2012 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.

ND Office of Attorney General
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TABLE OF CONTENTS

HISTORY **1**

SUMMARY **2**

1. DEPARTMENT OF PUBLIC INSTRUCTION/ YOUTH RISK BEHAVIOR SURVEY 3
   - Tobacco 3
   - Alcohol 3
   - Other Illicit Drugs 4
2. STATE CRIME LABORATORY 5
3. DEPARTMENT OF HUMAN SERVICES 6
4. BUREAU OF CRIMINAL INVESTIGATION 11
5. DEPARTMENT OF CORRECTIONS AND REHABILITATION 13

COMMUNITY & STATE RESOURCES **14**

Prevention Advisory Council on Drugs and Alcohol 14

North Dakota Substance Abuse Prevention 16

State Epidemiological Outcomes Workgroup (SEOW) 17

North Dakota State & Local Intelligence Center (SLIC) 17

Legislative Budget Committee on Government Services 17

HISTORY

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. This Report evaluates five sets of statistics, each providing a different aspect of the substance abuse problem in North Dakota:

1. The Youth Risk Behavior Survey (YRBS) conducted by the Department of Public Instruction every other year, examines the health risks taken by our children.
2. Data on the number and type of drug samples analyzed at the North Dakota Crime Laboratory.
3. Trends in substance abuse treatment as reported by the Department of Human Services.
4. Arrest statistics compiled by the Bureau of Criminal Investigation (BCI) from reports submitted by local law enforcement agencies.
5. Information from the Department of Corrections and Rehabilitations on the number of people incarcerated or on probation for drug related crimes;

The **North Dakota Commission on Drugs and Alcohol** was created in 2002, and charged with evaluating substance abuse in North Dakota by exploring the interrelationship between substance abuse prevention, education and enforcement programs, designing procedures to coordinate resources, and pursuing avenues to ensure future coordination of resources. The Commission's Report and recommendations were detailed in previous Comprehensive Status & Trends Reports.

The **State Epidemiological Outcomes Workgroup (SEOW)** was initiated in 2006 by the North Dakota Department of Human Services. Funding for the project was provided by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The mission of the ND SEOW is to utilize relevant state, tribal, and local data to guide substance use prevention planning, programming and evaluation.

Building on the work of the ND Commission on Drug and Alcohol Abuse, in 2007 the Legislature created and appropriated funding for the **Governor's Prevention Advisory Council on Drugs and Alcohol** (Council). The Council leads 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.

SUMMARY

- Forty percent (40%) of students in grades 7-8 and 57% of students in grades 9-12 agree that in their community, drinking among teenagers is acceptable (2011 YRBS).

- Sixteen percent (16%) 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 (2011 YRBS).

- Synthetic cannabinoids/bath salts have replaced methamphetamine as the second most frequently encountered drug in 2011. Between 2009 and 2011, there was a 326% increase in synthetic cannabinoid/bath salts submitted for analysis.

- Alcohol continues to be the number one primary substance of abuse reported by adults receiving treatment through the Department of Human Services, while for adolescents it is marijuana. However, reported use of oxycodone as a primary substance has increased for both adults and adolescents.

- Narcotics task forces across the state reported an increase of approximately 15% in arrests for narcotics violations in 2010 and 2011 when compared to 2008 and 2009.

- In 2011, the 62nd Legislature passed SB 2241, amending the criminal code to increase the penalty for theft of a prescription drug to a C-Felony.

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. One hundred thirteen (113) schools and over 10,000 students completed the voluntary and anonymous survey in spring 2011. 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 is decreasing. The decrease can be attributed, largely, to multiple interventions and prevention strategies such as tobacco related prevention programs in schools; the increased cost of tobacco products; stronger enforcement efforts by law enforcement, business and schools; social media campaigns, and the increased number of smoke free communities. These programs have not been as successful at reducing the use of chewing tobacco, snuff or dip; 13.6% of students report such usage compared to 7.8% nationally.

ALCOHOL

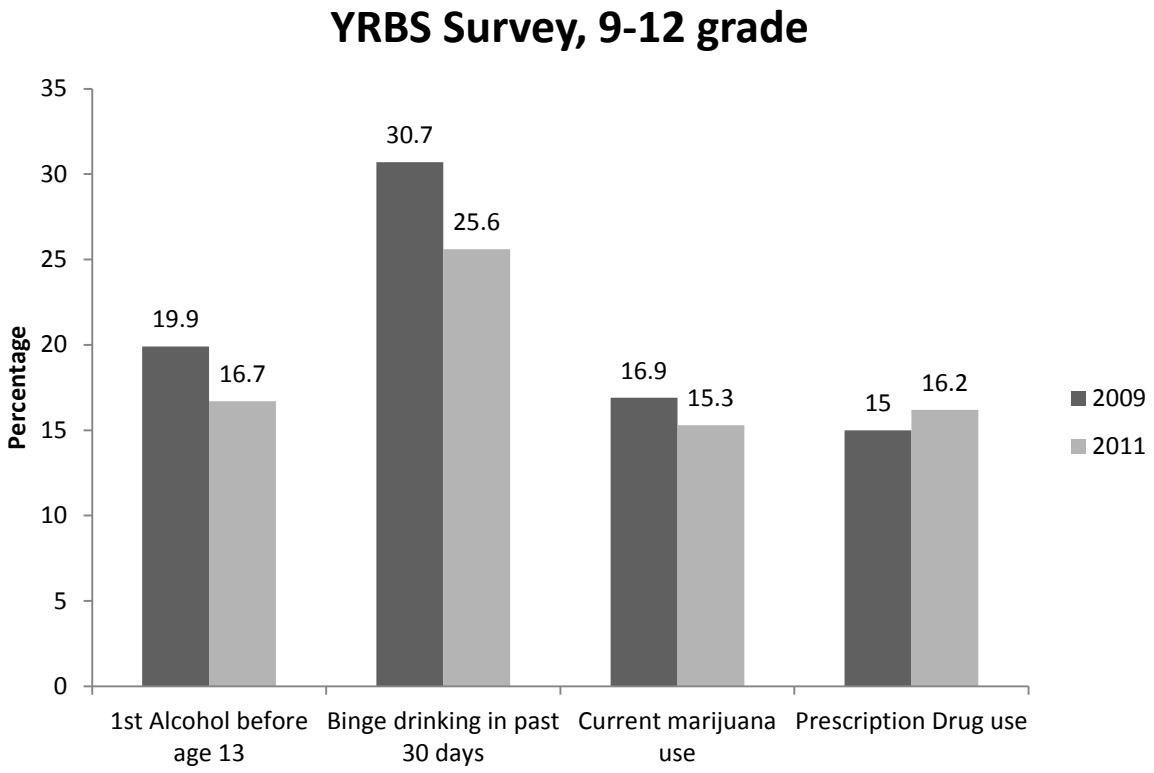
The 2011 national YRBS comparison shows that the use of alcohol by North Dakota teens has decreased for almost all responses, including drinking and driving and binge drinking (5 or more drinks in a couple of hours). The survey showed that the number of ND teens who:

- Drove when drinking alcohol decreased 3.5% from 2009 in North Dakota but is still higher than the national rate (11.7% North Dakota; 8.2% nationally).
- Had their first drink of alcohol other than a few sips before age 13 decreased significantly, from 29.8% in 2001 to 16.7% in 2011.
- Rode in a car driven by someone who had been drinking decreased dramatically from 43.5% in 2001 to 25.1% in 2011.
- Drove a car while drinking dropped from 26.8% in 2001 to 11.7% in 2011.
- Had at least one drink of alcohol on at least one day in the past 30 days decreased from 59.2% in 2001 to 38.8% in 2011; and
- Had consumed five or more drinks in one sitting (binge drinking) decreased from 41.5% in 2001 to 25.6% in 2011 but is still higher than the national rate of 21.9%.

OTHER ILLICIT DRUGS

The YRBS questions pertaining to other drugs revealed no significant gain. Marijuana use decreased by nearly one third, from 22% in 2001 to 15.3% in 2011 and is lower than the national average (15.3% North Dakota; 23.1% nationally).

Sixteen percent 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 according to the survey, but the rate remains approximately 4.5% lower than the national average.



2. STATE CRIME LABORATORY

Included in this report is information regarding the types of controlled substances for which testing was conducted by the ND Crime Laboratory.

In 2010, the laboratory began to see an upward trend in cases submitted over 2009; and in 2011, the number of items processed increased by about 10% over the items processed in 2010.

The laboratory began to see synthetic cannabinoids/bath salts in 2010. It was necessary to develop a new method of analysis to detect these compounds, which caused an increase in analysis time per sample. In 2010 the number of synthetic cannabinoids/bath salts analyzed was 216, with the number dramatically increasing to 1225 in 2011. The rise in the number of submitted samples also contributed to an increased turnaround time for analysis.

As in the past, marijuana continues to be the drug seen most frequently at the laboratory, but synthetic cannabinoids/bath salts have replaced methamphetamine as the second most frequently encountered drug in 2011.

SAMPLES ANALYZED	2006	2007	2008	2009	2010	2011
Amphetamine/ methamphetamine	1,547	1,030	647	923	920	730
Marijuana	4,231	3,599	3,627	3,811	4,350	3,828
Cocaine	529	464	364	556	161	167
Heroin	11	5	58	35	2	56
Other dangerous drugs	387	361	455	616	1,226	2,628
Insufficient sample/negative	1,176	722	697	887	532	520
TOTAL SAMPLES ANALYZED:	**7,811**	**6,181**	**5,848**	**6,828**	**7,190**	**7,929**

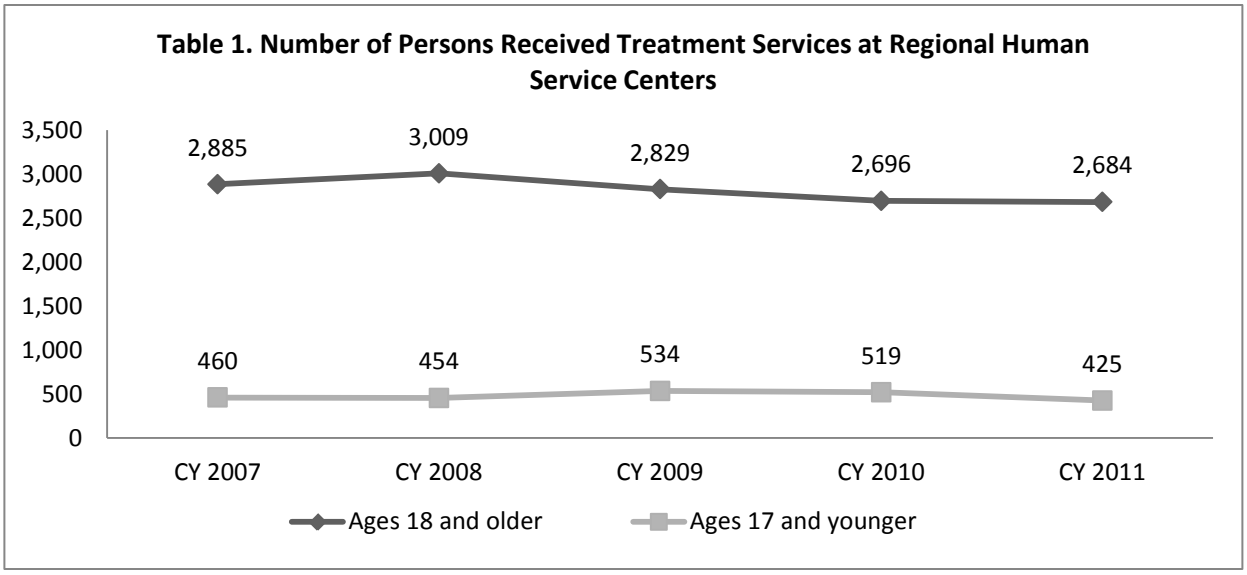
	2006	2007	2008	2009	2010	2011
TOTAL DRUG CASES SUBMITTED	2,422	2,107	1,992	1,997	2,156	2,118

3. DEPARTMENT OF HUMAN SERVICES

The information included by the Department reflects treatment statistics collected by each of the eight regional human services centers. The department's information is derived from screening interviews conducted when individuals seek treatment at a regional center. During the screening process, patients are asked to identify their primary, secondary and tertiary substance problem.

People receiving 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 CY, 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 and adolescents served in AOD treatment services remained relatively stable from CY 2007 through CY 2011. The fluctuations from calendar year to calendar year can be accounted for by persons who turn 18 during the CY and were counted as adults for the CY. See figure below.



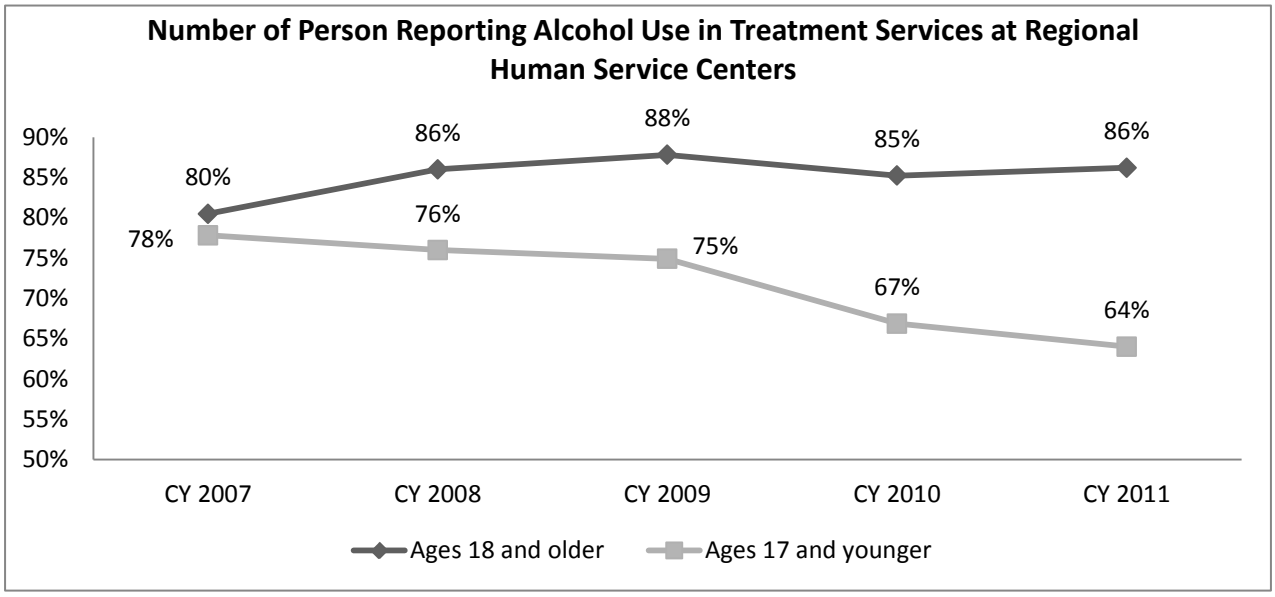
The tables below show the top four primary substances used, as reported by adults and adolescents who were treated in calendar years 2007-2011.

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.

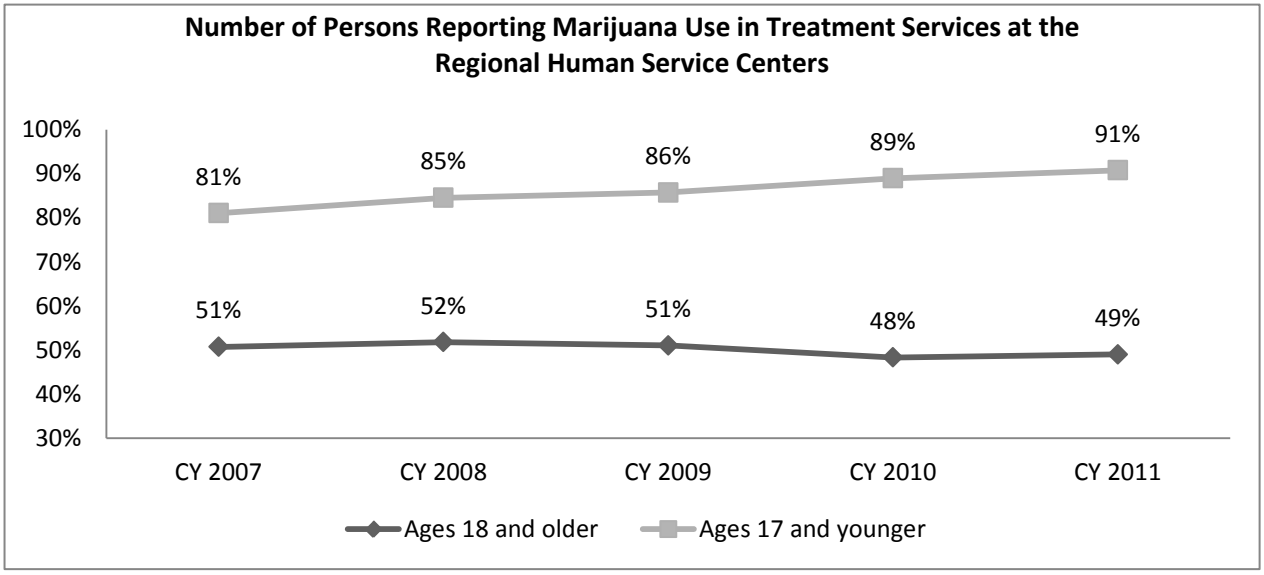
Top Three Primary Substances Reported by Adults (age 18 and older)					
	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011
Alcohol	59.7%	62.7%	64.3%	59.7%	62.7%
Marijuana/Hashish	20.3%	20.3%	21.1%	20.3%	20.3%
Methamphetamines	13.8%	10.0%	7.2%	13.8%	10.0%
Oxycodone	1.0%	1.2%	1.4%	1.2%	1.2%

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

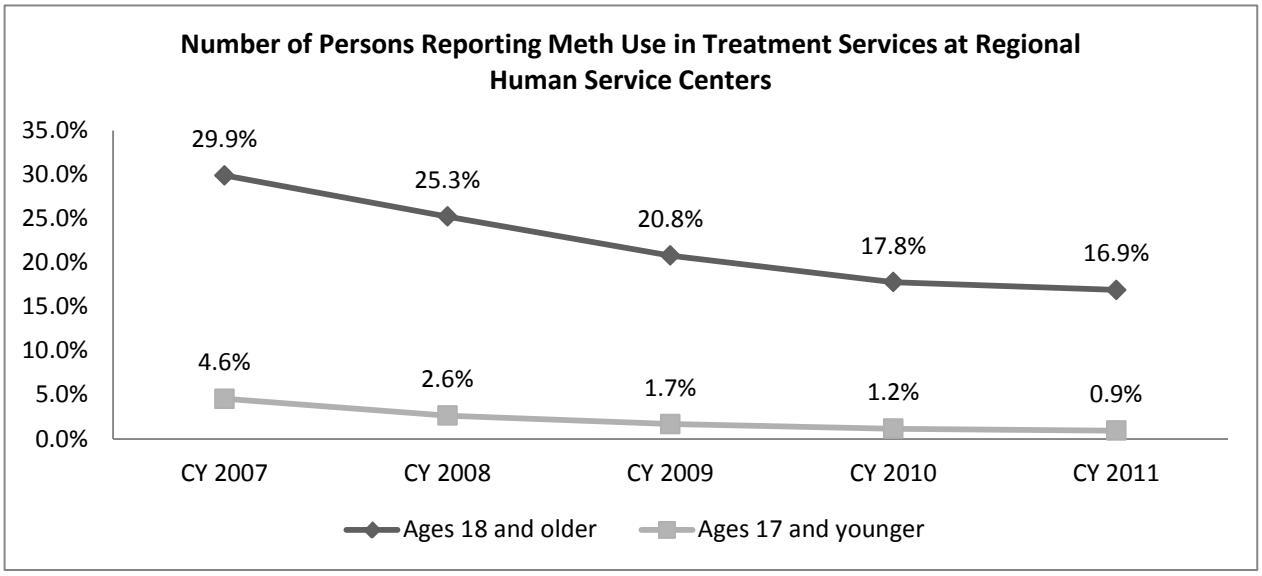
The figure below reflects the percentage of people treated who identified that they have used alcohol as a primary, secondary or tertiary substance. Alcohol use reported by adolescents decreased each year from CY 2007 - CY 2011. Alcohol use reported by adults remains relatively the same from CY 2007 through CY 2011.



The figure below reflects the percentage of people treated who identified use of marijuana/hashish as a primary, secondary or tertiary substance. Marijuana/hashish use reported by adolescents increased each year from CY 2007 – CY 2011.



The figure below reflects the percentage of people treated who identified use of meth as a primary, secondary or tertiary substance. Meth use reported by adults and adolescents decreased each calendar year, from CY 2007 through CY 2011.

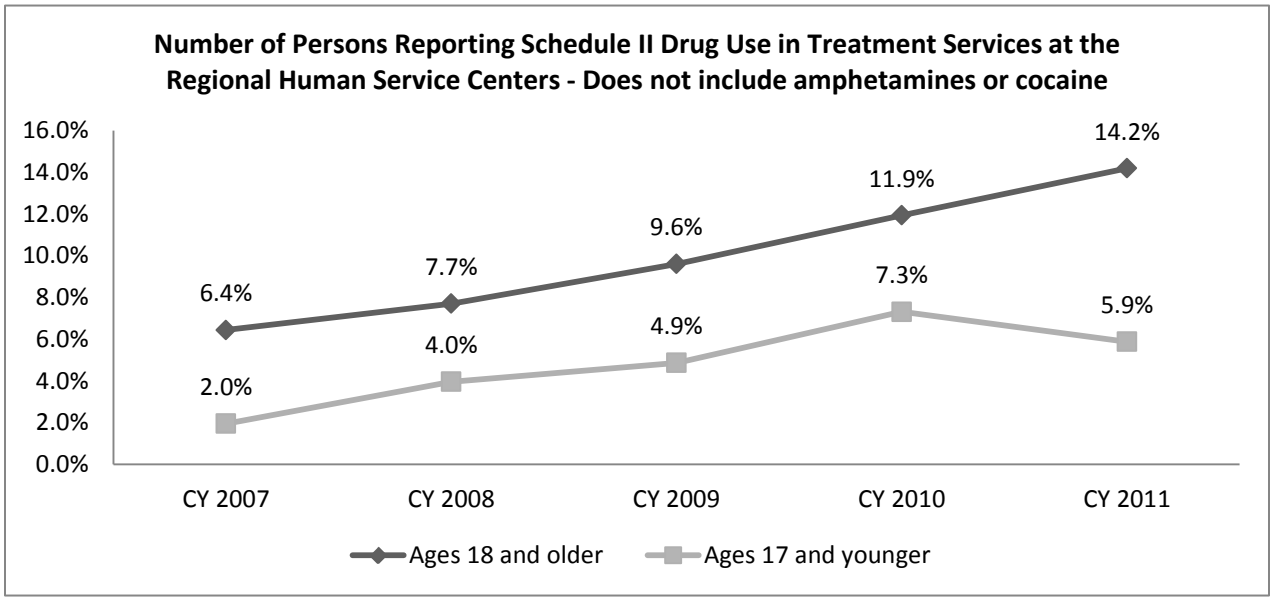


Schedule II substances listed below were reported by people who said they have used one of the substances when they did not have a prescription, or misused the substances with a prescription, as a primary, secondary or tertiary substance. The Schedule II controlled substances included in this report 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 percentage of people who reported use of one or more of the substances listed above as a primary, secondary or tertiary substance. Adults who reported any of the substances as a substance used continued to increase over time, from CY 2007 through CY 2011. Adolescents who reported using any of the substances above increased by over 5% from CY 2007 through 2010.



4. 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 violence and other crimes related to drug sale and use within our communities.

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 257% in the past 21 years, from 745 in 1990 to 2,662 in 2011. It is the analysis of those arrests, however, which helps identify trends.

Meth labs 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.

METH LAB BUSTS, 2001-2009													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOT
2001	Monthly breakdown not available for 2001-2003												**89**
2002													**275**
2003													**297**
2004	11	15	24	24	17	23	24	17	20	35	24	26	**260**
2005	17	33	30	40	27	8	10	6	13	4	1	3	**192**
2006	1	5	3	12	6	2	3	3	5	3	2	1	**46**
2007	1	3	2	4	2	1	2	2	2	1	5	0	**25**
2008	5	3	3	3	3	1	3	4	3	3	2	2	**35**
2009	1	4	5	3	4	3	2	1	4	3	1	0	**31**
2010	1	0	1	2	0	1	1	0	1	0	0	0	**7**
2011	0	0	1	1	0	0	0	0	1	1	2	3	**9**

Narcotics task forces across the state reported an increase of approximately 15% in arrests for narcotics violations in 2010 and 2011 when compared to 2008 and 2009. In 1990, 13% of drug arrests were for cocaine/opiates, but by 2000, that had fallen to just 3.0% and to 1.4% in 2011. With meth arrests and labs down, the narcotics task forces report cocaine use and trafficking is now on the increase in North Dakota.

During the twenty-one-year time period from 1990 to 2011, arrests for marijuana increased from 58.8% (1990) to 69.0% (2011) of all drug arrests. The vast majority of drug arrests are for possession not sale or manufacture.

[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.

Drug Arrests/type of drug	CY 2005	CY 2006	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011
Cocaine/Opiates	53	53	50	49	44	29	37
Marijuana	1,516	1,621	1,783	1,681	1,533	1,722	1,837
Other drugs/narcotics	774	582	490	428	486	588	788

In addition, to the illegal diversion and use of prescription narcotics, an emerging trend is abuse of bath salts, synthetic cannabinoids, and synthetic hallucinogens. This abuse has become epidemic, with newer and stronger versions of these substances being sold and consumed in North Dakota. Increasingly, people are overdosing on these substances, and some are dying as a result of the use. These powerful stimulants can be ingested, snorted or injected, and mimic the effects of traditional street drugs, such as cocaine or methamphetamine, PCP, LSD, and ecstasy. Many of these substances contain unknown drugs, and are highly addictive. They are considered hallucinogens/stimulants and often cause psychotic symptoms in individuals, some of which are immediate or which can also occur several days after abusing the drug, including paranoia, agitation, high blood pressure, heart attacks, passing out, and suicidal thoughts. Not surprisingly, the use of these substances have sent many North Dakota users to the hospital, and some to their death.

Because of the potential for abuse, the 2011 Legislature designated some of these substances as schedule 1 narcotics. However, many of these substances are still legal, and all it takes is a trip to a local head shop in North Dakota, or a few minutes on the internet, where the substances are still legal and easy to buy.

Drug Arrests/age category	CY 2005	CY 2006	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011
Juvenile (under 18)	251	264	278	291	293	380	366
Adult (18 and older)	2,066	1,983	2,035	1,857	1,762	1,957	2,296

Drug Arrests/middle & high school**	CY 2005	CY 2006	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011
Age 13-14	20	34	39	31	31	43	38
Age 15	42	38	47	60	40	81	69
Age 16	90	79	92	91	97	116	111
Age 17	94	109	98	105	122	134	144
Age 18	195	187	209	195	170	182	227

** Arrests of children younger than 13 not included

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 06	CY 07	CY 08	CY 09	CY 10	CY 11
Number of offenders with a drug offense *	493	403	334	329	347	334
Average length of incarceration (months) ordered by a court to be served	25.1	27.5	30.0	32.4	28.7	27.6
Average "time to serve" (months) for drug offenders **	20.9	18.5	19.4	23.9	17.2	22.01

Offenders court ordered to chemical dependency treatment	139	69	115	90	178	175
Offenders referred to chemical dependency treatment	280	353	439	532	557	514
Offenders completing chemical dependency treatment	469	480	511	429	358	254
Offenders currently pending for chemical dependency treatment	183	127	72	103	132	175
Offenders currently assigned to chemical dependency treatment	181	253	228	245	223	234
Offenders not completing chemical dependency treatment	120	121	115	113	58	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
Parole	324	307	332
Probation	866	911	974
Total	**1190**	**1218**	**1306**

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

COMMUNITY & STATE RESOURCES

PREVENTION ADVISORY COUNCIL ON DRUGS AND ALCOHOL

In 2008 and 2010, the Council identified its focus to be assessment of gaps, assist communities in prevention outreach, and support State efforts to increase prevention efforts. A main area of concern is that despite North Dakota statistics indicating an underage drinking problem, many parents and community leaders feel that alcohol is not a problem.

The council developed a core brand- 'Not Our Kids'. To further establish the brand and work to message prevention in North Dakota, the Council developed a website: http://www.ndprevention.com/. All Council prevention resources and information can be accessed through this website. The Council has a communication plan and through its membership utilizes the brand in media and other communication methods.

The ND University System, Department of Transportation, and Department of Human Services jointly implemented 'Parents Lead' an interactive website. This website provides parents age-appropriate strategies and information for use with their children. There are plans to add a professional portal through this website in the near future. For more information, see: http://www.parentslead.org/.

The Council provides biannual grant opportunities to organizations using proven prevention methods to make a difference in underage drinking and drug use. Programs must target children and youth and contain a parent component to be considered. Grantees include:

2009 - 2011 Grants

Milnor Public School - $1,144

The Too Good for Drugs, school based prevention program was implemented in November. The elementary school student council assisted with the promotion and delivery of the items promoting a tobacco, alcohol and drug free school and community.

Northern Lights Youth Services - $44,591

More than 1,200 students in 16 schools take part in the Reality Check program. The Reality Check program addresses areas ranging from physical and psychological safety to supportive relationships. In 2011, the curriculum expanded to include a focus on physical activity, nutrition and overall wellness.

Prairie Public Broadcasting - $35,000
"High Risk High" has produced a five-part series of five programs focusing on legislative approaches to youth drinking. The series airs on Prairie Public Broadcasting radio and has been promoted through the website as well as Facebook.

West Dakota Parent Family Resource Center - $19,265
A series of four Love and Logic programs was held in fall of 2010 in the southwest corner of the state. Five more took place in Dickinson, Beach and Hettinger in the spring. The programs help parents set rules and limits for their children, as well as increase positive communication between parents and kids.

The Council will continue to message effective prevention strategies, assess effective prevention policy, maximize collaboration among agencies, and monitor North Dakota data to inform decisions.

2011-2013 Grants

West Dakota Parent Family Resource Center - Dickinson - $24,000
The center will continue offering its Love and Logic Parent Education program in southwestern North Dakota. The center will collaborate with about 100 parents of adolescents to prevent the development of risky behavior.

United School District 7 - Des Lacs/Burlington Public Schools - $6,000
The United School District 7 will implement two evidence-based prevention programs involving over 580 students of all ages. The programs will pair younger students with mentors to support healthy decision making by avoiding alcohol and drug use.

North Dakota State University Extension Service - Fargo - $16,000
NDSU Extension Service will provide hands-on training, tools, and other resources to help engage parents in age-appropriate conversations with their children about high risk behavior.

The Village Family Service Center – Love and Logic Parenting = $30,661
The center will offer a free Love and Logic Parent Education program to families in Grand Forks, Devils Lake, Minot and Fargo. The village will provide eight five week sessions, two in each of the four communities. This program focuses on working with parents to develop healthy, respectful and loving relationships with their children. The idea is to help children become prepared to resist drugs, alcohol, violence and other dangerous behaviors.

Carrington Health Center's Healthy Communities Coalition Server Training = $5,308
A trainer will be brought into the Carrington community to train local alcohol serving establishments. By enhancing responsible beverage server training the goal is to help restrict alcohol access to minors. The program would establish a coalition with local government agencies to develop and establish server training ordinances.

NORTH DAKOTA SUBSTANCE ABUSE PREVENTION

The mission of the **North Dakota Substance Abuse Prevention** program is to provide effective, innovative, quality, and culturally appropriate substance abuse prevention infrastructure, strategies and resources to the individuals and communities of North Dakota.

http://www.nd.gov/dhs/services/mentalhealth/prevention/index.html

(North Dakota Department of Human Services Division of Mental Health & Substance Abuse Services)

The North Dakota Department of Human Services, Division of Mental Health & Substance Abuse Services, hosts the North Dakota Substance Abuse Prevention program. The program provides innovative, quality, and culturally appropriate substance abuse prevention infrastructure, strategies, and resources to individuals and communities in North Dakota. Prevention specialists are available to provide technical assistance to communities, law enforcement, schools, criminal justice entities, substance abuse professionals, and workplaces, as well as to the North Dakota tribes.

North Dakota data on substance abuse identifies six priorities:

1. Increasing awareness of substance abuse issues
2. Alcohol abuse among adults
3. Alcohol use/abuse among underage youth
4. Inhalant abuse
5. Prescription drug abuse
6. Marijuana.

The program is funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

The Substance Abuse Prevention Program worked with the Office of Attorney General in the development and distribution of the very successful “Where’s the Party?” campaign raising awareness of the consequences of alcohol use and abuse, detailed in the 2010 Status & Trends Report. In response to the increasing rate of abuse of prescription drugs, particularly among our state’s youth, the Substance Abuse Prevention Program is developing another public awareness campaign jointly with the Office of Attorney General.

STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP (SEOW)

The **State Epidemiological Outcomes Workgroup** 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. For more information about the SEOW, or to review its annual Epidemiological Profile reports, see http://www.nd.gov/dhs/services/mentalhealth/prevention/seow.html.

NORTH DAKOTA STATE & LOCAL INTELLIGENCE CENTER (SLIC)

The North Dakota State & Local Intelligence Center (ND SLIC) collects, stores, analyzes and disseminates information on crimes, both real and suspected, to the law enforcement community, government officials and private industry concerning dangerous drugs, fraud, organized crime, terrorism and other criminal activity for the purposes of decision making, public safety and proactive law enforcement. The ND SLIC was established by Executive Order 2007-06, as part of the efforts of the United States government to establish a national network of Fusion Centers, and serves as the primary interface between North Dakota and the Federal Government for information collection, analysis and dissemination.

LEGISLATIVE BUDGET COMMITTEE ON GOVERNMENT SERVICES

During the 2001-02 interim, the Budget Committee on Government Services studied programs dealing with prevention and treatment of alcohol, tobacco and drug abuse. A survey of agency alcohol, drug, tobacco and risk associated behavior programs was conducted and reviewed. Since the original survey in the 2001-2002 interim, similar surveys have been conducted each interim. The results of the January 2011 interim committee survey (of 2009-2011 and 2011-2013 programs) are available for review from the North Dakota Legislative Council.