

**2010**

**North Dakota  
Office of Attorney  
General**

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Attorney General

# **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.



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# 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** (Commission) was formed 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 ongoing recommendations were detailed in the 2004 and 2006 Comprehensive Status and Trends Reports.

# THE FINDINGS

- 9% of grade 7-8 students and 25% of grade 9-12 students agree that in their community, drinking among teenagers is acceptable. (2009 YRBS)
- 15% of 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. (2009 YRBS)
- The rate of prescription drug abuse among high school students is almost five times the rate of methamphetamine use (3.4%) and approaching that of marijuana use (17%). (2009 YRBS)
- Sixty-four percent (64%) of adults reported alcohol as the primary substance abused in 2009, up from 57% in CY 2005. (ND Department of Human Services).

<b>DUI Arrests/age category</b>	<b>CY 2005</b>	<b>CY 2006</b>	<b>CY 2007</b>	<b>CY 2008</b>	<b>*CY 2009</b>
<b>Juvenile (under 18)</b>	92	100	66	93	79
<b>Adult (18 and older)</b>	5,847	6,384	6,018	5,718	5,735

<b>DUI Arrests/middle &amp; high school</b>	<b>CY 2005</b>	<b>CY 2006</b>	<b>CY 2007</b>	<b>CY 2008</b>	<b>*CY 2009</b>
<b>Age 13-14</b>	1	1	1	2	0
<b>Age 15</b>	5	10	2	8	7
<b>Age 16</b>	31	28	17	25	27
<b>Age 17</b>	55	61	46	58	45
<b>Age 18</b>	121	161	127	121	110

# **1. DEPARTMENT OF PUBLIC INSTRUCTION/ YOUTH RISK BEHAVIOR SURVEY**

The purpose of the ND 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 several categories. North Dakota schools are given the opportunity to conduct the YRBS biannually in the spring of 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. 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.

This report addresses only tobacco, alcohol and other drug abuse among youth. For the full report of 2009 YRBS data and trends, please see North Dakota's website link at <http://www.dpi.state.nd.us/health/YRBS/index.shtm>.

## **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 2009, the numbers had decreased to 21% (7-8 grade) and 47% (9-12 grade), a reduction of 23% and 27%, respectively.

## **ALCOHOL**

Binge drinking in grades 9-12 showed a slight decline from 34% in 2005, 33% in 2007, to 31% in 2009. Furthermore, drinking rates in grades 9-12 revealed that 43% of the students responding indicated they had at least one drink on one of more days during the past 30 days. This is down from 46% in 2007, 49% in 2005, 54% in 2003, and 59% in 2001.

While there appears to be some improvement in the rate of alcohol usage in grades 9-12, the same does not hold true for grades 7-8. The 2009 YRBS survey indicates that 44% of middle school grade students report they have had at least one drink of alcohol on one or more days during the past 30 days, and 12.1% report having had their first drink of alcohol (other than a few sips) before age 11, up from 9.9% in 2007.

One out of 6 middle school students who have had at least one drink of alcohol in their life have done so on 20 or more days. One in four high school students who report having had at least one drink of alcohol in their lifetime have done so on 40 or more days.

While education efforts targeting high school students appear to have had some positive effect on the rate of binge drinking, the emerging trend appears to indicate that students are first using alcohol at an earlier age, and that a significant number of students in both middle school and high school regularly consume alcohol.

## OTHER ILLICIT DRUGS

For the first time, the 2009 YRBS survey addressed the rate of over-the-counter and prescription drug abuse. Among high school students, 13.3% report having taken over-the-counter drugs to get high at least once. The rate is 4.6% among middle school students. Of even more concern, one in six (15%) students in 9-12 grade and 6.3% of grade 7-8 students reported having taken a prescription drug (such as Oxycontin, Percocet, and Vicodin) without a doctor's prescription one or more times during their life.

Overall, the use of other illicit drugs (marijuana, inhalants, methamphetamines, heroin, etc.) among students appears to have remained somewhat constant over the past six years. In the 2009 survey, 17% of grade 9-12 students responded they had used marijuana one or more times in the last 30 days, compared to 14.8% in 2007 and 15.5% in 2005. Of the students who reported using the following substances one or more times in their lives; 5% of grade 9-12 students reported using a form of cocaine; 11.5% of grade 9-12 students used inhalants; 11% of grade 7-8 students used inhalants; 3.4% of grade 9-12 students and fewer than 2% of grade 7-8 students used methamphetamines;

There also was a small increase in accessibility results between 2007 and 2009 in the number of high school students who were offered, sold or given an illegal drug on school property by someone during the last 12 months (19.5% compared to 18.7% in 2007).

9-12 <sup>th</sup> GRADE (HIGH SCHOOL)	2003	2005	2007	2009
BINGE DRINKING	39.5%	33.8%	32.5%	30.7%
ANY ALCOHOL USE	*	*	73.9%	72.3%
ANY MARIJUANA USE	*	*	30.1%	30.7%
ANY INHALANT USE	10.7%	10.9%	11.1%	11.5%
ANY ILLEGAL RX DRUG USE	*	*	*	15.0%

\* not asked in prior years

## 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 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 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.

Overall, the marijuana and methamphetamine submissions decreased during the time period between 2006 and 2009. Decreases in methamphetamine submissions in 2007 and 2008 can be attributed to the laws passed to limit the sale of the ingredients to manufacture methamphetamine. If some drug class decreases, some others increase, as demonstrated by the increase in cocaine submissions from 2008 to 2009. This effect can be correlated to supply and demand in drug activity.

Between 2006 and 2009, law enforcement agencies submitted fewer cases but the number of items increased per case. During the same time period, submissions for other dangerous drugs (like Ecstasy) increased. The laboratory saw a wider variety of submissions, which could explain why the number of items per case increased.

<b>SAMPLES ANALYZED</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Amphetamine/ methamphetamine	1,547	1,030	647	923
Marijuana	4,231	3,599	3,627	3,811
Cocaine	529	464	364	556
Heroin	11	5	58	35
Other dangerous drugs	387	361	455	616
Insufficient sample/negative	1,176	722	697	887
<b>TOTAL SAMPLES ANALYZED:</b>	<b>7,811</b>	<b>6,181</b>	<b>5,848</b>	<b>6,828</b>

	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>TOTAL DRUG CASES SUBMITTED</b>	2,422	2,107	1,992	1,997



### 3. DEPARTMENT OF HUMAN SERVICES

The information included by the Department reflects treatment statistics collected by each of the regional human services centers. 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 2009 reaffirm that alcohol remains by far the primary substance of abuse, followed by marijuana and methamphetamine/amphetamine.

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.

# OF PERSONS RECEIVING TREATMENT	CY 2005	CY 2006	CY 2007	CY 2008	CY 2009
Adult	2,779	2,741	2,885	3,009	2,829
Minor	538	518	460	454	534

Treatment for alcohol abuse has continued to increase each year to its current 64% of adults reporting. One quarter (25%) of adults reported marijuana as the primary substance of abuse in 2007, but this decreased to 21% in CY 2009. Methamphetamine continues to drop as the primary substance of abuse, to 7% in CY 2009. This is the lowest percentage since the inception of this report. Marijuana continues to lead the top substance of abuse by adolescents, with 64%.

Top Three Primary Substances Reported by Adults					
	CY 2005	CY 2006	CY 2007	CY 2008	CY 2009
Alcohol	57%	55%	57%	63%	64%
Marijuana/Hashish	21%	24%	25%	20%	21%
Methamphetamines	13%	14%	12%	10%	7%

Top Three Primary Substances Reported by Adolescents					
	CY 2005	CY 2006	CY 2007	CY 2008	CY 2009
Marijuana/Hashish	57%	55%	57%	63%	64%
Alcohol	21%	24%	25%	20%	21%
Methamphetamines	13%	14%	12%	10%	7%

In CY 2007, the fourth most frequently reported primary substance abused was Vicodin. In CYs 2008 and 2009, OxyContin and Vicodin were most frequently reported as the fourth primary substance abused by both adults and adolescents. Both substances are Schedule II controlled substances.

Adults who reported Schedule II controlled substances as a substance abused continued to increase over time. Adolescents who reported abusing Schedule II substances increased by over 275% between CY 2005 and 2009.

<b># of People who Identified Schedule II Drug Use (does not include amphetamines or cocaine)</b>					
	CY 2005	CY 2006	CY 2007	CY 2008	CY 2009
<b>ADULT</b>	4.1%	5.9%	6.4%	7.7%	9.6%
<b>MINOR</b>	1.3%	2.1%	2.0%	4.0%	4.9%

#### 4. BUREAU OF CRIMINAL INVESTIGATION/LAW ENFORCEMENT ACTIVITIES

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, 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 189% in the past 18 years, from 745 in 1990 to 2,158 in 2008. It is the analysis of those arrests, however, which helps identify trends.

BCI and the narcotics task forces across the state reported an increase of approximately 12% in arrests for narcotics violations in 2008 and 2009 when compared to 2006 and 2007. However, arrests involving meth were down 3% during that time period, and meth lab busts were down from 45 in 2006 to 25 in 2009, a 44% decrease. Meth labs have been reduced by 92% since 2003, when the state legislature 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	12	14	22	26	16	24	24	16	21	34	25	21	260
2005	17	33	31	39	26	9	10	5	13	4	1	2	190
2006	1	4	3	12	6	2	3	3	4	2	1	1	45
2007	4	3	2	4	2	1	2	2	2	1	5	0	25
2008	4	3	1	3	3	1	3	4	3	2	2	2	35
2009	1	4	5	3	4	3	2	1	4	3	1	0	25

In 1990, 13% of drug arrests were for cocaine/opiates, but by 2000, that had fallen to just 3.0% and to 2.3% in 2008; 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 same eighteen-year time period (1990-2008), the arrests for marijuana increased from 58.8% (1990) to 77.9% (2008) of all drug arrests. The vast majority of drug arrests are for possession not sale or manufacture.

<b>Drug Arrests/type of drug</b>	<b>CY 2005</b>	<b>CY 2006</b>	<b>CY 2007</b>	<b>CY 2008</b>	<b>*CY 2009</b>
<b>Cocaine/Opiates</b>	53	53	50	49	44
<b>Marijuana</b>	1,516	1,621	1,783	1,681	1,533
<b>Other drugs/narcotics</b>	774	582	490	428	486

\* Preliminary statistics

In addition, a new trend we are currently seeing is the illegal diversion and use of prescription narcotics. This has become a major focus of drug investigations and seemingly knows no socioeconomic or age boundaries. The abuse and sale of these drugs is occurring with children and adults from all walks of life. Those abusing and dealing these drugs steal prescription pads, painkillers from loved ones, or even their identities in order to obtain these narcotics. Law enforcement notes that these individuals may barter with one another to obtain other drugs of their choice. Prescription drug abuse has become another major focus of many of the BCI's drug investigations.

<b>Drug Arrests/age category</b>	<b>CY 2005</b>	<b>CY 2006</b>	<b>CY 2007</b>	<b>CY 2008</b>	<b>*CY 2009</b>
<b>Juvenile (under 18)</b>	251	264	278	291	293
<b>Adult (18 and older)</b>	2,066	1,983	2,035	1,857	1,762

<b>Drug Arrests/middle &amp; high school**</b>	<b>CY 2005</b>	<b>CY 2006</b>	<b>CY 2007</b>	<b>CY 2008</b>	<b>*CY 2009</b>
<b>Age 13-14</b>	20	34	39	31	31
<b>Age 15</b>	42	38	47	60	40
<b>Age 16</b>	90	79	92	91	97
<b>Age 17</b>	94	109	98	105	122
<b>Age 18</b>	195	187	209	195	170

\*\* Arrests of children younger than 13 not included

Another component of the BCI's enforcement effort is public education. In 2008 and 2009, BCI provided community education reaching 2,057 citizens. While BCI remains committed to public education, increased caseloads and demands on agents' time to assist other law enforcement agencies has resulted in less time available to conduct this training.

## 5. DEPARTMENT OF CORRECTIONS AND REHABILITATION

The 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. The number of offenders currently assigned to chemical dependency treatment increased by 48% between 2005 and 2009, while the number of offenders completing treatment during the same time period decreased by 12%. The waiting list for treatment decreased from 183 (2006) to 103 (2009).

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

	CY 05	CY 06	CY 07	CY 08	CY 09
Number of offenders with a drug offense *	574	493	403	334	329
Average length of incarceration (months) ordered by a court to be served	24.9	25.1	27.5	30.0	32.4
Average "time to serve" (months) for drug offenders **	22.0	20.9	18.5	19.4	23.9

Offenders court ordered to chemical dependency treatment	107	139	69	115	90
Offenders referred to chemical dependency treatment	297	280	353	439	532
Offenders completing chemical dependency treatment	492	469	480	511	429
Offenders currently pending for chemical dependency treatment	154	183	127	72	103
Offenders currently assigned to chemical dependency treatment	166	181	253	228	245
Offenders not completing chemical dependency treatment	125	120	121	115	113

\* 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

<b>SUPERVISION</b> (Drug Offenders)	CY 05	CY 06	CY 07	CY 08
Parole	385	485	358	351
Probation	1309	1,279	1152	850
Total	1,694	1,764	1510	1201

<b>TREATMENT ORDERED</b> (All Offenders Admitted During CY)	CY 05	CY 06	CY 07	CY 08
Parole	314	399	498	508
Probation	1,089	1,057	1,674	1,438
Total	1,403	1,456	2,172	1,946

<b>AVERAGE LENGTH OF SUPERVISION IN YEARS</b> (Drug Offenders)	CY 05	CY 06	CY 07	CY 08
Parole	0.8	0.7	.85	.97
Probation	2.6	2.6	2.7	2.8

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

# NEXT STEPS

## YOUTH ALCOHOL ABUSE

“By middle school, one third of North Dakota students have already used alcohol. To be effective, prevention efforts need to begin at an earlier age.” Carol K. Olson, Executive Director of the ND Department of Human Services (March 9, 2009)

In 2009, the North Dakota Department of Human Services, Division of Mental Health and Substance Abuse, partnered with the Attorney General's Office on a statewide campaign to create awareness of the laws relating to underage drinking and providing alcohol to youth.

North Dakota law currently prohibits providing alcohol to children under the age of 21. According to the statewide results of the North Dakota Community Readiness/Needs Assessment Survey, completed in November 2008, however, one-third of adult respondents disagreed that there should be a law prohibiting giving alcohol to their children.



This campaign aims to education citizens of North Dakota about the current laws governing alcohol use by youth and providing alcohol to youth. There are several components to the campaign. During the first week of March 2009, brochures were mailed to parents of 7-12th graders and disseminated statewide to those ages 21 and older. During the second week of March 2009, schools received brochures/posters for youth in grades 7-12. Lastly, throughout the third week of March 2009 an activity book with positive choices was sent to daycares, preschools, and elementary schools targeting youth ages 3 years through 6th grade.

## PREVENTION ADVISORY COUNCIL ON DRUGS AND ALCOHOL

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. In May 2008, the Council announced a grant program to fund projects that discourage alcohol and drug abuse by minors.

The Council favored programs that targeted elementary school-aged youth and their parents. In 2008, grants were awarded to:

<b>2008-09 Grant Recipients</b>	<b>Amount</b>
<b>Northern Lights Youth Services, Inc. (SADD), Hillsboro</b> <ul style="list-style-type: none"> <li>• <b>Reality Check:</b> a series of lessons for students grades 4-6 to reduce drug and alcohol use by youth. The lessons deal with issues identified by high school students and uses high school students as lesson facilitators/mentors.</li> </ul>	<b>\$58,390</b>
<b>West Dakota Parent &amp; Family Resource Center, Dickinson</b> <ul style="list-style-type: none"> <li>• <b>Project Northland:</b> to delay the age students begin drinking and reduce alcohol use among youth already drinking by providing information to 6<sup>th</sup> grade students on avoiding peer pressure, the health risks involved, and to encourage communications between youth and their parents</li> </ul>	<b>\$15,011</b>
<b>United Tribes Technical College, Bismarck</b> <ul style="list-style-type: none"> <li>• <b>Circle of Youth Dream Catcher program:</b> alcohol prevention activities at Theodore Jamerson Elementary School, including teaching prevention tools to students, and incorporating community based prevention awareness events for parents and families</li> </ul>	<b>\$8,500</b>
<b>Casselton Youth Task Force, Casselton</b> <ul style="list-style-type: none"> <li>• <b>Guiding Good Choices/Project Alert:</b> addressing underage drinking in the community through a parent education curriculum for parents of children grades 4-8, and a teen leader program for students in grades 6-7.</li> </ul>	<b>\$6,853</b>
<b>Sunrise Youth Bureau, Dickinson</b> <ul style="list-style-type: none"> <li>• <b>Protecting You/Protecting Me:</b> an alcohol use prevention curriculum for children in grades 1-5, to help prevent alcohol use by youth by educating students on how to make informed decisions.</li> </ul>	<b>\$5,573</b>
<b>Safe Communities Coalition</b> <ul style="list-style-type: none"> <li>• <b>Keep a Clear Mind:</b> an alcohol/drug education program for elementary school students and their parents, along with weekly prevention educational activities.</li> </ul>	<b>\$4,718</b>

The Council also has concentrated on 'branding' its positioning statement. This 'brand' establishes a foundation and common thread among the various prevention agencies in North Dakota. While each prevention agency is charged with a specific different prevention focus, all prevention efforts aim at decreasing high risk decisions including underage age drinking. This effort is part of a long term strategy that will be monitored, assessed, and adjusted to stay on track. First is to establish the brand, "Not Our Kids;" next is to begin using the brand in campaigns and efforts to raise awareness. The overall long term goal is to build brand recognition to create change and decrease the rate of underage drinking.

The Council will strategically plan its next steps at its July 2010 meeting using the brand statement. This will take the council into the next biennium.

## **PRESCRIPTION DRUG ABUSE AND RX TAKE BACK PROGRAM**

“Prescription drugs are perceived to be less dangerous or addictive, but drug abuse is drug abuse. We need to focus attention on this problem and work together to find a solution.” Attorney General Wayne Stenehjem (November 27, 2009)

In December 2009, Attorney General Wayne Stenehjem held a one-day Prescription Drug Abuse conference in Bismarck and Fargo to focus attention on the state’s fastest growing drug problem. The conference offered training and education opportunities to law enforcement officers, treatment and addiction counselors, social workers, doctors, and prosecutors, and addressed a variety of topics ranging from addiction and treatment to prevention, as well as the prescription drug monitoring program. Over 600 people attended the conferences.

In conjunction with the Prescription Drug Abuse conference, Stenehjem launched the Prescription Drug (RX) Take Back Pilot Program. The Take Back program provides disposal units for people to dispose of their unused medications. The units, which are similar to the needle disposal containers in hospital rooms but on a much larger scale, are located in the lobby of the police departments. The program is operated by the BCI at no cost to the communities or the local law enforcement agencies. Once the container is full, the law enforcement agency contacts BCI to arrange for a BCI agent to collect the drugs for disposal. The RX drugs are disposed of at the same time as seized drugs. The BCI is responsible for the Drug Enforcement Agency required documentation relating to collection and disposal of controlled substances deposited into the containers.

Designed to remove unwanted and frequently abused narcotics from circulation, the program was immediately popular with residents and law enforcement alike. The program accepts all over-the-counter and prescription medications – including controlled substances. The pilot program launched in five cities - Minot, Bismarck, Grand Forks, West Fargo and Fargo – and in its first week, collected over sixty pounds of prescription drugs.

“Sixty pounds is a lot when we are talking about prescription drugs dispensed in milligrams. It’s the equivalent of 34,000 dosages of hydrocodone, for example, and now those drugs will be disposed of and never hit the streets or our high schools.” Stenehjem (December 17, 2009)

In response to requests from residents and law enforcement across the state, it is anticipated that this popular program will be expanded to 18-20 communities by the fall of 2010, with additional communities being added thereafter.



## **TAKE AWAY PROGRAM**

In April 2010, Attorney General Stenehjem joined the North Dakota Board of Pharmacy and the ND Pharmacy Association in announcing a companion program, the Take Away program. The Take Away program provides participating pharmacists with a container for customers to dispose of many of their unused and unwanted medicines. Although most medications can be disposed of at the pharmacy, the Take Away program cannot accept “controlled substances,” including commonly prescribed pain medications, antidepressants, anti-anxiety medications and sleep aids. Once the postage-paid container is full, the pharmacist mails the container to a company in Texas, which disposes of it. The pharmacist then purchases a new container from the company. The Board of Pharmacy obtained a grant to cover the cost of the first container; thereafter, the participating pharmacist bears the cost.

## **PRESCRIPTION DRUG MONITORING PROGRAM**

The Prescription Drug Monitoring Program (PDMP) collects data from pharmacies licensed by the ND Board of Pharmacy, on all Schedule II-V controlled substances dispensed in the state. The data is housed in a high-security database. The program encourages cooperation and coordination among state, local and federal agencies and aids in the early identification of individuals involved in diversion or abuse of controlled substances.

Before prescribing a controlled substance, a participating medical professional (such as an emergency room physicians, general practitioner, pain management physician, addiction treatment provider) will log into the PDMP to obtain a report of the number and type of controlled substances currently prescribed for the patient. Likewise, before filling a prescription, the pharmacist can log on to check a patient’s prescription history. Law enforcement officials are required to have an active criminal investigation before they are able to request a history report.

The PDMP is an important tool in reducing doctor-shopping, pharmacy-shopping, prescription forgery and the diversion of prescription medications. In the first six months after the December 2009 Prescription Drug Abuse conference, queries to the PDMP increased by 20%. In addition, of the 2507 licensed prescribers, only 26% were participating in PDMP in December 2009, but participation has steadily increased since the RX Drug Abuse conference to 41% in May 2010.