

Congressional Testimony
For

Frances Flener

Arkansas State Drug Director
State of Arkansas

**“Exploring Drug Gangs’ Ever Evolving Tactics to Penetrate
the Border and the Federal Government’s Ability to Stop
Them”**

Ad Hoc Subcommittee on Disaster Recovery and
Intergovernmental Affairs

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**Statement of
Frances Flener
Arkansas State Drug Director
State of Arkansas**

Before the

Ad Hoc Subcommittee on State, Local and Private Sector Preparedness and Integration

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Executive Summary

Arkansas, like many other rural states, faces few public safety and public health dangers greater than the illegal abuse, production, and distribution of narcotics. Drug Trafficking Organizations have established themselves and created extensive drug distribution networks in Arkansas. Increasingly, these criminal organizations are locating within rural Arkansas communities, and they bring additional crime and social problems to areas ill-equipped to address these issues.

Drug Trafficking Organizations are heavily involved in supplying Arkansas with illegal narcotics of multiple types. Arkansas has long been recognized as a state with a tremendous methamphetamine problem, and is consistently among the top states in lab seizures and meth incidents. While small local toxic labs are an ever-present challenge, illegal importation and distribution by Mexican Drug Trafficking Organizations is the primary source of methamphetamine found in Arkansas.

Counterdrug efforts in Arkansas benefit greatly from the high level of cooperation among federal, state, and local agencies within our state. This collaborative approach allows the expertise of different agencies to maintain a sustained, organized attack on drug trafficking organizations in Arkansas. Federal drug enforcement programs such as HIDTA have allowed for increased effectiveness in combating drug distribution. Arkansas’s inclusion in the Gulf Coast HIDTA has enhanced law enforcement’s ability to disrupt and dismantle drug trafficking organizations operating in our state both through investigations initiated and led directly by HIDTA Task Force , and by providing specialized counternarcotics training at no cost.

Additionally, expanded information sharing and intelligence-based policing has become possible through combined state and federal funding which assisted in the establishment of the Arkansas State Fusion Center in 2009.

In this testimony, I will describe the significant drug distribution threats to Arkansas, share how collaboration among federal, state, and local law enforcement agencies in our state is impacting these threats, and provide recommendations for continued progress in our shared counterdrug efforts.

Introduction

Chairman Pryor, Ranking Member Ensign and distinguished members of the Subcommittee and honored guests; it is my distinct pleasure to testify before you today. My name is Frances Flener and I am the Arkansas State Drug Director. This office is charged with utilizing a balanced approach among prevention, treatment, and enforcement to develop, coordinate, and implement drug policy. On behalf of Governor Mike Beebe and our state, I would like to thank this Subcommittee for its continued support for the coordination of counternarcotics enforcement at all levels.

Senator Pryor, we are grateful for your continuing support of the men and women in law enforcement. Throughout your career you have been a champion for crime prevention and community engagement: A bullet-proof vest program that began years ago for the increased safety of rural law enforcement still continues today; while the Secure Our Schools Program has enabled our kids to have a safer environment in which to study and learn. For each of these and others, I would like 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 and agricultural. It has the second-highest poverty rate in the United States, with 18.5% of all ages living in poverty. Arkansas's population has increased to 2,915,918, reflecting an overall 9 percent growth rate in the past ten years. Utilizing data from the 2010 U.S. Census, whites constitute 75.5 percent, African-Americans 15.3 percent, Hispanics/Latinos 6.8 percent, and all other ethnicities under 3 percent of the population. Arkansas is widely recognized as being a state with one of the fastest growing Hispanic populations, and from 2000 until 2010 its Hispanic population grew 114 percent.

Arkansas, for many reasons, is an attractive target area in which drug trafficking organizations become established. Its relatively low population, rural areas, and low law enforcement presence in some remote regions provide the privacy required by those manufacturing and/or distributing drugs. Further, Arkansas's location in the central U.S. and its full complement of transportation infrastructure and services provide useful means to distribute illegal drugs. Interstates 40 and 30 are primary corridors used for transporting the drugs to, and through, Arkansas, and these highways account for the largest quantities of drugs seized. Since illicit drugs, particularly methamphetamine, are in great demand in Arkansas, it takes little effort by traffickers to establish local markets for it.

Drug Distribution in Arkansas

Small Arkansas towns are increasingly facing drug distribution activities similar to what has been historically mostly limited to more urban areas. Mexican Drug

Trafficking Organizations present a problem both in rural and urban settings in Arkansas, and have established themselves as the primary wholesale and midlevel distributors of methamphetamine, powder cocaine, marijuana, and heroin. These organizations import illicit drugs from the southwest border, deliver them to remote Arkansas locations, and redistribute them to the East Coast and Midwest regions of the U.S. As drug networks expand within the state and intrastate distribution grows, cells are progressively being set up in rural areas to become supply hubs for the metropolitan areas of the state. Within Arkansas, this reflects a reversal from traditional patterns of illicit drug distribution from urban to rural areas.

Methamphetamine continues to be the number one drug threat in the state of Arkansas, and no other substance has ever been reported as a higher threat by either the National Drug Intelligence Center (NDIC) or the Gulf Coast HIDTA since the inception of each of their annually prepared drug threat analyses. The distribution and abuse of both Mexican and locally-produced methamphetamine continue to rise, and demand in our state is high. Both forms are widely available. The Gulf Coast HIDTA reports that “Mexico-based poly-drug trafficking organizations (DTOs) are transporting large quantities of methamphetamine and ‘ice’ methamphetamine into Arkansas for consumption and further distribution”. The majority of methamphetamine found in Arkansas originates outside of the state.

The impact and scope of methamphetamine distribution in Arkansas is well illustrated by a collaborative investigation led by the DEA HIDTA Group 61 known as “Operation Ice Princess” which took place over an eighteen month period in 2009 and 2010. The investigation culminated from the efforts of DEA plus five additional federal agencies, the Arkansas State Police, the Arkansas Highway Police, four Arkansas drug task forces, four county sheriff’s offices, five police departments, and the Arkansas National Guard. Operation Ice Princess uncovered, disrupted, and ultimately dismantled a large-scale Arkansas ice methamphetamine distribution ring based in Jonesboro with additional distribution cells in five counties. Investigators learned that multi-pound quantities of methamphetamine ice originating in Mexico were regularly being distributed throughout the state through a network of distributors located in Jonesboro, Searcy, Kensett, Rose Bud, Little Rock, and Batesville.

Operation Ice Princess generated arrests of nineteen individuals, including seven who had illegally re-entered the United States after previous deportations, the seizure of nine pounds of methamphetamine with a street value of over four-hundred thousand dollars, and the seizure of close to one-hundred fifty thousand dollars. The dismantlement of this organization was considered extremely significant and is expected to affect the local methamphetamine market for an extended period of time.

The distribution of both powder and crack cocaine are significant concerns in Arkansas, principally in the southeast Delta region of the state. Mexican Drug

Trafficking Organizations typically transport powder cocaine in kilogram level quantities, which is then converted into crack. The majority of cocaine transported into Arkansas arrives through Texas and to lesser extent California for local distribution by midlevel and retail level distributors and street gangs.

The abuse and diversion of pharmaceuticals in the past four years has been an alarming and emerging threat in Arkansas, especially for its young people. In 2007, the Office of National Drug Control reported that Arkansas teens had the worst prescription pain reliever abuse rate in the nation. Since then, concerted efforts by an over thirty member, multi-agency prescription abuse prevention coalition led by our office, the Office of the Arkansas Attorney General Dustin McDaniel, and the Arkansas Eastern and Western District Offices of the U.S. Attorney, have coincided with a notable reduction in lifetime teen prescription abuse rates. According to the Arkansas Prevention Needs Assessment, youth abuse rates have decreased from 12.8 percent in 2008 to 10.4 percent in 2010. With success in drug abuse prevention efforts being measured by drops in tenths of a percentage point, this reduction is significant. Coalition efforts have included the development of a comprehensive public awareness campaign, planning and coordination of statewide prescription drug take-back events, and the development and enactment of legislation authorizing a prescription drug monitoring program. The coalition will continue to develop strategies to sustain reduction and build toward a healthier future for Arkansans.

Many in the Arkansas Law Enforcement Community believe that Drug Trafficking Organizations, along with unaffiliated drug-seeking individuals, engage in robberies and burglaries of pharmacies, forge prescriptions, “doctor-shop”, and steal from private residences in order to obtain pharmaceutical drugs to distribute. Our state eagerly awaits the additional degree of amelioration of a number of these diversion issues once the prescription monitoring system is operational and health care professionals begin utilizing it in 2013. Arkansas’s implementation of this system will be contingent upon receiving federal funding through the National All Schedules Prescription Reporting (NASPER) program and the Harold Rogers Prescription Drug Monitoring Program.

When money-making is possible and demand is high, regardless of whether a substance of abuse is illicit or pharmaceutical, Drug Trafficking Organizations are likely to become engaged. The Gulf Coast HIDTA reports that pharmaceuticals, in addition to being primarily locally diverted, also arrive in Arkansas via the Southwest Border. State, county, and local law enforcement agencies are increasingly reporting interdicting prescription drugs alongside illicit drugs.

Despite aggressive eradication and interdiction efforts, marijuana is the most commonly abused, most abundant, and most highly in-demand drug in Arkansas. High availability results from both outdoor and indoor domestic growing operations and importation from Mexico. Marijuana arriving in Arkansas is further

distributed on a regional level by independent local dealers, street gangs, and small criminal organizations.

Collaboration and Success of Federal, State, and Local Law Enforcement Agencies in Arkansas

The continuing expansion of drug trafficking groups and their distribution of narcotics to, through, and from rural Arkansas areas result in tremendous strains on local criminal justice infrastructures and service delivery systems. As these organizations establish themselves in an area, they often bring escalating violent and property crime rates. Small Arkansas towns such as Kensett and Rose Bud, with populations of 1648 and 459 respectively, often lack necessary resources to effectively combat the problem alone. It is for these very reasons that Kensett and Rose Bud were targeted for exploitation by Drug Trafficking Organizations as drug distribution centers as previously described in the Operation Ice Princess case.

Fortunately, Arkansas benefits from having outstanding relationships and collaboration among federal, state, and local law enforcement. These partnerships enable law enforcement to overcome issues such as lack of local resources and make success possible.

My office, along with professionals from the fields of drug prevention, treatment, and enforcement, regularly work together with the U.S. Drug Enforcement Administration's Little Rock Field Office on anti-drug projects. We are very privileged to have such an extremely high caliber of DEA leadership and personnel, all of whom are wholeheartedly committed not only to enforcement of drug laws, but also to the comprehensive reduction of drug problems in our state. DEA works in conjunction with the Arkansas State Police and Arkansas Highway Police on criminal interdiction cases, and responds to all major drug seizures in order to exploit all available evidence in an effort to link the seizures to major Drug Trafficking Organizations.

Arkansas's participation in federally-funded drug enforcement initiatives serve to provide the means for greatly enhanced counterdrug efforts. Since joining the Gulf Coast HIDTA in 2008, Arkansas has gained many advantages in its capacity to disrupt illicit drug trafficking and attack the command and control of the groups which engage in it. HIDTA membership offers a powerful reinforcement of efforts to provide a sustained and organized attack for the disruption and dismantling of drug trafficking organizations. Specifically, it has provided for additional major case investigations including complex conspiracy cases, increased criminal interdiction, enhanced information sharing and intelligence-based policing, and invaluable counterdrug training and education opportunities to law enforcement statewide.

HIDTA has been integral in fostering partnerships and collaboration among participating agencies, which has led to a leveraging of resources and increased

sharing of intelligence. As a function of HIDTA, state and local law enforcement ally with nearby federal counterparts to concentrate efforts, maximize drug enforcement activities, and develop and prioritize initiatives based on their unique local needs. Without the presence of HIDTA and the everyday dedication and efforts of all levels of the law enforcement community across the state, we would undoubtedly have more drugs on our streets, more violence and drug threats to our people, and a reduced quality of life in Arkansas.

Thanks in part to federal funding made available through the U.S. Department of Homeland Security, our state's ability to utilize intelligence and information to more effectively identify and counter Drug Trafficking Organizations, terrorists, and other criminal entities has been bolstered by the launching of the Arkansas State Fusion Center in 2009. The Fusion Center allows federal, state, and local law enforcement agencies to take full advantage of a nationally networked array of law enforcement intelligence databases and other informational systems and resources. Due to the establishment of the Fusion Center, actionable intelligence supporting the disruption and dismantling of active criminal organizations is now more readily available to all levels of law enforcement within our state.

Arkansas's nineteen state multi-jurisdictional drug task forces (DTF's) play an instrumental role in the development of major cases against drug trafficking organizations our state, as they often initiate the investigations which are later revealed to be components of a broader network of drug crime. Our state drug task forces are wholly supported by federal funding through the Edward Byrne Memorial Justice Assistance Grant Program (Byrne/JAG) and have never fully recovered from 2008 budget cuts made to the program. Each of the drug task forces is responsible for drug enforcement in a multi-county area, and some of them have only two officers remaining to accomplish this.

Recommendations

Given the severity of our nation's drug problems and the often tragic consequences which result from them, it is of vital importance that an adequate, sustained level of resources be devoted to the prevention, treatment, and enforcement efforts that produce necessary improvements. Federal, state, and local drug enforcement programs protect rural communities that, like in Arkansas, are increasingly besieged by violent criminal drug organizations. It is of the utmost importance that law enforcement be provided the tools with which to combat them.

Without a full array of law enforcement, beginning at the very fundamental levels that feed intelligence up the chain into larger agencies, pieces of the puzzle that make up integrated, complex, and well-developed Drug Trafficking Organizations will never be put together for their disruption and dismantlement.

We recommend a restoration to the DEA funding for methamphetamine laboratory cleanup that has now been cut. Many financially-pressed local law enforcement

agencies are scrambling to find ways to fund this vital service. If funding for cleanup is not restored or if less expensive alternative programs are not developed and fully supported by federal agencies, the result will be a significantly decreased ability of local law enforcement agencies to enforce methamphetamine manufacturing laws. Most importantly, it will also create dangerous risks to public health, particularly in states with high numbers of meth lab incidents such as Arkansas. In order for local law enforcement agencies to continue to aggressively and proactively seek out and dismantle meth labs, they will be forced to divert funds from other necessary services, thereby reducing their effectiveness in other endeavors. If an agency's funds are shifted to support necessary methamphetamine lab cleanup, it will lead to major reductions in other essential drug enforcement operations.

We also recommend continued funding and support of Prescription Monitoring Programs across the country. Prescription Monitoring Programs are of great assistance in the prevention and enforcement of pharmaceutical diversion. Without federal funding, Arkansas will not be able to develop and implement a PMP resulting from newly enacted legislation.

Arkansas, while currently experiencing great benefits from its membership in the Gulf Coast HIDTA, would benefit even more by the addition of a number of its counties with high drug activity.

Finally, we recommend that the Byrne-JAG Assistance Grants be funded at 2002-2003 levels. This will benefit programs nationwide, and in Arkansas it will allow for increased drug enforcement effectiveness, particularly for our state's multi-jurisdictional drug task forces.

Conclusion

The abuse, manufacturing, and distribution of illicit drugs in both Arkansas and the U.S. pose serious, but not insurmountable, challenges. To effect positive change, a complementary and multifaceted approach including prevention, education, treatment, and enforcement is required. If we expect to make a difference in our efforts to combat drugs and their deleterious effects, each of these components must remain a high priority and receive all necessary resources to achieve success, including drug enforcement.

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