NORTH DAKOTA OFFICE OF ATTORNEY GENERAL

2014 Comprehensive Status and Trends Report

A summary evaluation of the status of substance abuse and treatment in North Dakota, and analysis of substance abuse trends.

CY 2012-2013

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HISTORY

The 2001 Legislative Assembly passed N.D.C.C. § 19-03.1-44:

19-03.1-44. Comprehensive status and trends report.
On or before July first of each even-numbered year, the attorney general, or designee of the attorney general, shall report the current status and trends of unlawful drug use and abuse and drug control and enforcement efforts in this state. This report must be made to an interim legislative committee and must include the following information:

1. The superintendent of public instruction shall provide the results of the most recent survey of the state's young people regarding drug usage. This survey must include information regarding the accessibility of gateway and other illicit drugs, the prevalence of gateway and other illicit drugs in schools or on school property, and the types and frequency of gateway and other illicit drugs used by young people.
2. The state crime laboratory shall provide a report that includes the type of each controlled substance tested and the number of times tests were run for each controlled substance.
3. The department of human services shall provide a current status of the number of people who were treated in the state. The report must include information about the variety of drugs, legal and illegal, for which people were treated.
4. The department of corrections and rehabilitation shall provide the current status of the number of people incarcerated or on probation in the state correctional system for violation of title 19. This report must specify the average length of sentence including probation, average length of incarceration ordered by a court to be served, and average actual time incarcerated for drug offenders sentenced to the custody of the department. The report also must identify the number of people referred to treatment and treated as a condition of sentencing, probation, or parole.
5. The attorney general shall provide the current status of the number of arrests for violation of title 19 and the current enforcement efforts to combat unlawful drug trafficking and usage.

SUMMARY

- Thirty-five percent (35.3%) of students in grades 7-8 and 58.1% in grades 9-12 agree that in their community, drinking among teenagers is acceptable. (2013 YRBS-ND Department of Public Instruction)

- Seventeen percent (17.6%) of high school students have taken a prescription drug (such as OxyContin, Percocet, Vicodin, Adderall, Ritalin or Xanax) without a doctor's prescription, one or more times during their life. (2013 YRBS) This equals the national rate.

- In 2012, there were 147 fatal crashes resulting in 170 fatalities. Fifty-two percent of those crashes (77) were alcohol related. Drunk drivers were responsible for the deaths of 87 people on North Dakota's roads. (ND Highway Patrol)

- While alcohol continues to be the number one primary substance reported by adults receiving treatment through the regional human service centers, meth use by adults increased by 10% from calendar year 2012 to calendar year 2013. (ND Department of Human Services)

- Drug offense arrests increased from 2,662 in 2011 to 2,872 in 2012. Thirty percent of drug arrests were for narcotics/other drugs (which category includes methamphetamine). (Crime Report, 2012)

- In 2013, 53% of BCI cases were drug related, and 38% of those cases involved methamphetamine. (ND BCI)

- The state Crime Lab reports that methamphetamine/amphetamine was the second most frequently encountered drug (after marijuana) in 2013. (ND State Crime Laboratory)

1. DEPARTMENT OF PUBLIC INSTRUCTION/ YOUTH RISK BEHAVIOR SURVEY

The purpose of the North Dakota Youth Risk Behavior Survey (YRBS) is to monitor priority health-risk behaviors that contribute to the leading causes of mortality, morbidity and social problems among youth in the areas of unintentional injuries and violence; tobacco, alcohol, and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; unhealthy dietary behaviors; and physical inactivity. The North Dakota YRBS survey was completed voluntarily and anonymously in spring 2013 by 6921 middle school students in grades 7-8 and 10,516 high school students in grades 9-12 from 101 and 104 schools respectively. The weighted data results can be used to make important inferences about all North Dakota students in grades 7-12 due to the random research-based selection process that is used.

The state and national reports are available at
http://www.dpi.state.nd.us/health/YRBS/index.shtm and
http://www.cdc.gov/healthyyouth/yrbs/index.htm).

❖ TOBACCO

Tobacco use among youth has shown significant decreases across North Dakota. The decrease can be largely attributed to multiple interventions and prevention strategies, such as tobacco related prevention programs in schools; increased cost of tobacco products; stronger enforcement efforts by law enforcement, business and schools; social media campaigns, and increased number of smoke free communities. These programs have not been as successful at reducing the use of chewing tobacco, snuff or dip; use rose from 3.5% for grades 7-8 to 13.8% for grades 9-12, compared to 8.8% nationally (high school; 2013 YRBS).

❖ ALCOHOL

The 2013 national YRBS comparison shows that the use of alcohol by North Dakota teens has decreased for almost all responses, including drinking and driving and binge drinking (5 or more drinks in a couple of hours).

The survey showed that the number of ND teens who:

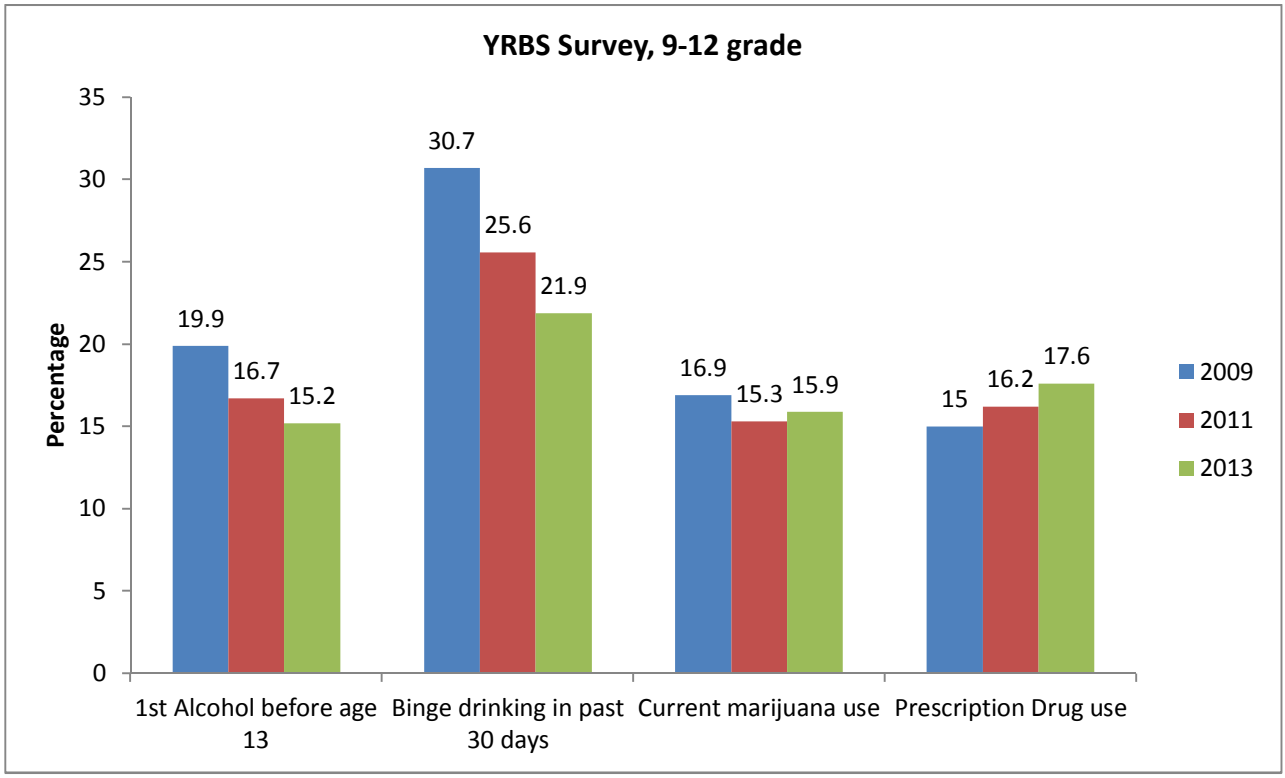
- Drove when drinking alcohol has decreased from 2009 and is now about equal to national rates (10.7%).
- Had their first drink of alcohol other than a few sips before age 13 continues to decrease and for the first time, is lower than the national average.

- Rode in a car driven by someone who had been drinking also continues to decrease and equals the national average at 21.9%.
- Drove a car while drinking decreased as well and equals the national average.
- Had at least one drink of alcohol on at least one day in the past 30 days decreased from 38.8% in 2011 to 35.3% in 2013, comparable with national averages; and,
- Had consumed five or more drinks in one sitting (binge drinking) decreased from 41.5% in 2001 to 21% in 2013 and is now only slightly higher than the national rate.

❖ OTHER ILLICIT DRUGS

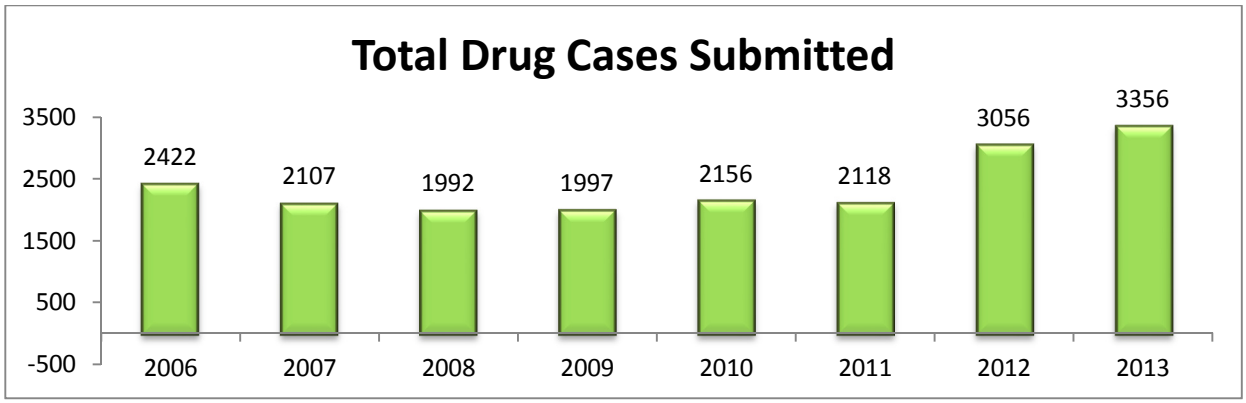
The YRBS questions pertaining to other drugs revealed no significant gain. Marijuana use has remained steady at 15% and is now lower than the national average by 8%.

A slight increase was noted in ND high school students who have taken a prescription drug (such as OxyContin, Percocet, Vicodin, Adderall, Ritalin or Xanax) without a doctor's prescription, one or more times during their life according to the survey, and the rate equals the national average.



2. STATE CRIME LABORATORY

In 2011, the State Crime Laboratory (Crime Lab) began to see an upward trend in drug cases submitted over 2010; and in 2012, the number of items processed increased by about 36% over the items processed in 2011.



Almost non-existent in the state in 2009, use of synthetic drugs skyrocketed in 2011 and 2012. Synthetic drug submissions to the Crime Lab increased from 311 in 2010 to 1,470 in 2012. These so-called herbal products were sold openly and promoted as "safe" alternatives to street drugs. In November, 2012, Attorney General Wayne Stenehjem took emergency action in conjunction with the North Dakota Board of Pharmacy, to ban the sales of these often deadly synthetic products in North Dakota.

As a result of this combined approach, synthetic drug arrests have fallen and submissions of these synthetics to the Crime Lab decreased by 75% in 2013.

SAMPLES ANALYZED	2006	2007	2008	2009	2010	2011	2012	2013
Amphetamine/methamphetamine	1,547	1,030	647	923	920	730	1,644	2,502
Marijuana	4,231	3,599	3,627	3,811	4,350	3,828	4,882	4,793
Cocaine	529	464	364	556	161	167	222	123
Heroin	11	5	58	35	2	56	48	99
Synthetic Drugs*	0	0	0	10	311	906	1,559	305
Other dangerous drugs**	387	361	455	683	549	908	2,077	1,610
Insufficient sample/negative	1,176	722	697	640	532	520	415	380
TOTAL:	**7,881**	**6,181**	**5,848**	**6,658**	**6,825**	**7,115**	**10,847**	**9,812**

* Includes Synthetic Cathinones (bath salts), Synthetic Hallucinogens, and Synthetic Cannabinoids.

**includes benzodiazepines, narcotic analgesics like oxycodone and hydrocodone, and steroids.

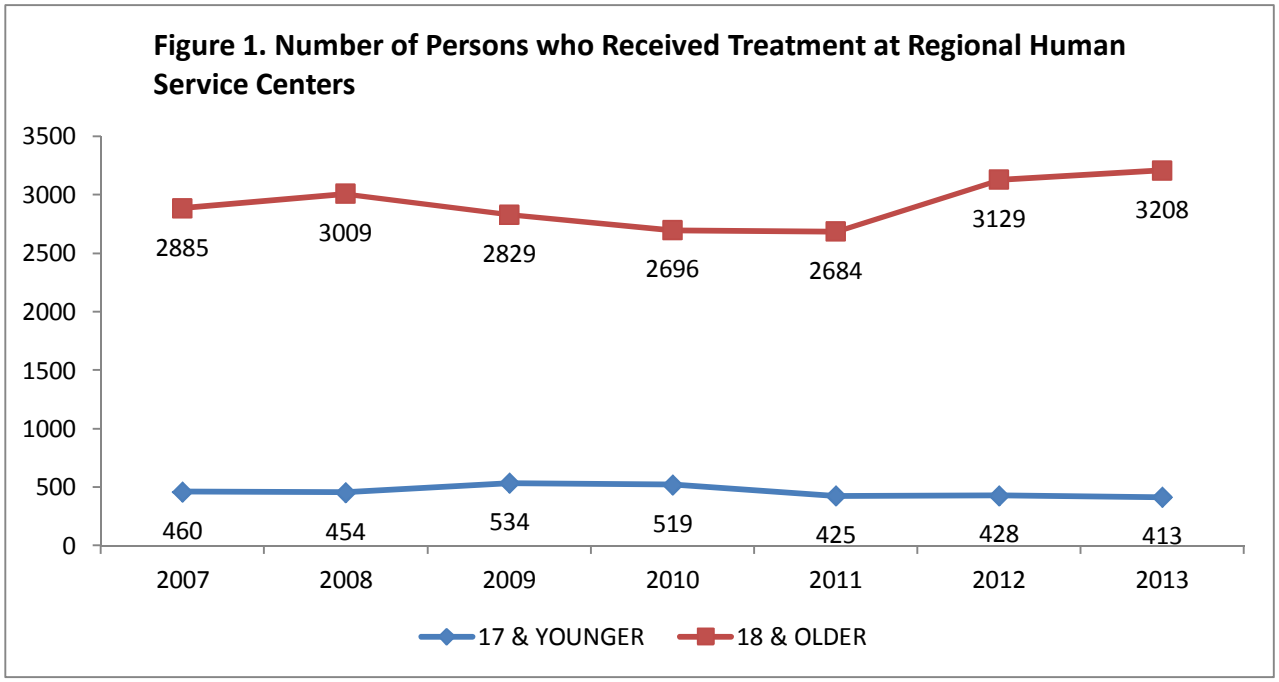
3. DEPARTMENT OF HUMAN SERVICES

The Report of Substances Used is compiled for calendar years (CY) 2007 – 2013. Data for the report were collected and reported electronically through the eight (8) Regional Human Service Centers (RHSCs), part of Field Services with the Department of Human Services. This report includes only those people served at the RHSCs or their subcontractors. People served by private providers are not included.

The data in this report reflects the number of people who entered into a substance abuse **treatment** program during a calendar year and lists the **primary** substance abused followed by the secondary and tertiary substances of abuse identified.

People served in Alcohol and Other Drug (AOD) treatment services at the RHSCs were counted for each admission into treatment services if the primary substance they reported in the first admission differed from the primary substance they reported at the subsequent admission. This means that a person may be counted more than once during the calendar year. The age was calculated based on the age they were on the last day of the calendar year, so that a person is either counted as an adult or as an adolescent but not in both groups if the person turned 18 during the CY.

Over time, the number of adults served in AOD treatment services shows a slight increase while the number of adolescents served shows a 3.5% decrease from 2012 to 2013. See figure below.



The following two tables show the top four primary substances used, as reported by adults and adolescents who were treated in calendar years 2007-2013.

For adults, alcohol continues to be the number one primary substance reported while adolescents report marijuana/hashish as their number one primary substance reported for the five calendar years. Reports of using of methamphetamine (meth) as a primary substance have decreased in the five calendar years for both adults and adolescents. However, reported use of oxycodone as a primary substance has increased for both adults and adolescents.

Top Three Primary Substances Reported by Adults (age 18 and older)							
	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013
Alcohol	59.7%	62.7%	64.3%	59.7%	62.7%	58.7%	58.8%
Marijuana/Hashish	20.3%	20.3%	21.1%	20.3%	20.3%	21.7%	21.6%
Methamphetamines	13.8%	10.0%	7.2%	13.8%	10.0%	9.6%	9.5%
Oxycodone	1.0%	1.2%	1.4%	1.2%	1.2%	2.1%	2.1%

Top Three Primary Substances Reported by Adolescents (age 17 and younger)							
	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013
Marijuana/Hashish	55.9%	57.6%	59.0%	64.7%	69.2%	69.8%	69.6%
Alcohol	39.0%	38.7%	35.3%	29.9%	26.1%	25.3%	25.2%
Methamphetamines	1.3%	0.7%	0.7%	0.4%	0.2%	0.2%	0.2%
Oxycodone	0.2%	0.4%	0.7%	1.7%	0.9%	0.4%	0.5%

Figure 2 (following) reflects the percentage of people treated who identified that they have used alcohol as a primary, secondary or tertiary substance. Alcohol use reported by adolescents decreased each year from CY 2007 - CY 2013. Alcohol use reported by adults remains relatively the same from CY 2007 through CY 2013.

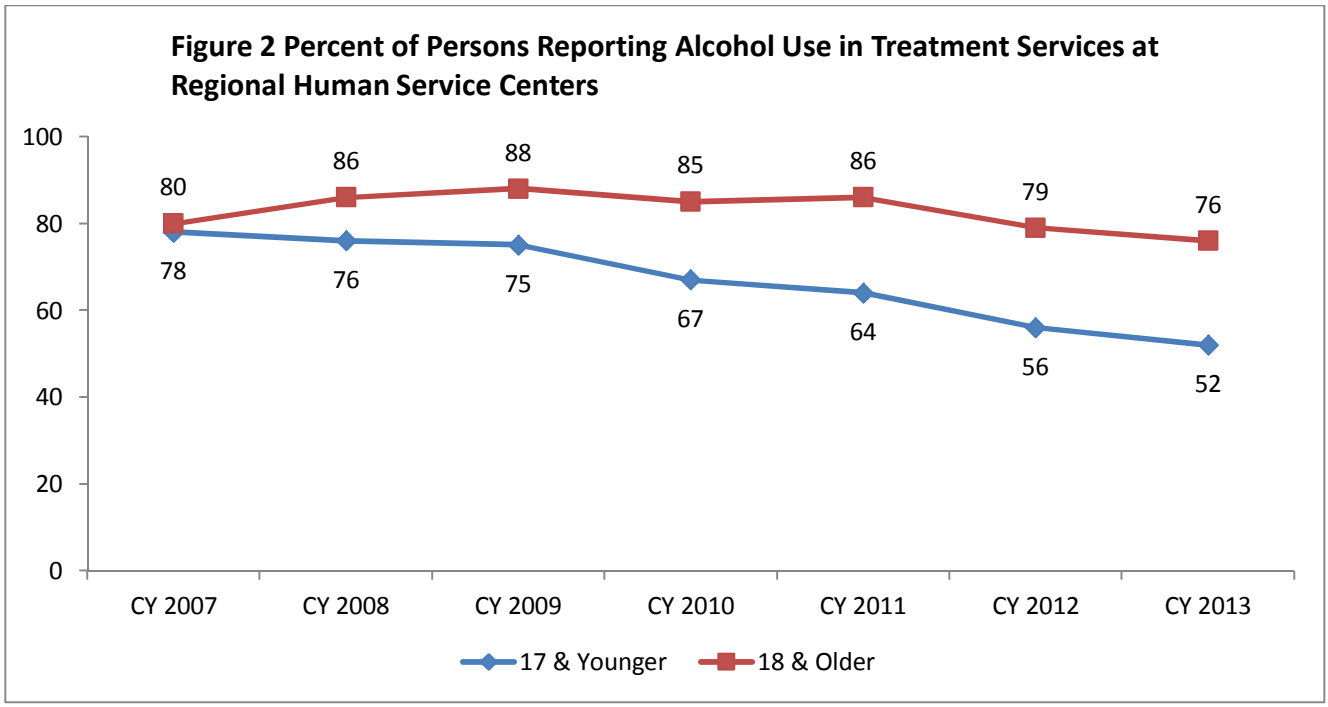


Figure 3 reflects the percent of people treated who identified that they have abused marijuana/hashish as a primary, secondary or tertiary substance. Marijuana/hashish use reported by adolescents and adults has remained generally stable.

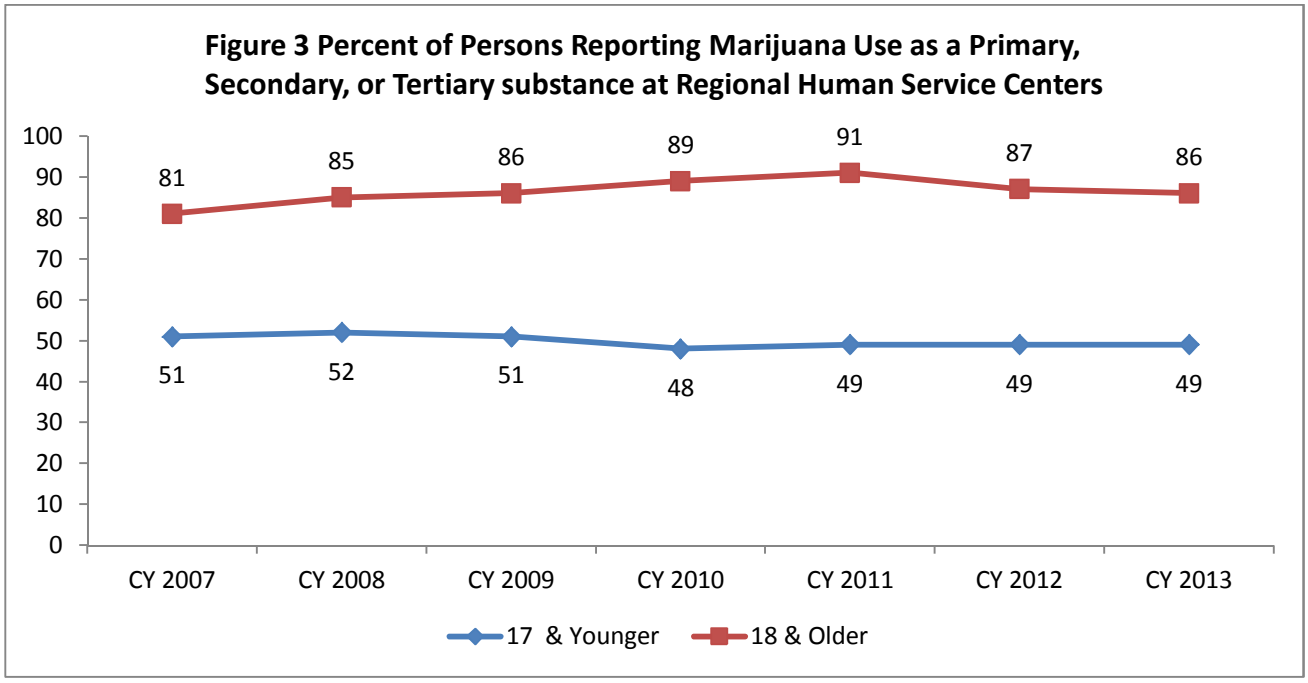
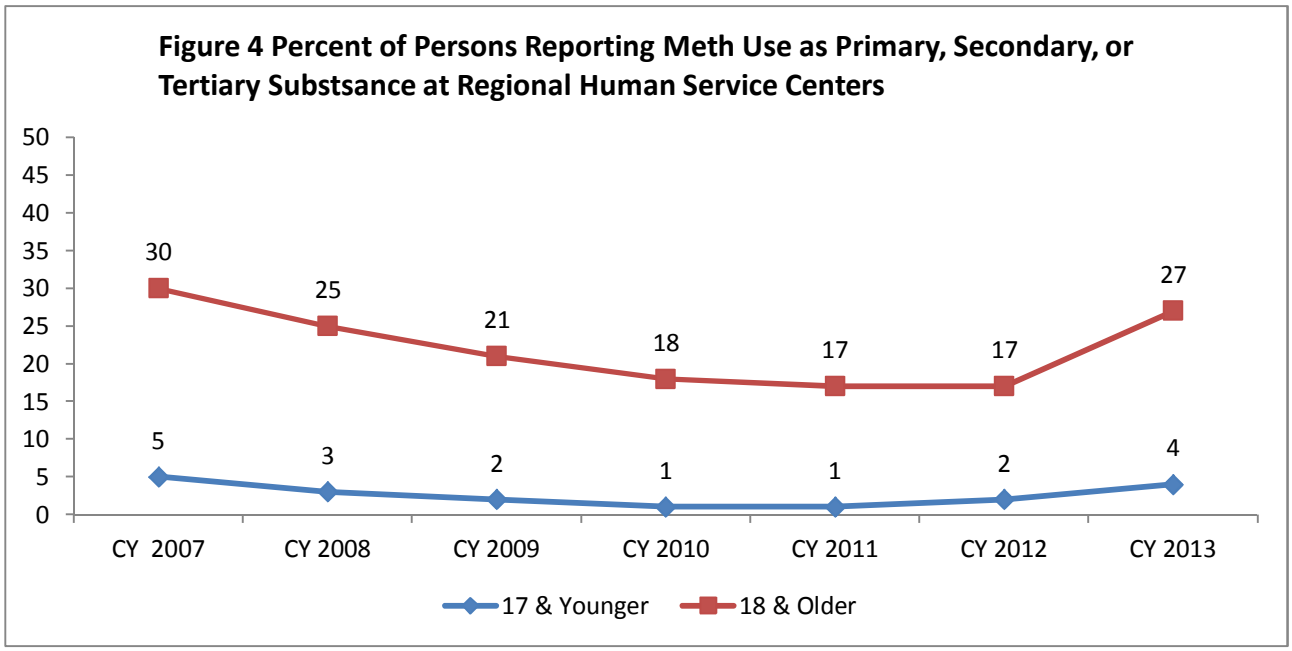


Figure 4 reflects the percent of people treated who identified that they have used meth as a primary, secondary or tertiary substance. Any meth use reported by both adults and adolescents shows an increase in the last year. It should be noted that meth use by adults increased by 10% from calendar year 2012 to calendar year 2013.

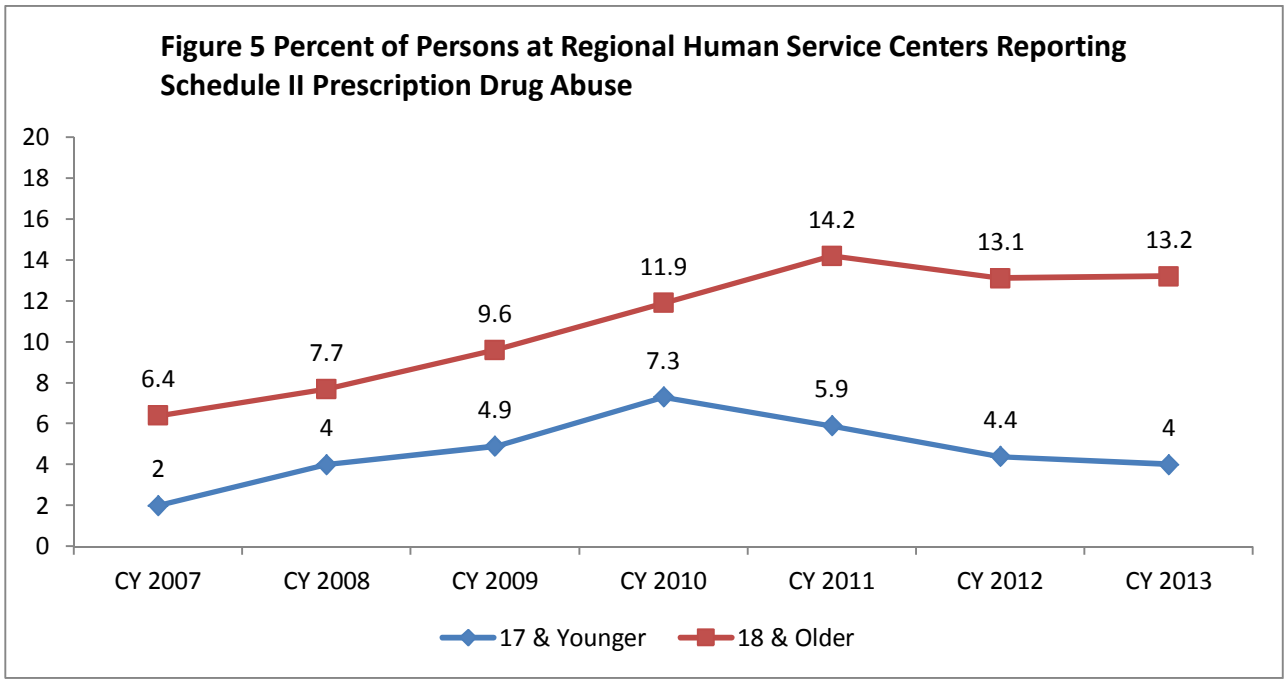


Schedule II substances listed below were reported by people who said they have used one of the substances when they did not have a prescription, or misused the substances with a prescription, as a primary, secondary or tertiary substance. The Schedule II controlled substances included in this report are listed below with their trade names.

Schedule II - Potential Drugs of Abuse	
Substance Name	**Trade Name**
Codeine	
Methylphenidate	Ritalin, Concerta, Focalin, Metadate
Morphine Sulfate	MSContin, Roxanol, Oramorph SR, MSIR
Non-Prescription Methodone	
Other Opioid Pain Relievers	Tylox, OxyContin, Percodan, Percocet, Demerol, Dilaudid, Vicodin, Lortab, Lorcet, Darvon, Darvocet, Tussionex, Talwin, Stadol, Fentanyl, Paregonic, Buprenix, Roxcet, Endocet, Methodone
Tramadol	Ultram

Resources: Drug Enforcement Agency, Drugs of Abuse, 2005 Edition; National Institute on Drug Abuse (NIDA), Revised April 2005

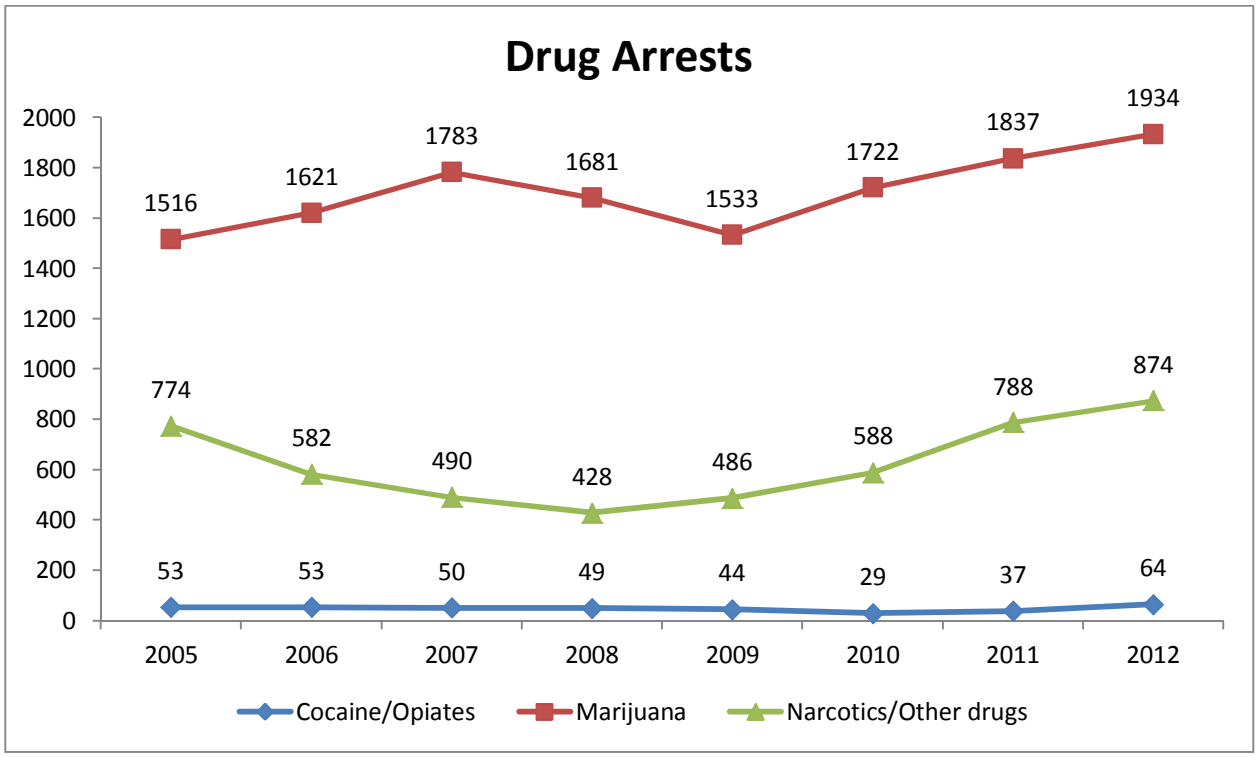
The figure below shows the percent of people who reported they have used one or more of the substances listed above as a primary, secondary or tertiary substance. Adult and adolescents who reported any of the substances as a substance used has remained stable in the last three years.



4. BUREAU OF CRIMINAL INVESTIGATION

The Bureau of Criminal Investigation (BCI) teamed with local law enforcement partners statewide in establishing task forces which are having a significant impact on major trafficking organizations. Most local agencies rely heavily on the BCI to provide its expertise in the drug enforcement area. This is especially true in western North Dakota, with the huge population increase and local agencies overwhelmed with day-to-day calls for service.

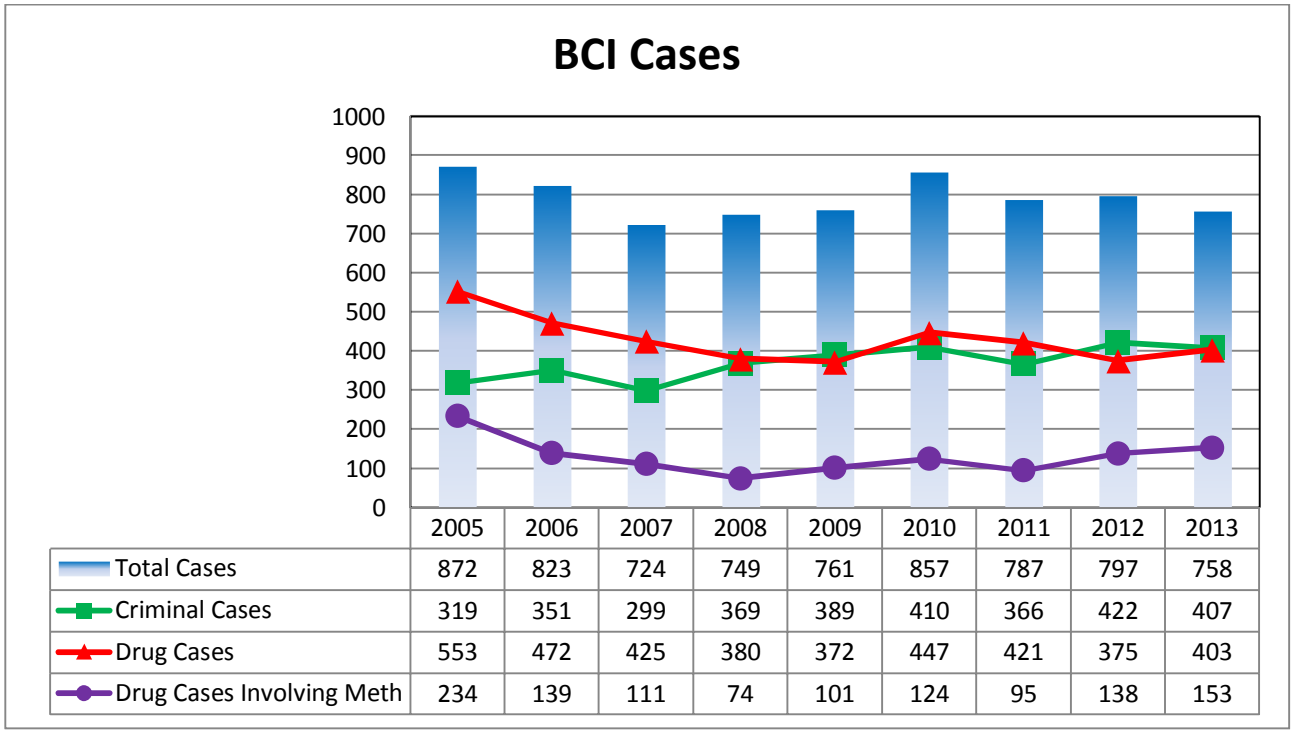
The BCI produces an annual Crime & Homicide Report[1] compiled from data provided by the law enforcement agencies serving the state. The Crime Reports provide a statistical trend analysis of crimes and arrests beginning in 1990. Drug arrests have increased by 286% in the past 22 years, from 745 in 1990 to 2,872 in 2012. It is the analysis of those arrests, however, which helps identify trends.



Meth lab busts have been reduced by 97% since 2003, when the state legislature first passed laws restricting sales of over-the-counter medicines used in the manufacture of meth. However, methamphetamine (meth) is once again becoming a serious drug

[1] The annual Crime & Homicide reports from 1999 to date are available at www.ag.nd.gov. Each report contains arrest and crime data for the year being reported and nine previous years.

problem challenging North Dakota law enforcement. In 2013, 53% of BCI cases were drug related, and 38% of those cases involved meth.



	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total Cases	872	823	724	749	761	857	787	797	758
Criminal Cases	319	351	299	369	389	410	366	422	407
Drug Cases	553	472	425	380	372	447	421	375	403
Drug Cases Involving Meth	234	139	111	74	101	124	95	138	153

In 2013, there was a notable increase in drug trafficking organizations (DTOs), with direct connections to cartels in Mexico. These DTOs are operating predominantly in the western part of North Dakota. Recent investigations lead us to believe that multiple pounds of meth are being trafficked through the Bakken on a weekly basis. Other drug trafficking and use has increased as well including prescription drug abuse, cocaine, heroin, and high potency marijuana.

While BCI drug case numbers have increased, the complexity of these cases, and quantity and quality of drugs involved present even greater challenges and a more dangerous environment for agents. The focus of BCI's enforcement efforts have transitioned from investigating and arresting local dealers who dealt in grams and ounces, to investigations of dealers distributing many pounds of product. The vast majority of drug dealers now are armed and organized, with potentially more tendencies towards violence.

In addition to organized drug trafficking of methamphetamine, the narcotics task forces across the state are seeing an increase of prescription drug abuse, which can lead to the use of heroin. Not surprisingly, task forces have also seen an increase in heroin-related cases.

5. DEPARTMENT OF CORRECTIONS AND REHABILITATION

This analysis examines the number of admissions for drug offenses for the year (excluding parole violators), the number of offenders court ordered or referred to chemical dependency treatment, and the number of offenders completing chemical dependency treatment.

ND Department of Corrections and Rehabilitation, Adult Services Division, Inmates

	CY 08	CY 09	CY 10	CY 11	CY 12
Number of offenders with a drug offense *	334	329	347	334	421
Average length of incarceration (months) ordered by a court to be served	30.0	32.4	28.7	27.6	27.5
Average "time to serve" (months) for drug offenders **	19.4	23.9	17.2	22.01	21.0

Offenders court ordered to chemical dependency treatment	115	90	178	175	111
Offenders referred to chemical dependency treatment	439	532	557	514	428
Offenders completing chemical dependency treatment	511	429	358	254	265
Offenders currently pending for chemical dependency treatment	72	103	132	175	118
Offenders currently assigned to chemical dependency treatment	228	245	223	234	382
Offenders not completing chemical dependency treatment	115	113	58	45	45

* Offender count is based on prison admissions for drug offenses for the calendar year and excludes parole violators. There is only one admission reported per inmate. “Drug offense” is alcohol or other drug. Treatment numbers are not limited to offenders admitted for drug or alcohol offenses.
** Time to serve is the difference between the date of admission and the projected good time release date.

ND Department of Corrections and Rehabilitation, Adult Services Division, Parole & Probation

SUPERVISION (Drug Offenders)	CY 09	CY 10	CY 11	CY 12
Parole	324	307	332	316
Probation	866	911	974	1065
Total	**1190**	**1218**	**1306**	**1381**

TREATMENT ORDERED (All Offenders Admitted During CY)	CY 09	CY 10	CY 11	CY 12
Parole	491	349	386	134
Probation	1457	1487	1547	852
AVERAGE LENGTH OF SENTENCE IN YEARS (Drug Offenders)	**CY 09**	**CY 10**	**CY 11**	**CY 12**
Parole	0.79	0.8	0.78	0.93
Probation	2.64	2.66	2.47	2.69
AVERAGE LENGTH OF SUPERVISION IN YEARS (Drug Offenders)	**CY 09**	**CY 10**	**CY 11**	**CY 12**
Parole	0.64	0.61	0.45	0.62
Probation	1.47	1.22	0.73	1.16

STATE RESOURCES

STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

The **State Epidemiological Outcomes Workgroup** (SEOW) is coordinated through the ND Department of Human Services Substance Abuse Prevention Program. The SEOW, guided by a 48-member advisory committee or workgroup, collects and analyzes data to support a framework for advancing the North Dakota Substance Use and Abuse Prevention System's mission.

The SEOW compiles an annual Epidemiological Profile. The data summarized in the Epidemiological Profile characterizes consumption patterns and consequences of various substances in the state of North Dakota. These substances include alcohol, tobacco, and other drugs such as methamphetamines, marijuana and prescription drugs. Data were collected and analyzed from the State Epidemiological Data System (SEDS) and supported with data from a variety of state agencies.

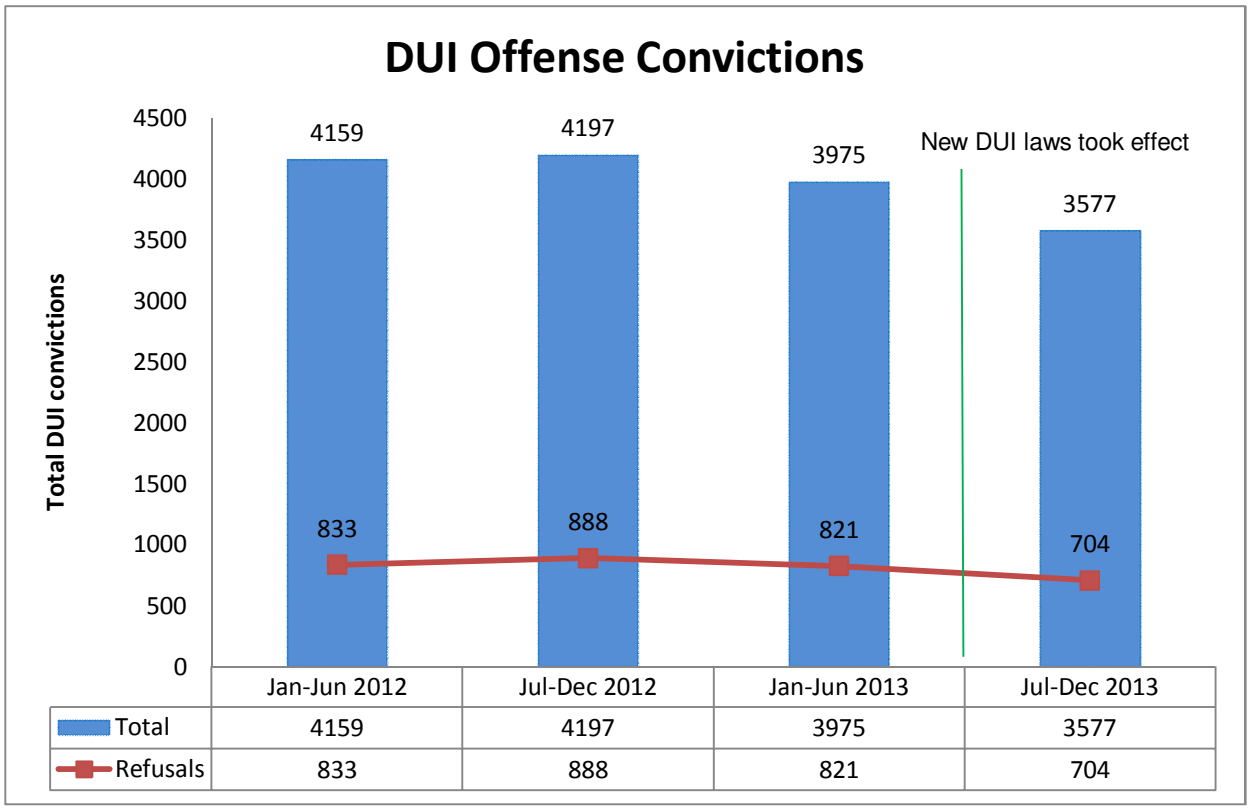
The SEOW Epidemiological Profile reports are available online at http://www.nd.gov/dhs/services/mentalhealth/prevention/seow.html.

PRESCRIPTION DRUG TAKE BACK PROGRAM

North Dakota was the first state in the nation to offer a year-round state-wide prescription drug disposal program. Since the Take Back program launched in December 2009 through December, 2013, more than 5,600 pounds – or 2.8 tons – of unused medications have been collected and destroyed. The Take Back program reaches over 85% of the state's population.

As of the end of CY 2013, changes to the federal regulations prohibiting pharmacists from accepting return of dispensed controlled medications such as oxycodone and valium were being considered by the Food & Drug Administration. Changes to ease or lift those federal prohibitions would be welcomed, and one proposal under review would make it possible for individuals to return unused scheduled drugs to the dispensing pharmacy.

DUI LAWS

Legislative changes to the state's DUI laws took effect on July 1, 2013, including enhanced penalties and increased fines for all DUI offenses, a two-tiered 1st offense penalty (based on the driver's blood alcohol level), and creation of a separate offense for refusal.

It is too early to determine whether these changes will have the effect on reducing the number of alcohol-related offenses and traffic fatalities that was intended by the legislature, although the ND Department of Transportation reported a 10% reduction in the total number of DUI offenses for the 6 month period after the laws changed in 2013 compared to the previous six months, and a 14.7% reduction when compared to the same time period in 2012.