

Congressional Testimony
For

Frances Flener

Arkansas State Drug Director
State of Arkansas

**“Counternarcotics Enforcement: Coordination at the Federal, State and Local
Level”**

Ad Hoc Subcommittee on State, Local and Private Preparedness and Integration
United States Senate



April 21, 2009
10:30 am
Dirksen Senate Office Building, Room 342
Washington, D.C., USA

**Statement of
Frances Flener
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Executive Summary

Methamphetamine is the #1 drug threat to Arkansas, followed by cocaine and marijuana. The use and trafficking of these drugs continue to present a difficult challenge for federal, state and local law enforcement. Drug trafficking groups have developed markets in Arkansas creating sizable drug distribution networks which have been responsible for a series of drug-related crime and social problems.

The methamphetamine problem is two fold: Small Toxic Labs and Mexican Drug Trafficking Organizations. Small Toxic Labs are small methamphetamine laboratories capable of producing one-two ounces of methamphetamine. Through Arkansas Act 256 that placed Ephedrine/Pseudoephedrine behind the counter at pharmacies, there was a 50% decline in these types of lab seizures. Most methamphetamine found in Arkansas is now produced outside of the state. Trends indicate that Mexico-based poly-drug trafficking organizations are the main suppliers for consumption and re-distribution.

In February 2008, four counties in Arkansas were designated as part of the Gulf Coast High Intensity Drug Trafficking Area (Gulf Coast HIDTA). There are two HIDTA initiatives in the state: one in two counties in the northwest, Benton and Washington, and one in two counties in the central portion, Jefferson and Pulaski. Each initiative is responsible for measurable goals and outputs. Within six months of operation, both Arkansas initiatives had reached their yearly goals.

Arkansas is fortunate to have excellent cooperation among all federal agencies within the state. These agencies have joined forces with state and local law enforcement to form a unique bond that enables them to achieve measurable results in leveraging resources that have experienced dramatic reductions in the past several years.

In this testimony, I will describe the significant drug threats of Arkansas, offer specific examples of how we are addressing them and provide recommendations for achieving better results.

Introduction

Chairman Pryor, Ranking Member Ensign and distinguished members of the Subcommittee and honored guests; it is indeed my distinct pleasure to appear before you today. My name is Frances Flener and I am the Arkansas State Drug Director. This office is in charged with building a coordinated framework that addresses all issues of substance abuse: prevention, intervention and interdiction. On behalf of Governor Mike Beebe and our state, I would like to thank this Ad Hoc Subcommittee for its continued support for counternarcotic enforcement coordination at all levels.

Senator Pryor, we are grateful for your continuing support of the men and women in law enforcement. It must be noted that in February 2003, your first speech as a Senator dealt with the importance of continued and increased funding for law enforcement, particularly community policing. In that speech you quoted Richard Taft, a veteran of 32 years who was the Chief of Police in Malvern, Arkansas. He made a very poignant remark in addressing the challenges facing rural law enforcement. Without the Community Oriented Policing Services (COPS) program, Chief Taft said he didn't have enough officers to protect each other, much less the citizens of Malvern. As a co-sponsor for the re-authorization of the COPS legislation, you continued being a champion for crime prevention and community engagement. Through your ongoing support and dedication to this issue, our state and nation have benefited. I want to take this opportunity to thank you for your outstanding leadership that has supported law enforcement at all levels.

Overview of the Environment

The state of Arkansas is predominately, rural, agricultural and impoverished (13.3% of the population live below the poverty line). Utilizing the 2005-2007 American Community Survey from the U.S. Census Bureau, Arkansas' Caucasian population is estimated at 2,205,950 (78.6 percent), the black American population at 436,848 (15.6 percent), the Hispanic population at 138,936 (five percent), the Asian population at 29,647 (1.1 percent), and the American Indian population at 20,236 (0.7 percent).

An article published in April 2007 by the Urban Institute indicated that the Hispanic population in Arkansas grew by 48 percent between 2000 and 2005, faster that any other state.

Predominant Drug Threats

Methamphetamine is the #1 drug threat in the state of Arkansas followed by cocaine and marijuana. The distribution and abuse of both Mexico and locally-produced methamphetamine continue to rise despite the significant decline in small, local manufacturing operations. Arkansas has enacted two pieces of legislation that have had a positive impact on methamphetamine abuse. In 2005, the Arkansas Legislature passed Act 256 placing Ephedrine/Pseudoephedrine behind the counter at pharmacies and requiring identification to purchase. This legislation resulted in a 50% reduction in small

toxic labs (one ounce capability). In the 2007 Session of the Legislature, Act 508 established a real-time electronic logbook to further assist law enforcement in its efforts to combat methamphetamine. Arkansas contracts with LeadsOnLabs to monitor and prevent illegal purchases of meth precursors and gives law enforcement the immediate location of the purchaser. LeadsOnLabs has assisted in blocking 12,131 ephedrine, pseudoephedrine, or phenylpropanolamine purchases between April 22 and August 5, 2008.

Despite these advances, local lab seizures have risen slightly in 2008. Local meth cooks are requiring their customers to supply their own ephedrine or pseudoephedrine. The manufacture of methamphetamine has become a “potluck” affair with several people contributing the ingredients for a cook. The labs are being moved to very isolated places and are very mobile.

Most methamphetamine found in Arkansas is now produced outside of the state. Trends indicate that Mexico-based poly-drug trafficking organizations (DTOs) are transporting large quantities of methamphetamine and methamphetamine “ice” (smokable form of methamphetamine) into Arkansas for consumption and further distribution. Violent drug trafficking groups have developed markets in Arkansas, creating sizable drug distribution networks that have been responsible for a series of drug-related crimes and social problems.

Many small cities in Arkansas are experiencing the same problems that larger urban areas faced a decade ago, including an increase in drug trafficking activities, escalating homicide rates, the influx of illegal immigrants involved in the drug trade and criminal justice infrastructures ill-equipped to handle the increase in case activity.

In Arkansas, Mexican Drug Trafficking Organizations are a problem throughout the state, both in rural and urban settings. For instance, my hometown of Batesville, (a small, picturesque town with less than 10,000 in population, located on the banks of the White River), was the center of a three-year joint drug trafficking investigation led by the DEA, entitled, “Tienda Hielo” or “ice store”, that resulted in 52 arrests, seizure of more than 100 pounds of methamphetamine ice with a street value of over \$11 million dollars and the dismantling of a DTO with ties traceable to a violent Mexican drug cartel.

Interstates 40 and 30 were the primary corridors used for transporting the drugs to Arkansas. After being produced in Mexico, the drug shipments would cross the border to one of three area—San Diego, Phoenix or Dallas. From each of these hubs, the drugs would be routed to Arkansas and ultimately Batesville, Independence County, Arkansas. There the drugs would be off-loaded and driven to a remote location. These drugs would not only be sold locally, but were transported and re-distributed to Memphis, TN, Kansas City, MO, Des Moines, Iowa and Indianapolis, IN. Ironically, some of the same factors that make Arkansas an attractive place to reside contribute to its attractiveness as a drug transit and staging region. The transit pathway for these drugs was from three hubs with a combined population of 4.1 million to a very rural county in Arkansas with a population of less than 30,000 for redistribution to an area of 4.1 million people.

In the Tienda Hielo news release, U.S. Attorney Jane Duke of the Eastern District of Arkansas and William J. Bryant, Assistant Special Agent in Charge, U.S. Drug Enforcement Administration stated, “This operation was a textbook example of true multi-agency coordination.” Numerous federal, state and local agencies participated in this investigation. These included: the US Attorney’s Office, DEA, FBI, ICE, IRS, ATF, US Marshals Service, AR Army National Guard, AR Air National Guard, Oklahoma Bureau of Narcotics, AR 16th, 2nd, 20th and 17th Judicial District Drug Task Forces, the Central AR Drug Task Force, White, Van Buren, Independence, Pulaski and Craighead County Sheriffs’ Offices, AR State Police, AR Highway Police, and Jacksonville, Little Rock, Pine Bluff, North Little Rock, Maumelle, Sherwood and Jonesboro Police Departments.

Cocaine remains readily available in both inner city and rural areas. All racial and socioeconomic classes abuse both powder cocaine and its base derivative, crack. Cocaine is usually transported into Arkansas primarily by Mexican poly-drug smuggling organizations for distribution by black American criminal organizations that dominate crack distribution in cities such as Little Rock and Pine Bluff.

Marijuana is dominant drug for availability and abuse within the state. Both Mexico and locally produced marijuana are abundantly available. Mexico-produced marijuana is transported via the Interstate Highway System and accounts for the majority that is available. Domestic marijuana is traditionally cultivated both indoor and outdoor in the eastern and northwestern regions of Arkansas.

Pharmaceuticals continue to rise in epidemic proportions within the state. The high availability, dramatic increase in treatment admissions and the increase in interdiction seizures places pharmaceuticals as Arkansas’ greatest drug threat following methamphetamine and “ice” methamphetamine. A major source of diverted pharmaceuticals is on-line Internet pharmacies.

Participation and Coordination of Activities

The state of Arkansas is fortunate in having outstanding relationships between federal, state and local law enforcement. This team effort has led to significant investigations, as previously described, which have allowed law enforcement to attack the drug problem on different fronts.

In February 2008, Arkansas received a tremendous boost in its ability to disrupt illicit drug trafficking. With the support of Senators Pryor and Lincoln, Representative John Boozman, Governor Mike Beebe and the entire Congressional Delegation, the director of the Office of Drug Control Policy (ONDCP) authorized the addition of four (4) counties in Arkansas to the Gulf Coast High Intensity Drug Trafficking Area (Gulf Coast HIDTA). The four counties are Benton, Jefferson, Pulaski and Washington. These

counties join 12 counties/parishes across Louisiana, Alabama, and Mississippi which make up Gulf Coast HIDTA.

The establishment of two (2) HIDTA initiatives in Arkansas has enjoyed wide acceptance by local, state and federal law enforcement agencies. Gulf Coast HIDTA's Executive Board and Staff have welcomed the expansion and have worked tirelessly to ensure a smooth transition. One of the HIDTA program's most important contribution to the nation has been the partnerships it has nurtured among participating agencies. This has led to the leveraging of resources and sharing of intelligence through a regional coordinated approach. Under HIDTA, state and local law enforcement join with their federal counterparts on an equal basis to enhance enforcement activities, provide focus to regional problems and to determine priorities and initiatives for their individual HIDTAs.

Through the Byrne-JAG Program, Arkansas has 19 funded multi-jurisdictional drug task forces (DTFs). Budget cuts to this program have crippled local law enforcement's capability to address their local drug issues. Due to the rural nature of the state, the size of local law enforcement is so small that most find it impossible to conduct pro-active drug-related investigations without assistance from the federal government. While funding for '09 is expected to increase, the optimal effectiveness of the DTFs is in jeopardy due to reduced staff and low morale. Without this additional source of funding, some programs would have disbanded, leaving Arkansas communities with little or no organized pro-active efforts to combat drugs.

Treatment and Prevention Activities

In its Final Report issued in September 2008, the Arkansas Legislative Task Force on Substance Abuse Treatment Services stated, "The consequences of untreated alcohol and drug abuse comprise the single greatest drain on Arkansas' state budgets." The report goes on to state that, "approximately only one in twenty people needing treatment are able to obtain it." The primary funding source for public treatment programs is the Substance Abuse Prevention and Treatment Block Grant (SAPT). Currently, Medicaid in Arkansas does not cover substance abuse treatment. This lack of sufficient treatment resources overburdens the broader healthcare, criminal justice, employment and welfare systems.

During the recent 2009 Regular Session of the Arkansas Legislature, Act 180 created a Tobacco Tax that includes funding for Medicaid pregnant women and children aged 9 through 21. The target date for implementation is January 1, 2010.

The development of drug courts in Arkansas has followed the national trend of the late 1990s that addressed the overwhelming rise in illicit drug use and the resultant overcrowding in prison systems. Drug Courts are defined as a combination of judicial oversight, supervision, and involvement with a strong and continuous therapeutic component. They are designed to provide an alternative to incarceration while providing a highly-structured judicial process for substance abuse treatment. Currently, there are 40 drug courts statewide with an average total enrollment of 1700 at any given time.

According to a report released by the Arkansas Department of Community Correction (DCC) in July 2007 to address recidivism rates for program graduates, there were 55 offenders out of the 967 graduates who had re-offended who that been re-incarcerated. Overall, the recidivism rate was 5.7% for the entire 967 graduates. The drug court program structure and oversight has demonstrated an overall success of helping individuals with substance abuse problems become productive members of society and avoid re-entry in the criminal justice system.

In 2005, Arkansas received a 5-year Strategic Prevention Framework–State Incentive Grant through the Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. This grant has enabled the state to fund 19 community-based prevention coalitions. These groups, along with the 13 regional Prevention Resource Centers form the basis for prevention activities within the state. The groups are very active and have enjoyed success in marshalling their communities to address local concerns.

Recommendations

If we accept that a robust national drug control strategy is dependent upon strong federal, state and local drug enforcement efforts, then we must not cut the resources available for these efforts. Federal assistance is the incentive that has caused dramatic improvements in cross-jurisdictional cooperation and overall effectiveness. The impact of diluted drug policies and a reduced federal commitment to fighting drug trafficking would be devastating to society.

We support the inclusion of the Pryor Amendment (SA 794) to Combat Drug Trafficking, an Amendment to S. Con. Res. 13, the Senate Budget Resolution which calls for increasing the number of counties participating in the HIDTA program and the level of drug interdiction funding at the Department of Homeland Security to combat drug smuggling across international borders. There are other parts of Arkansas in addition to the four counties that are currently designated that desperately need HIDTA resources to address their drug trafficking problems.

It is further recommended that the Byrne-JAG Assistance Grants be funded at full strength of \$1.1 billion as originally recommended by the Senate.

Conclusion

Our nation's drug problems are extremely complex. It would be ingenuous to indicate that the drug problem could be solved quickly or easily. However, by using a comprehensive approach that embraces education, treatment and enforcement, we can dramatically reduce the use of illegal drugs and associated violent crime.

Thank you again for the opportunity to testify before the Ad Hoc Subcommittee today. I will be happy to answer any questions at the appropriate time.