



TENNESSEE DRUG CONTROL UPDATE

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

Tennessee At-a-Glance:

- The number of meth lab seizure incidents in the state of Tennessee increased 178%, from 828 incidents in 2008 to 2,302 incidents in 2011.
Source: El Paso Intelligence Center's National Seizure System (EPIC-NSS)
- Approximately 7.07 percent of Tennessee residents reported past-month use of illicit drugs; the national average was 8.82 percent.
Source: National Survey on Drug Use and Health 2009-2010.
- In 2009, the drug-induced death rate in Tennessee was significantly higher than the national average.
- Drug treatment admissions in Tennessee for other opiates (including prescription drugs) have been increasing, and reached 42 percent of total admissions in 2011.

Drug Use Trends in Tennessee

Drug Use in Tennessee: 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, 7.07 percent of Tennessee residents reported using illicit drugs in the past month. The national average was 8.82 percent. Additionally, 3.7 percent of Tennessee residents reported using an illicit drug other than marijuana in the past month (the national average was 3.6 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2009-2010 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, 1,000 persons died in Tennessee in 2009. This is compared to the number of persons in Tennessee who died from motor vehicle accidents (1,056) and firearms (966) in the same year. Tennessee drug-induced deaths (15.9 per 100,000 population) exceeded the national rate (12.8 per 100,000).

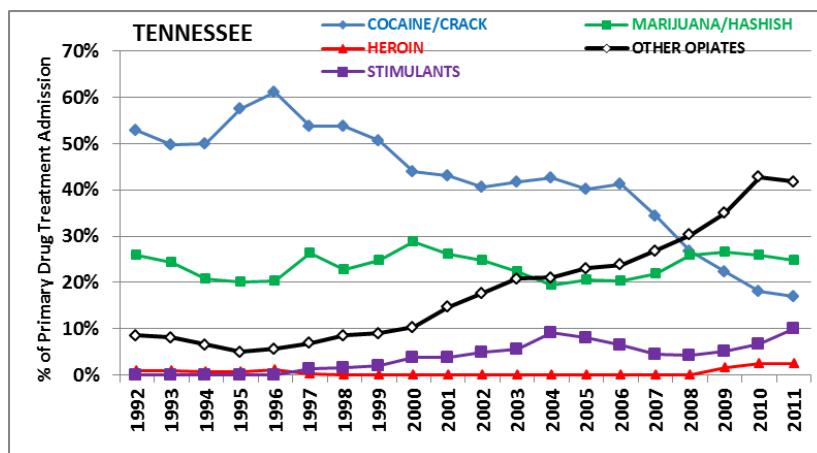
Source: WONDER online databases: <http://wonder.cdc.gov/cmfc-icd10.html>

Substance Abuse Treatment Admissions Data

Tennessee Primary Treatment

Admissions: The graph on the right depicts substance abuse primary treatment admissions in Tennessee from 1992 to 2011. The data show that other opiates (including prescription drugs) are the most commonly cited drugs among primary drug treatment admissions in the state.

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

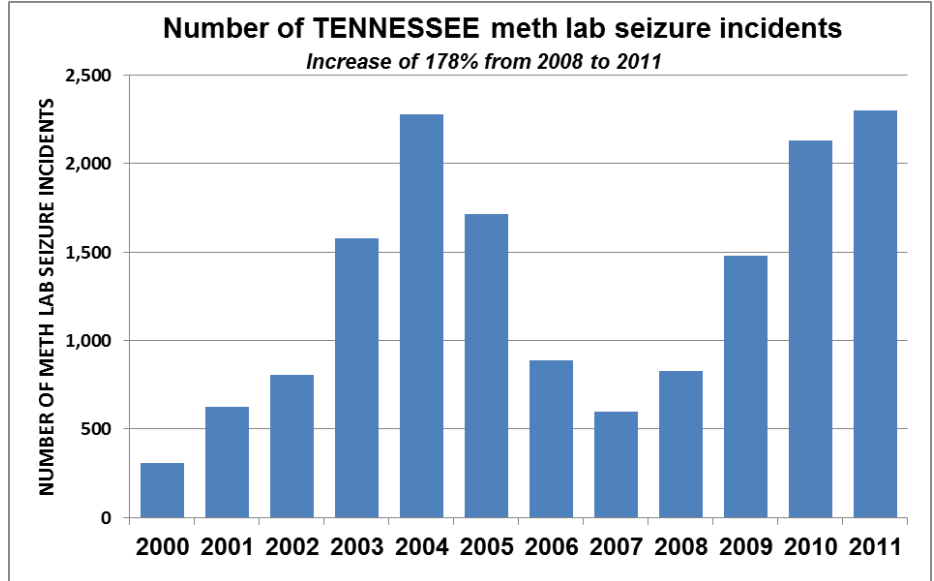


Methamphetamine Lab Seizure Data

Methamphetamine Lab Seizure Incidents:

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 53% between 2008 and 2011. Meth lab seizures in Tennessee

have exceeded this overall trend, increasing 178%, from 828 in 2008 to 2,302 in 2011. Source: EPIC, NSS, extracted 7/20/2012.



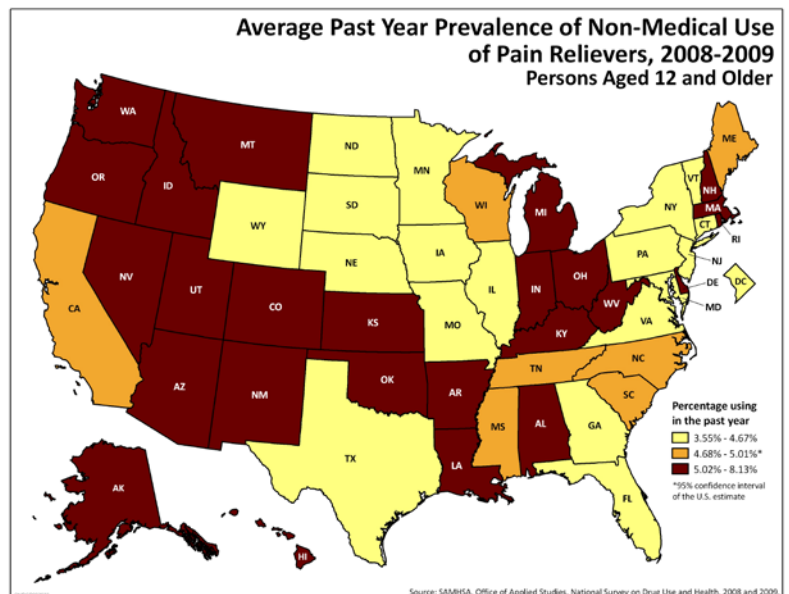
State-Level Action: Return pseudoephedrine to prescription-drug status

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. 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.

Tennessee's operating PDMP, the **Tennessee Controlled Substances Monitoring Program**, provides access to patient-specific prescription data on all dispensed controlled substances (schedules II-IV) to licensed healthcare practitioners in order to "supplement a patient's evaluation, to confirm a patient's drug history, or document compliance with a therapeutic regimen."

Source: http://www.tnrxsafety.org/pdf/CSMD_Fact_Sheet.pdf.

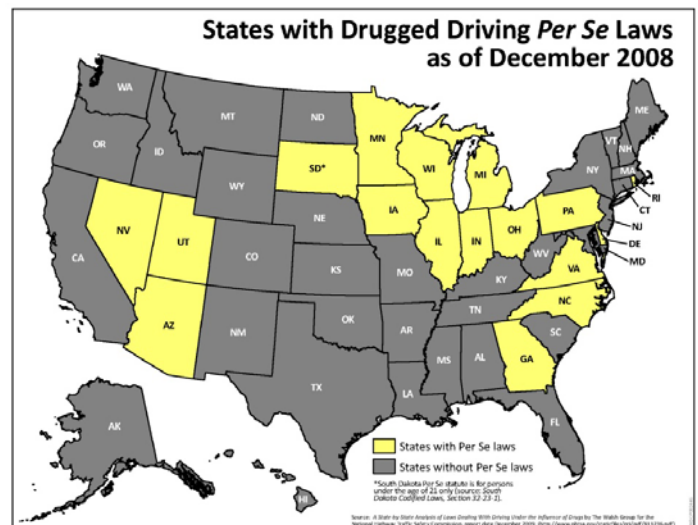
State-Level Action: Drug Take-Back Programs

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.

Tennessee does not currently have a *Per Se* standard, but Tennessee State law (§ 55-10-401) forbids "any person to drive or to be in physical control of any automobile or other motor driven vehicle while: (1) under

Influence of any intoxicant, marijuana, narcotic drug, or drug producing stimulating effects in the central nervous system.” Arrest is required before blood or urine test is administered. Legal entitlement to use the prohibited drug (or prescribed medication) is not a defense to a charge under one of these statutes.

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, December 2009.

ONDCP Support for Community-Based Prevention

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 2012, the following Tennessee coalitions received grants from ONDCP:

- Anderson County Allies for Substance Abuse Prevention
- Blount County Substance Abuse Prevention Action Team
- Coffee County Anti-Drug Coalition
- Community Anti-Drug Coalition for Jackson County
- Community Anti-Drug Coalition of Jackson County, Tennessee
- Community Anti-Drug Coalition of Rutherford County
- Franklin County Prevention Coalition
- GRAAB
- Houston County Drug Alliance, Inc.
- Monroe County Alcohol and Drug Task Force
- Scott County Coalition-STAND
- Washington County Anti-Drug Coalition

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 Tennessee

Gulf Coast HIDTA: Shelby County.

- The Gulf Coast HIDTA is in the process of implementing a five-state regional license plate reader (LPR) data storage project which will aggregate LPR data for participating law enforcement agencies. This will result in cost savings to participating agencies and increased information sharing.

Appalachia HIDTA: Macon, Jackson, Putnam, White, Bledsoe, Grundy, Sequatchie, Franklin, Marion, Hamilton, Rhea, Roane, Cumberland, Overton, Clay, Pickett, Fentress, Scott, Campbell, Claiborne, Grainger, Knox, Sevier, Cocke, Jefferson, Hawkins, Sevier, Hamblen, Greene, Unicoi, and Washington counties.

- The Appalachia HIDTA supports six intelligence-led, multi-agency task forces in Tennessee whose mission is to dismantle and disrupt drug trafficking organizations operating within the designated HIDTA counties.
 - *DEA South Tennessee Task Force (STTF):* focuses on reducing the trafficking of illegal drugs in the South Tennessee HIDTA counties.
 - *DEA Upper East Tennessee Task Force (UETTF):* focuses on dismantling and disrupting drug trafficking organizations, with a particular emphasis on East Tennessee HIDTA counties.
 - *Rocky Top DEA Task Force (RTTF):* targets significant organizations or individuals involved in trafficking cocaine, crack cocaine, methamphetamine, and pharmaceuticals, and marijuana grows.
 - *Rocky Top FBI Task Force (RTTF):* focuses on criminal enterprises involved in international, regional, and significant local drug trafficking activity.
 - *TBI Middle Tennessee Task Force (MTTF):* targets the most significant drug trafficking organizations operating in middle Tennessee.
 - *Domestic Highway Enforcement Interdiction Plus:* promotes collaborative, intelligence-led, unbiased policing in coordinated and mutually supportive multi-jurisdictional law enforcement efforts on the state's major highways.

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

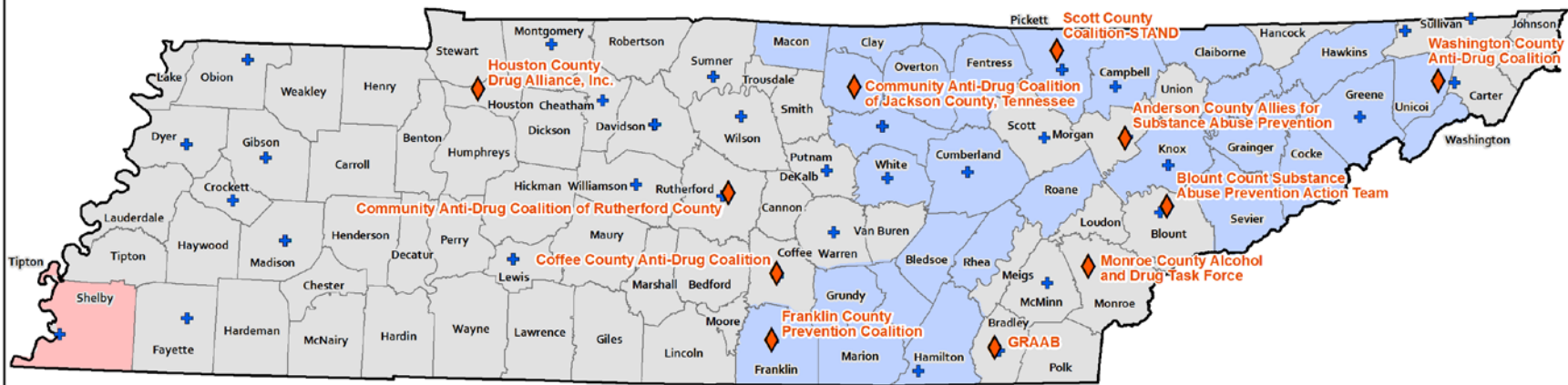
The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2012, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs 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.

Federal Grant Awards That Help Reduce the Availability and Misuse Of Drugs In The State of TN	
Department / Office / Program Name	2012
Department of Agriculture	\$ 15,076,770
National Institute of Food and Agriculture	
Cooperative Extension Service	\$ 15,076,770
Department of Education	\$ 24,341,334
Office of Elementary and Secondary Education	
Safe and Drug-Free Schools and Communities National Programs	\$ 3,172,950
Twenty-First Century Community Learning Centers	\$ 21,168,384
Department of Health and Human Services	\$ 95,244,449
Administration for Children and Families	
Enhance Safety of Children Affected by Substance Abuse	\$ 2,500,000
Promoting Safe and Stable Families	\$ 9,453,856
Transitional Living for Homeless Youth	\$ 400,000
Centers for Medicare and Medicaid Services	
Medical Assistance Program - Grants to States for Medicaid To Treat Substance Abuse	\$ 18,901,022
National Institutes Of Health	
Alcohol Research Programs	\$ 6,158,124
Drug Abuse and Addiction Research Programs	\$ 8,420,750
Substance Abuse and Mental Health Services Administration	
Block Grants for Prevention and Treatment of Substance Abuse	\$ 29,522,772
Projects for Assistance in Transition from Homelessness (PATH)	\$ 894,000
Substance Abuse and Mental Health Services Projects of Regional and National Significance	\$ 17,568,096
Health Resources and Services Administration	
Healthy Start Initiative	\$ 1,425,829
Department of Housing and Urban Development	\$ 25,289,360
Community Planning and Development	
Emergency Solutions Grant Program	\$ 5,159,793
Shelter Plus Care	\$ 7,022,853
Supportive Housing Program	\$ 13,106,714
Department Of Justice	\$ 12,751,749
Office of Justice Programs	
Edward Byrne Memorial Justice Assistance Grant Program	\$ 7,348,028
Juvenile Accountability Block Grants	\$ 425,765
Juvenile Justice and Delinquency Prevention Allocation to States	\$ 502,717
Regional Information Sharing Systems	\$ 4,309,475
Residential Substance Abuse Treatment for State Prisoners	\$ 165,764
Department of Labor	\$ 1,100,000
Employment and Training Administration	
Youthbuild	\$ 1,100,000
Department of Transportation	\$ 2,466,856
National Highway Traffic Safety Administration	
Alcohol Impaired Driving Countermeasures Incentive Grants I	\$ 2,466,856
Department of Veteran's Affairs	\$ 4,089,551
Veterans Health Administration	
VA Homeless Providers Grant and Per Diem Program	\$ 4,089,551
Executive Office of The President	\$ 1,575,001
Office of National Drug Control Policy	

Federal Grant Awards That Help Reduce the Availability and Misuse Of Drugs In The State of TN	
Department / Office / Program Name	2012
Drug-Free Communities Support Program Grants	\$ 1,450,000
High Intensity Drug Trafficking Areas Program	\$ 125,001
Grand Total	\$ 181,935,070

File updated January, 2013.

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



- ◆ Drug-Free Communities program grantees
- + Drug Court locations
- Appalachia HIDTA counties
- Gulf Coast HIDTA counties
- County Boundaries

Source: National Drug Court Institute and ONDCP, September 2012

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