

# *Substance Use and Criminality in Nevada: A 2016-2023 Analysis*

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## Introduction

Understanding the link between opioid use and criminal behavior is critical for criminal justice and public health initiatives, highlighting the societal impacts of opioid abuse and its contribution to criminal activities. In the first part of this analysis, Nevada's statewide Criminal History Repository was used to understand how substance use, including but not limited to opiates, among individuals in the Nevada criminal justice system from 2016 to 2023 influenced criminal behavior. By analyzing data on drug-related arrests and convictions, the study explores the relationship between substance use and crime, aiming to inform interventions and policies that reduce drug-related criminality and improve public safety and health outcomes. Part two of this study investigates drug use specifically among forensic patients at State-ran forensic hospitals from fiscal years 2021 to 2023. The study contextualizes these findings within the broader national drug crisis, noting the significantly higher substance-use rates among people on parole or probation compared to the general population, and the critical role of Opioid Use Disorder (OUD) medications in reducing mortality and recidivism post-incarceration. By examining self-reported data alongside national trends in substance use, crime, and incarceration, the research underscores the urgent need for comprehensive treatment strategies and policy reforms to address drug use within forensic populations.

Since prevalence rates of specific illicit substances in the forensic population can vary by substance type, and because polysubstance use is common, it is more meaningful to consider indiscriminate substance use rather than a narrow focus on one substance to adequately capture the challenges of this population. According to the U.S. Drug Enforcement Administration, synthetic opioids like fentanyl are increasingly being mixed with other illicit drugs such as heroin, methamphetamine, and cocaine to increase the potency of the drug with a less expensive counterpart. These drugs are also often then sold as pills, powders and/or nasal sprays which are made to look like legitimate prescription opioids.

## Background

### Prevalence of Substance Use Disorder in the National Incarcerated Population

The overlap of substance use disorders and incarceration continues to be a significant national issue. Various studies have been conducted to better understand how pervasive substance use is among the incarcerated population, and while the exact findings vary between studies, they all demonstrate a strong correlation between drug use and incarceration.

According to the National Institute on Drug Abuse (NIDA) approximately 65% of the incarcerated population is diagnosed with a substance use disorder, while an additional 20% were under the influence of drugs or alcohol at the time of their crime, suggesting that a staggering 85% of inmates have been affected by substance use or related disorders (NIDA, 2021).

A 2020 study conducted by the Bureau of Justice Statistics (BJS) found that 71.6% of state prisoners regularly used drugs, that drug offenses account for 46% of incarcerations, and that 53% of inmates reported drug use in the month prior to their offense (BJS, 2020). A breakdown of the findings of this report by drug are displayed in the table below.

**Figure 1. State Prisoners and Sentenced Jail Inmates Who Had Ever Used or Regularly Used Drugs, by Drug Type, 2002, 2004 and 2007-2009**

Type of drug	State prisoners		Sentenced jail inmates	
	2004*	2007-2009	2002*	2007-2009
<b>Ever used</b>				
Any drug <sup>a</sup>	83.2%	81.4%**	84.5%	83.5%
Marijuana/hashish	77.6	76.6	77.7	78.1
Cocaine/crack	46.8	47.3	50.5	51.5
Heroin/opiates	23.2	26.4**	21.2	28.2**
Depressants <sup>b</sup>	21.3	30.4**	22.1	34.1**
Stimulants <sup>c</sup>	28.5	32.4**	28.9	34.1**
Methamphetamine	23.4	26.1	23.9	28.7**
Hallucinogens <sup>d</sup>	32.6	41.7**	34.0	46.2**
Inhalants	13.6	16.9**	13.2	16.9**
<b>Regularly used<sup>e</sup></b>				
Any drug <sup>a</sup>	69.2%	71.6%**	70.5%	74.9%**
Marijuana/hashish	59.0	62.7**	59.3	64.4**
Cocaine/crack	30.0	34.2**	32.4	38.5**
Heroin/opiates	13.0	16.6**	12.2	18.9**
Depressants <sup>b</sup>	9.9	18.3**	11.0	20.8**
Stimulants <sup>c</sup>	17.9	23.4**	18.1	23.9**
Methamphetamine	14.9	19.2**	14.8	19.8**
Hallucinogens <sup>d</sup>	13.3	21.7**	13.9	22.5**
Inhalants	4.5	6.0**	4.3	5.0
<b>Total count</b>	<b>1,226,200</b>	<b>1,265,400</b>	<b>444,500</b>	<b>375,700</b>

Note: Detail sums to more than total because person may have used more than one type of drug. See appendix table 6 for standard errors.

\*Comparison group.

\*\*Difference with comparison group is significant at the 95% confidence level.

<sup>a</sup>Includes other unspecified drugs.

<sup>b</sup>Includes barbiturates, tranquilizers, and Quaaludes.

<sup>c</sup>Includes amphetamines and methamphetamine.

<sup>d</sup>Includes LSD, PCP, and ecstasy.

<sup>e</sup>Used drugs at least once a week for at least a month.

Source: Bureau of Justice Statistics, National Inmate Surveys, 2007 and 2008-09; Survey of Inmates in Local Jails, 2002; and Survey of Inmates in State Correctional Facilities, 2004.

Source: Bureau of Justice Statistics. "Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009." 2020.

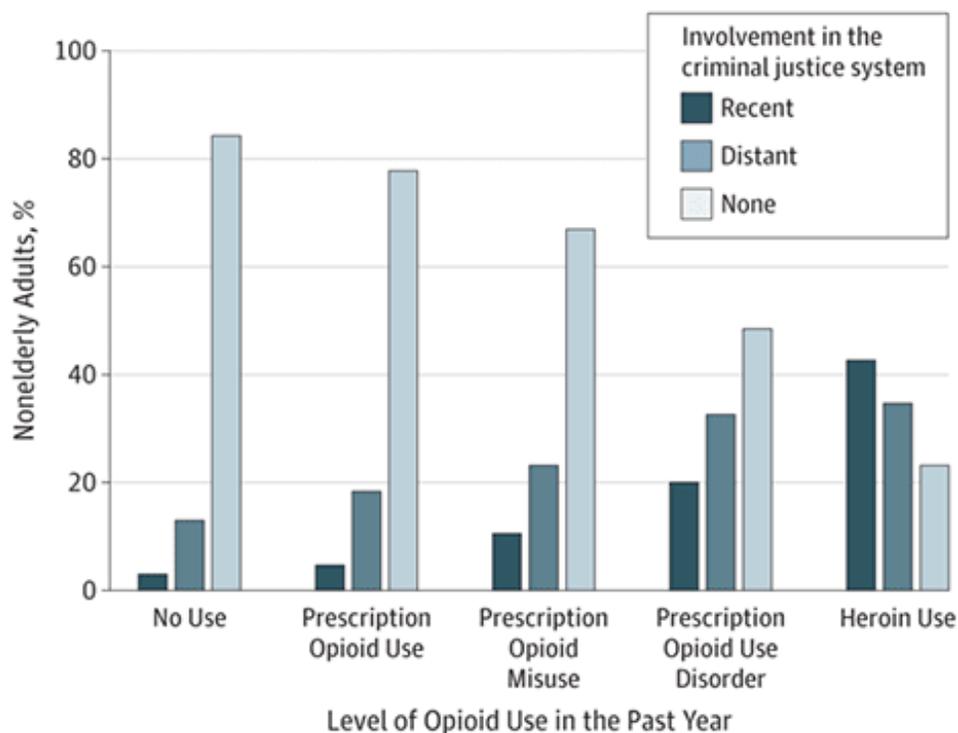
Each year over 200,000 people with a heroin use disorder are incarcerated nationally, a figure constituting 24-36% of the incarcerated population (Boutwell et al., 2007; Bronson et al., 2017; Legal Action Center, 2011). The BJS report mentioned above found that from 2007-2009, 26.4% of state prisoners reported ever having used heroin/opiates, and 16.6% reported regularly using heroin/opiates (BJS, 2020). The Substance Abuse and Mental Health Services Administration (SAMHSA) reports similarly, that approximately 17% of people incarcerated in state prisons and 19% of people incarcerated in jails report

regular opioid use. Further, according to a study published by Jama Network Open (2018), history of involvement in the criminal justice system increased as intensity of opioid use increased:

- no use, 15.9% [19,562,158 of 123,319,911]; 95% CI, 15.4%-16.4%
- prescription opioid use, 22.4% [13,712,162 of 61,204,541]; 95% CI, 21.7%-23.1%
- prescription opioid misuse, 33.2% [2,793,391 of 8,410,638]; 95% CI, 30.9%-35.6%
- prescription opioid use disorder, 51.7% [762,189 of 1,473,552]; 95% CI, 45.4%-58.0%; and
- heroin use, 76.8% [668,453 of 870,250]; 95% CI, 70.6%-82.1%)

The graph below shows criminal justice involvement by level of opioid use in the United States using 2015-2016 data and illustrates the strong correlation between the two.

**Figure 2: Criminal Justice Involvement by Level of Opioid Use in the United States, 2015-2016**



*Note: Recent involvement in the criminal justice system refers to involvement within the past 12 months. Distant involvement in the criminal justice system refers to involvement within an individual's lifetime but not within the past 12 months.*

Source: JAMA Network Open. 2018;1(3):e180558. Doi:10.1001/jamanetworkopen.2018.0558

### Risk Factors and Consequences of Opioid Use Disorder (OUD) in Prison

Individuals with OUD who are involved in the criminal legal system face an increased risk of opioid-related overdose due to several factors. These include diminished tolerance following forced withdrawal while incarcerated, inadequate counseling prior to release, correctional facilities' failure to identify individuals at risk of resuming use, and insufficient post-release follow-up (Binswanger et al., 2013; Møller et al., 2010). Upon release, many individuals resume opioid use, and two-thirds are rearrested for a new offense

within three years (de Andrade et al., 2018; Langan & Levin, 2002). Substance-use rates among people on parole and probation are two to three times substance-use rates among the general population (The Pew Charitable Trusts, 2018).

Barriers such as inadequate social support, poverty, stigma, and limited access to medications for opioid use disorder (MOUDs) in the community further heighten the risk of post-release overdose (Joudrey et al., 2019). A study by Zgoba et al. (2020) in *The Journal of the American Academy of Psychiatry and the Law* supports these observations, demonstrating a direct link between drug dependency and recidivism rates. The study specifically found that offenders with a substance use disorder had a higher risk of recidivism than those without, regardless of the presence of mental illness.

Access to adequate treatment for substance use, both during and after incarceration, is also a key factor. Treatment using MOUDs is correlated with reduced risk of mortality following release from incarceration. People with OUD who were receiving MOUD were 75% less likely to die, and 85% less likely to die due to drug overdose, in the first month after release (Marsden et al., 2017). People who receive treatment using methadone and buprenorphine have lower rates of re-arrest and reincarceration (Evans et al., 2019; Farrell-Macdonald et al., 2014; Westerberg et al., 2016).

## Co-occurrence of Substance Use and Mental Illness

When an individual is diagnosed with a substance use disorder and any mental illness disorder, the diagnosis is a co-occurring disorder (*The Case for Screening and Treatment of Co-Occurring Disorders*). Co-occurring includes any mental illness (AMI) and serious mental illness (SMI). SMI causes serious functional impairment which interferes with everyday life. In the 2022 National Survey on Drug Use and Health, 1 in 12 (8.4%) adults aged 18 or older have had both AMI and a substance use disorder (SUD) and 7.4 million adults aged 18 or older in 2022 have had SMI and a SUD (Results from the 2022 National Survey on Drug Use and Health: A Companion Infographic). In 2022, 10.9 million individuals with an AMI or SMI with a SUD did not receive any kind of treatment for substance use or mental health. Concurrently, those who did seek treatment solely received mental health treatment. When specifically looking at SUDs with opiates 27% of those who have a history with opiates have a serious mental illness, 64% have any mental illness, and approximately 11% to 26% have alcohol use disorder or another substance use disorder (<https://heal.nih.gov/research/new-strategies/optimizing-care>).

The ongoing opioid crisis in the United States has underscored the urgent need to address opioid use among forensic populations—individuals within the criminal justice system requiring psychiatric evaluation and treatment. As discussed above, substance-use rates among those involved with the criminal justice system are disproportionately high compared to the general population. Substance use is also higher among those with a mental health diagnosis.

Recent statistics (James & Glade, 2006, McFadden et al., 2021) document the high rate of comorbidity of mental illness and substance use in the forensic population. Estimates reach as high as 60 – 75% for the individuals qualifying for both a mental health diagnosis and a substance use diagnosis according to the DSM-5-TR, when examining incarcerated individuals. Further, substance use can undoubtedly substantially interfere with an individual's ability to adequately cope with their mental health struggles and adherence to treatment and increase the likelihood of a poor outcome, once released back into the community (Baillargeon et al., 2010).

## Response of the Criminal Justice System

The American Psychiatric Association (APA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have both emphasized the critical need for integrated treatment programs within correctional facilities to address substance use. The APA's 2023 policy brief revealed a 40% reduction in recidivism rates among participants diagnosed with opioid use disorders who received integrated treatment (APA, 2023).

Research highlighted in an article from the National Center for Biotechnology Information (NCBI) further demonstrates the link between opioid use and criminality, discussing how opiate prevention initiatives could play a crucial role in reducing offending, especially among females. The study notes, "Opiate-positive cases had higher rates of offending than test-negative controls, both prior to, and post, opiate initiation. Initiation of opiate use increased the relative risk (RR) by 16% for males but doubled it for females. The RR increase in non-serious acquisitive crime was greater than that seen in serious crime. For males only, opiate initiation narrowed the difference in violent offending rate between cases and controls. A larger offending increase was associated with opiate initiation in female, compared to male, users" (Pierce et al., 2017). This evidence suggests that opiate use significantly influences the likelihood of criminal behavior, with notable differences in impact between genders, underlining the importance of targeted prevention and treatment strategies within correctional settings.

## Nevada Specific Methodology

To understand the impacts of opioids on Nevada's incarcerated populations, a two-part analysis was conducted, focusing on conviction records and a subgroup of forensically incarcerated individuals. The statistics derived from these sources will likely underreport the true extent of the problem. The method utilizes the Criminal History Repository (CHR), which employs the assumption that an arrest for a substance-related crime serves as a proxy for general substance use. It is widely recognized that substance use can drive individuals to engage in a broader range of criminal activities beyond those directly related to substances. Therefore, the statistics generated from the CHR inherently underrepresent the full scope of the issue.

There is slightly more detailed information about substance use among the forensically incarcerated subgroup available. Upon intake, these individuals are prompted to self-report their substance use. This self-reported data provides an estimate of substance use within this population but is also assumed to be under-representative. In the analysis of both data sources, a broad definition of substance was used, without specifically focusing on opioids. It's important to note that rates of polysubstance use are high, indicating that many individuals use multiple substances concurrently, which complicates treatment and intervention strategies.

While these data sources offer the best available estimates of substance use disorder among Nevada's incarcerated populations, they lack much of the depth and breadth that is available through national research, most specifically from formal substance use disorder screenings for those incarcerated. Many of the statistics cited in the background section of this report were obtained by formally assessing inmates, providing a critical foundation for understanding the scale and specifics of substance-related issues within these facilities. This report highlights the gap in comprehensive data and underscores the importance of systematic screenings to enhance the accuracy of our findings and improve interventions. For these

reasons, it is anticipated that the statistics specific to Nevada derived from this analysis will underreport the prevalence of substance use, resulting in figures that are lower than those presented in the background section of this report.

## Part 1: Criminal History Repository

For the first part of this analysis the Criminal History Repository (CHR) for the years 2016 to 2023 was utilized. The CHR was created through legislation and codified into Nevada Revised Statute (NRS) 179A.075 and contains information about arrests in Nevada that resulted in convictions. For each arrest, a record is created for an individual that contains information about the original arrest charges as well as the charges that someone was convicted of. Relevant variables in this repository include:

- **Arrest Nevada Offense Code (NOC)** – The arrest charges. This variable is used to determine the number of drug related arrests.
- **Disposition NOC** – The offense a person is actually charged and convicted for. This variable is used to determine the number of drug related convictions.
- **Offense Class** – Final charge class (felony, misdemeanor, etc.) at time of disposition. This variable is used to determine the number of felony convictions.

Drug-related arrests were identified using National Occupational Classification (NOC) codes associated with substances. A list of relevant NOC codes was created and used to filter the arrests, which contains the detailed charges linked to each arrest record. NOC codes on this list can be found in Appendix A of this paper. The list of appropriate NOC codes was developed in collaboration with the Nevada Department of Public Safety State Police Records, Communications, and Compliance Division. Please keep in mind that these drug charges are not limited to opioids. There is not a way in the CHR to isolate opioids specifically. Also, please note that this analysis is limited to criminal behavior that results in both charges and convictions, and that this analysis underrepresents the true relationship between substance use and criminal behavior.

## Part 2: State Forensic Facilities

Secondly, this study investigates substance use among forensic patients at Lake's Crossing Center and Stein hospitals from fiscal years 2021 to 2023, utilizing self-reported data from the AVATAR system. AVATAR is an electronic health record containing demographic, treatment, billing, and financial information for state run mental health facilities throughout the state of Nevada. Through voluntary disclosures upon commitment, patients report on their drug use, including the use of opioids classified as heroin and opiates. The analysis examines the rates of self-disclosed opioid use, highlighted by a concerning discrepancy between self-reported rates and potentially higher actual use rates. This discrepancy is attributed to factors such as social desirability bias, recall bias, fear of legal repercussions, and a lack of awareness or denial about one's drug use.

# Results

## Part 1: Criminal History Repository

To understand the dynamics of substance use among Nevada's incarcerated population, this analysis first considers the number of arrests related to substance use, where any conviction occurred, even if the

conviction was not for a drug offense. Then the focus was narrowed to arrests that resulted in convictions related to drug offenses. An individual may be arrested for one type of crime but ultimately convicted of another, due to plea agreements or changes in the charges as the case progresses through the judicial system. The Criminal History Repository (CHR) only includes arrests that resulted in at least one conviction.

**Table 1** shows the number and percentage of drug related arrests that resulted in a conviction in Nevada. The percentage of arrests that resulted in convictions that are drug related has grown from a low of 12% in 2017 to 20% in 2022 and 19% in 2023. This equated to 3,129 arrests in 2023. This is a statistically significant increase in the proportion of arrests that are drug related from 2017 to 2023 at the  $\alpha = 0.05$  level of significance, with a *p-value* < 0.00001.

**Table 1. Substance Related Arrest and Conviction Charges in Nevada, 2016-2023**

Year	Number of Total Arrests Resulting in a Conviction	Number of Drug Related Arrests	Percent of Arrests Related to Drugs	Number of Drug Related Convictions	Percent of Convictions Related to Drugs
2016	46,276	6,964	15.0%	7,225	15.6%
2017	45,247	5,403	11.9%	6,495	14.4%
2018	48,570	6,516	13.4%	7,401	15.2%
2019	51,750	6,878	13.3%	5,839	11.3%
2020	37,107	6,117	16.5%	3,775	10.2%
2021	34,502	6,758	19.6%	4,609	13.4%
2022	28,758	5,608	19.5%	4,252	14.8%
2023	16,049	3,129	19.5%	2,115	13.2%

Acknowledging that a single person may experience multiple arrests and recognizing that underlying substance use may contribute to a variety of crimes beyond those explicitly drug-related, the table below considers the data on a per-person basis. The statistics presented in **Table 2** reveal an increasing trend in the proportion of individuals apprehended for drug-related offenses. Specifically, the data indicate a significant increase from a low of 13% in 2017 to 21% in both 2022 and 2023 when examining the unique individuals within the criminal history repository. This translates to a total of 2,887 individuals implicated in drug-related activities in 2023.

**Table 2. Individuals Arrested and Convicted for Drug Related Charges in Nevada, 2016-2023**

Year	Number of People Arrested and Convicted	Number of People Arrested with a Drug Related Charge	Percent of People Arrested with a Drug Related Charge	Number of People with Drug Related Convictions	Percent of People with Drug Related Convictions
2016	38,546	6,421	16.7%	6,681	17.3%
2017	37,669	5,059	13.4%	5,989	15.9%
2018	39,770	5,941	14.9%	6,590	16.6%
2019	40,699	6,153	15.1%	5,230	12.9%
2020	30,836	5,576	18.1%	3,492	11.3%
2021	29,082	6,110	21.0%	4,179	14.4%
2022	24,232	5,116	21.1%	3,894	16.1%
2023	13,606	2,887	21.2%	1,956	14.4%

Some individuals are arrested and convicted more than once per year. When considering unique individuals convicted, the percentage of being drug related has stayed relatively constant from 2016 (17%) to 2023 (14%).

When a conviction results in a felony offense, the individual convicted typically serves time in prison. As illustrated in **Table 3**, the percent of felony convictions that are related to drugs increased significantly from 17% in 2016 to 41% in 2023. In addition, when considering all drug related convictions, the percentage that are felonies has similarly been increasing over time.

**Table 3. Felony Drug Convictions in Nevada, 2016-2023**

Year	Number of Felonies	Number of Drug Related Felonies	Percent of Felonies that are Drug Related	Percent of Drug Convictions that are Felonies
2016	7,991	1,385	17.3%	19.2%
2017	6,105	1,096	18.0%	16.9%
2018	2,053	700	34.1%	9.5%
2019	1,839	299	16.3%	5.1%
2020	3,282	833	25.4%	22.1%
2021	5,935	2,440	41.1%	52.9%
2022	5,532	2,380	43.0%	56.0%
2023	2,170	896	41.3%	42.4%

Based on data in the criminal history repository alone, the percentage of felonies that are drug related is our best estimate of the percentage of new prison inmates in Nevada each year that are incarcerated due to drug use – at over 41% in 2023, and up from 17% just seven years prior. This does not consider

individuals whose drug use may have played a part in other criminal behavior of which drug-related felony convictions did not result, or individuals who suffer from substance use disorders but were not convicted of substance use related crimes, and therefore is under representative of the true impact of substance use on criminality.

While the data from the criminal history repository provides valuable insight, it's important to acknowledge the inherent limitations of these findings in fully capturing the extent of the drug problem among the incarcerated population. Without formal and systematic testing for substance use disorders among all individuals entering the correctional system, the true prevalence of drug-related issues is significantly underestimated. The lack of comprehensive screening and diagnostic measures means that these estimates are conservative at best, and the real scope of the issue may be far greater, signaling a potentially missed opportunity for intervention and treatment at a critical point of intervention. The background of this report references national studies, including one by NIDA in 2021, which estimate that substance use or related disorders affect 85% of inmates. These national findings are crucial for understanding the broader impact of substance-related issues on the incarcerated population in Nevada and should be considered in efforts to quantify this issue.

## Part 2: State Forensic Facilities

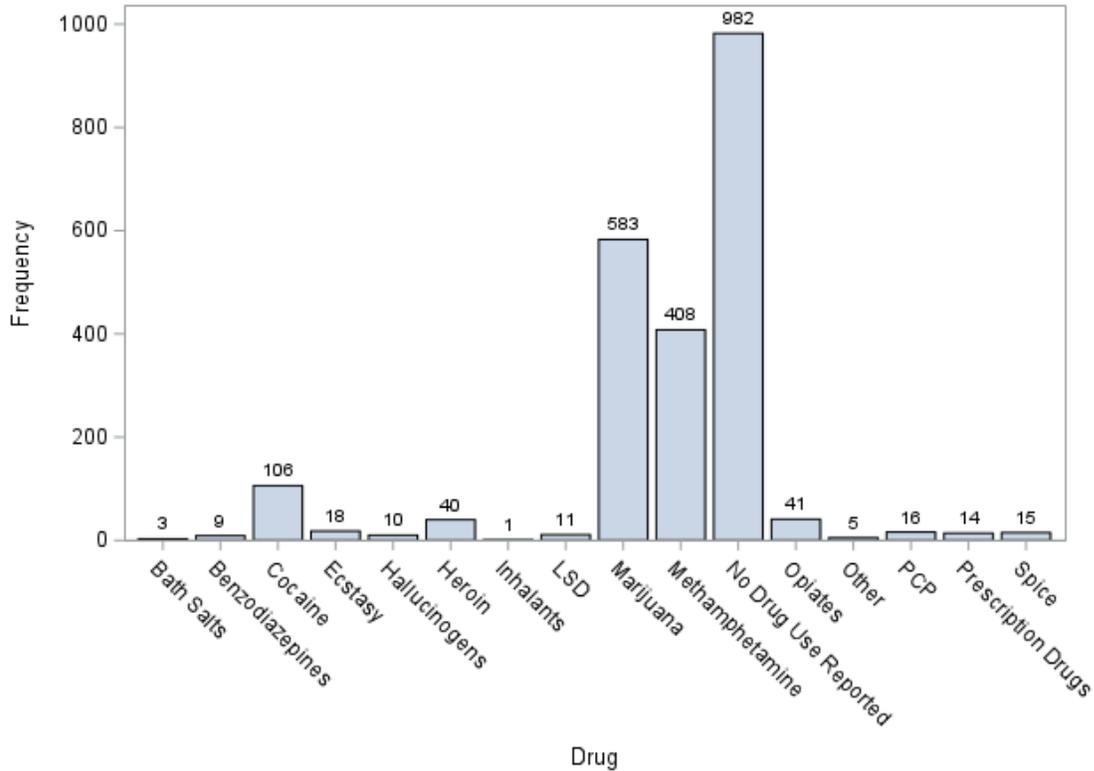
As a proxy to substance use disorder screens for incarcerated Nevadans, the Nevada Division of Public and Behavioral Health (DPBH) implements an intake screening given to forensically incarcerated people which allows them to self-disclose drug use, including opioids. This section examines the rates of self-disclosed drug use within this population.

Self-reported rates of opioid use and drug use can be misleading because they are often much lower than the actual rates due to several factors. Firstly, there is the issue of social desirability bias, where individuals may underreport drug use to present themselves in a more favorable light, especially when opioid use carries a stigma. Secondly, there might be recall bias, as individuals may not accurately remember or may intentionally omit instances of their opioid use. Thirdly, fear of potential legal repercussions or privacy concerns, even in supposedly confidential surveys or studies, can lead to underreporting. Additionally, there may be a lack of awareness or denial about one's own drug use, which is particularly relevant for prescription opioids, where individuals might not consider prescribed substance use as 'drug use' per se. All these factors contribute to the discrepancy between self-reported and actual rates of opioid use.

### Current Self-Reported Opioid Use in Forensic Patients

To understand opioid use within our forensic patients, data from Lake's Crossing Center and Stein hospitals were collected from the AVATAR system for fiscal years 2021 to 2023. When committed, patients can voluntarily disclose the types of drugs they use and whether they use the drugs intravenously. The distribution of reported drugs used each fiscal year are reported below in **Figure 3**.

**Figure 3. Histogram of Drug Use in Nevada Across all Fiscal Years 2021-2023**



Rates of reported opioid use (illustrated as heroin and opiates in the histograms above) in forensically incarcerated peoples are reported in **Table 4** below.

**Table 4. Rates of Self-Disclosed Opioid Use in Nevada by Fiscal Year, 2021-2023**

Fiscal Year	Number of Opioid Users	Number of Clients	Rate of Opioid Use (%)
<b>2021</b>	24	565	4.2%
<b>2022</b>	19	609	3.1%
<b>2023</b>	26	624	4.2%

Polysubstance use is a prevalent issue within the incarcerated population. This phenomenon, where individuals use multiple substances either simultaneously or at different times, can complicate self-reporting measures. Specifically, with the rise of fentanyl as an adulterant in various illicit drugs, many individuals may unknowingly consume fentanyl, rendering them unable to accurately self-report its use. This lack of awareness is not restricted to fentanyl; it extends to other substances that are often mixed or substituted without the user's knowledge.

Given this context, the general rates of drug use reported by the forensic population, as shown in **Table 5**, might offer a more realistic proxy for understanding the breadth of opioid use—including undisclosed consumption of fentanyl and other opioids. While the self-disclosed rates of opioid use, as indicated in **Table 4**, reflect a relatively stable percentage, they do not capture the entire picture. The larger rates of general drug use, displayed in **Table 5**, suggest a broader trend that likely encompasses undisclosed opioid use. This assertion is supported by the higher percentages of drug use overall, which can imply a significant number of polysubstance users within this demographic, including those with opioid use that is either unrecognized or unreported. Therefore, the aggregate data on drug use should be considered an indirect indicator of opioid use trends within the incarcerated population.

**Table 5. Rates of Self-Disclosed Drug Use in Nevada by Fiscal Year, 2021-2023**

Fiscal Year	Number of Drug Users	Number of Clients	Rate of Drug Use (%)
2021	242	565	42.8%
2022	266	609	43.7%
2023	308	624	49.4%

#### Beyond Self Reporting: Additional Analysis to Determine Substance Use in Forensic Patients

To better understand the forensic population beyond self-reported substance use, individuals were cross-referenced with Nevada’s Prescription Drug Monitoring Program (PDMP) data and the Criminal History Repository (CHR). The PDMP provides insight into whether individuals may have had exposure to controlled substances that could potentially lead to substance use disorders. The CHR was utilized to perform a parallel analysis to Part 1 on this forensic sub population, gaining valuable insights on the rates of drug-related arrests and convictions. This integrated approach enhances our ability to comprehensively assess the dynamics of substance use and related criminal behavior among the incarcerated.

#### Prescription Drug Monitoring Program (PDMP)

The PDMP is a state-run electronic database that tracks the prescribing and dispensing of controlled prescription drugs to patients, aiming to prevent prescription drug misuse and enhance patient safety. Nearly half (49.9%) of Nevada’s forensic population from 2021 to 2023 have a prescription reported in PDMP.

**Table 6. Forensic Clients with a PDMP Record**

Fiscal Year	Number of Clients in PDMP	Number of Clients	% of Clients in PDMP
2021	275	565	48.7%
2022	315	609	51.7%
2023	308	624	49.4%

Interestingly, in 2023, 308 forensic patients were identified as having prescriptions in the PDMP, and 308 forensic patients self-report drug use. These are not the same exact 308 people though there is significant overlap.

### Criminal History Repository (CHR)

To understand the circumstances a forensic patient was originally arrested under, we can again utilize the CHR for the years 2005 to 2023. When looking at the CHR, some forensic clients could not be matched to the criminal history repository without additional information. In 2021, 131 clients were not found in the CHR. In 2022, 136 were not found in the CHR, and 170 of the 2023 clients were not found in the CHR.

**Table 7. Forensic Clients with a Drug Related Arrest**

Fiscal Year	Number of Clients found in the CHR	Number of Clients with a Drug Related Arrest	% Clients in CHR with a Drug Related Arrest
<b>2021</b>	434	145	<b>33.4%</b>
<b>2022</b>	473	164	<b>34.7%</b>
<b>2023</b>	454	156	<b>34.4%</b>

This information reveals that 33.4% to 34.7% of forensic clients had drug-related arrests, further validating the prevalence of substance use among this demographic. This is lower than the rate of self-reported substance use.

The analysis of opioid use among forensic patients in Lakes-crossing and Stein hospitals, from fiscal years 2021 to 2023, has unearthed significant insights into the patterns of substance use within this vulnerable population. From 2021 to 2023, the overall rate of self-reported drug use among the forensic population at the two hospitals was 45.4%. Comparatively, the PDMP data shows that nearly half of the forensic population (approximately 49.9% over the three years) were prescribed controlled substances.

## Conclusion

This study on substance use and criminal behavior in Nevada confirms a significant link between substance use and criminal activities. Nevada-specific data indicate an upward trend in the percentage of arrests and convictions that are drug related, with drug-related arrests accounting for a low of 12% of arrests that resulted in convictions in 2017 to over 19% in 2023. Even more noteworthy is the percentage of felony convictions that are drug related, at over 41% in 2023. This is an increase of nearly 139% since 2016 and underscores an urgent need for targeted interventions within correctional facilities.

Over 45% of Nevada’s forensic patients self-reported drug use, equating to 816 out of 1,798 individuals between 2021 and 2023, while approximately 34% of forensic clients were found to have been arrested for drug-related charges – which surpasses the rate of drug arrests in Nevada’s general arrested and convicted population.

Despite these findings, our study is constrained by the limitations of available data, which likely underrepresent the true extent of substance use among the incarcerated population in Nevada. The

reliance on self-reported data and records from the PDMP does not capture the complete scope of substance use disorders, particularly given the known issues of underreporting and unrecognized polysubstance use, as discussed through the report. These gaps in data suggest that our analysis provides only a partial view of the problem.

National statistics, such as those from NIDA, which estimate that 65% of the nationally incarcerated population is diagnosed with a substance use disorder and an additional 20% were under the influence at the time of their crime, offer a more accurate estimate of the prevalence of substance use and its impact on criminality. This stark contrast underscores the need for more comprehensive and systematic approaches to data collection and analysis in Nevada to better understand and address the interplay between substance use and criminal behavior.

The integration of statewide criminal statistics and detailed forensic patient reports provides compelling evidence of the heightened risk of drug-related offenses among those with mental health challenges, advocating for a more nuanced approach to policy and treatment strategies. These strategies should address the root causes of substance abuse in both the general and forensic populations, aiming to mitigate the cycle of crime and addiction. This approach will enhance public safety while supporting the rehabilitation needs of individuals with substance use disorders.

Simultaneously, national statistics indicate that treatment with Opioid Use Disorder (OUD) medications drastically reduces mortality and recidivism, with those treated being 75% less likely to die post-release. These findings necessitate urgent policy reforms to expand access to comprehensive treatment strategies, improve accuracy in self-reporting, and integrate effective OUD medications within forensic settings. Enhanced screening and confidentiality measures are also critical to ensure accurate treatment planning to support the rehabilitation of individuals with substance use disorders, ultimately reducing the cycle of crime and addiction.

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# Appendix

## NOC Codes Related to drugs.

NOC	NOC DESCRIPTION	NRS
50024	MANSLAUGHTER, TAKE DRUGS TO TERM PREGNANCY	200.22
50041	ATT MANSLAUGHTER, TAKE DRUGS TO TERM PREGNANCY	200.22
50042	CONSP MANSLAUGHTER, TAKE DRUGS TO TERM PREGNANCY	200.22
50170	ADMIN DRUG TO AID COMM OF FELONY	200.405
50171	ADMIN C/S TO AID COMM OF CRIME OF VIOLENCE	200.408
50172	ATT ADMIN DRUG TO AID COMM OF FELONY	200.405
50173	CONSP ADMIN DRUG TO AID COMM OF FELONY	200.405
50174	ATT ADMIN C/S TO AID COMM OF VIOLENT CRIME	200.408
50175	CONSP ADMIN C/S TO AID COMM OF VIOLENT CRIME	200.408
51086	DISP C/S W/O REG	453.232
51087	DISP C/S W/O P-SCRPT	453.256
51089	OPER PLACE FOR SALE/GIFT/USE C/S, (2+)	453.316.2
51093	SELL SCH I OR II C/S, (2ND)	453.321.2
51094	SELL SCH I OR II C/S, (2ND)-E/DW	453.321.2
51095	SELL SCH I OR II C/S, (2ND)-E/CG	453.321.2
51096	SELL SCH I OR II C/S, (3+)	453.321.2
51097	SELL SCH I OR II C/S, (3+)-E/DW	453.321.2
51098	SELL SCH I OR II C/S, (3+)-E/CG	453.321.2
51105	SELL SCH III, IV, V C/S, (3+)	453.321.4
51106	SELL SCH III, IV, V C/S, (3+)-E/DW	453.321.4
51107	SELL SCH III, IV, V C/S, (3+)-E/CG	453.321.4
51108	MFG OR ATT, C/S OR POSS CHEMS FOR MFG C/S	453.322.3
51109	MFG/ATT/POSS CHEM MFG C/S-REC FAC MNR/PARK E/SCH	453.322.3
51110	ACT RE C/S RECS/INSPECT/STORAGE	453.326
51111	DISTR SCH I OR II C/S	453.331.1
51112	USE BOGUS REG FOR MFG/DISTR C/S	453.331.1
51113	FALSE REP TO POSS C/S	453.331.1
51114	OBT C/S BY FRAUD/FORGERY	453.331.1
51115	FRAUD INFO RE LAWFUL MFG/POSS/DISTR C/S	453.331.1
51116	FALSIFY P-SCRPT FOR C/S	453.331.1
51117	MAKE/POSS INSTMT FOR C-FEIT C/S, LABELING	453.331.1
51119	FALSE REP TO PHARM TO OBT P-SCRPT C/S	453.331.1
51120	UNLAW MISD ACT RE IMIT C/S	453.332
51121	DISTR/POSS TO SELL IMIT C/S BY ADULT TO MINOR	453.332.3
51122	USE/POSS TO USE IMIT C/S, (1ST/2ND)	453.332.4
51123	USE/POSS IMIT C/S, (3+)	453.332.4
51124	ADV/SOLICIT TO PROMO DISTR IMIT C/S (1ST/2ND)	453.332.4
51125	ADV/SOLICIT TO PROMO DISTR IMIT C/S, (3+)	453.332.4
51126	SELL C/S BY PERS BY ADULT TO MINOR, (2+)	453.334
51141	POSS TO SELL SCH I/II, FLNTRZPM/GHB, (1ST)	453.337.2
51142	POSS-SELL SCH I/II/D-RAPE 1ST-REC FAC/PARK-E/SCH	453.337.2
51143	POSS TO SELL SCH I/II, FLNTRZPM/GHB, (1ST)-E/CG	453.337.2
51144	POSS TO SELL SCH I/II, FLNTRZPM/GHB, (2ND)	453.337.2
51145	POSS-SELL SCH I/II/D-RAPE 2ND-REC FAC/PARK-E/SCH	453.337.2
51146	POSS TO SELL SCH I/II, FLNTRZPM/GHB, (2ND)-E/CG	453.337.2
51147	POSS TO SELL SCH I/II, FLNTRZPM/GHB, (3+)	453.337.2
51148	POSS-SELL SCH I/II/D-RAPE 3RD+-REC FAC/PARK-E/SCH	453.337.2
51149	POSS TO SELL SCH I/II, FLNTRZPM/GHB, (3+)-E/CG	453.337.2

NOC	NOC DESCRIPTION	NRS
51150	POSS TO SELL, SCH III, IV, V C/S, (1ST/2ND)	453.338.2
51151	POSS-SELL SCH III/IV/V-1ST/2ND-REC FAC/PARK-E/SCH	453.338.2
51152	POSS TO SELL, SCH III, IV, V C/S, (1ST/2ND)-E/CG	453.338.2
51153	POSS TO SELL, SCH III, IV, V C/S, (3+)	453.338.2
51154	POSS-SELL, SCH III/IV/V C/S 3+, REC FAC/PRK-E/SCH	453.338.2
51155	POSS TO SELL, SCH III, IV, V C/S, (3+)-E/CG	453.338.2
51174	ATT DISP C/S W/O REG	453.232
51175	ATT DISP C/S W/O REG	453.232
51177	ATT DISP C/S W/O P-SCRIPT	453.256
51178	ATT DISP C/S W/O P-SCRIPT	453.256
51182	ATT OPER PLACE FOR SALE/GIFT/USE C/S, (2+)	453.316.2
51184	ATT ACT RE C/S RECS/INSPECT/STORAGE	453.326
51185	ATT ACT RE C/S RECS/INSPECT/STORAGE	453.326
51186	ATT DISTR SCH I OR II C/S	453.331.1
51187	ATT DISTR SCH I OR II C/S	453.331.1
51188	ATT USE BOGUS REG FOR MFG/DISTR C/S	453.331.1
51189	ATT USE BOGUS REG FOR MFG/DISTR C/S	453.331.1
51190	ATT FALSE REP TO POSS C/S	453.331.1
51191	ATT FALSE REP TO POSS C/S	453.331.1
51192	ATT FURN FRAUD INFO RE LAWFUL MFG/POSS/DISTR C/S	453.331.1
51193	ATT FURN FRAUD INFO RE LAWFUL MFG/POSS/DISTR C/S	453.331.1
51194	ATT FALSIFY P-SCRIPT FOR C/S	453.331.1
51195	ATT FALSIFY P-SCRIPT FOR C/S	453.331.1
51196	ATT MAKE/POSS INSTMT FOR C-FEIT C/S, LABELING	453.331.1
51197	ATT MAKE/POSS INSTMT FOR C-FEIT C/S, LABELING	453.331.1
51200	ATT FALSE REP TO PHARM TO OBT P-SCRIPT FOR C/S	453.331.1
51201	ATT FALSE REP TO PHARM TO OBT P-SCRIPT FOR C/S	453.331.1
51202	ATT DISTR/POSS TO SELL IMIT C/S BY ADULT TO MINOR	453.332.3
51203	ATT DISTR/POSS TO SELL IMIT C/S BY ADULT TO MINOR	453.332.3
51205	ATT USE, POSS TO USE IMIT C/S, (3+)	453.332.4
51206	ATT USE, POSS TO USE IMIT C/S, (3+)	453.332.4
51208	ATT ADV/SOLICIT TO PROMO DISTR IMIT C/S, (3+)	453.332.4
51209	ATT ADV/SOLICIT TO PROMO DISTR IMIT C/S, (3+)	453.332.4
51210	ATT SELL C/S BY ADULT TO MINOR, (2+)	453.334
51220	ATT POSS TO SELL SCH I/II C/S, FLNTRZPM/GHB, (1ST)	453.337.2
51221	ATT POSS TO SELL SCH I/II C/S, FLNTRZPM/GHB, (1ST)	453.337.2
51222	ATT POSS TO SELL SCH I/II C/S, FLNTRZPM/GHB, (2ND)	453.337.2
51223	ATT POSS TO SELL SCH I/II C/S, FLNTRZPM/GHB, (2ND)	453.337.2
51224	ATT POSS TO SELL SCH I/II C/S, FLNTRZPM/GHB, (3+)	453.337.2
51225	ATT POSS/SELL, SCH III, IV, V C/S, (1ST/2ND)	453.338.2
51226	ATT POSS/SELL, SCH III, IV, V C/S, (1ST/2ND)	453.338.2
51227	ATT POSS/SELL, SCH III, IV, V C/S, (3+)	453.338.2
51228	ATT POSS/SELL, SCH III, IV, V C/S, (3+)	453.338.2
51236	ATT TRAFFICK SCH II C/S, 28 - 200 GRM	453.3395.
51238	ATT TRAFFICK SCH II C/S, 200 - 400 GRM	453.3395.
51239	ATT TRAFFICK OF SCH II C/S, 400+ GRM	453.3395.
51240	USE C/S IN PRESENCE OF CHILD	453.3325.
51241	SELL/SUPPLY/PREScribe C/S IN PRESENCE OF CHILD	453.3325.

NOC	NOC DESCRIPTION	NRS
51242	MFG C/S IN PRESENCE OF CHILD	453.3325.
51243	USE C/S IN PRESENCE OF CHILD, W/SBH TO CHILD	453.3325.
51244	SELL/SUPPLY/PREScribe C/S, CHILD PRESENT, W/SBH	453.3325.
51245	MFG C/S IN PRESENCE OF CHILD, W/SBH TO CHILD	453.3325.
51246	DEATH FROM DISCOVERY/CLEANUP OF LAB TO MFG C/S	453.3353.
51247	ATT USE C/S IN PRESENCE OF CHILD	453.3325.
51248	FILL DRUG P-SCRPT, I-NET PHMcy, IN NV	453.3638.
51249	DLVR C/S OR FAKE BY ILLEGAL I-NET PHMcy	453.3638.
51250	FILL SCH I DRUG P-SCRPT, I-NET PHMcy, IN NV	453.3638.
51251	DLVR SCH I OR FAKE, I-NET PHMcy, IN NV	453.3638.
51252	FILL DRUG P-SCRPT I-NET PHMcy, IN NV, C/DOSBH	453.3638.
51253	DLVR C/S OR FAKE, I-NET PHMcy, IN NV, C/DOSBH	453.3638.
51254	FILL DRUG P-SCRPT, I-NET PHMcy, NONRES	453.3638.
51255	DLVR C/S OR FAKE, I-NET PHMcy, NONRES	453.3638.
51256	FILL SCH I DRUG, I-NET PHMcy, NONRES	453.3638.
51257	DLVR SCH I OR FAKE C/S, I-NET PHMcy, NONRES	453.3638.
51258	FILL DRUG P-SCRPT, I-NET PHMcy, NONRES, C/DOSBH	453.3638.
51259	DLVR C/S OR FAKE, I-NET PHMcy, NONRES, C/DOSBH	453.3638.
51260	FILL/AID UNLAW IMPORT P-SCRPT DRUG, VIA I-NET	453.3639.
51261	FILL/AID UNLAW IMPORT P-SCRPT DRUG, VIA I-NET	453.3639.
51262	FILL/AID UNLAW IMPORT P-SCRPT, VIA I-NET, C/DOSBH	453.3639.
51263	UNLAW FILL/AID I-NET P-SCRPT DRUG	453.3639.
51264	UNLAW FILL/AID I-NET SCH I DRUG	453.3639.
51265	UNLAW FILL/AID I-NET P-SCRPT DRUG, C/DOSBH	453.3639.
51266	PREScribe DRUG, I-NET PHMcy, NV PHYS	453.3643.
51267	PREScribe SCH I DRUG, I-NET PHMcy, NV PHYS	453.3643.
51268	PREScribe DRUG, I-NET PHMcy, NV PHYS, C/DOSBH	453.3643.
51269	PREScribe DRUG, I-NET PHMcy, NONRES PHYS	453.3643.
51270	PREScribe SCH I DRUG, I-NET PHMcy, NONRES PHYS	453.3643.
51271	PREScribe DRUG, I-NET PHMcy, NONRES PHYS, C/DOSBH	453.3643.
51272	PREScribe DRUG, I-NET PHMcy, NONRES LIC PHYS	453.3643.
51273	PREScribe SCH I DRUG, I-NET PHMcy, NONRES LIC PHYS	453.3643.
51274	PREScribe DRUG, I-NET PHMcy, NONRES PHYS, C/DOSBH	453.3643.
51275	ATT FILL DRUG P-SCRPT, I-NET PHMcy, IN NV	453.3638.
51276	ATT FILL DRUG P-SCRPT, I-NET PHMcy, IN NV	453.3638.
51277	ATT DLVR C/S OR FAKE BY ILLEGAL I-NET PHMcy	453.3638.
51278	ATT DLVR C/S OR FAKE BY ILLEGAL I-NET PHMcy	453.3638.
51279	ATT FILL SCH I DRUG, I-NET PHMcy, NV PERS	453.3638.
51280	ATT DLVR SCH I OR FAKE, I-NET PHMcy, IN NV	453.3638.
51281	ATT FILL DRUG P-SCRPT, I-NET PHMcy, NONRES	453.3638.
51282	ATT FILL DRUG P-SCRPT, I-NET PHMcy, NONRES	453.3638.
51283	ATT DLVR C/S OR FAKE, I-NET PHMcy, NONRES	453.3638.
51284	ATT DLVR C/S OR FAKE, I-NET PHMcy, NONRES	453.3638.
51285	ATT FILL SCH I DRUG, I-NET PHMcy, NONRES	453.3638.
51286	ATT DLVR SCH I OR FAKE C/S, I-NET PHMcy, NONRES	453.3638.
51287	ATT FILL/AID UNLAW IMPORT P-SCRPT DRUG, VIA I-NET	453.3639.
51288	ATT FILL/AID UNLAW IMPORT P-SCRPT DRUG, VIA I-NET	453.3639.
51289	ATT FILL/AID UNLAW IMPORT SCH I P-SCRPT, VIA I-NET	453.3639.

NOC	NOC DESCRIPTION	NRS
51290	ATT UNLAW FILL/AID I-NET P-SCRPT DRUG	453.3639.
51291	ATT UNLAW FILL/AID I-NET P-SCRPT DRUG	453.3639.
51292	ATT UNLAW FILL/AID I-NET SCH I DRUG	453.3639.
51293	ATT PRESCRIBE DRUG, I-NET PHMICY, NV PHYS	453.3643.
51294	ATT PRESCRIBE DRUG, I-NET PHMICY, NV PHYS	453.3643.
51295	ATT PRESCRIBE SCH I C/S, I-NET PHMICY, NV PHYS	453.3643.
51296	ATT PRESCRIBE DRUG, I-NET PHMICY, NONRES PHYS	453.3643.
51297	ATT PRESCRIBE DRUG, I-NET PHMICY, NONRES PHYS	453.3643.
51298	ATT PRESCRIBE SCH I C/S, I-NET PHMICY, NONRES PHYS	453.3643.
51299	ATT PRESCRIBE DRUG, I-NET PHMICY, NONRES LIC PHYS	453.3643.
51300	ATT PRESCRIBE DRUG, I-NET PHMICY, NONRES LIC PHYS	453.3643.
51301	ATT PRESCRIBE SCH I DRUG, I-NET PHMICY, NONRES PHYS	453.3643.
51302	ADMIN/POSS FOR PURP OF ADMIN C/S W/O AUTH	453.375
51303	DISP C/S W/O AUTH	453.377
51304	OBT C/S OR P-SCRPT DRUG FROM AUTH PERS	453.391.1
51305	OBT MULTI C/S OR P-SCRPT W/O DISCLOSURE	453.391.2
51306	CONSP VIOL UCS ACT, (1ST)	453.401.1
51307	CONSP VIOL UCS ACT, (2ND)	453.401.1
51308	CONSP VIOL UCS ACT, (3+)	453.401.1
51312	FILL C/S P-SCRPT BY PHARM FOR NON-PATIENT USE	453.431.1
51313	PROVIDE FALSE NAME TO OBT P-SCRPT FOR C/S	453.431.2
51314	FILL ALTERED P-SCRPT FOR C/S BY PHARM W/O APRV	453.431.3
51315	FILL P-SCRPT FOR SCH II C/S W/I REQ TIME	453.431.4
51316	VIOL BY PHARM OF BOARD C/S REGS, P-SCRPT NOT REQ	453.505.1
51317	FALSE REP TO PHARM TO OBT C/S, P-SCRPT NOT REQ	453.505.2
51318	POSS/SELL NASAL INHALER W/C/S STIMULANT	453.521
51319	ATT ADMIN/POSS FOR PURP OF ADMIN C/S W/O AUTH	453.375
51320	ATT ADMIN/POSS FOR PURP OF ADMIN C/S W/O AUTH	453.375
51321	ATT DISP C/S W/O AUTH	453.377
51322	ATT DISP C/S W/O AUTH	453.377
51323	ATT OBT MULTI C/S OR P-SCRPT W/O DISCLOSURE	453.391.2
51324	ATT OBT MULTI C/S OR P-SCRPT W/O DISCLOSURE	453.391.2
51328	ATT FILL C/S P-SCRPT BY PHARM FOR NON-PATIENT USE	453.431.1
51329	ATT FILL C/S P-SCRPT BY PHARM FOR NON-PATIENT USE	453.431.1
51330	ATT FILL ALTERED P-SCRPT FOR C/S BY PHARM W/O APRV	453.431.3
51331	ATT FILL ALTERED P-SCRPT FOR C/S BY PHARM W/O APRV	453.431.3
51332	ATT FILL P-SCRPT FOR SCH II C/S W/I REQ TIME	453.431.4
51333	ATT FILL P-SCRPT FOR SCH II C/S W/I REQ TIME	453.431.4
51336	DLVR/SELL/POSS/MFG DRUG-PARA	453.56
51337	DLVR DRUG-PARA BY ADULT TO MINOR 3+ YRS JUNIOR	453.562
51338	ADV DRUG-PARA	453.564
51339	USE/POSS DRUG-PARA	453.566
51340	ATT DLVR/SELL/POSS/MFG DRUG-PARA	453.56
51341	ATT DLVR/SELL/POSS/MFG DRUG-PARA	453.56
51342	ATT DLVR DRUG-PARA BY ADULT TO MINOR 3+ YRS JUNIOR	453.562
51343	ATT DLVR DRUG-PARA BY ADULT TO MINOR 3+ YRS JUNIOR	453.562
51349	FURN DANG DRUG W/O P-SCRPT	454.221
51350	FAIL MAINT/PROD DANG DRUG RECS BY PHMICY/HOSP/PRACT	454.286

NOC	NOC DESCRIPTION	NRS
51351	BULK SUPPLIER FAIL MAINT ACCURATE DANG DRUGS RECS	454.291
51352	USE MINOR AS AGT IN ACT RE DANG DRUGS	454.306
51353	FURN DANG DRUG TO MINOR	454.306
51354	OBT DANG DRUG BY FRAUD/FORGERY	454.311.1
51355	POSS BOGUS P-SCRPT FOR DANG DRUG	454.311.2
51356	RCV/POSS OTHERS DANG DRUG BY BOGUS P-SCRPT	454.311.3
51357	FILL BOGUS P-SCRPT FOR DANG DRUG	454.311.3
51358	POSS DANG DRUG W/O P-SCRPT, (1ST/2ND)	454.316.1
51359	POSS DANG DRUG W/O P-SCRPT, (3+)	454.316.1
51360	DISP/FURN DANG DRUG W/O P-SCRPT	454.301
51362	MISREP BY PHONE TO OBT DANG DRUG, (1ST)	454.326.1
51363	MISREP BY PHONE TO OBT DANG DRUG, (2+)	454.326.2
51364	POSS/SELL NASAL INHALER W/STIMULANT DRUG	454.341
51365	USE/POSS DRUG/CHEM/POISON FOR EUPHORIA/HALLUCINATE	454.346
51366	POSS DRUG NOT FOR I-STATE COMMERCE	454.351
51367	VIOL DANG DRUG LAWS/REGS	454.231
51371	ATT FURN DANG DRUG W/O P-SCRPT	454.221
51372	ATT FURN DANG DRUG W/O P-SCRPT	454.221
51373	CONSP FURN DANG DRUG W/O P-SCRPT	454.221
51374	ATT USE MINOR AS AGT IN ACT RE DANG DRUGS	454.306
51375	CONSP USE MINOR AS AGT IN ACT RE DANG DRUGS	454.306
51376	ATT FURN DANG DRUG TO MINOR	454.306
51377	CONSP FURN DANG DRUG TO MINOR	454.306
51378	CONSP OBT DANG DRUG BY FRAUD/FORGERY	454.311.1
51379	ATT POSS BOGUS P-SCRPT FOR DANG DRUG	454.311.2
51380	ATT POSS BOGUS P-SCRPT FOR DANG DRUG	454.311.2
51381	CONSP POSS BOGUS P-SCRPT FOR DANG DRUG	454.311.2
51382	ATT RCV/POSS OTHERS DANG DRUG BY BOGUS P-SCRPT	454.311.3
51383	ATT RCV/POSS OTHERS DANG DRUG BY BOGUS P-SCRPT	454.311.3
51384	CONSP RCV/POSS OTHERS DANG DRUG BY BOGUS P-SCRPT	454.311.3
51385	ATT FILL BOGUS P-SCRPT FOR DANG DRUG	454.311.3
51386	ATT FILL BOGUS P-SCRPT FOR DANG DRUG	454.311.3
51387	CONSP FILL BOGUS P-SCRPT FOR DANG DRUG	454.311.3
51389	CONSP POSS DANG DRUG W/O LEGAL P-SCRPT	454.316
51390	ATT POSS DANG DRUG W/O LEGAL P-SCRPT, (3+)	454.316.1
51391	ATT POSS DANG DRUG W/O LEGAL P-SCRPT, (3+)	454.316.1
51392	CONSP MISREP BY PHONE TO OBT DANG DRUG	454.326
51393	ATT MISREP BY PHONE TO OBT DANG DRUG, (2+)	454.326.2
51394	ATT MISREP BY PHONE TO OBT DANG DRUG, (2+)	454.326.2
51427	POSS GUN UNDER INFL OF ALC/DRUG	202.257
51630	POSS INTOX BEV OR C/S IN M/HLTH FAC	433.554.1
51631	M/HLTH FAC EMP UNDER INFL OF LIQ OR C/S	433.554.1
51643	POSS INTOX BEV OR C/S IN CHILD M/HLTH FAC	433B.340.
51644	EMP CHILD M/HLTH FAC UNDER INFL LIQ OR C/S	433B.340.
51687	FTC W/BOARD OF HEALTH REGS RE COMM DISEASE/DRUG OD	441A.920
51771	SKI/SNOWBOARD WHILE INTOX OR UNDER INFL C/S	455A.170.
51773	ENTER SKATEBOARD PARK WHILE INTOX OR INFL C/S	455B.290.
51933	DISSEMINATE INFO RE TAX ON C/S	372A.080

NOC	NOC DESCRIPTION	NRS
52106	ACT AS COUNSELOR/INTERN/DETOX TECH W/O LIC/CERT	641C.950
52107	FTC LAWS/REGS RE ALC/DRUG/GAMBLING COUNSELORS	641C.950
52182	USE INTOX LIQ/DRUG BY ON DUTY PHARM	639.283
52185	MKT RESTRICTED DRUG/DEV/POISON BY UNLIC PERS	639.285
52199	FRAUD BY WHOLESALE DISTRIBUTOR OF P-SCRIPT DRUGS	639.55
52492	EXCESS USE INTOX OR C/S BY CIVIL OFF	283.45
53376	MFG/COMPOUND/PROCESS/PACKAGE DRUG W/O LIC	585.550.1
53377	FTC LAWS/REGS RE FOOD/DRUGS/COSMETICS	585.550.2
53406	ATT MFG/COMPOUND/PROCESS/PACKAGE DRUG W/O LIC	585.550.1
53407	ATT MFG/COMPOUND/PROCESS/PACKAGE DRUG W/O LIC	585.550.1
53408	CONSP MFG/PROCESS/PACKAGE DRUG W/O LIC	585.550.1
53435	FURN OR ATT, C/S TO STATE PRISONER	212.160.1
53437	POSS C/S OR PARAPHERNALIA BY DOC PRISONER	212.160.3
53464	CONSP FURN C/S TO STATE PRISONER	212.160.1
53466	ATT POSS C/S OR PARAPHERNALIA BY DOC PRISONER	212.160.3
53467	ATT POSS C/S OR PARAPHERNALIA BY DOC PRISONER	212.160.3
53468	CONSP POSS C/S OR PARAPHERNALIA BY DOC PRISONER	212.160.3
53819	INTOX PEDESTRIAN/ANIMAL RIDER ON ROAD	484B.297.
54209	W-CRAFT DUI ALC/DRUG	488.41
54249	DUI ALC/DRUG, A-CRAFT	493.130.1
54331	FAIL TO IMPLEMENT AC/DRUG TEST PGM	382.115
54332	FAIL TO CONDUCT PRE-EMPMT DRUG TESTING	382.301
54354	POSSESS C/S	392.4
54355	DUI C/S	392.4
54479	USE/POSS DRUG-PARA	8.04.126
54480	POSS DRUG NOT FOR I-STATE COMMERCE	8.04.125
54555	INTOX PEDESTRIAN/ANIMAL RIDER ON ROAD	10.14.040
54663	INTOX PEDESTRIAN/ANIMAL RIDER ON ROAD	8.01.08A1
54763	USE/POSS/MFG DRUG-PARA	10.92.010
54809	USE/POSS DRUG-PARA	9.453.566
54810	USE/POSS DRUG/CHEM/POISON FOR EUPHORIA/HALLUCINATE	9.454.346
54811	POSS DRUG NOT FOR I-STATE COMMERCE	9.454.351
54918	INTOX PEDESTRIAN/ANIMAL RIDER ON ROAD	70.265
55038	ENTER/USE RECREATION AREA WHILE INTOX OR INFL	455B.460
55141	CONSP USE/POSS DRUG-PARA	453.566
55199	USE/POSS DRUG-PARA	53.195
55219	SELL SCH I/II C/S, 2ND, REC FAC MNR, PARK-E/SCH	453.321.2
55381	LOITER FOR PURP OF ENGAGING IN DRUG ACTIVITY	9.16.020
55548	DRUG-PARA STORE OWNER ALLOW MINOR ON PREMISES	4.98.020
55549	MINOR REMAIN ON DRUG-PARA STORE PREMISES	4.98.030
55632	ADV DRUG-PARA	9.04.080
55633	USE/POSS DRUG-PARA	9.04.070
55681	CONSP TO POSSES SCH, I, II, III OR IV C/S 1ST/2ND	453.336.2
55828	USE/POSS DRUG-PARA	9.21.010
56234	POSS DRUG NOT FOR I-STATE COMMERCE	53.19
56274	ALLOW SELL/CONSUME/POSS C/S AT OUTDOOR FESTIVAL	25.271.6
56311	POSS/CONSUME ALC BEV OR C/S IN PARK	95.275
56395	DRIVER DISOBEY PEACE OFF WHILE DUI, WZ OR COMM VEH	484B.550.

NOC	NOC DESCRIPTION	NRS
56418	UNLAW MISD ACT RE IMIT C/S	8.17.040
56419	USE/POSS DRUG-PARA	8.17.030
56525	INTOX PEDESTRIAN/ANIMAL RIDER ON ROAD	6.06.755D
56942	UNLAW MISD ACT RE IMIT C/S	10.02.010
56946	ADV DRUG-PARA	10.02.010
56947	USE/POSS DRUG/CHEM/POISON FOR EUPHORIA/HALLUCINATE	10.02.010
56948	POSS DRUG NOT FOR I-STATE COMMERCE	10.02.010
56989	POSS GUN UNDER INFL OF ALC/DRUG	10.02.010
57484	INTOX PEDESTRIAN/ANIMAL RIDER ON ROAD	7.01.08
57485	INTOX PEDESTRIAN/ANIMAL RIDER ON ROAD	10.02.010
58184	INTOX PEDESTRIAN/ANIMAL RIDER ON ROAD	14.331
58383	ATT TO CONSPIRE TO VIOL UCS ACT	453.401.1
58384	ATT TO CONSPIRE TO VIOL UCS ACT	453.401.1
58425	USE/POSS DRUG/CHEM/POISON FOR EUPHORIA/HALLUCINATE	8.40.010
58452	ATT POSS DRUG NOT FOR I-STATE COMMERCE	454.351.1
58472	UNLAW MFG/DISP/SELL DRUG/MEDICINE/CHEM NOT R/SBH	639.100.2
58473	UNLAW MFG/DISP/SELL DRUG/MEDICINE/CHEM R/SBH	639.100.2
58481	ATT DRIVER DISOBEY PEACE OFF WHILE DUI, WZ OR COMM	484B.550.
58482	ATT DRIVER DISOBEY PEACE OFF WHILE DUI, WZ OR COMM	484B.550.
58506	CONSP ADMIN DRUG TO AID COMM OF CERTAIN FELONIES	200.405
58558	USE/POSS DRUG/CHEM/POISON FOR EUPHORIA/HALLUCINATE	10.58.010
58701	UNLAW ST AGENT PREVENT PATIENT OBT INVEST DRUG	454.690.3
58764	LOITER FOR PURP OF ENGAGING IN DRUG ACTIVITY	5-1-4-4
58836	POSS/CONSUME ALC BEV OR C/S IN PARK	4-2-13B19
58963	INTOX PEDESTRIAN/ANIMAL RIDER ON ROAD	5-1-2/484
59362	INTOX PEDESTRIAN/ANIMAL RIDER ON ROAD	8-1-1/484
59784	INTOX PEDESTRIAN/ANIMAL RIDER ON ROAD	8-1-12/48
60037	INTOX PEDESTRIAN/ANIMAL RIDER ON ROAD	7/2/2002
60589	POSS DRUG NOT FOR I-STATE COMMERCE	7/1/2025
60629	CONSP TO POSS FIREARM UNDER INFL OF ALC/DRUG	202.257
60682	FTC W/REPORTING/DATABASE LAWS REGARDING C/S	453.1635
60734	ATT BY PHARM VIOL BOARD C/S REGS, P-SCRPT NOT REQ	453.505.1
60735	ATT FALSE REP TO PHARM TO OBT C/S, P-SCRPT NOT REQ	453.505.2
60737	ATT POSS DANG DRUG W/O LEGAL P-SCRPT, (1ST/2ND)	454.316.1
60839	ATT ADV/SOLICIT TO PROMO DISTR IMIT C/S, (1ST/2ND)	453.332.4
60852	ATT USE/POSS TO USE IMIT C/S, (1ST/2ND)	453.332.4
60942	USE/POSS DRUG-PARA	8.02.120
61127	PRESCRIBE SCH II C/S FOR SELF/SPOUSE/CHLD	453.381.1
61128	ATT PRESCRIBE SCH II C/S FOR SELF/SPOUSE/CHLD	453.381.1
61129	ATT PRESCRIBE SCH II C/S FOR SELF/SPOUSE/CHLD	453.381.1
61331	INTOX PEDESTRIAN/ANIMAL RIDER ON ROAD	8/7/2005
61603	OP OF VESSEL/TOWED DEV WHILE INTOX OR USE OF C/S	488.400.2
62062	OPER PLACE FOR SALE/GIFT/USE OF C/S, 1ST OFF	453.316.1
62063	ATT OPER PLACE FOR SALE/GIFT/USE OF C/S, 1ST OFF	453.316.1
62064	ATT OPER PLACE FOR SALE/GIFT/USE OF C/S, 1ST OFF	453.316.1
62067	SELL/TRANS OR ATT SCH 1 OR II C/S, 1ST OFF	453.321.2
62068	SELL/TRANS OR ATT SCH 1 OR II C/S, 2ND OFF	453.321.2
62069	SELL/TRANS OR ATT SCH 1 OR II C/S, 3RD+ OFF	453.321.2

NOC	NOC DESCRIPTION	NRS
62070	SELL/TRANS OR ATT SCH III, IV OR V C/S, 1ST OFF	453.321.4
62071	SELL/TRANS OR ATT SCH III, IV OR V C/S, 2ND OFF	453.321.4
62073	POSS SCH I, II C/S LT 14 GRAMS, 1ST OR 2ND OFF	453.336.2
62074	ATT POSS SCH I, II C/S LT 14 GRAMS, 1ST OR 2ND OFF	453.336.2
62075	ATT POSS SCH I, II C/S LT 14 GRAMS, 1ST OR 2ND OFF	453.336.2
62076	POSS SCH I, II C/S LT 14 GRAMS, 3RD+ OFF	453.336.2
62077	ATT POSS SCH I, II C/S LT 14 GRAMS, 3RD+ OFF	453.336.2
62078	ATT POSS SCH I, II C/S LT 14 GRAMS, 3RD+ OFF	453.336.2
62079	POSS SCH I, II C/S 14 GRAMS BUT LT 28 GRAMS	453.336.2
62080	ATT POSS SCH I, II C/S 14 GRAMS BUT LT 28 GRAMS	453.336.2
62081	ATT POSS SCH I, II C/S 14 GRAMS BUT LT 28 GRAMS	453.336.2
62082	POSS SCH I, II C/S 28 GRAMS BUT LT 42 GRAMS	453.336.2
62083	ATT POSS SCH I, II C/S 28 GRAMS BUT LT 42 GRAMS	453.336.2
62084	POSS SCH I, II C/S 42+ GRAMS	453.336.2
62085	ATT POSS SCH I, II C/S 42+ GRAMS	453.336.2
62086	POSS SCH III-V C/S LT 28 GRAMS, 1ST OR 2ND OFF	453.336.2
62087	ATT POSS SCH III-V C/S LT 28 GRAMS, 1ST OR 2ND OFF	453.336.2
62088	ATT POSS SCH III-V C/S LT 28 GRAMS, 1ST OR 2ND OFF	453.336.2
62089	POSS SCH III-V C/S LT 28 GRAMS, 3RD+ OFF	453.336.2
62090	ATT POSS SCH III-V C/S LT 28 GRAMS, 3RD+ OFF	453.336.2
62091	ATT POSS SCH III-V C/S LT 28 GRAMS, 3RD+ OFF	453.336.2
62092	POSS SCH III-V C/S 28 GRAMS BUT LT 200 GRAMS	453.336.2
62093	ATT POSS SCH III-V C/S 28 GRAMS BUT LT 200 GRAMS	453.336.2
62094	ATT POSS SCH III-V C/S 28 GRAMS BUT LT 200 GRAMS	453.336.2
62095	POSS SCH III-V C/S 200+ GRAMS	453.336.2
62096	ATT POSS SCH III-V C/S 200+ GRAMS	453.336.2
62097	TRAFF SCH I-II C/S, FLNTRZPM/GHB, 100G BUT LT 400G	453.3385.
62098	ATT TRAFF SCH I-II, FLNTRZPM/GHB 100G BUT LT 400G	453.3385.
62099	TRAFFIC SCH I, II C/S, FLNTRZPM/GHB, 400+ GRAMS	453.3385.
62100	ATT TRAFFIC SCH I, II C/S, FLNTRZPM/GHB, 400+ GRAM	453.3385.
62101	USE OR BE UNDER THE INFLUENCE OF A C/S	453.411
62396	SELL SCH I OR II C/S, 1ST, REC FAC MNR/PARK	453.321.2
62429	ATT SELL/SUPPLY/PREScribe C/S IN PRESENCE OF CHILD	453.3325.
62494	POSS GUN UNDER INFL OF ALC/DRUG	1.08.020
62530	USE/POSS DRUG-PARA	1.08.020
62531	USE/POSS DRUG/CHEM/POISON FOR EUPHORIA/HALLUCINATE	1.08.020
62532	POSS DRUG NOT FOR I-STATE COMMERCE	1.08.020
62553	ATT USE C/S IN PRESENCE OF CHILD	453.3325.
65878	INTOX PEDESTRIAN/ANIMAL RIDER ON ROAD	1.08.010
66046	ATT CARRY/POSS FA DURING/IN RE COMM OF DRUG OFF	202.360.3
66061	CARRY/POSS FA DURING AND IN RE COMM OF DRUG OFF	202.360.3
66101	TRAFFIC FENTANYL MT 28 GRAMS/LT 42 GRAMS	SB035
66102	ATT TRAFFIC FENTANYL MT 28 GRAMS/LT 42 GRAMS	SB035
66103	TRAFFIC FENTANYL MT 42 GRAMS/LT 100 GRAMS	SB035
66104	ATT TRAFFIC FENTANYL MT 42 GRAMS/LT 100 GRAMS	SB035
66105	MISREP OF FENTANYL PRODUCT	SB035
66106	ATT MISREP OF FENTANYL	SB035
66114	CONSP DRIVER DISOBEY PEACE OFF WHILE DUI	484B.550.

NOC	NOC DESCRIPTION	NRS
66120	INTOX PEDESTRIAN ON ROAD	10.04.030
66177	SELL SCH I/II C/S, 1ST-1K FT SCH/PLYGRD/PARK/POOL	453.321.2
66179	SELL SCH I OR II C/S, 1ST-BUS STOP W/1 HR OF SCH	453.321.2
66185	POSS DRUG NOT FOR I-STATE COMMERCE	9.24.010