



MISSISSIPPI DRUG CONTROL UPDATE

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

Mississippi-a-Glance:

- The number of meth lab seizure incidents in the state of Mississippi increased 334%, from 155 incidents in 2007 to 673 incidents in 2009, according to data from the El Paso Intelligence Center's National Seizure System (EPIC-NSS). Since the July 2010 implementation of a state law to limit pseudoephedrine (PSE) precursor chemicals to prescription-only status, Mississippi meth lab seizures have decreased according to Mississippi state officials.
- Approximately 6 percent of Mississippi residents reported past-month use of illicit drugs; the national average was 8 percent.
- The rate of drug-induced deaths in Mississippi is lower than the national average.
- Marijuana is the most commonly cited drug among primary drug treatment admissions in Mississippi.

Drug Use Trends in Mississippi

Drug Use in Mississippi: 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, 6.39 percent of Mississippi residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 3.08 percent of Mississippi 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, 334 persons died in Mississippi in 2007. This is compared to the number of persons in Mississippi who died from motor vehicle accidents (914) and firearms (535) in the same year. Mississippi drug-induced deaths (11.4 per 100,000 population) were lower than the national rate (12.7 per 100,000).

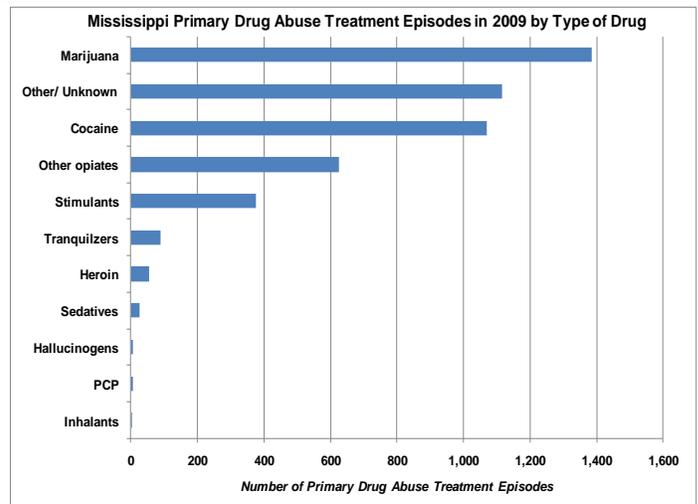
Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Substance Abuse Treatment Admissions Data

Mississippi Primary Treatment Admissions:

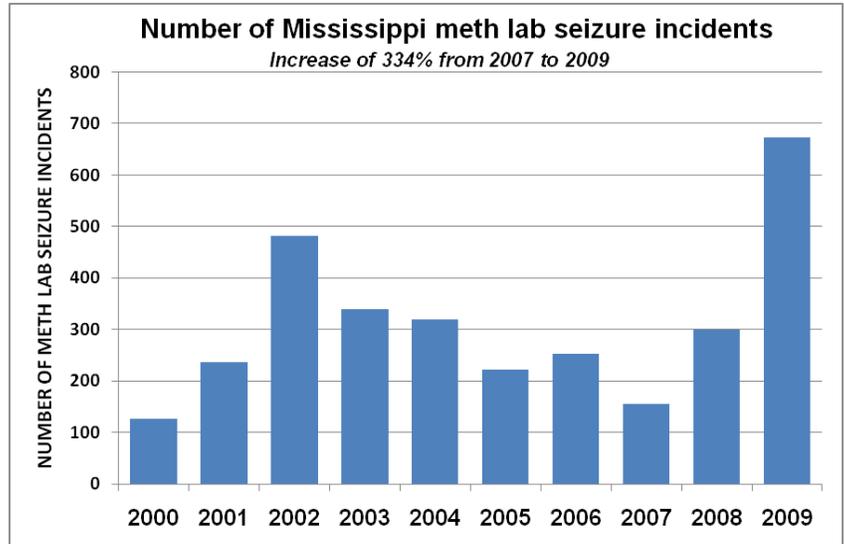
The graph at right depicts substance abuse primary treatment admissions in Mississippi in 2009. The data show marijuana is the most commonly cited drug among primary drug treatment admissions in the state. The large prevalence of "other/unknown" treatment admissions indicates these data are not currently being reported by certain providers.

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



Methamphetamine Lab Seizure Data

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. During 2007-2009, meth lab seizures in Mississippi rose 334% from 2007 to 2009.



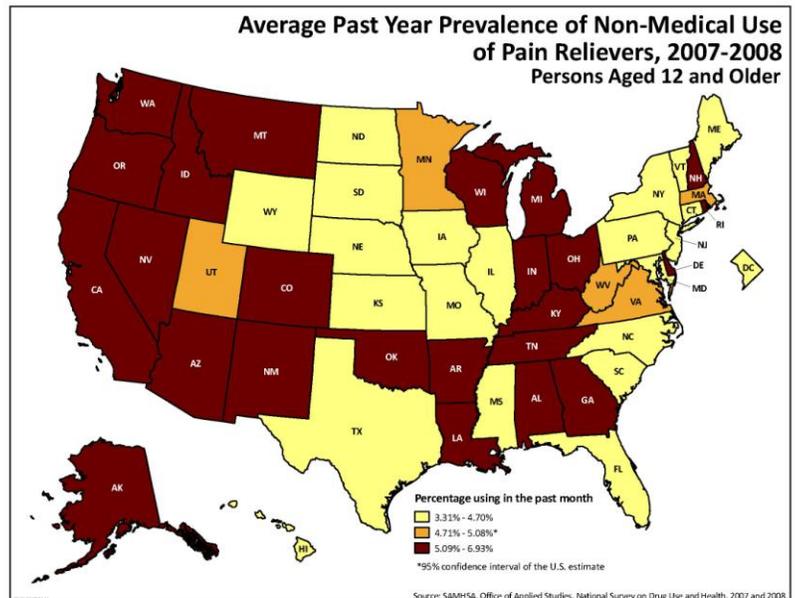
Facing a steep increase in meth lab incidents, Oregon was the first state to pass a law returning medicines containing PSE to prescription-drug status in 2006. Since then, meth lab incidents in Oregon declined from a high of 467 in 2004 (prior to enactment of the bill) to 12 in 2009 and Oregon officials reporting a virtual “eradication” of smurfing and meth labs. Mississippi enacted similar legislation, which took effect on July 1, 2010. While EPIC/NSS data is not currently available for 2010, state reports indicate that after six months, there has been a 65 percent reduction in meth-related cases statewide.

Source: EPIC, NSS, extracted 11/2010; Bovett, Rob, “Killing the Meth Monster,” *The New York Times*, 16 Nov, 2010.

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.

managing data collection and Web-based reporting for the PMP system.

Source: RelayHealth Prescription Monitoring Program, <http://pmp.relayhealth.com/MS/index.htm>

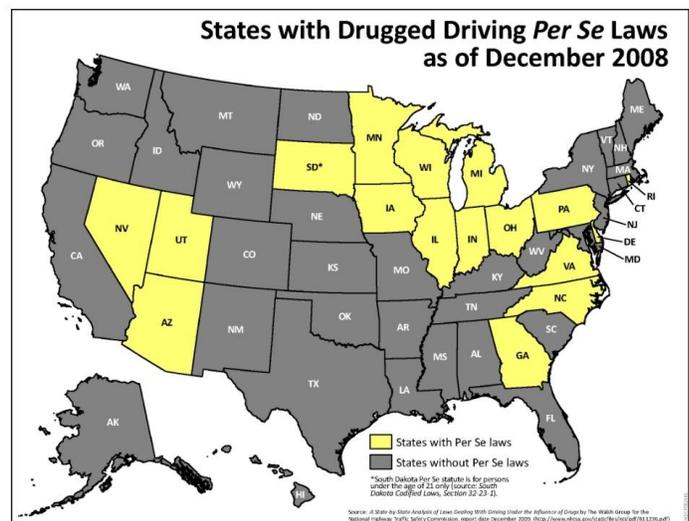
State-Level Action: Drug Take-Back Programs

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.

Mississippi does not have a *Per Se* standard. However, under Title 63 Section 11 of the Mississippi Code, it is unlawful for any person to drive or operate a vehicle in the state who is under the influence of any other (than alcohol) substance which has impaired the person's ability to operate a motor vehicle, or if the person is under the influence of any drug or controlled substance, the possession of which is unlawful under the Mississippi Controlled Substances Law. Proof required: that the person was driving a motor vehicle in Mississippi while

under the influence of any substance which impaired the driver's ability to operate the vehicle, or under the influence of an illegal drug or controlled substance.

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 Mississippi coalitions received grants from ONDCP:

- Long Beach Substance Abuse Task Force

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.

GULF COAST HIDTA

Mississippi HIDTA Counties: Hancock, Harrison, Hinds, Jackson, Lafayette, Madison, and Rankin.

- The Gulf Coast HIDTA supports five drug task forces and one training initiative in Mississippi.
- The task forces, working in the Jackson, Gulfport, Pascagoula, and Oxford areas, target the most significant drug trafficking organizations operating in Mississippi and beyond.
- The Gulf Coast HIDTA is currently supporting the installation of a license plate reader system to serve as a regional resource.
- In 2010, Gulf Coast HIDTA task forces in Mississippi have disrupted or dismantled over 35 significant drug trafficking organizations.

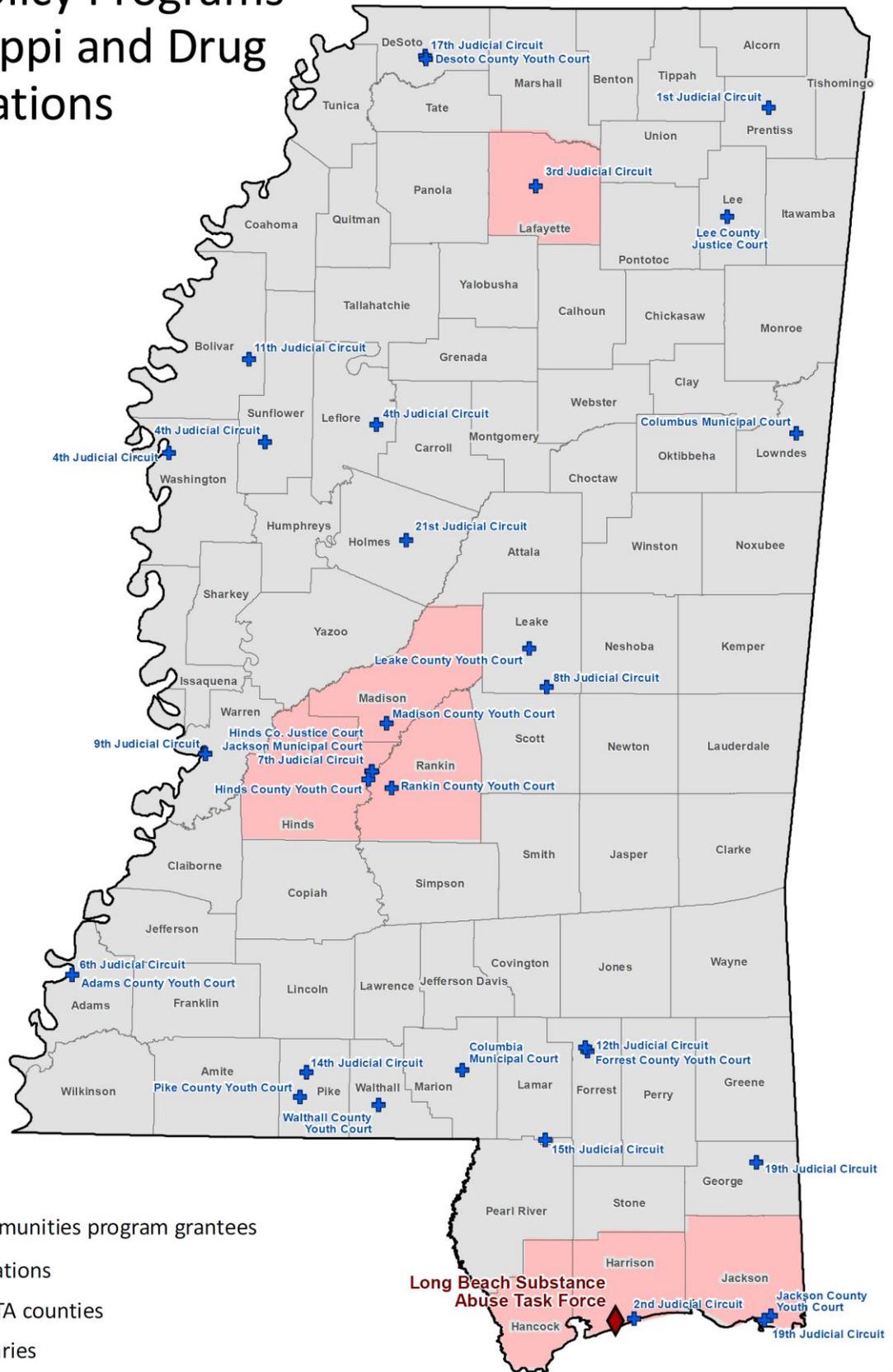
Federal Grant Awards Available to Reduce Drug Use in the State of Mississippi

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	5,096,402
Alcohol Abuse Reduction Grants	287,793
Grants For School-Based Student Drug-Testing Programs	416,112
Safe Schools/Healthy Students Grants	4,392,497
Department of Health and Human Services	
Administration for Children and Families	6,112,715
Mentoring Children of Prisoners	365,000
Promoting Safe and Stable Families	5,747,715
Centers for Disease Control and Prevention	1,607,300
HIV Prevention Activities_Non-Governmental Organization Based	1,607,300
Health Resources and Services Administration	775,000
Healthy Start Initiative	775,000
National Institutes of Health	1,165,870
Drug Abuse and Addiction Research Programs	1,165,870
Substance Abuse and Mental Health Services Administration	18,710,645
Block Grants for Prevention and Treatment of Substance Abuse	14,307,367
National All Schedules Prescription Electronic Reporting Grant	76,131
Projects for Assistance in Transition from Homelessness (PATH)	300,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance	4,027,147
Department of Justice	
Office of Justice Programs	14,991,825
Congressionally Recommended Awards	7,850,000
Criminal and Juvenile Justice and Mental Health Collaboration Program	50,000
Edward Byrne Memorial Justice Assistance Grant Program	4,212,349
Enforcing Underage Drinking Laws Program	356,400
Indian Country Alcohol and Drug Prevention	461,018
Juvenile Accountability Block Grants	575,900
National Institute of Justice Research Evaluation and Development Project Grants	190,331
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program	346,673
Residential Substance Abuse Treatment for State Prisoners	457,711
Second Chance Act Prisoner Reentry Initiative	491,443
Executive Office of the President	
Office of National Drug Control Policy	1,659,438
High Intensity Drug Trafficking Area Program	1,659,438
Substance Abuse and Mental Health Services Administration	435,148
Drug-Free Communities Support Program Grants	435,148
Grand Total	50,554,343

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 Mississippi and Drug Court Locations



Source: National Drug Court Institute and ONDCP, September 2011

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