



## VIRGINIA DRUG CONTROL UPDATE

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

### Virginia At-a-Glance:

- Approximately 7 percent of Virginia residents reported past-month use of illicit drugs; the national average was 8 percent.
- The rate of drug-induced deaths in Virginia is lower than the national average.
- Marijuana is the most commonly cited drug among primary drug treatment admissions in Virginia.

## Drug Use Trends in Virginia

**Drug Use in Virginia:** 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, 7.33 percent of Virginia residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 3.13 percent of Virginia 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, 713 persons died in Virginia in 2007. This is compared to the number of persons in Virginia who died from motor vehicle accidents (1,081) and firearms (825) in the same year. Virginia drug-induced deaths (9.2 per 100,000 population) were lower than the national rate (12.7 per 100,000).

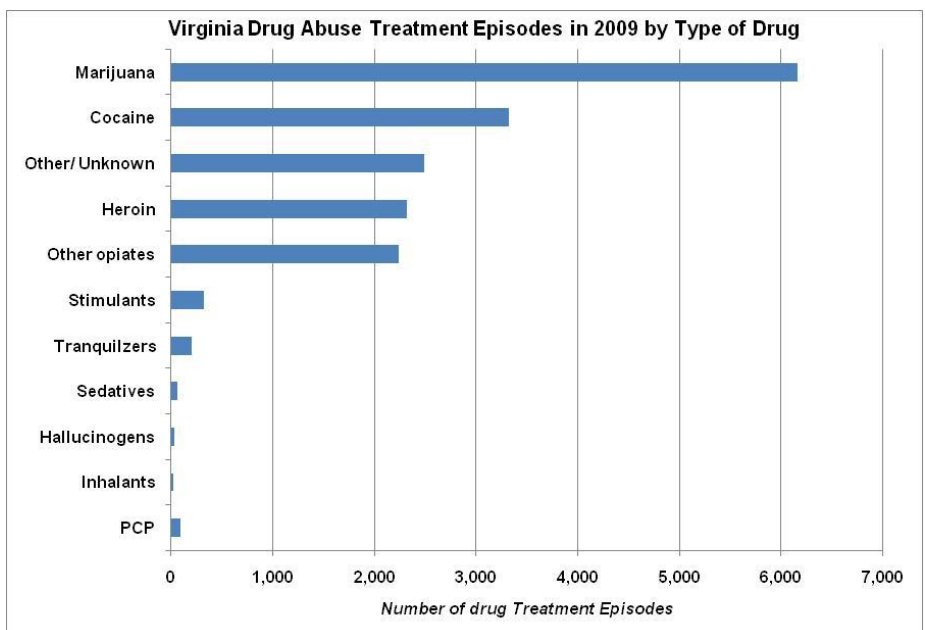
*Source:* Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: [http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58\\_19.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf)

## Substance Abuse Treatment Admissions Data

### Virginia Primary Treatment Admissions:

The graph at right depicts substance abuse primary treatment admissions in Virginia in 2009. The data show that marijuana is the most commonly cited drug among primary drug treatment admissions in the state.

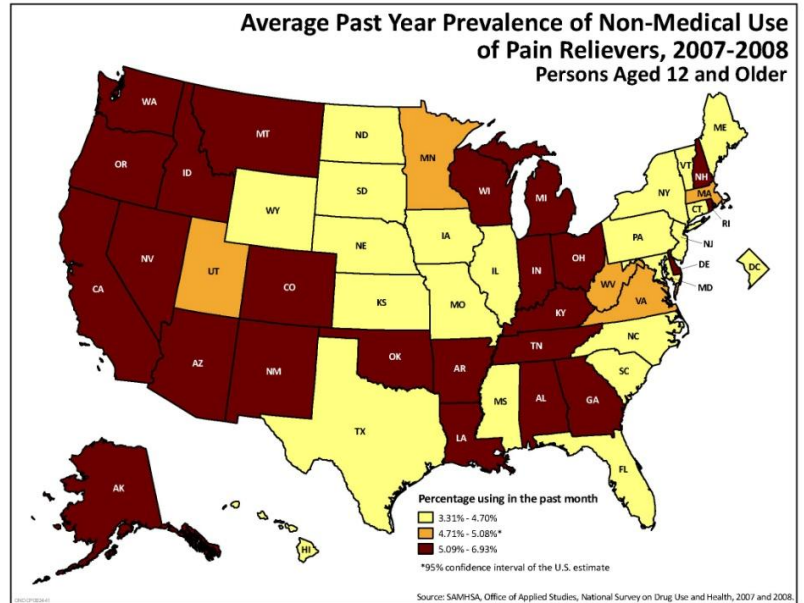
*Source:* Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: <http://oas.samhsa.gov/dasis.htm>



## 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.

The **Virginia Prescription Monitoring Program** became operational in 2003 under Chapter 25.2 of Title 54.1 of the Code of Virginia, which was enacted in 2002. The Program, which falls under the Virginia Department of Health Professions, monitors controlled substances in Schedules II, III, and IV. Data are collected bi-weekly. In 2008, nearly 12 million prescription records were collected.

Source: Alliance of States with Prescription Drug Programs: <http://www.pmpalliance.org/content/virginia-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.

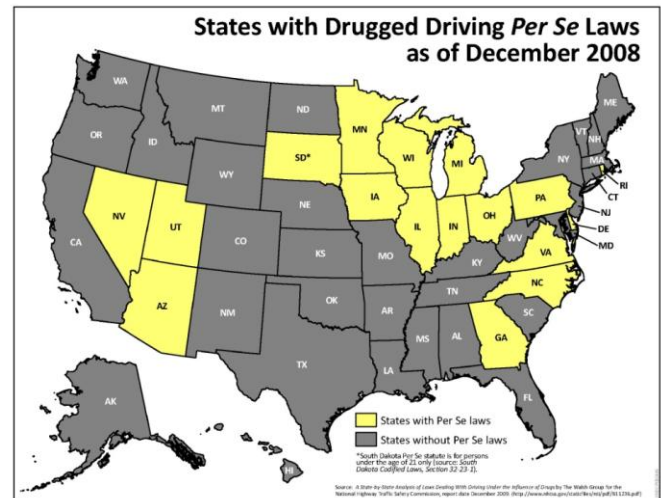
### **State-Level Action: Enacting *Per Se* Standards for Impairment**

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 during the past two decades. *Per Se* standards have been adopted in seventeen states.

### **Virginia has a *Per Se* standard for specific drugs.**

Under Section 18.2-266 (v) of the Code of Virginia, it is unlawful for any person to drive or operate any motor vehicle, engine or train when the person has a blood concentration of any of the following substances at a level that, per liter of blood, is equal to or greater than: (a) 0.02 milligrams of cocaine; (b) 0.1 milligrams of methamphetamine; (c) 0.01 milligrams of phencyclidine; or (d) 0.1 milligrams of 3,4-methylenedioxymethamphetamine. Proof required: that the defendant was driving or operating a motor vehicle in Virginia while under the influence of one or more of the above-listed prohibited drugs, and that the influence impaired the defendant's ability to drive safely.

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**

### **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 Virginia coalitions received grants from ONDCP:

- Arlington Teen Substance Abuse Prevention Coalition
- Fairfax County Public Schools
- Family and Youth Initiative
- HEY! (Helping Empower Youth) Community Task Force
- New River Valley-Pulaski Community Partners
- Regional Alliance for Substance Abuse Prevention
- Regional Drug Free Alliance
- Roanoke Area Youth Substance Abuse Coalition
- Roanoke County Prevention Council
- Rockbridge Area Prevention Coalition
- SAFE ( Safe Actions for Everyone) Community Coalition
- SAW Coalition (Waynesboro)
- Strong Families/Great Youth Coalition (Harrisonburg)
- Substance Abuse Free Environment Inc. (SAFE) (Chesterfield)
- Substance Abuse Prevention Coalition of Alexandria
- Tower Ministries Bragg Hill Family Life Center
- Warren County Community Mental Health Coalition

Source: Office of National Drug Control Policy  
[http://www.ondcp.gov/dfc/grantee\\_map.html](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 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.

## 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 Virginia

**Washington\Baltimore HIDTA:** Arlington, Chesterfield, Fairfax, Loudoun, Hanover, Henrico, Prince George, and Prince William counties, (City of Alexandria, City of Petersburg, and City of Richmond)

- The W/B HIDTA uses a variety of mechanisms to enhance information sharing. One such system is Case Explorer (CE), a web-based case management and case/subject deconfliction system. CE's capabilities include case management, target deconfliction, event deconfliction, spatial awareness, and the National Virtual Pointer System.
- The W/B HIDTA provides the Gang Intelligence System (GIS) at no cost to all law enforcement and criminal justice agencies in the W/B region. The GIS enables gang investigators in the region to share gang intelligence and update information on gang members moving between jurisdictions. W/B HIDTA also maintains an independent, public gang website through which the public can research gang information and locations, as well as, anonymously report suspected gang activity.
- The W/B HIDTA Cell Phone Extraction Project supports participating agencies, initiatives, and many other law enforcement agencies in the W/B region. The W/B HIDTA has 16 Cellebrite Universal Forensics Extraction Devices (UFEDs). W/B HIDTA analysts and UFED users extract data from seized cellular phones and SIM cards, as allowed by and consistent with local, state and/or Federal statutes. Data from the phones is collated with the telephone toll data acquired while supporting other cases to comprise a vast telephone toll database. This data is not only for case deconfliction, but also to develop the structure of drug trafficking and money laundering organizations in the region.
- The W/B HIDTA Crime Mapping Unit supports law enforcement efforts with sophisticated crime mapping and analysis services. Staff utilizes the latest developments in geographic information systems (GIS) software and cutting-edge geographic analysis techniques, along with existing crime related databases to assist law enforcement agencies achieve greater efficiency and effectiveness in their enforcement efforts.

**Appalachia HIDTA:** Lee, Scott, and Wise counties

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






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.

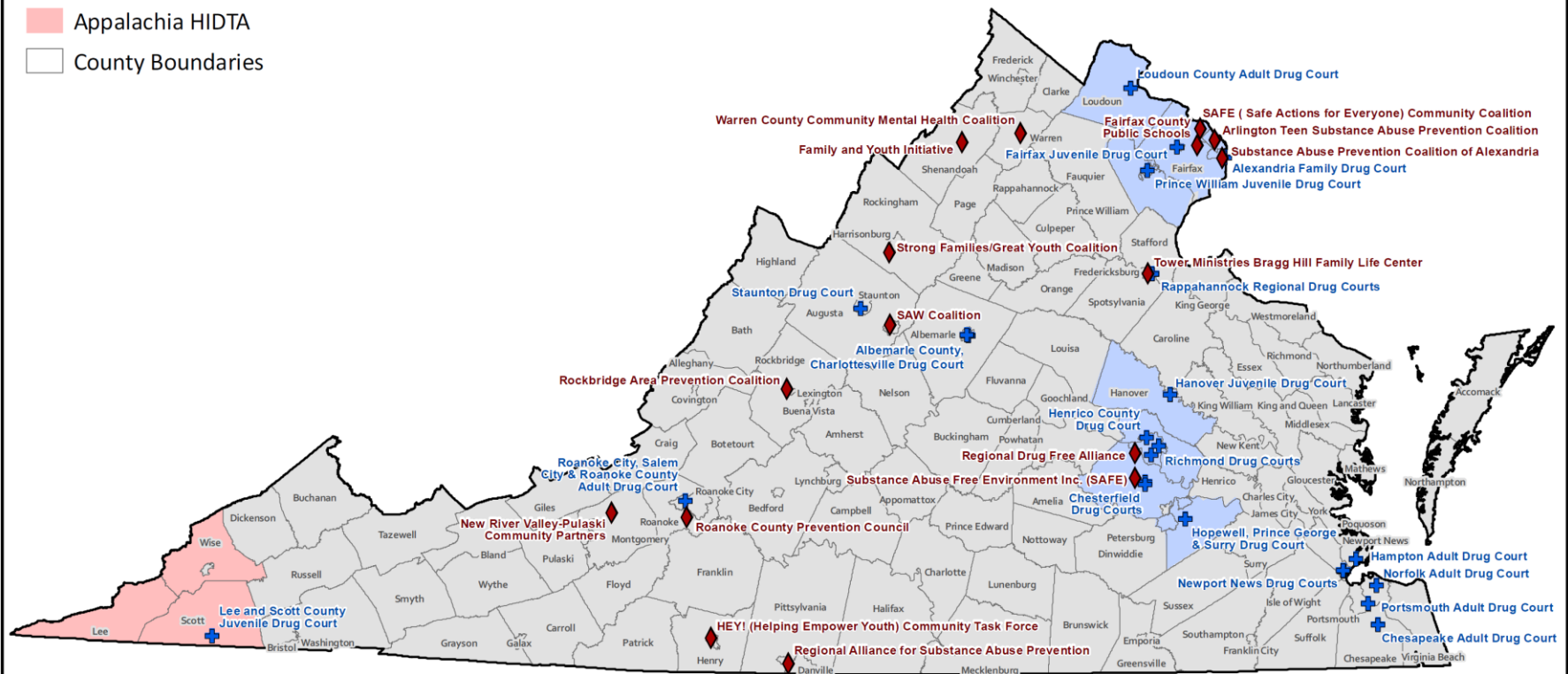
Federal Grant Awards		2010
<b>Department of Education</b>		
<b>Safe and Drug-Free Schools and Communities_National Programs</b>		<b>2,193,497</b>
Alcohol Abuse Reduction Grants		448,912
Building State And Local Leadership Capacity for Preventing Youth Substance Use and Violence		125,000
Competition To Prevent High-Risk Drinking & Violent Behavior Among College Students		141,551
Safe Schools/Healthy Students Grants		1,478,034
<b>Department of Health and Human Services</b>		
<b>Administration for Children and Families</b>		<b>8,875,418</b>
Mentoring Children of Prisoners		2,354,652
Promoting Safe and Stable Families		6,520,766
<b>Health Resources and Services Administration</b>		<b>1,895,825</b>
Healthy Start Initiative		1,895,825
<b>National Institutes of Health</b>		<b>18,857,727</b>
Discovery and Applied Research for Technological Innovations to Improve Human Health		4,198,489
Drug Abuse and Addiction Research Programs		14,659,238
<b>Substance Abuse and Mental Health Services Administration</b>		<b>56,925,641</b>
Block Grants for Prevention and Treatment of Substance Abuse		43,237,320
Projects for Assistance in Transition from Homelessness (PATH)		1,428,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		12,260,321
<b>Department of Housing and Urban Development</b>		
<b>Assistant Secretary for Community Planning and Development</b>		<b>5,388,555</b>
Shelter Plus Care		5,388,555
<b>Assistant Secretary for Housing--Federal Housing Commissioner</b>		<b>521,675</b>
Shelter Plus Care		521,675
<b>Department of Justice</b>		
<b>Office of Justice Programs</b>		<b>76,259,299</b>
Congressionally Recommended Awards		6,825,000
Criminal and Juvenile Justice and Mental Health Collaboration Program		449,360
Drug Court Discretionary Grant Program		739,961
Edward Byrne Memorial Justice Assistance Grant Program		57,377,119
Enforcing Underage Drinking Laws Program		356,400
Gang Resistance Education and Training		35,000
Juvenile Accountability Block Grants		1,051,000
Juvenile Mentoring Program		999,900
National Institute of Justice Research Evaluation and Development Project Grants		4,939,622
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program		158,546
Residential Substance Abuse Treatment for State Prisoners		715,699
Second Chance Act Prisoner Reentry Initiative		2,611,692
<b>Executive Office of the President</b>		
<b>Office of National Drug Control Policy</b>		<b>277,284</b>
High Intensity Drug Trafficking Area Program		277,284
<b>Substance Abuse and Mental Health Services Administration</b>		<b>2,026,322</b>
Drug-Free Communities Support Program Grants		2,026,322
<b>Grand Total</b>		<b>173,221,243</b>

**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 Virginia with Drug Court Locations

-  Drug Free Communities program grantees
-  Drug Court locations
-  Washington/Baltimore HIDTA counties
-  Appalachia HIDTA
-  County Boundaries



Source: National Drug Court Institute and ONDCP, October 2011