



## MISSOURI DRUG CONTROL UPDATE

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

### Missouri At-a-Glance:

- The number of meth lab seizure incidents in the state of Missouri increased 37%, from 1,261 incidents in 2007 to 1,732 incidents in 2009, according to data from the El Paso Intelligence Center's National Seizure System (EPIC-NSS).
- Approximately 7 percent of Missouri residents reported past-month use of illicit drugs; the national average was 8 percent.
- The rate of drug-induced deaths in Missouri is similar to the national average.
- Marijuana is the most commonly cited drug among primary drug treatment admissions in Missouri.

## Drug Use Trends in Missouri

**Drug Use in Missouri:** 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, 7.38 percent of Missouri residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 3.87 percent of Missouri 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, 730 persons died in Missouri in 2007. This is compared to the number of persons in Missouri who died from motor vehicle accidents (1,054) and firearms (759) in the same year. Missouri drug-induced deaths (12.4 per 100,000 population) were similar to the national rate (12.7 per 100,000).

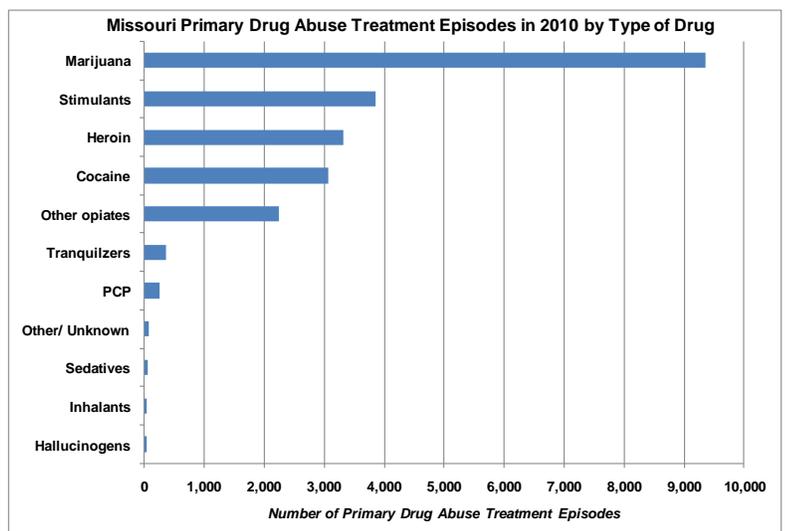
*Source:* Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: [http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58\\_19.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf)

## Substance Abuse Treatment Admissions Data

### Missouri Primary Treatment Admissions:

The graph at right depicts substance abuse primary treatment admissions in Missouri in 2010. The data show that marijuana, followed by stimulants (including methamphetamine), is the most commonly cited drug among primary drug treatment admissions in the state.

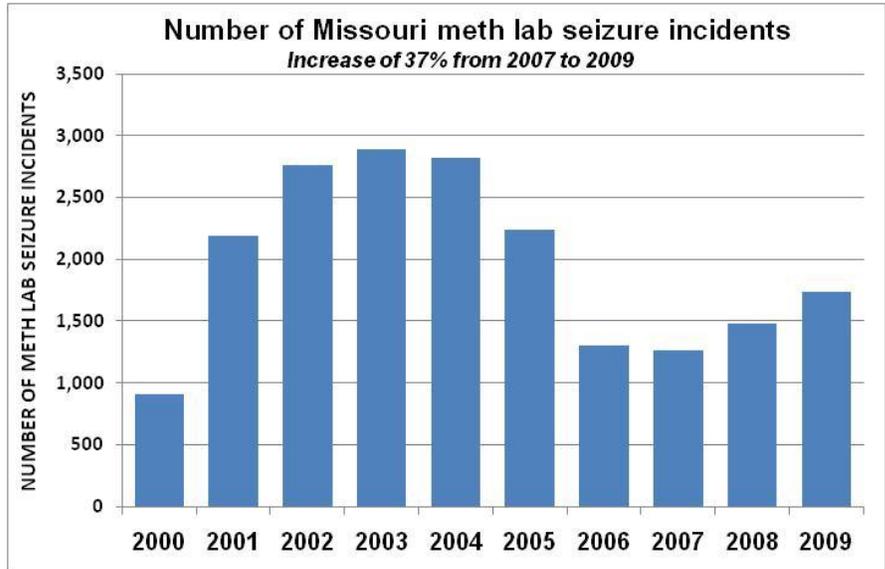
*Source:* Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: <http://oas.samhsa.gov/dasis.htm>



## 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 this time, meth lab seizures Missouri rose 37% from 2007 to 2009.



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

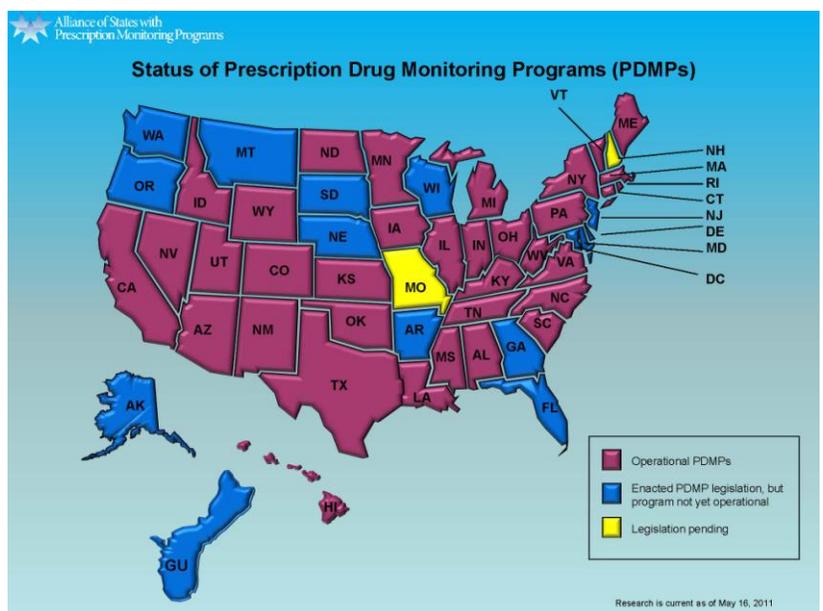
Facing a steep increase in meth lab incidents, the state of Oregon returned medicines containing PSE to prescription-drug status in 2006. Several years later, the results are promising, with meth lab incidents declining from a high of 467 in 2004 (prior to enactment of the bill) to 12 in 2009 and Oregon 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.

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.

**Missouri does not have a prescription monitoring program.**

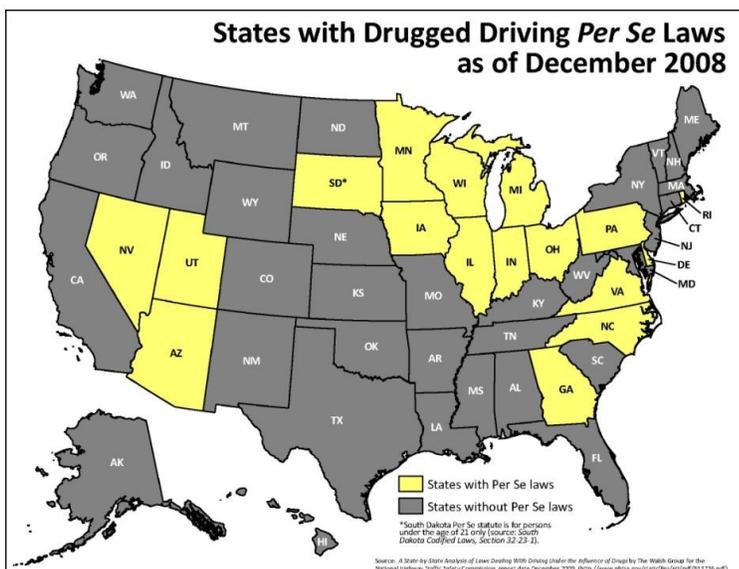
### **State-Level Action: Drug Take-Back Programs**

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.

**Missouri does not have a *Per Se* standard.** Under Chapter 577 of the Missouri Revised Statutes, driving while intoxicated is issued when an individual operates a motor vehicle while in an intoxicated or drugged condition. Intoxicated condition is defined as when someone is under the influence of a controlled substance, or

drug, or any combination thereof. Proof required: that the person was operating a motor vehicle in Missouri while under the influence of a controlled substance and/or a drug.

*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 Missouri coalitions received grants from ONDCP:

- Adair County Drug Coalition
- Carthage Caring Communities
- Hickman Mills Prevention Coalition
- Lee's Summit CARES
- SEMO Prevention (Sikeston)
- The Rockwood Drug Free Coalition
- Windsor P.R.I.D.E.
- Youth Community Coalition (Columbia)
- Youth Substance Abuse Prevention Coalition of Southern Missouri (Cape Girardeau)

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

### Missouri (Midwest HIDTA)

Missouri counties: Boone, Buchanan, Cape Girardeau, Christian, Clay, Cole, Franklin, Greene, Jasper, Jackson, Jefferson, Marion, Platte, Scott, St. Charles, Texas, and St. Louis (City of St Louis)

The Midwest HIDTA office and Intelligence Support Center operate out of Kansas City, Missouri, and encompasses 73 counties in seven States: Missouri, Illinois, Kansas, Nebraska, Iowa, North Dakota, and South Dakota. Kansas City and St. Louis are two of the Midwestern region's four primary drug market areas, and Springfield, Missouri, one of the secondary drug markets of the United States. Mexican drug trafficking organizations dominate wholesale distribution of methamphetamine, cocaine, heroin, and marijuana. Methamphetamine and cocaine are the most critical drug threats in the region. Methamphetamine production has increased since 2007 and is supported largely by pseudoephedrine smurfing operations. More methamphetamine laboratories (1,495) were seized in Missouri in 2009 than in any other state. The growing distribution and abuse of heroin and prescription drugs is also problematic in certain areas of the region. The HIDTA program coordinates interagency efforts to reduce the production, manufacturing, distribution, transportation, and money laundering of drug proceeds, and it funds task force teams that target the most significant threats in their areas.

- The Midwest HIDTA funds 16 enforcement task forces or groups and three intelligence groups working primary threat areas in Missouri.
- The HIDTA's management and coordination, training, and technology enhancement initiatives provide resources and planning support to participating agencies and task forces.
- The HIDTA's intelligence centers offer state-of-the-art technology to develop and share intelligence with participating and non-participating law enforcement agencies.

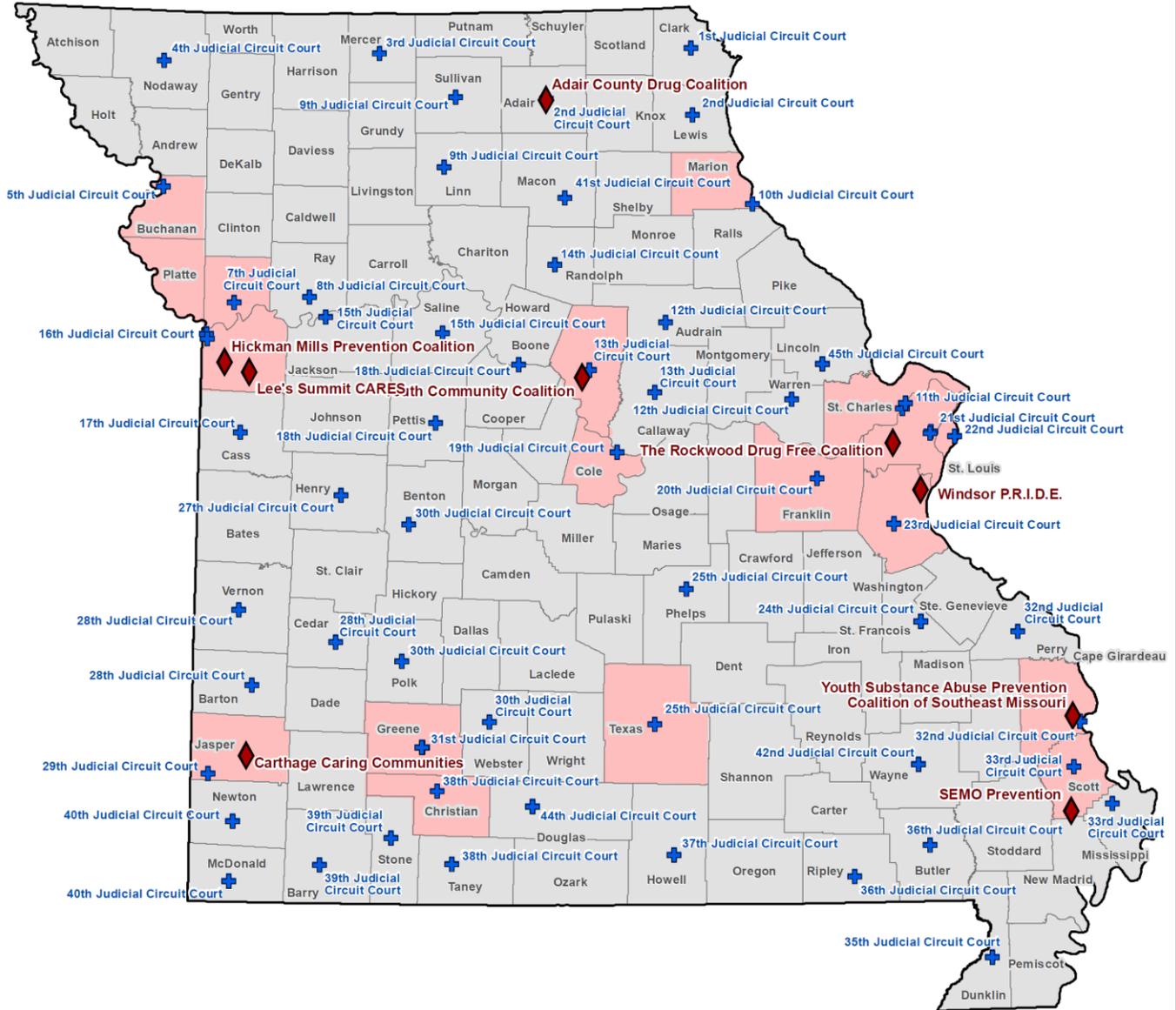
## Federal Grant Awards Available to Reduce Drug Use in the State of Missouri

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>2,000,144</b>
Alcohol Abuse Reduction Grants	287,663
Competition To Prevent High-Risk Drinking & Violent Behavior Among College Students	95,251
Drug And Alcohol Prevention Models On College Campuses	130,000
Safe Schools/Healthy Students Grants	1,487,230
<b>Department of Health and Human Services</b>	
<b>Administration for Children and Families</b>	<b>13,084,723</b>
Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse	500,000
Mentoring Children of Prisoners	994,247
Promoting Safe and Stable Families	11,590,476
<b>Health Resources and Services Administration</b>	<b>2,950,000</b>
Healthy Start Initiative	2,950,000
<b>National Institutes of Health</b>	<b>16,228,346</b>
Discovery and Applied Research for Technological Innovations to Improve Human Health	6,135,677
Drug Abuse and Addiction Research Programs	10,092,669
<b>Substance Abuse and Mental Health Services Administration</b>	<b>46,316,834</b>
Block Grants for Prevention and Treatment of Substance Abuse	26,248,614
Projects for Assistance in Transition from Homelessness (PATH)	936,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance	15,780,220
Substance Abuse and Mental Health Services-Access to Recovery	3,352,000
<b>Department of Housing and Urban Development</b>	
<b>Assistant Secretary for Community Planning and Development</b>	<b>6,942,631</b>
Shelter Plus Care	6,942,631
<b>Assistant Secretary for Housing--Federal Housing Commissioner</b>	<b>2,615,381</b>
Shelter Plus Care	2,615,381
<b>Department of Justice</b>	
<b>Office of Justice Programs</b>	<b>26,652,469</b>
Community Capacity Development Office	456,000
Congressionally Recommended Awards	1,840,000
Criminal and Juvenile Justice and Mental Health Collaboration Program	400,000
Drug Court Discretionary Grant Program	674,231
Edward Byrne Memorial Justice Assistance Grant Program	11,477,288
Enforcing Underage Drinking Laws Program	356,400
Juvenile Accountability Block Grants	870,300
Juvenile Mentoring Program	716,301
National Institute of Justice Research Evaluation and Development Project Grants	504,524
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program	1,006,320
Regional Information Sharing Systems	6,049,055
Residential Substance Abuse Treatment for State Prisoners	598,092
Second Chance Act Prisoner Reentry Initiative	1,703,958
<b>Department of Labor</b>	
<b>Employment and Training Administration</b>	<b>1,000,000</b>
Reintegration of Ex-Offenders	1,000,000
<b>Executive Office of the President</b>	
<b>Office of National Drug Control Policy</b>	<b>3,958,557</b>
High Intensity Drug Trafficking Area Program	3,958,557
<b>Substance Abuse and Mental Health Services Administration</b>	<b>1,271,159</b>
Drug-Free Communities Support Program Grants	1,271,159
<b>Grand Total</b>	<b>123,020,244</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 3/11/2011.

# Office of National Drug Control Policy Programs in Missouri and Drug Court Locations



- ◆ Drug Free Communities program grantees
- + Drug Court locations
- ▭ County Boundaries
- ▭ Midwest HIDTA counties

Source: National Drug Court Institute and ONDCP, September 2011

ONDCP 02/28/05