



NEBRASKA DRUG CONTROL UPDATE

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

Nebraska At-a-Glance:

- Stimulants, including methamphetamine, are the most commonly cited drugs among primary drug treatment admissions in Nebraska. Data from the Treatment Episode Data Set (TEDS) indicate one-third of primary drug treatment admissions in Nebraska were for stimulants, and another third were for marijuana.
- Approximately 6 percent of Nebraska residents reported past-month use of illicit drugs; the national average was 8 percent.
- The rate of drug-induced deaths in Nebraska is lower than the national average.

Drug Use Trends in Nebraska

Drug Use in Nebraska: 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, 6.43 percent of Nebraska residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 2.91 percent of Nebraska 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, 92 persons died in Nebraska in 2007. This is compared to the number of persons in Nebraska who died from motor vehicle accidents (284) and firearms (142) in the same year. Nebraska drug-induced deaths (5.2 per 100,000 population) were lower than the national rate (12.7 per 100,000).

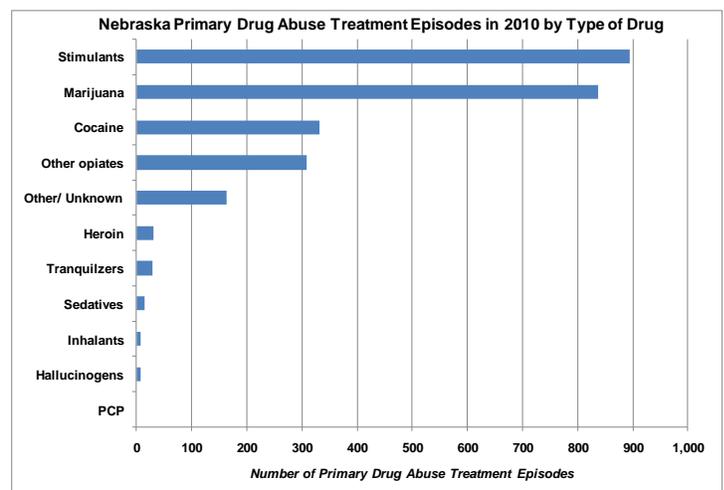
Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Substance Abuse Treatment Admissions Data

Nebraska Primary Treatment Admissions:

The graph at right depicts substance abuse primary treatment admissions in Nebraska in 2010. The data show that stimulants, including methamphetamine, are the most commonly cited drugs among primary drug treatment admissions in the state, followed closely by marijuana.

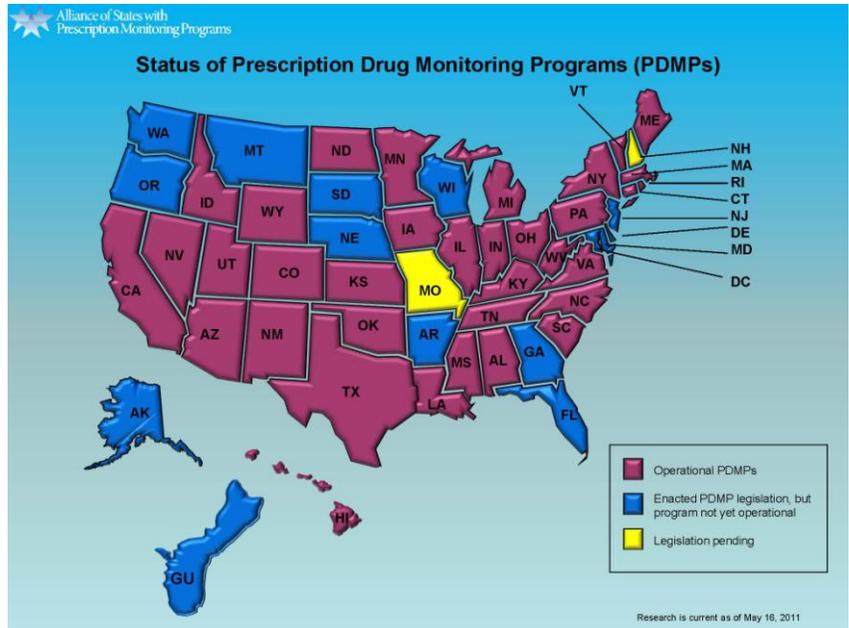
Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: <http://oas.samhsa.gov/dasis.htm>



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.

Nebraska does not have a prescription drug 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.

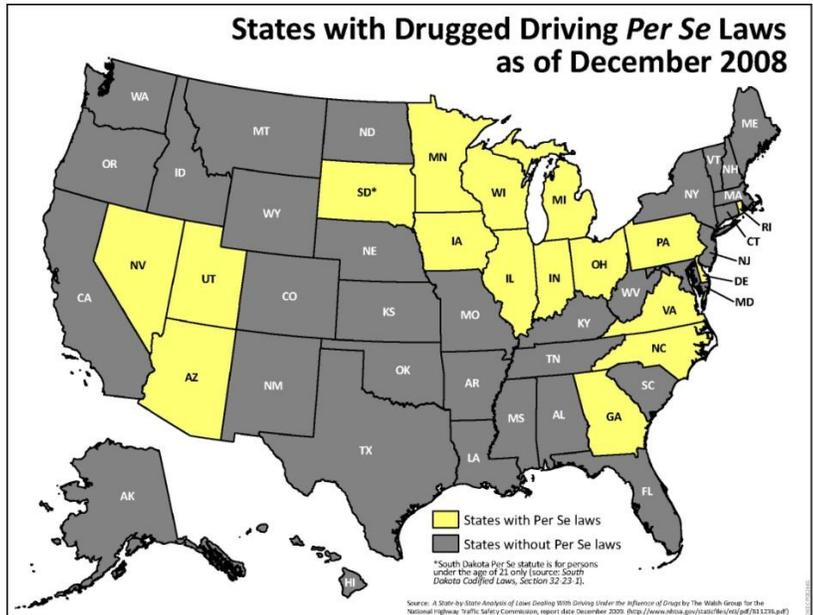
State-Level Action: Enacting *Per Se* Standards for Impairment

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.

Nebraska does not have a *Per Se* standard.

However, under Section 60-6, 196 of the Revised Statutes of Nebraska, it is unlawful for any person to operate or be in actual physical control of any motor vehicle when under the influence of alcoholic liquor or any drug. Proof required: that the defendant was operating or was in actual physical control of a motor vehicle in Nebraska; that the defendant was impaired while operating the vehicle; and that the person was under the influence of any 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 Nebraska coalitions received grants from ONDCP:

- GLW Children's Council, Inc. (Burwell)
- Grand Island Substance Abuse Prevention Coalition
- Healthy Communities Initiative (HCI) (Wisner)
- Lancaster County Substance Abuse Action Coalition
- Live Wise Coalition (Ralston)
- Nemaha Against Drug and Alcohol Abuse
- Panhandle Prevention Coalition
- South Central Substance Abuse Prevention Coalition
- Thayer County Communities Coalition
- The Rain Maker Coalition (Walthill)

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.

Midwest HIDTA

Nebraska Counties: Dakota, Dawson, Dodge, Douglas, Gage, Hall, Jefferson, Lancaster, Madison, Platte, Sarpy, and Scott's Bluff.

The Midwest HIDTA office and Intelligence Support Center operate out of Kansas City, Missouri. The HIDTA encompasses 73 counties in seven States: Missouri, Illinois, Kansas, Nebraska, Iowa, North Dakota, and South Dakota. Omaha is one of the Midwest region's four primary drug market areas.

Mexican drug trafficking organizations and criminal groups transport wholesale quantities of methamphetamine, cocaine, and marijuana to and through Omaha from distribution hubs in Sinaloa, Mexico, and the Southwestern region of the United States. Methamphetamine and cocaine are the most critical drug threats in the area. The Omaha Metro Drug Task Force reported that Mexican "Ice" methamphetamine poses the greatest threat to the community, in that it is easy to obtain, is the drug of choice, and seems to have an underlying commonality with violent and property crimes. Cocaine is frequently converted into crack cocaine, which is often associated with violent crimes in Omaha.

The HIDTA program enhances and facilitates the coordination of regional drug-control efforts among local, state, and Federal law enforcement agencies to eliminate or reduce drug trafficking in critical market areas. 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 drug threats in their areas.

- The Midwest HIDTA funds 6 enforcement task force teams working primary drug threats in Nebraska.
- The HIDTA's intelligence centers offer state-of-the-art technology to develop and share intelligence with participating and non-participating law enforcement agencies.
- Other HIDTA initiatives provide resources that enhance law enforcement, forensic laboratory, and prosecution capabilities to impact critical drug markets, reduce drugs availability, coordinate regional intelligence efforts, improve intelligence sharing, and increase officer safety.

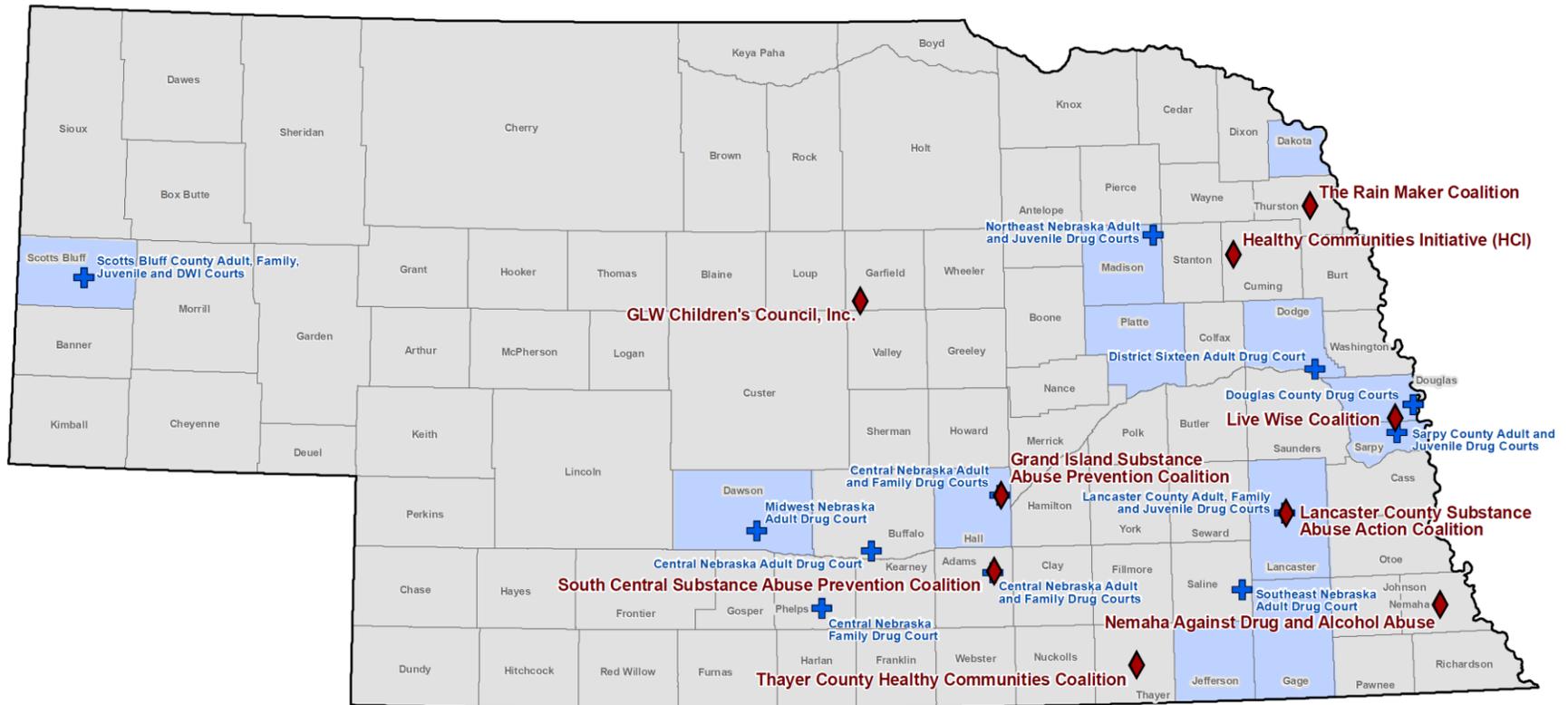
Federal Grant Awards Available to Reduce Drug Use in the State of Nebraska

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		258,302
Building State And Local Leadership Capacity for Preventing Youth Substance Use and Violence		121,302
Drug And Alcohol Prevention Models On College Campuses		137,000
Department of Health and Human Services		
Administration for Children and Families		1,667,360
Promoting Safe and Stable Families		1,667,360
Health Resources and Services Administration		900,000
Healthy Start Initiative		900,000
Indian Health Service		209,427
Urban Indian Health Services		209,427
National Institutes of Health		7,308,076
Discovery and Applied Research for Technological Innovations to Improve Human Health		560,082
Drug Abuse and Addiction Research Programs		6,747,994
Substance Abuse and Mental Health Services Administration		13,698,516
Block Grants for Prevention and Treatment of Substance Abuse		7,920,131
Projects for Assistance in Transition from Homelessness (PATH)		300,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		5,478,385
Department of Justice		
Office of Justice Programs		8,103,756
Community Capacity Development Office		157,000
Congressionally Recommended Awards		300,000
Drug Court Discretionary Grant Program		300,000
Edward Byrne Memorial Justice Assistance Grant Program		3,510,335
Enforcing Underage Drinking Laws Program		356,400
Juvenile Accountability Block Grants		432,200
National Institute of Justice Research Evaluation and Development Project Grants		777,839
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program		11,251
Residential Substance Abuse Treatment for State Prisoners		184,510
Second Chance Act Prisoner Reentry Initiative		300,000
Tribal Youth Program		1,774,221
Executive Office of the President		
Office of National Drug Control Policy		1,354,734
High Intensity Drug Trafficking Area Program		1,354,734
Substance Abuse and Mental Health Services Administration		1,174,999
Drug-Free Communities Support Program Grants		1,174,999
Grand Total		34,675,170

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 Nebraska and Drug Court Locations



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

Source: ONDCP and National Drug Court Institute, September 2011



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