Prisoner Reentry Initiative		287,574
Executive Office of the President		
Substance Abuse and Mental Health Services Administration		1,171,738
Drug-Free Communities Support Program Grants		1,171,738
Grand Total		43,604,718

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 Rhode Island and Drug Court Locations



- ◆ Drug Free Communities program grantees
- + Drug Court locations
- New England HIDTA counties
- County Boundaries

Source: National Drug Court Institute and ONDCP, September 2011

ONDCP-002879