

COMPREHENSIVE STATUS AND TRENDS REPORT

2008



ATTORNEY GENERAL WAYNE STENEHJEM

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BACKGROUND

The 2001 Legislative Assembly passed N.D.C.C. § 19-03.1-44, calling for a comprehensive status and trends report regarding unlawful controlled substance use and abuse treatment and enforcement efforts.¹

In early 2002, at the request of Attorney General Wayne Stenehjem, the North Dakota Commission on Drugs and Alcohol (Commission) was formed by executive order issued by Governor John Hoeven. The Commission's charge was to evaluate substance abuse in North Dakota by a) exploring the interrelationship between substance abuse prevention, education and enforcement programs; b) designing procedures to coordinate resources in the substance abuse area; and c) pursuing avenues to ensure future coordination of resources designed to address substance abuse issues. Information detailing the Commission's ongoing efforts and recommendations was included in the 2004 and 2006 Status and Trends Reports.

This report evaluates five sets of statistics each providing a different aspect of the substance abuse problem in North Dakota: the Youth Risk Behavior Survey (YRBS) examines the health risks taken by our children and is conducted by the Department of Public Instruction every other year. While the survey questions youth about many different behavior patterns, this report focuses on the answers to questions regarding the use of gateway substances and other illicit drugs; arrest statistics compiled by the Bureau of Criminal Investigation (BCI) provide a preview of the future for both the state Crime Laboratory and the Department of Corrections and Rehabilitation (DOCR), while data on samples analyzed at the Lab may indicate future substance abuse trends; numbers from the DOCR reflect the impact of substance abuse on the prison population as more inmates are processed through prison treatment programs; and statistics from the Department of Human Services provide guidance regarding trends in substance abuse treatment.

SUMMARY OF RESULTS

The ND Commission on Drug and Alcohol Abuse, in its 2003 report, recognized that "the three disciplines – prevention, treatment and law enforcement – must work together; and communities as a whole must be involved." The Commission also maintained that "alcohol, tobacco and marijuana continue to be the most serious substance abuse issues in North Dakota." Although the Commission has since concluded its efforts, these statements hold true today.

The Youth Risk Behavior Survey (YRBS) indicates that North Dakota's responses in alcohol usage and binge drinking categories are still among the

¹ See Appendix A.

highest in the nation. While the survey results reflect continued reduction in youth smoking, a well-known precursor to other substance abuse, responses regarding drug usage remained similar to those in the past. There was, however, a slight decrease between 2005 and 2007 in the number of students who were offered, sold or given an illegal drug on school property by someone during the last 12 months.

Tough state and federal restrictions on the sale of ephedrine-based cold medicine, combined with law enforcement education and enforcement efforts, have almost eliminated clandestine methamphetamine lab busts, which fell to 25 in 2007, down from a peak of 293 in 2003. Enforcement efforts now are focusing on drug trafficking, including methamphetamine transported through our state from Canada and Mexico.

NEXT STEPS

Law enforcement will continue to focus on ways to target drug trafficking in the state. Efforts in this area continue to be hampered, however, by significant reductions in federal aid to the state.

Building on the work of the ND Commission on Drug and Alcohol Abuse, in 2007 the Legislature created the Governor's Prevention Advisory Council on Drugs and Alcohol. The Council is given the task of leading a multi-system prevention effort, drawing upon the resources and talents of those at the community, state and federal levels; exploring the interrelationship between substances abuse prevention, education, and enforcement; and developing a plan to access additional funding. The Council also will make recommendations to the Governor for improving the delivery of prevention services.²

In May 2008, the Council announced a grant program to fund projects that discourage alcohol and drug abuse by minors. The Council will favor programs that target elementary school-aged youth and their parents.

² See Appendix B

1. YOUTH RISK BEHAVIOR SURVEY – DEPARTMENT OF PUBLIC INSTRUCTION

The Youth Risk Behavior Survey (YRBS) was developed by the Centers for Disease Control and Prevention in collaboration with representatives from several state and local departments of education and numerous state and federal agencies. The purpose of the survey is to monitor priority health-risk behaviors that contribute to the leading causes of mortality, morbidity and social problems among youth and adults in the United States. North Dakota chose to ask youth questions in the several categories, including:

- Behaviors that result in unintentional and intentional injuries (personal safety, violence-related behavior, depression and suicide)
- Tobacco use
- Alcohol and other drug use
- Dietary behavior and oral health
- Physical activity
- AIDS education and sexual behavior
- Asthma
- Absenteeism

North Dakota schools are given the opportunity to conduct the YRBS biannually in the spring of the odd-numbered years. The results are compared from survey to survey to make important inferences about the behavior of students in grades 7 through 12.

Included is a summary report of the YRBS with statistics from 1999-2007.³ The information gathered for this report includes statistics on tobacco usage, alcohol usage and other illicit drugs. Statistics for grades 7-8 are reported separately from those in grades 9-12.

TOBACCO

With regard to tobacco usage among youth, our educational efforts appear to be having success. In 1999, 44% of students in grades 7-8 and 73% of those in 9-12 grades indicated they had experimented with smoking; in 2007, the numbers had had decreased to 23% (7-8 grade) and 49% (9-12 grade), a reduction of 21% and 24%, respectively. Likewise, the results seem to indicate a decrease in the number of high school students who reported smoking on a regular basis. Smoking in grades 7-8 has changed little, with the response to most questions under 10%.

³ See Appendix C

The results look promising as North Dakota's percentage of students who smoked cigarettes on one or more of the past 30 days has steadily decreased from 13% to 6% in grades 7-8 and from 41% to 21% in grades 9-12.

ALCOHOL

Responses to the question regarding alcohol usage reflect some improvement. In grades 9-12, 46% of the students responding indicated they had at least one drink on one or more days during the past 30 days. This is down from 49% in 2005, 54% in 2003 and 59% in 2001. Binge drinking results in grades 9-12 were relatively stagnant with a slight decline from 34% in 2005 to 33% in 2007. Binge drinking in grades 7-8, however, rose from 7% in 2005 to 15% in 2007, indicating one cycle of significant increase.

These responses reflect that even though the behavior of our youth is improving in some areas, the fact is, alcohol remains the illegal substance of choice for our students. While education efforts have resulted in some downward movement in the survey results, North Dakota's responses in the alcohol usage and binge drinking categories still remain among the highest in the nation.

OTHER ILLICIT DRUGS

The use of other illicit drugs (marijuana, inhalants, methamphetamines, heroin, etc.) among students appears to have remained somewhat constant. In the 2007 survey, 15% of grade 9-12 students responded they had used marijuana one or more times in the last 30 days. Of the students who reported using the following substances one or more times in their lives; 6% of grade 9-12 students reported using a form of cocaine; 11% of grade 9-12 students used inhalants; 10% of grade 7-8 students used inhalants; 4% of grade 9-12 students used methamphetamines; 2% of grade 7-8 students used methamphetamines; and 3% of grade 9-12 students and 2% of grade 7-8 students used steroid pills without a doctor's prescription. There was a slight decrease in accessibility results between 2005 and 2003 in the number of students who were offered, sold or given an illegal drug on school property by someone during the last 12 months (2005-20% and 2007-19%).

2. CONTROLLED SUBSTANCE TESTING – STATE CRIME LABORATORY

Another facet of the Comprehensive report is the statistics from the State Crime Laboratory (Crime Lab). Included in this report is information regarding the types

of controlled substances tested, including methamphetamine and other drugs, and the number of exhibits by controlled substance.⁴

It is difficult, however, to make a true statistical comparison from prior years of cases or exhibits submitted for analysis because during calendar year 2006 the Crime Lab began operating under new evidence and case submission protocols intended to improve operating efficiency and reduce unnecessary submissions of narcotics samples. These protocols, recommended by the Crime Lab Advisory Commission (a multi-jurisdictional commission comprised of law enforcement, the judiciary, and prosecutors), were implemented to reduce the number of samples submitted for analysis on cases that did not, for a variety of reasons, proceed through the criminal justice system. Therefore, a decrease in analyzed samples reported is to be expected. Although not pertinent to this report, the protocols were necessitated by a dramatic increase in the number of submissions of non-narcotic samples (such as DNA) for analysis.

As reported, the total number of narcotic cases submitted for analysis fell to 2106 in 2007, compared to 2422 in 2006 and 2952 in 2005. Methamphetamine samples submitted fell from 2779 in 2005 to 1547 in 2006 and 1009 in 2007.

3. TREATMENT INFORMATION – DEPARTMENT OF HUMAN SERVICES

The information included by the Department reflects treatment statistics collected by each of the regional human services centers.⁵ The department's information is derived from screening interviews conducted when an individual seeks treatment at a regional center. During the screening process, patients are asked to identify their primary, secondary and tertiary substance problem. Statistics for calendar years 2005 through 2007 reaffirm that alcohol remains by far the substance of choice followed by marijuana and methamphetamine/amphetamine. While alcohol and methamphetamine use remains about the same, marijuana use increased each calendar year between 2005 and 2007. One-quarter (25%) of patients reported marijuana use in 2007, up from 21% in 2005; methamphetamine use was reported by 12% of patients in 2007, down from 14% in 2006.

⁴ See Appendix D.

⁵ See Appendix E.

4. CURRENT STATUS REPORT – DEPARTMENT OF CORRECTIONS AND REHABILITATION

The prison and probation component of the study is included herein.⁶ The analysis examines the number of admissions for drug offenses for the year, excluding parole violators. It also provides information on the number of offenders court ordered to treatment, the number of offenders referred to chemical dependency treatment, and the number of offenders completing chemical dependency treatment.

The number of admissions for drug offenses slowed slightly, increasing by 25% between 2004 and 2006 compared to an increase of 28% for the years 2002-2004. The number of offenders completing chemical dependency treatment, however, increased by more than double during the same period (232 in 2004; 469 in 2006). The waiting list for criminal offenders wanting to get into treatment increased from 95 (2004) to 183 (2006).

5. LAW ENFORCEMENT ACTIVITIES – BUREAU OF CRIMINAL INVESTIGATION

The Bureau of Criminal Investigation (BCI) focuses drug enforcement efforts on “street dealers” and their suppliers, to reduce and deter the ever-increasing violence and other crimes related to drug sale and use within our communities. Additionally, the BCI targets drug dealers and/or those who profit from the illegal drug trade. To coordinate multi-jurisdictional efforts, the BCI has assigned agents to serve as coordinators for eight of the ten narcotics task forces in North Dakota. The coordination emanating from these narcotics task forces provides the state of North Dakota with its greatest strength. Information is freely exchanged between the local and state jurisdictions and manpower and financial resources are shared to facilitate investigations of drug trafficking operations.

Another component of the BCI’s enforcement effort is public education. In 2006 and 2007 BCI provided a total of 258 hours of community education, reaching 5,974 citizens. While BCI remains committed to public education, because of the increased caseloads and demands on agents’ time to assist other law enforcement agencies, less time is available for agents to conduct this training.

Drug charges by task forces and the BCI decreased by 21% from 2005 to 2006, but were up 9% from 2006 to 2007. Although methamphetamine labs declined once again from an all-time high of 297 in 2003 to only 25 in 2007, as anticipated, BCI and task forces saw a 39% increase in methamphetamine-related charges from 2006 to 2007. This is largely a result of agents focusing more heavily on conspiracy organizations and meth coming into the state from

⁶ See Appendix F.

outside sources. Prescription drug seizures and cases increased due to increased abuse of narcotic pain killers. These drugs, which are obtained both legitimately and fraudulently, are diverted from doctors' offices and their intended patients to the streets. Seizures of British Columbia marijuana, ice, and crack cocaine continued to increase.

This report includes additional information about current enforcement efforts to combat unlawful drug trafficking, and statistics on arrests.⁷

⁷ See Appendix G.

APPENDICES

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.



— State of —
North Dakota
Office of the Governor

John Hoeven
Governor

Executive Order 2007-03

Governor's Prevention Advisory Council on Drugs and Alcohol

WHEREAS, the Governor's Prevention Advisory Council on Drugs and Alcohol recognizes that preventative behavior reduces adverse personal, social, health, and economic consequences resulting from destructive decisions and that prevention fosters safe and healthy environments for individuals, families, and communities; and

WHEREAS, the Council will advance and coordinate knowledge, resulting in the adoption of policy-based prevention strategies and prevention innovations and will share knowledge of healthful behaviors and decisions that reduce, postpone, or eliminate the problems resulting from destructive decisions; and

WHEREAS, the Council will lead a multi-system prevention effort, drawing upon the resources and talents of those at the community, state and federal levels.

NOW, THEREFORE, I John Hoeven, by the authority invested in me as Governor of the State of North Dakota, do hereby create the Governor's Prevention Advisory Council on Drugs and Alcohol, and order and direct the following:

- I. Establish the Governor's Prevention Advisory Council on Drugs and Alcohol, appointed by the Governor, consisting of the following members, who serve at the pleasure of the Governor;
 - North Dakota First Lady
 - 2 Legal Representatives (County Sheriff or Local Police, Highway Patrol, States Attorney, Defense Attorney)
 - 2 Advocacy Group Representatives (Teen Challenge and SADD)
 - An Addiction Counselor
 - Chancellor of Higher Education, or designee
 - A non-voting member from the Governor's Office Two members of the North Dakota Legislative Assembly
 - Executive Director of the North Dakota Department of Human Services, or designee
 - State Health Director, or designee
 - Director of Department of Transportation, or designee

600 E Boulevard Ave
Bismarck, ND 58505-0001
Phone: 701.328.2200
Fax: 701.328.2205
www.nd.gov

APPENDIX B

- Director of the Department of Public Instruction, or designee
- Director of Indian Affairs, or designee

II. The council will make recommendations to the Governor for purpose of improving the delivery of prevention services that reduce problems resulting from destructive decisions.

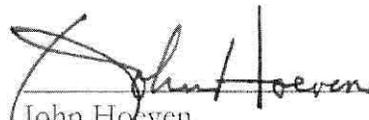
III. The council shall a) explore the interrelationship between substance abuse prevention, education, and enforcement programs; b) address traffic safety issues including driving under the influence of drugs and/or alcohol; and c) develop prevention policies that promote safe, stable families and communities; and d) develop a plan to access additional funding; and e) be organized under the Governor for the purpose of receiving and distributing any appropriations and other fund sources.

It is further ordered the Governor's Committee on DUI and Traffic Safety, Executive Order 1993-10, be rescinded and dissolved immediately.

The Governor is vested with the executive authority to issue this Order pursuant to Article V, Section 1 of the North Dakota Constitution.

This executive Order is effective immediately and will continue until further order of the Governor.

Executed in Bismarck, North Dakota, this 9th day of May, 2007.


John Hoeven
Governor

ATTEST:


Secretary of State

Deputy

Summary Report - Most Recent Survey of North Dakota's Young People Regarding Drug Usage

Gateway Drug-Tobacco
Types and Frequency:
Students who tried cigarette smoking, even one or two puffs (Experimentation)
Smoked cigarettes on 1 or more days during the past 30 days (Current Smoker)
Smoked cigarettes on 20 or more days during the past 30 days (Regular Smoker)
Smoked 2 or more cigarettes per day on the days they smoked during the past 30 days
Used chewing tobacco or snuff on one or more of the past 30 days

Youth Risk Behavior Survey					
Grades 7-8			Grades 9-12		
1999	2001	2003	2005	2007	2007
44%	38%	33%	32%	23%	49%
13%	10%	10%	9%	6%	21%
6%	3%	3%	2%	2%	10%
8%	5%	5%	4%	*	*
7%	6%	3%	5%	3%	12%

Gateway Drug-Tobacco
Accessibility:
Usually got their own cigarettes by buying them in a store or gas station
Were under 18 years old who were current smokers and purchased cigarettes at a store or gas station
Was not asked to show proof of age when they bought cigarettes in a store

Youth Risk Behavior Survey					
Grades 7-8			Grades 9-12		
1999	2001	2003	2005	2007	2007
0.4%	0.4%	0.2%	0.3%	2.0%	*
*	*	*	*	*	*
3%	1%	2%	1%	1%	1%

Gateway Drug-Tobacco
Prevalence in Schools or on School Property:
Smoked cigarettes on school property on one or more of the past 30 days
Used chewing tobacco or snuff on school property on one or more of the past 30 days

Youth Risk Behavior Survey					
Grades 7-8			Grades 9-12		
1999	2001	2003	2005	2007	2007
*	*	*	*	*	*
*	*	*	*	*	*

* Question used to calculate this response was not asked on the ND survey instrument during this year
 Note: Tobacco refers to cigarettes and smokeless tobacco products such as chewing tobacco, snuff or dip

Summary Report - Most Recent Survey of North Dakota's Young People Regarding Drug Usage

Gateway Drug-Alcohol	
Use During the Past 30 Days:	
Students who had at least one drink on one or more of the past 30 days	
Had at least 5 or more drinks of alcohol in a row within a couple of hours (Binge Drinking)	

Youth Risk Behavior Survey		Grades 7-8				Grades 9-12			
1999	2001	2003	2005	2007	1999	2001	2003	2005	2007
23%	17%	17%	17%	17%	61%	59%	54%	49%	46%
12%	7%	8%	7%	15%	46%	42%	40%	34%	33%

Gateway Drug-Alcohol	
Prevalence in Schools or on School Property:	
Students who had at least one drink of alcohol on school property on one or more of the past 30 days	

Youth Risk Behavior Survey		Grades 7-8				Grades 9-12			
1999	2001	2003	2005	2007	1999	2001	2003	2005	2007
*	*	*	*	*	6%	6%	5%	4%	4%

* Question used to calculate this response was not asked on the ND survey instrument during this year

Summary Report - Most Recent Survey of North Dakota's Young People Regarding Drug Usage

Youth Risk Behavior Survey					
Grades 7-8			Grades 9-12		
1999	2001	2003	2005	2007	2007
8%	6%	6%	5%	15%	15%
*	*	*	*	4%	4%
**	2%	2%	1%	*	*

Youth Risk Behavior Survey					
Grades 7-8			Grades 9-12		
1999	2001	2003	2005	2007	2007
19%	22%	21%	16%	15%	15%
4%	4%	3%	4%	4%	4%
*	*		5%	3%	*

Youth Risk Behavior Survey					
Grades 7-8			Grades 9-12		
1999	2001	2003	2005	2007	2007
*	2%	2%	2%	*	6%
*	*	*	*	10%	11%
*	*	*	*	*	2%
**	*	6%	6%	8%	30%
**	2%	1%	1%	2%	4%
**	2%	2%	1%	2%	3%
*	*	*	*	*	*

Youth Risk Behavior Survey					
Grades 7-8			Grades 9-12		
1999	2001	2003	2005	2007	2007
8%	9%	10%	7%	6%	6%
16%	15%	11%	11%	11%	11%
3%	3%	*	*	2%	2%
*	*	*	*	*	30%
11%	10%	9%	5%	4%	4%
3%	4%	5%	3%	3%	3%
10%	10%	10%	8%	*	*

Youth Risk Behavior Survey					
Grades 7-8			Grades 9-12		
1999	2001	2003	2005	2007	2007
*	*	*	*	*	*

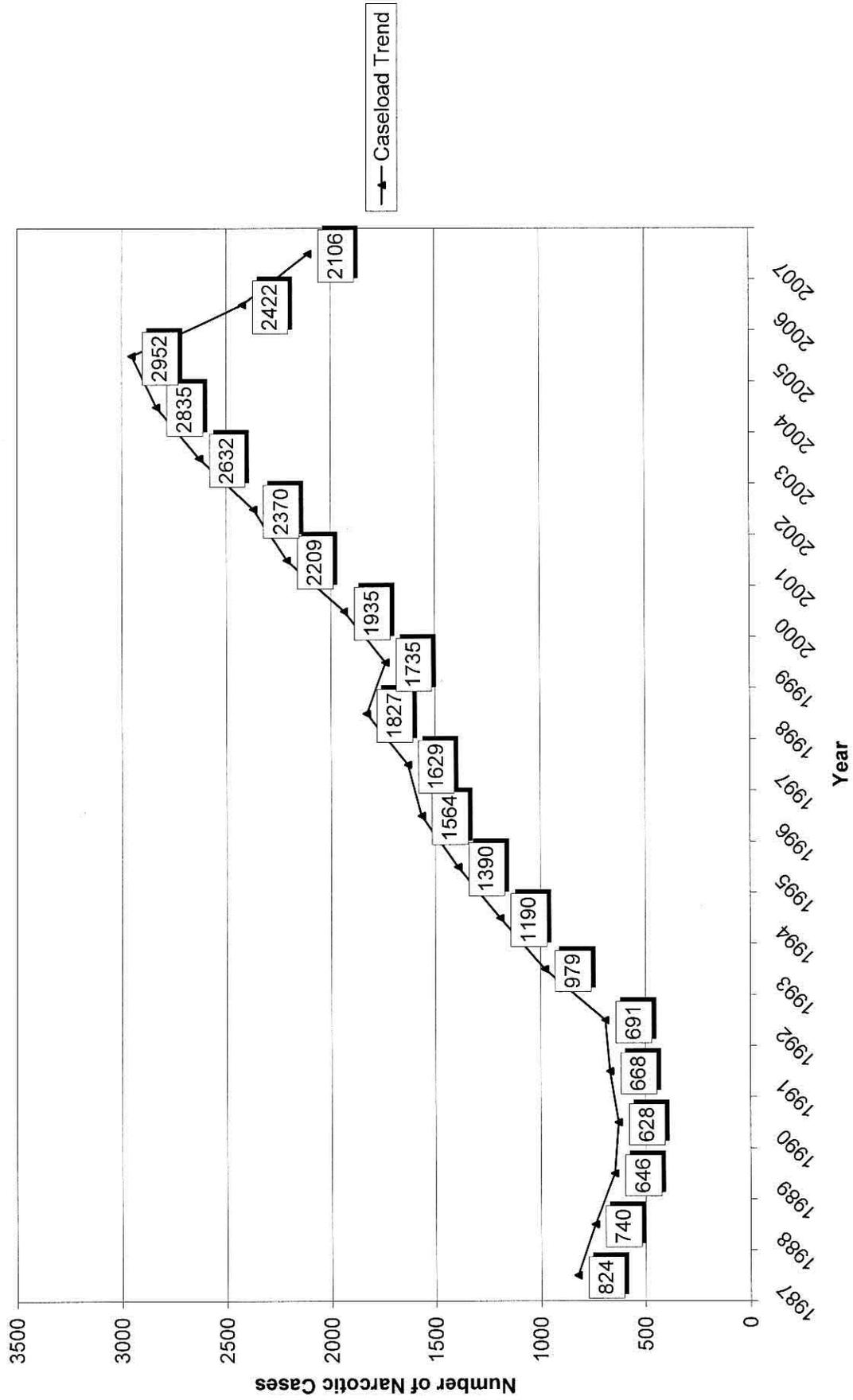
Youth Risk Behavior Survey					
Grades 7-8			Grades 9-12		
1999	2001	2003	2005	2007	2007
4%	4%	4%	3%	3%	*

Youth Risk Behavior Survey					
Grades 7-8			Grades 9-12		
1999	2001	2003	2005	2007	2007
*	*	*	*	*	*
*	*	*	*	*	*

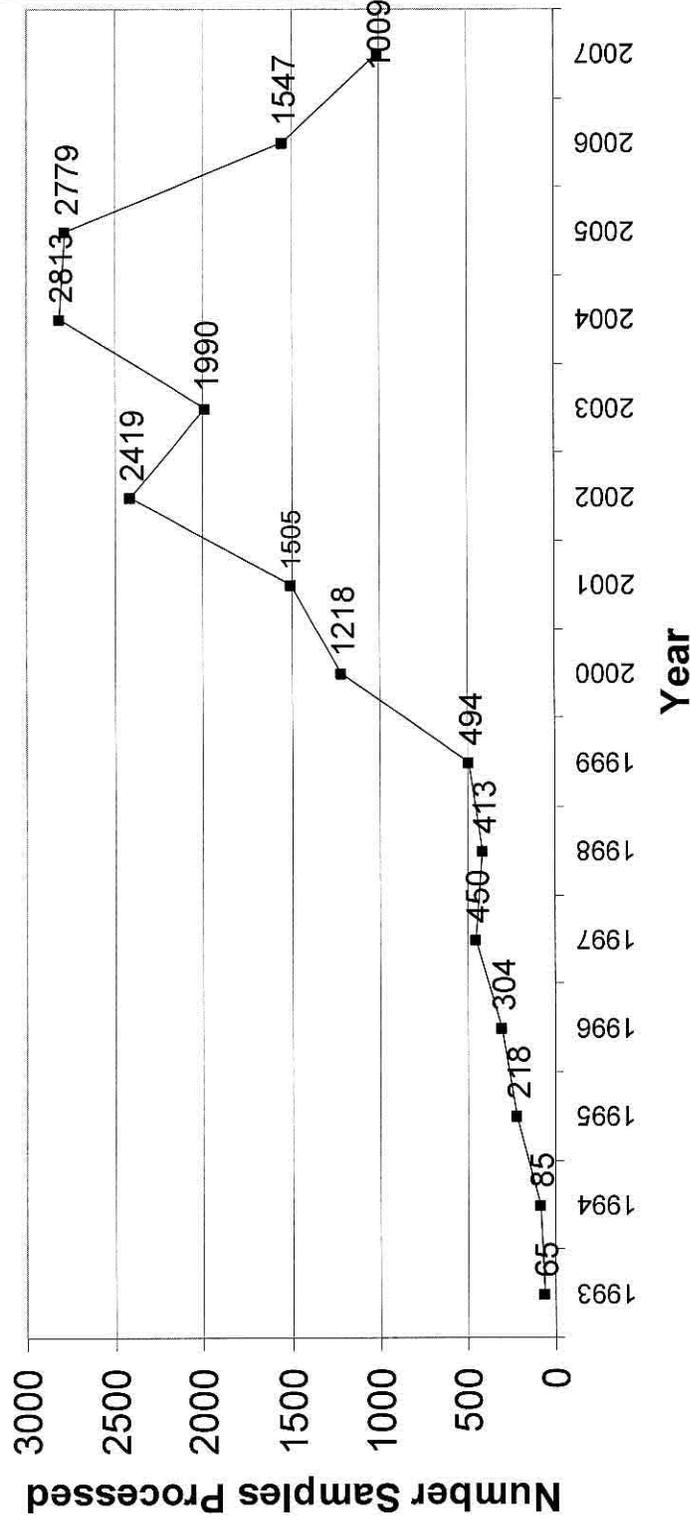
Youth Risk Behavior Survey					
Grades 7-8			Grades 9-12		
1999	2001	2003	2005	2007	2007
6%	6%	6%	4%	3%	3%
24%	27%	21%	20%	19%	19%

* Question used to calculate this response was not asked on the ND survey instrument during this year
 **Limited response options, no comparison available

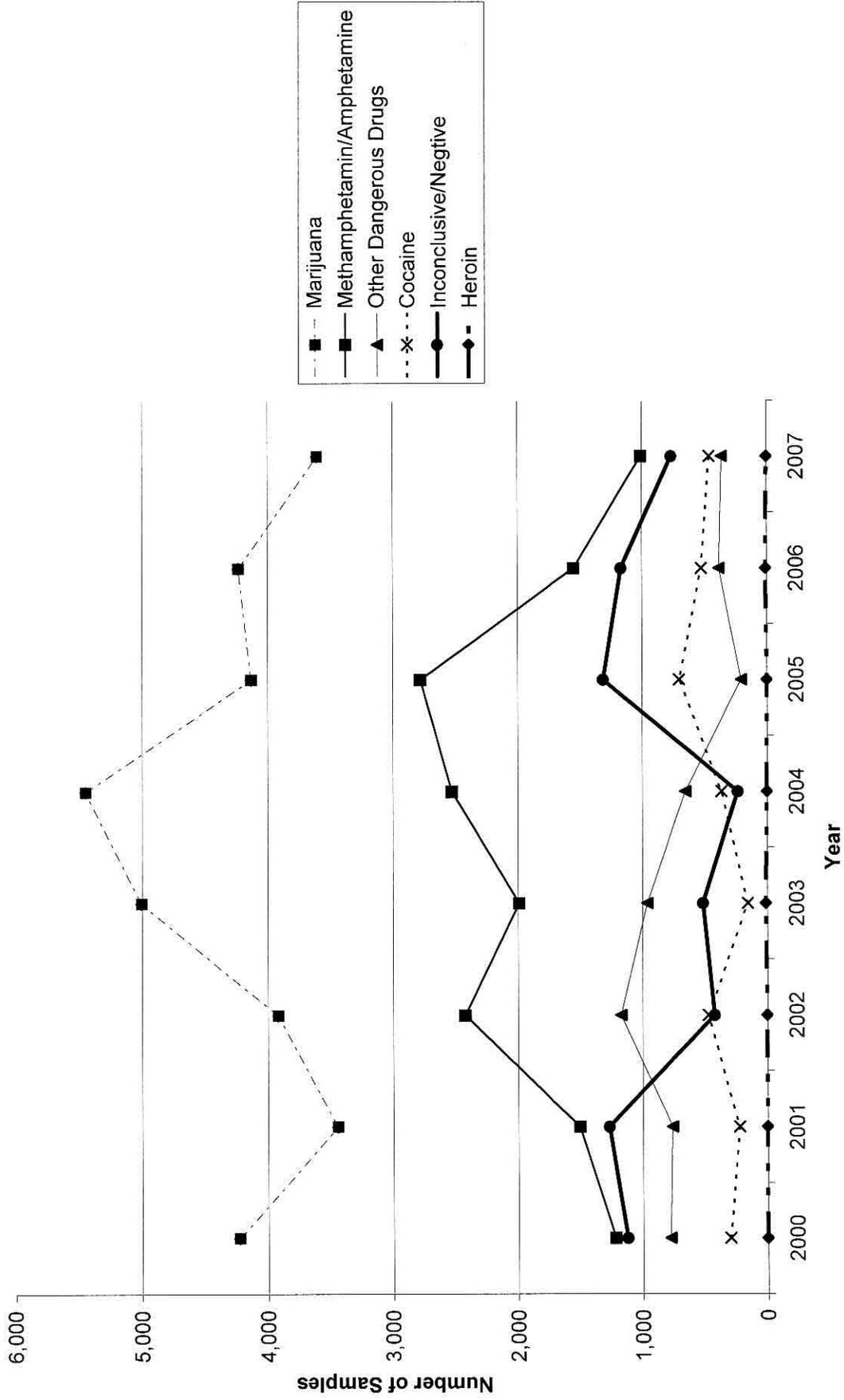
Caseload Trend



Methamphetamine/Amphetamine Samples Processed



Drug Analysis Data



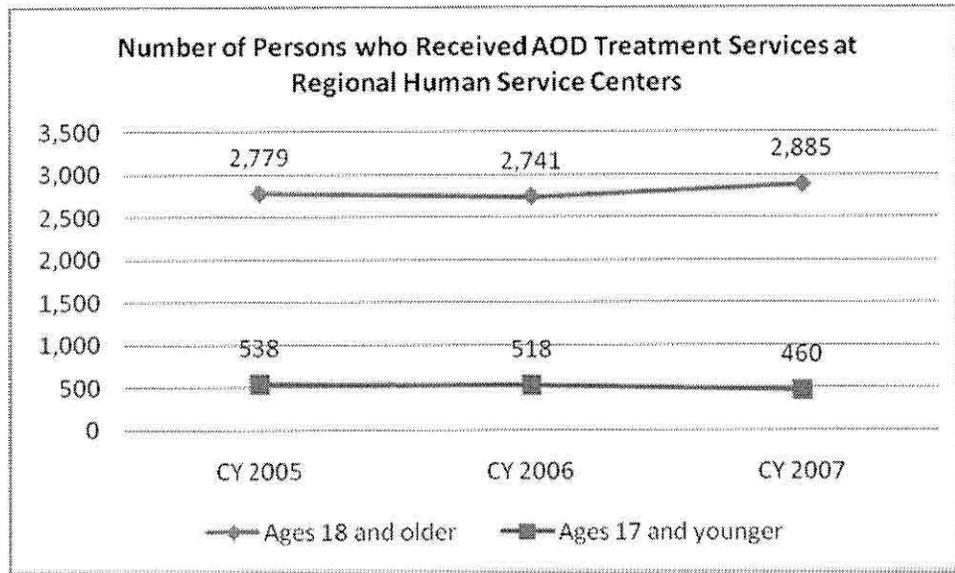
**North Dakota Department of Human Services
Division of Mental Health and Substance Abuse Services
Report of Substances Used
CY 2005 – CY 2007**

The Report of Substances Used is compiled for CY 2005 – CY 2007. Data for the report was collected and reported electronically through the eight (8) Regional Human Service Centers (RHSCs). 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 reflect people **in treatment** during a calendar year and **having a primary, secondary or tertiary substance 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 date they entered AOD treatment services.

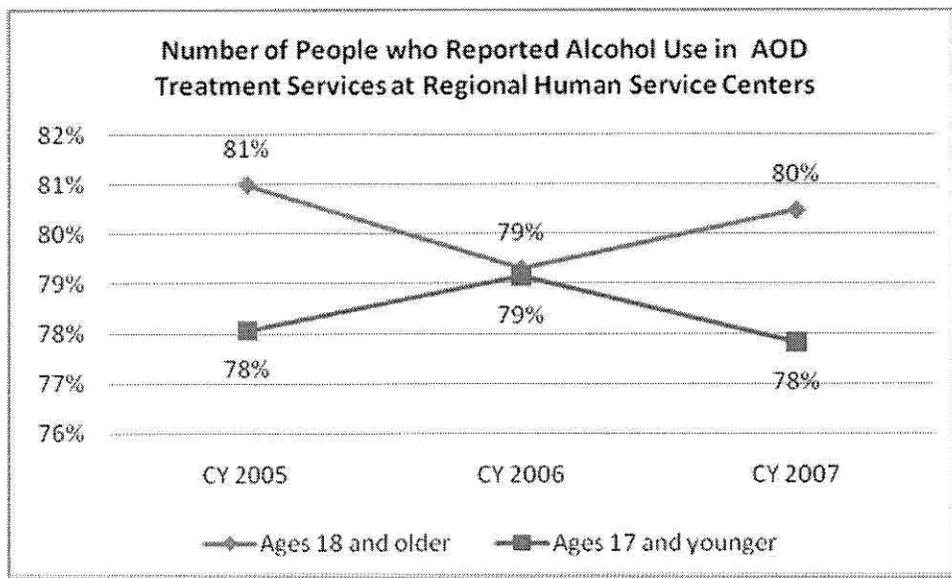
The number of adults served in AOD treatment services increased slightly from 2,779 served in 2005 to 2,885 served in 2007, while the number of adolescents receiving AOD treatment services decreased by 14% during the same time period. See figure below.



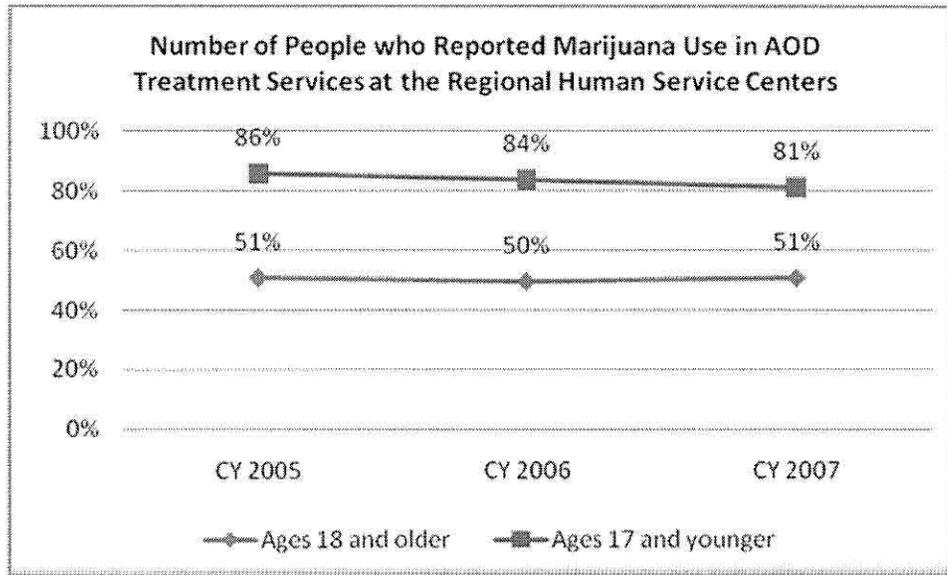
The table below indicates that alcohol, followed by marijuana and methamphetamines (meth), were the top three substances used as reported by people served in calendar years 2005 – 2007. Alcohol and meth use mentioned by those in AOD treatment as their primary substance remains about the same from 2005 - 2007, while marijuana use increased each calendar year.

Top Three Primary Substances Used			
	CY 2005	CY 2006	CY 2007
Alcohol	57%	55%	57%
Marijuana/Hashish	21%	24%	25%
Methamphetamines (Meth)	13%	14%	12%

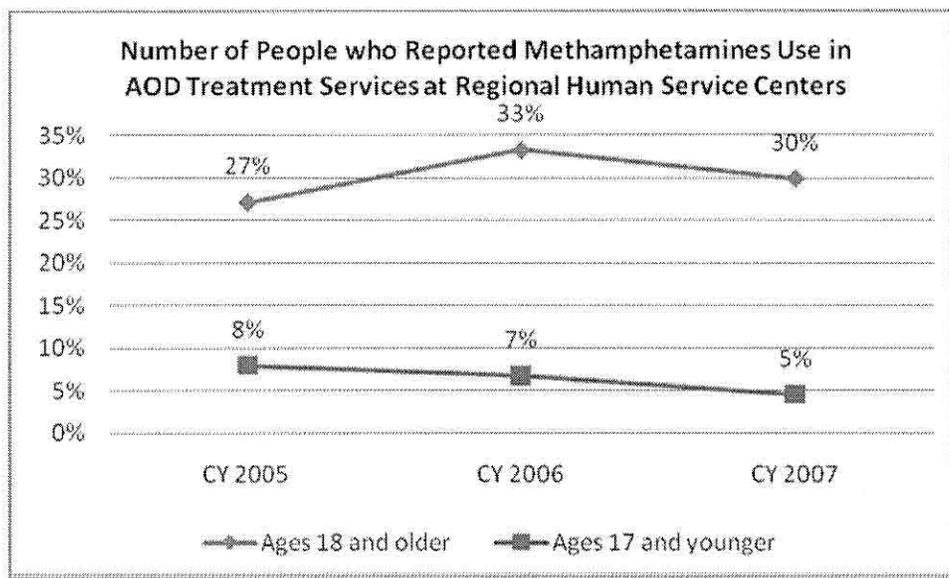
The figure below reflects percent of people served who said they have used alcohol as a primary, secondary or tertiary substance. Any alcohol use reported by adolescents remains relatively the same from 2005 - 2007. Any alcohol use by adults decreased by 1% from 2005 - 2007.



The figure below reflects the percent of people served who say they have used marijuana/hashish as a primary, secondary or tertiary substance. Any marijuana/hashish use by adults decreased slightly each calendar year, from 86% to 81%. Any marijuana/hashish use reported by adolescents remains relatively the same from 2005-2007.



The figure below reflects the percent of people who say they have used meth as a primary, secondary or tertiary substance. Any meth use reported by adolescents decreased steadily each calendar year, from 8% in 2005 to 5% in 2007. Any meth use reported by adults increased from 27% to 33% during 2005-2006, then, decreased to 30% in 2007.



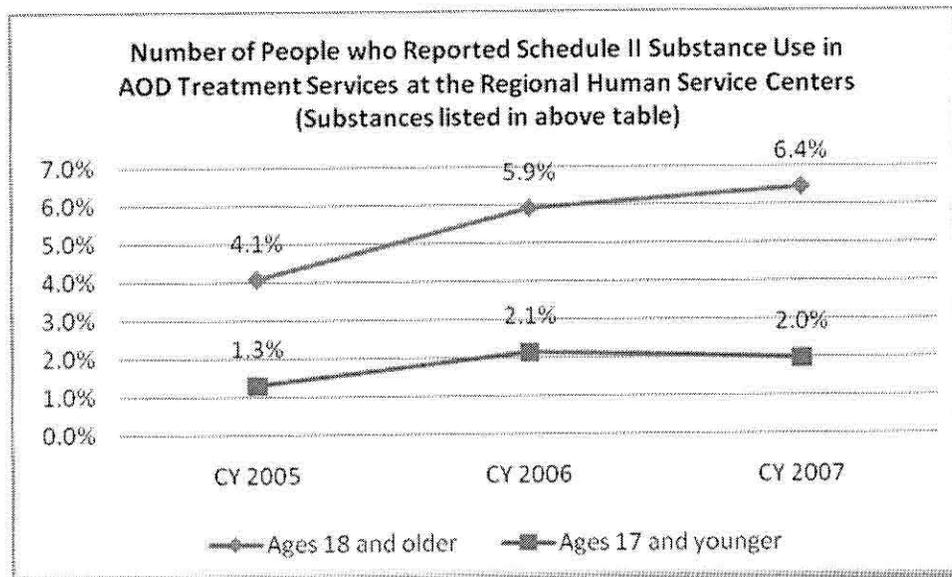
In 2007, the fourth most frequently reported primary substance was Vicodin, a Schedule II controlled substance.

The Schedule II substances listed below were reported by people who said they have used one of the substances 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. Use by adults of any of the substances listed above increased by approximately 2% from 2005 – 2007, while reported use by adolescents increased slightly from 2005 – 2006 and remained steady from 2006 to 2007.



North Dakota Department of Corrections and Rehabilitation, Adult Services Division, Inmates

	CY 05	CY 06
Number of offenders with a drug offense *	574	493
Average length of incarceration (months) ordered by a court to be served	24.9	25.1
Average "time to serve" (months) for drug offenders **	22.0	20.9

Number of offenders court ordered to chemical dependency treatment	107	139
Number of offenders referred to chemical dependency treatment	297	280
Number of offenders completing chemical dependency treatment	492	469
Number of offenders currently pending for chemical dependency treatment	154	183
Number of offenders currently assigned to chemical dependency treatment	166	181
Number of offenders not completing chemical dependency treatment	125	120

* Offender count is based on prison admissions for drug offenses for the calendar year and exclude parole violators. There is only one admission reported per inmate. "Drug offense" is alcohol or other drug.

** Time to serve is the difference between the date of admission and the projected good time release date.

Treatment numbers are not limited to offenders admitted for drug or alcohol offenses (e.g. a burglar may be referred to chemical dependency treatment).

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

SUPERVISION (Drug Offenders)	CY 05	CY 06
Parole	385	485
Probation	1,309	1,279
Total	1,694	1,764

TREATMENT ORDERED (All Offenders Admitted During CY)	CY 05	CY 06
Parole	314	399
Probation	1,089	1,057
Total	1,403	1,456

AVERAGE LENGTH OF SUPERVISION IN YEARS (Drug Offenders)	CY 05	CY 06
Parole	0.8	0.7
Probation	2.6	2.6

Parole and probation statistics are based on offenders beginning parole or probation status during the calendar year.

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

Drug Enforcement Statistics

	2005	2006	2007
Drug Charges	1532	1214	1328
Meth Charges	496	219	305
Meth Labs	190	45	25

Drug Enforcement Activities

The Bureau of Criminal Investigation (BCI) continued its partnership with the Highway Patrol, State Radio, and the National Guard at the fusion center located at Fraine Barracks. The fusion center has allowed the State to improve the means by which we receive and disseminate homeland security intelligence to the proper agencies. This center collaborates with the FBI's Field Intelligence Group (FIG), a regional fusion center for the entire upper Midwest. The office continues to have an agent assigned to the fusion center on a full-time basis.

Efforts aimed at stopping the interstate trafficking of drugs across North Dakota's borders continue to be supported by the activities of the BCI's Post Seizure Analysis Team (PSAT). The PSAT facilitates information sharing between task forces, analysts across the nation, and the northern border International Border Enforcement Teams. By doing so, it has enhanced the State's ability to identify threats and more effectively target investigative efforts. The PSAT is a multi-agency team consisting of Border Patrol, Immigration and Customs Enforcement, BCI, and the North Dakota Highway Patrol. The North Dakota Fusion Cell has been incorporated into PSAT to provide support and investigative capabilities in the western part of North Dakota.

The BCI and North Dakota Highway Patrol (NDHP), along with local law enforcement agencies, have participated for the last two years in Domestic Highway Enforcement projects (DHE). These projects are part of a nationwide effort to intercept drug and money couriers across the United States. Projects in North Dakota have typically been run along I-94 and I-29. Future projects will coincide with national corridor projects that will be done in conjunction with other states. These national corridor projects include the I-29 and I-35 corridors, as well as the I-90 and I-94 corridors, and will focus on intercepting drugs from source countries such as Mexico as well as source states such as California, Washington, and Oregon. These projects will also focus efforts on intercepting

proceeds going back to these source countries and states from regional distribution points such as Chicago and Minneapolis.

Desert Snow training was provided to local law enforcement agencies in 2007 and will be provided again in 2008. This specialized training on Domestic Highway Enforcement Projects provides local law enforcement with the expertise necessary to assist NDBCI and NDHP with DHE projects in their area. The training is useful in their every day work as well. BCI also presented a one-week Narcotic Investigation school.

The Grand Forks Narcotics Task Force and Metro Area Safe Trails Task Force in Bismarck/Mandan ranked seventh and tenth respectively among 37 Midwest HIDTA task forces in their abilities to disrupt and dismantle drug trafficking organizations.