Rural Crime & Justice Center
A University Center of Excellence

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Rural Crime & Justice Center
Minot State University
Minot, North Dakota
Final Report

Prepared for

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A University Center of Excellence
at Minot State University

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Table of Contents

Table of Contents ................................................................. iii
List of Figures ........................................................................ v
Executive Summary .................................................................. 1
Introduction ............................................................................. 2

Section 1: Methamphetamine in North Dakota ....................... 5
  1.1 Transportation ................................................................. 5
  1.2 Distribution ................................................................. 6
  1.3 Seizures and Arrests ....................................................... 8
  1.4 Department of Corrections and Rehabilitation .............. 11
  1.5 Statewide Alcohol and Other Drugs Perception Data .... 11
  1.6 Youth Risk Behavior Survey ......................................... 12
  1.7 Treatment Episode Data Set ......................................... 14
  1.8 Associated Activity ...................................................... 15
  1.9 Enforcement ................................................................ 16
    1.9.1 Special Topic .......................................................... 16
    1.9.2 DEA Mobile Enforcement Teams ......................... 16
    1.9.3 DEA Regional Enforcement Teams ....................... 16
    1.9.4 High Intensity Drug Trafficking Area .................... 16
  1.10 Initiatives/Programs .................................................... 17
    1.10.1 Retail Meth Watch Program ................................. 17
    1.10.2 Prevention Resource Center ................................ 17
    1.10.3 Intertribal Task Force ............................................ 18
    1.10.4 Drug Courts .......................................................... 19
    1.10.5 Treatment Efforts .................................................. 19
  1.11 Legislation ................................................................. 19
  1.12 Clandestine Lab Cleanup ........................................... 20
  1.13 Native American Issues .............................................. 21

Section 2: Rural Methamphetamine Education Project ............ 24
  2.1 Additional Strategies .................................................. 24
  2.2 Presentations ............................................................. 25
  2.3 Presentation Evaluations .............................................. 27
    2.3.1 Instrument Development ....................................... 27
    2.3.2 Data Collection ..................................................... 28
    2.3.3 Results ................................................................. 29
    2.3.4 Discussion/Conclusion ......................................... 30
  2.4 Mentor Communities .................................................. 31
  2.5 RMEP Involvement on Native American Reservations ...... 32
  2.6 Project Obstacles ......................................................... 33

iii
Section 3: Minot State University Chemistry Collaboration ........................................ 35
  3.1 Lithium Detection ............................................................................................. 35
  3.2 Methamphetamine Detection .......................................................................... 35
  3.3 Portable Detection Equipment ......................................................................... 36

Section 4: Prairie Public Broadcasting, Inc. Collaboration .................................. 38

Section 5: Project Recommendations .................................................................. 41
  5.1 Drug Endangered Children ........................................................................... 41
  5.2 Mentor Community Survey ............................................................................ 42
  5.3 Methamphetamine Research Library ............................................................... 42
  5.4 Expand the Use of Digital Medium ................................................................. 43
  5.5 Minot State University Chemistry Collaboration ......................................... 43
  5.6 Statewide Methamphetamine Education and Awareness Campaign ........... 43

Conclusion ............................................................................................................... 44

References .............................................................................................................. 45

Appendix

  Appendix A: Community Perception of the RMEP Program
List of Figures and Tables

Section 1: Methamphetamine in North Dakota .................................................................5
  Table 1.2.1 Methamphetamine Street Cost .................................................................7
  Figure 1.3.1 Clandestine Methamphetamine Lab Seizures ........................................8
  Figure 1.3.2 ND Methamphetamine Seizures .............................................................9
  Figure 1.3.3 Methamphetamine/Amphetamine Samples Processed by ND Crime Lab .................................................................9
  Figure 1.3.4 ND Drug Offense Arrests by Drug Type and Year .........................10
  Figure 1.3.5 Federal Drug Sentencing .................................................................10
  Figure 1.5.1 Perception of Methamphetamine Use in the Community ..............12
  Figure 1.5.2 Perception of Access to Methamphetamine in the Community ......12
  Figure 1.6.1 ND YRBS Data .................................................................................13
  Figure 1.6.2 YRBS Summary by Region .................................................................14
  Figure 1.7.1 ND Substance Abuse Treatment Admissions ...............................15

Section 2: Rural Methamphetamine Education Project ............................................24
  Table 2.2.1 Attendance Totals ..............................................................................27
  Table 2.3.3.1 Average Rating on the 5 Point Scale ...............................................29
  Table 2.5.1 Native American Attendance Totals ................................................33
Executive Summary

- Through analysis of existing methamphetamine-related data, RMEP identified that the prevalence of methamphetamine has leveled or decreased in some areas but continues to rise in others.

- During the reporting dates November 22, 2005 through May 31, 2009, RMEP provided 720 presentations attended by 33,903 people, and 86 booth displays attended by 35,695 people.

- Over 75 percent of the people surveyed after the RMEP presentation strongly agreed that their awareness regarding methamphetamine had increased.

- Over 82 percent of the people surveyed strongly agreed that they would recommend the RMEP presentation to others.

- Collaboration with Minot State University Chemistry department continues to explore lithium detection, effects of time and temperature on methamphetamine residual materials, effectiveness of swab detection methods for home testing, as well as the use of portable equipment for detection purposes.

- Collaboration with Prairie Public Broadcasting, Inc. resulted in the production of a series of television and radio programs, outreach kits, video clips for presentations, and a website with downloadable content.

- Continued presence in mentor communities throughout North Dakota will include community surveys in each mentor community.

- Community surveys will assess perception of methamphetamine issues within the community and the perceived impact/benefit of RMEP’s efforts within the community.

- Expanding the use of digital medium to more effectively disseminate information within a rural state is one of the strategies to be explored.
Introduction

As a result of the significant methamphetamine threat facing North Dakota, a variety of resources were allocated to help eradicate this problem. The Department of Justice (DOJ), the Drug Enforcement Administration (DEA), the High Intensity Drug Trafficking Area (HIDTA) program, the Federal Law Enforcement Training Center (FLETC), the North Dakota Bureau of Criminal Investigations (BCI), North Dakota Department of Health and Human Services (DHS), North Dakota Department of Corrections and Rehabilitation (DOCR), and the Rural Crime and Justice Center (RCJC) have each contributed resources to help address the problem. Continued evaluation of the threat posed by methamphetamine to North Dakota and the efforts to reduce this threat show that we have seen success in some areas and must continue to evaluate and adjust strategies to meet the changing threat that is posed.

In the 2007 National Drug Threat Assessment, the assessment of methamphetamine describes the success of law enforcement in reducing the domestic production of methamphetamine. However with this decrease came an increase in the Mexican Drug Trafficking Organizations (DTOs) presence and effectiveness in the distribution of methamphetamine. These organizations are difficult to combat and have even reached smaller communities throughout North Dakota (National Drug Threat Assessment, 2007). In its 2009 State Fact Sheet for North Dakota, the DEA states that, “the trafficking and use of methamphetamine is the primary concern for law enforcement and public health officials in North Dakota” (State Fact Sheet, 2009). Although the efforts of law enforcement and legislation were successful in reducing the illicit production of methamphetamine to levels not seen in ten years, in 2008 North Dakota experienced a rise in methamphetamine production for the first time in five years (Methamphetamine Lab Stats, 2000-2008).
The prevalence of use by youth has also decreased with the lowest reported rate of usage for grades 9 through 12 since 1999. The Youth Risk Behavior Survey (YRBS) reports that only 4.1 percent of North Dakota 9 through 12 graders admits to using methamphetamine one or more times in their life, down from 10.5 percent in 1999 (Youth Risk Behavior Survey Results, 1999-2007).

Efforts have been made statewide to improve the treatment of methamphetamine addiction. The integration of the MATRIX model into the Regional Human Service Centers addiction programs and the creation of the Robinson Recovery Center are key developments. The number of individuals entering treatment for methamphetamine addiction has decreased. In 2008 the Treatment Episodes Data Set (TEDS) indicated that methamphetamine treatment episodes comprised 7.7 percent of all treatment episodes for North Dakota, down from an all time high of 18.1 percent in 2005 (Treatment Episode Data Set, 2000-2008). Conversely, the prevalence of methamphetamine in the criminal justice system has increased. In the 2007 North Dakota Department of Corrections and Rehabilitation Review of Inmates Needs, it was noted that 85.6 percent of the prison population experienced substance abuse problems. Of these, methamphetamine was the primary drug of abuse for 43 percent of male inmates and 60 percent of female inmates. DOCR states that the “abuse of methamphetamine/amphetamine has steadily increased and continues to be a major criminogenic risk factor” (Review of Inmate Population Needs, 2007). Additionally, in 2008 the United States Sentencing Commission reported that 84 percent of all North Dakota federal drug sentences were related to methamphetamine, a number that has not dropped below 80 percent since 2006 (Federal Sentencing Statistics, 2008).

As the threat of methamphetamine has changed in North Dakota, so have the strategies of law enforcement, prevention, and treatment. The Rural Methamphetamine Education Project’s
(RMEP) initial goal was to develop and deliver a public awareness campaign to North Dakota communities. As the project has evaluated its efforts, it has expanded its role of public awareness to include many of the activities of the information dissemination strategy detailed by the Office of National Drug Control Policy (ONDCP). In addition, RMEP utilizes many aspects of the community-based process strategy to continue strengthening North Dakota’s ability to respond to the threat of methamphetamine. This report details the efforts of RMEP.
Section 1: Methamphetamine in North Dakota

In 2005, ONDCP detailed the importance of “collecting data and including indirect evidence from a wide spectrum of local, state, and national sources allows a community to pinpoint where their efforts are needed most, what the specific trends are in their community, and serve as a possible means to measure the success and effectiveness of their efforts” (Cities Without Drugs: The ‘Major Cities’ Guide to Reducing Substance Abuse in Your Community, 2005). Recognizing that a comprehensive assessment of the methamphetamine threat to North Dakota had not been produced, RMEP conducted an analysis of available public information and publications to better identify this threat and to identify possible data gaps.

1.1 Transportation

The Midwest HIDTA counties are connected by an extensive transportation infrastructure that makes the HIDTA a significant transshipment area for drug traffickers. Most major interstate highways in the northern United States pass through and intersect in the Midwest HIDTA region, facilitating the transportation of illicit drugs from the U.S. – Mexico (Southwest border) and from the U.S. – Canada (Northern) border to drug markets throughout the United States.

The Midwest HIDTA region also is vulnerable to drug trafficking from the Northern Border, since North Dakota shares a 300-mile-long border and 18 official land ports of entry (POEs) with Canada. The area between Northern Border POEs is isolated, rural, and rife with opportunity for drug traffickers and criminal groups to smuggle Canadian marijuana, MDMA (ecstasy), and pseudoephedrine into the HIDTA without detection by law enforcement.
Law enforcement believes that available arrest and seizure statistics do not accurately reflect the extent of drug trafficking over the U.S. – Canada Border.

Mexican DTOs are the primary organizational threat to the Midwest HIDTA region. They are expanding their influence and control over the region’s drug markets, particularly in coordinating most of the ice methamphetamine, cocaine, and marijuana shipments from the Southwest Border to the Midwest HIDTA region. These organizations (Mexican DTOs) primarily use commercial and private vehicles with increasingly sophisticated hidden compartments to transport the drugs into the region. Mexican DTOs frequently recruit unaffiliated Mexican immigrants living in the region to transport illicit drugs from the Southwest Border to the region, thereby insulating themselves from law enforcement detection in the event of interdiction (Drug Market Analysis, 2008).

The trafficking and use of methamphetamine is the primary concern for law enforcement and public health officials in North Dakota. At the present time, no single drug trafficking organization dominates the distribution of methamphetamine. Mexican poly-drug organizations have sources of supply in Mexico, California, and Washington and transport methamphetamine into North Dakota via privately owned vehicles, Amtrak trains, and Greyhound buses. Smaller quantities of methamphetamine are mailed via U.S. mail and Federal Express (State Fact Sheet, 2009).

1.2 Distribution

Hispanic street gangs and Caucasian local independent dealers are the principle retail distributors of methamphetamine in all Midwest HIDTA markets. Local independent dealers are the principal retail distributors in the rural areas of the HIDTA region.
HIDTA Law Enforcement agencies report that some gang members who distribute illicit drugs at the retail level are using social networking Internet sites such as MySpace and Facebook to advertise their products. Fargo and Grand Forks are 2 of 8 secondary markets in Midwest HIDTA. The Fargo/Grand Forks area includes Cass, Grand Forks, Ramsey, Richland, and Walsh counties in North Dakota. The population of the area’s five counties is approximately 215,000, roughly one-third of the total population of the state. The Fargo/Grand Forks area is primarily a consumer market for illicit drugs; however, it does serve as a distribution center for small communities in eastern and central North Dakota. Cocaine and methamphetamine distribution and abuse are significant drug concerns to law enforcement and public health officials in Fargo and Grand Forks. Methamphetamine distribution and abuse previously have dominated in both markets; however, officials with the Fargo Police Department report that methamphetamine distribution has recently decreased (Drug Market Analysis, 2008).

In an effort to keep law enforcement officers aware of the current illegal street drug prices in North Dakota, the following information has been collected by agents of the BCI. As of March 23, 2006 this information may be used in calculating the illegal market value of methamphetamine (Average Street Drug Price List, 2006).

Table 1.2.1

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Street Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 lb Powder*</td>
<td>$18,000 - $26,000</td>
</tr>
<tr>
<td>1 oz Powder*</td>
<td>$1,000 - $2,500</td>
</tr>
<tr>
<td>$\frac{1}{4}$ oz Powder*</td>
<td>$500 - $800</td>
</tr>
<tr>
<td>$\frac{1}{8}$ oz Powder*</td>
<td>$250 - $500</td>
</tr>
<tr>
<td>1 gram</td>
<td>$100 - $200</td>
</tr>
</tbody>
</table>

*Crystal methamphetamine is generally $20 to $50 more than powder methamphetamine
1.3 Seizures and Arrests

These figures reflect the number of clandestine methamphetamine lab incidents that have been submitted to the El Paso Intelligence Center (EPIC) by BCI. Clandestine methamphetamine lab seizures include operational labs, non-operational labs, chemical equipment/glassware seizures, and dumpsites (Methamphetamine Lab Stats, 2000-2008).

Figure 1.3.1

Source: Methamphetamine Lab Stats, 2000-2008
Figure 1.3.2

**ND Methamphetamine Seizures**

Source: *State Fact Sheet, 2003-2009*

Figure 1.3.3

**Methamphetamine/Amphetamine Samples Processed by ND Crime Lab**

Source: *Comprehensive Status and Trends Report, 2008*
Figure 1.3.4

**ND Drug Offense Arrests by Drug Type**

![Graph showing ND Drug Offense Arrests by Drug Type from 2000 to 2005. The x-axis represents the years 2000 to 2005, and the y-axis represents the number of arrests ranging from 0 to 1600. The graph is color-coded to show the number of arrests for Amphetamine/Methamphetamine (red), Cocaine/Crack (blue), Marijuana (yellow), and Other Drugs (green).](image)

Source: *ND Drug Offense Arrests by Drug Type, 2000-2005*

Figure 1.3.5

**Federal Drug Sentencing**

**Methamphetamine as primary offense**

![Graph showing Federal Drug Sentencing with Methamphetamine as primary offense from 2000 to 2008. The x-axis represents the years 2000 to 2008, and the y-axis represents the percent ranging from 0 to 90. The graph is divided by year and shows the percent of cases involving methamphetamine as the primary offense.](image)

Source: *Federal Sentencing Statistics, 2008*
1.4 Department of Corrections and Rehabilitation

In September of 2005 Kerry Wicks, the clinical director of residential services at the North Dakota State Hospital, testified before the Budget Committee on Government Services. Wicks stated that, “in the Tompkins programs, over 40 percent of the men and 80 percent of the women have a diagnosis of methamphetamine dependence, usually in combination with other alcohol/drug dependence” (Tompkins Rehabilitation Center Update, 2005).

In 2007, it was noted that 85.6 percent of the prison population experienced substance abuse problems. Of these, methamphetamine was the primary drug to abuse for 43 percent of male inmates and 60 percent of female inmates. DOCR states that the “abuse of methamphetamine/amphetamine has steadily increased and continues to be a major criminogenic risk factor” (Review of Inmate Population Needs, 2007).

1.5 Statewide Alcohol and Other Drugs Perception Data

Through funding provided by North Dakota’s Department of Human Services, Division of Mental Health and Substance Abuse, RCJC and DHS implemented a Community Readiness Survey to assess the perceptions of alcohol and other drug use. The sample represents adult community members and key informants in each of the eight regions in North Dakota. Survey results were reported regionally and statewide (Alcohol and Other Drugs (AOD) in North Dakota: A Community Readiness Survey to Gauge Perceptions of Alcohol and Other Drug Use, 2008).
1.6 Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) was developed by the Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health
Promotion, and the Centers for Disease Control and Prevention (CDC) in collaboration with several representatives from state and local health education agencies and other federal agencies. The YRBS focuses on behaviors related to the leading causes of death and disability among youth and young adults and to assess how these risk behaviors change over time. The YRBS is conducted in the spring of odd-numbered years (Youth Risk Behavior Survey Results, 2007).

**Figure 1.6.1**

![North Dakota YRBS Data](chart)

**North Dakota YRBS Data**

*Used methamphetamine 1 or more times in their lifetime*

<table>
<thead>
<tr>
<th>Year</th>
<th>Grades 9-12</th>
<th>Grades 7-8*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>10.5</td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>9.7</td>
<td>2</td>
</tr>
<tr>
<td>2003</td>
<td>8.5</td>
<td>1</td>
</tr>
<tr>
<td>2005</td>
<td>5.4</td>
<td>1</td>
</tr>
<tr>
<td>2007</td>
<td>4.1</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: YRBS, 1999-2007

*No data available for 1999, Grades 7-8
1.7 Treatment Episode Data Set

The Treatment Episode Data Set (TEDS) provides information on the demographic and substance abuse characteristics of the 1.9 million annual admissions to treatment for abuse of alcohol and drugs in facilities that report to individual state administrative data systems. TEDS is an admission-based system and TEDS admissions do not represent individuals. For example, the same individual admitted to treatment twice within a calendar year would be counted as two admissions.

TEDS does not include all admissions to substance abuse treatment. It includes admissions to facilities that are licensed or certified by the state substance abuse agency to provide substance abuse treatment (or are administratively tracked for other reasons). In general, facilities reporting TEDS data are those that receive state alcohol and/or drug agency funds.
(including federal block grant funds) for the provision of alcohol and/or drug treatment services 
(Treatment Episode Data Set, 2000-2008).

**Figure 1.7.1**

![ND Substance Abuse Treatment Admissions](image)

The North Dakota TEDS show a steady prevalence of females entering treatment for 
methamphetamine as their primary substance of abuse. From 2000 to 2008, the average rate of 
females reporting methamphetamine as their primary substance of abuse was 48.1 percent. In 
2008, 48.3 percent of primary methamphetamine treatment episodes were female.

**1.8 Associated Activity**

Law enforcement reporting indicates that much of the crime throughout the West Central 
Region has a methamphetamine nexus. Abusers and distributors throughout the region 
increasingly commit crimes such as burglary, automobile theft, currency counterfeiting, 
home invasion, and forgery. The majority of law enforcement agencies in the West 
Central Region that responded to the National Drug Threat Survey (NDTS) 2006 indicate 
that methamphetamine contributes greatly to crime in their areas; 71.3 percent report that 
methamphetamine is the drug that most contributes to violent crime, and 74.4 percent
report that methamphetamine is the drug that most contributes to property crime

(National Methamphetamine Threat Assessment, 2007).

1.9 Enforcement

According to the DEA North Dakota State Fact Sheet 2009, there are several additional resources available to state and local law enforcement (State Fact Sheet, 2009).

1.9.1 Special Topic

Currently, there are six task force officers, representing five law enforcement agencies, assigned to the DEA in North Dakota.

1.9.2 DEA Mobile Enforcement Teams (MET)

This cooperative program with state and local law enforcement counterparts was conceived in 1995 in response to the overwhelming problem of drug-related crime in towns and cities across the nation. There have been no MET deployments in the state of North Dakota.

1.9.3 DEA Regional Enforcement Teams (RET)

This program was designed to augment existing DEA division resources by targeting drug organizations operating in the United States where there is a lack of sufficient local drug law enforcement. This program was conceived in 1999 in response to the threat posed by drug trafficking organizations that have established networks of cells to conduct drug trafficking operations in smaller, nontraditional trafficking locations in the United States. There have been no RET deployments in the State of North Dakota.

1.9.4 High Intensity Drug Trafficking Area (HIDTA)

The mission of the Midwest HIDTA is to reduce drug availability in critical and identified markets by creating and supporting intelligence driven enforcement task forces aimed at eliminating or reducing domestic drug trafficking and its harmful consequences through
enhancing and helping to coordinate drug trafficking control efforts among federal, state, and local enforcement agencies. Central to this effort is the formation and enhancement of enforcement task forces.

The Midwest HIDTA has established four initiatives in North Dakota: Bureau of Criminal Investigation, Bismarck, Fargo (DEA Task Force), and Grand Forks. The Midwest HIDTA initially was created to concentrate on fighting the overwhelming increase in the manufacturing and distribution of methamphetamine. Accordingly, Midwest HIDTA funds were restricted to methamphetamine investigations. In 2001, this stipulation was lifted, allowing law enforcement agencies to investigate poly-drug trafficking groups.

1.10 Initiatives/Programs

Along with the initiative of RMEP, North Dakota has several initiatives and resources that have been developed and implemented. This list is not exhaustive, but some of the major initiatives include:

1.10.1 Retail Meth Watch Program

The North Dakota Retailers Meth Watch Program is a partnership involving the Attorney General’s Bureau of Criminal Investigation and a number of concerned North Dakota retailers (Retail Meth Watch Program, 2007). The program’s goals are to:

- Raise the level of awareness across the state of the methamphetamine lab problem
- Educate and train retail employees to recognize the tell-tale signs of individuals that are obtaining the necessary precursors for the illegal production of methamphetamine
- Limit the accessibility of precursors

1.10.2 Prevention Resource Center

The Division of Mental Health and Substance Abuse Services' Prevention Resource Center maintains a large library of written and video materials covering a wide range of topics in
mental health, substance abuse, aging, and disabilities. Items are loaned to any citizen of North Dakota free-of-charge (Prevention Resource Center, 2007).

1.10.3 Intertribal Task Force

United Tribes received a Bureau of Justice Assistance grant in September 2004 under the Indian Alcohol and Substance Abuse Program. The grant is administered through United Tribes but the intended area of service is comprised of the four major reservations in North Dakota. The purpose of the grant is to create an Intertribal Task Force. The intention is that through cooperation amongst agencies at the tribal, state, and federal levels, a sensible solution to the methamphetamine epidemic will be created. What is unique about this Task Force is that it is comprised of a consortium of tribes, something that can prove often difficult within Indian Country. It is unrealistic for tribes to engage in a battle against substance abuse alone: developing partnerships with local, state, and federal governments is necessary. United Tribes’ “borderless” strategy to combat substance abuse is in line with the objectives of the National Congress of American Indians: urging tribes to develop laws and policies to combat methamphetamine abuse and drug trafficking, seeking tribal partnerships with the White House and requesting Congressional hearings to address the issue. Through collaboration and cooperation between all levels of government and continued support of grant programs that provide the opportunity to open the lines of communication between those levels of government, workable solutions will be identified and implemented to ensure the prosperity of future generations of Indian people (U. S. Senate Indian Affairs Committee, 2006).
1.10.4 Drug Courts

As of July 2009, there were nine operating drug courts in six North Dakota cities. Seven drug courts had been operating for more than two years and two drug courts were recently implemented. Including both adult and juvenile, drug courts were operating in Bismarck, Fargo, Grand Forks, Minot, Belcourt, and Fort Totten (Summary of Drug Court Activity by State and County, 2009).

1.10.5 Treatment Efforts

The Mental Health & Substance Abuse Services Division (MHSAS) of North Dakota Department of Human Services listed several treatment-related accomplishments in the 2005-2007 Biennial Report. With legislative support, the MHSAS partnered with a nonprofit provider to establish the Robinson Recovery Center residential treatment program for people addicted to methamphetamine. During the biennium the capacity at the facility doubled from 20 to 40 beds. The MHSAS implemented evidence-based practices such as the MATRIX model, a national treatment model show to be effective for persons who are dependent upon methamphetamine. The North Dakota State Hospital is using a version of the MATRIX model adopted for inpatient use. Addiction treatment professionals at the department’s eight regional human service centers were trained, along with some private providers, including the Robinson Recovery Center. North Dakota is one of few states that have been able to partner with UCLA for this training (Working to Improve the Lives of North Dakotans Biennial Report, 2005-2007).

1.11 Legislation

Due to the variety of ways methamphetamine use impacts North Dakota and the needs of agencies within the state to respond effectively, North Dakota’s legislative branch has passed several pieces of legislation to fund and support these efforts. The legislation discussed over the
years has ranged from issues surrounding production and access to chemicals, improving effectiveness of law enforcement, child protection issues, expanded and specialized treatment, and corrections. Samples of legislative issues discussed in North Dakota include, but are not limited to:

- Limit access to the chemicals used in methamphetamine production
- Expand anhydrous ammonia tank lock program and provide funds to pay for locks
- Broaden the Retailer Meth Watch Program and require medicines to be kept behind the counter or under video surveillance and retailers to obtain certain information in order to track sales; must show ID
- Allow a court to set restitution to compensate property owners for damage to property from methamphetamine labs
- Require individuals released on bail for drug-related charges to submit random drug screening, revoking bail if the test shows continued use
- Increase penalties for armed offenders and endangering children
- Refine the definition of a deprived child by including environments conducive to manufacturing of methamphetamine
- Permit law enforcement officers to arrest suspects for being under the influence of drugs, even though they may not be in immediate possession of an illegal drug
- Enhance the ability of law enforcement to share resources and intelligence
- Bridge the gap between law enforcement and the crime laboratory
- Provide more flexibility for substance abuse treatment
- Establish a pilot program ($1.3 million for 20 bed facility) to treat and rehabilitate individuals who are chemically dependent on methamphetamine or other controlled substances, as part of a comprehensive package

1.12 Clandestine Lab Cleanup

The North Dakota Department of Health, Division of Waste Management developed a Management Outline to assist local health agencies and property owners in the cleanup of former
methamphetamine production sites (labs). The outline is not intended to modify or replace local requirements or guidance that are equally as stringent. In the event of a conflict between this outline and local requirements, the most stringent requirements take precedence. The outline provides cleanup procedures to address contamination most frequently associated with meth labs and does not address every possible situation. If a situation is encountered which is not addressed in the outline or clarification is desired, contact the local health agency or the Division of Waste Management.

The outline describes cleanup procedures for former meth lab sites that, if closely adhered to, will protect public health and the environment and enable safe re-occupation of the site. The Department of Health does not certify cleanups, nor does it conduct follow-up inspections of properties to ensure cleanups have been conducted as described. Such authority and activities remain at the local level with the local public health agency. The Department of Health advises affected property owners to closely adhere to the cleanup procedures. Upon being notified that a meth lab was discovered, property owners are advised to distribute the attached Notice to all residences and businesses in the immediate vicinity of the affected property (Best Practices for Clean Up at Methamphetamine Labs, 2005).

1.13 Native American Issues

North Dakota has four Native American Indian Reservations: Turtle Mountain, Standing Rock Nation, Fort Berthold, and Spirit Lake. Also, there is one Native American community, the Trenton Indian Service Area. The Lake Traverse (Sisseton) Reservation, which is located primarily in northeastern South Dakota, extends northward to include the southeastern North Dakota counties of Sargent and Richland (North Dakota Drug Threat Assessment, 2002).
The Native American community faces its own unique challenges in the substance abuse area. Insufficient staffing, turf obstacles, unemployment, economic challenges, and isolation from services are but a few of the issues facing tribal leaders. Add to these, the residual effects of the boarding school program that sent many Native American parents and grandparents away from their communities and homes. The present system does not include alternative sentencing options, has limited resources for youth, and witnesses a high rate of recidivism. Culture-appropriate prevention and treatment programs are needed; parents must be engaged to learn about the dangers of substance abuse and communities must recognize the importance of encouraging substance free lifestyles.

While a portion of tribal gaming proceeds are being used to address substance addiction issues, overall welfare and infrastructure demands at each reservation place a strain on gaming proceeds. As such, there are limited resources from gaming proceeds for additional services (Comprehensive Three-Year Plan for Prevention, Treatment and Enforcement, 2003-2005).

From meetings conducted under the guidance of the Intertribal Task Force in North Dakota, United Tribes Technical College has identified key findings amongst tribal populations within the state:

- Approximately 90 percent of individuals entering treatment programs at Turtle Mountain are methamphetamine-related

- There is a low recovery rate of methamphetamine addicts, approximately 3 percent, due to the fact that the treatment length is not long enough

- Indian Health Services is not “coding,” that is tracking, methamphetamine use so data is unreliable; there is currently no concrete data available

- Methamphetamine dealers are traveling from reservation to reservation
• Juveniles are being used as dealers and pushers because of lesser sanctions against juveniles

• House explosions are occurring on reservations because of methamphetamine labs

• For those reservation communities that have resident treatment facilities, there is a lack of bed space for new patients

• There are no treatment facilities within the state for juveniles, and the only long term treatment facility for adults is at the State Penitentiary

• Treatment time is not long enough for methamphetamine addicts; twenty-eight days is not enough time; the need for recovery for methamphetamine addicts is typically six months or longer

• Lack of law enforcement: there is not enough funding to address the need on many reservations and due to recent budget cuts, the Turtle Mountain reservation will lose its drug investigator, Spirit Lake will lose a police officer when it currently has only one officer on duty per shift

• There is a dramatic increase in the number of babies born affected by methamphetamine

• Information is not being shared with community; we need to educate the tribal community so members know what is going on with methamphetamine

• Drug testing is not being done at all levels of employment in the tribal community

• The Turtle Mountain Band of Chippewa Indians recently passed an Exclusion and Removal Ordinance. It was instituted to deter malicious violations on the reservation. The resolution applies to any individual who violates the peace, welfare, and happiness of the tribal membership through illegal drug activity ([U. S. Senate Indian Affairs Committee, 2006]).

“The importance of this drug now coming from superlabs in Mexico is ever increasing. Nowhere is this more evident than on our state’s reservations. Drug dealers do not respect jurisdictions and they exploit jurisdictional gaps in enforcement” ([Summit Attendees Focus on Need for Strong Drug Enforcement Measures, 2007]).
Section 2: Rural Methamphetamine Education Project

The primary goal of RMEP is to provide a statewide methamphetamine education and awareness campaign. Conducting presentations tailored to accommodate professionals, community members, and students of all ages on the most current issues regarding methamphetamine is the primary method of this campaign.

2.1 Additional Strategies

The RMEP has expanded its methamphetamine awareness campaign to include several of the types of activities listed by ONDCP Information Dissemination Strategy. The RMEP provides a booth display at health fairs and community events. This display allows RMEP to distribute materials, answer questions, and network within the community. In addition to booth displays and presentations delivered face-to-face, RMEP offers resources online at www.minotstateu.edu/rcjc. These resources include a brochure titled “Methamphetamine: The Impact on North Dakota,” which covers many of the topics addressed in our presentation, as well as the first three editions of the Learn More Series: “Flavored Methamphetamine,” “Environmental Impact of Meth,” and “Extreme Ecstasy.” A brochure detailing the potential effects of methamphetamine on children was also created: “Methamphetamine Children at Risk.”

The RMEP and its publications have also been resourced online by other reputable organizations and their websites:

- MethResources.gov: http://www.methresources.gov
- Rural Assistance Center: http://www.raconline.org
- Northwest Portland Area Indian Health Board: http://www.npaihb.org
- Drug-Rehabs.org: http://drug-rehabs.org
2.2 Presentations

The primary tool of RMEP continues to be providing methamphetamine presentations as speaking engagements. Presentations are delivered using Microsoft PowerPoint and can be adapted to meet the needs of the audience. A shorter, animated presentation has been developed for younger audiences in elementary schools, as well as an extensive slide bank for adults, allowing for brief presentations with a general overview or detailed staff trainings. Topics that are currently covered within the adult presentation can include:

- Introduction of presenters, RCJC, and RMEP
- History: History of methamphetamine and how the drug problem has evolved
- Identification: Identification of the various forms of methamphetamine, street names, cost, who is using and why, and routes of administration
- Signs & Effects of Use: How methamphetamine works in the brain, immediate effects, short-term effects, long-term effects, and additional damage to the body
- Cycle of Use: Types of users and the stages of abuse a user may go through
- Production & Trafficking: Ingredients used in local production, environmental impact of waste disposal, and transition from production to trafficking
- Concealment Techniques: Innovative methods used to conceal drugs and/or paraphernalia
- Tips for First-On-Scene: Personal and public safety measures and recommended secondary actions
- Impact on Society: Associated criminal activity and consequences and penalties for methamphetamine-related activity
- Children at Risk: Prenatal exposure, lab exposure, and drug-focused lifestyle of parent/caregiver
- Intervention: Strategies used with drug exposed children
- Treatment: Myths vs. facts
- Prevention: Options at the individual and community levels
The presentation is continually updated as new research findings become available. In addition to factual content, RMEP strives to provide information that details the human cost of methamphetamine abuse in North Dakota. Most recently, RMEP has added video clips from the collaboration with Prairie Public Broadcasting, Inc. (detailed on page 38) to the presentation. These video clips show the human side of the threat and consequences that methamphetamine poses in North Dakota.

Recognizing the need for training in several fields, RMEP currently offers Peace Officer Standards and Training (P.O.S.T) board hours for law enforcement. Continuing Education Units (CEUs) are available for social workers (LSW/LCSW/LICSW), licensed addiction counselors (LAC), licensed professional and clinical counselors (LPC/LPCC), first responders (EMS), and nurses. This continuing nursing education activity was approved by CNE-Net, the education division of the North Dakota Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

In addition, RMEP provided trainings to fulfill Mine Safety and Health Administration (MSHA), Occupational Safety and Health Administration (OSHA), and Department of Labor (DOL) requirements for several North Dakota companies. The RMEP provided training for the 2008 North Dakota Safety and Health Conference, sponsored by the North Dakota Safety Council. Based on the requests of participant evaluations, RMEP was invited back to provide training at the 2009 conference.
Table 2.2.1
Attendance Totals
Reporting dates: November 22, 2005 – May 31, 2009

<table>
<thead>
<tr>
<th>Year</th>
<th>Youth attendance</th>
<th>Adult general attendance</th>
<th>Staff training attendance</th>
<th>Pres total attendance</th>
<th>Booth displays</th>
<th>Booth attendance</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>13</td>
<td>88</td>
<td>384</td>
<td>531</td>
<td>0</td>
<td>0</td>
<td>531</td>
</tr>
<tr>
<td>2006</td>
<td>247</td>
<td>9,097</td>
<td>2,300</td>
<td>13,831</td>
<td>21</td>
<td>15,244</td>
<td>29,075</td>
</tr>
<tr>
<td>2007</td>
<td>221</td>
<td>7,667</td>
<td>718</td>
<td>10,103</td>
<td>28</td>
<td>12,364</td>
<td>22,467</td>
</tr>
<tr>
<td>2008</td>
<td>184</td>
<td>4,821</td>
<td>1,037</td>
<td>7,610</td>
<td>24</td>
<td>5,627</td>
<td>13,237</td>
</tr>
<tr>
<td>2009</td>
<td>55</td>
<td>1,445</td>
<td>310</td>
<td>1,828</td>
<td>13</td>
<td>2,460</td>
<td>4,288</td>
</tr>
</tbody>
</table>

2.3 Presentation Evaluations

The RMEP began an evaluation project of their methamphetamine presentations in June of 2005. The project began with the development of an evaluation instrument to be administered to the audiences attending the presentations. Administering of the evaluations for the 2006 year began in December and was collected until the end of October of 2007. A total of 934 evaluations were collected during the eleven month time period. The respondents were primarily from professional associations and conferences (40.1%) and educators (21.1%). Other groups that RMEP presented to were community/parent groups (12.3%) and elementary and high school presentations (11.0%). An analysis was conducted on the evaluations to determine the quality of the presentation and the presentation materials.

2.3.1 Instrument Development

The instrument used to evaluate RMEP presentation is an eight item instrument. The evaluation looks at both the quality of the presenters and the quality of the presentation. There are two parts to the evaluation, the first being a Likert scale used with a statement about the presenter or the presentation. The respondents were asked to indicate how much they agreed or
disagreed with each statement on a five point scale which ranges from “Strongly Agree” to “Strongly Disagree” with “Neutral” being the middle of the scale. Five statements are used with the scale: one statement regarding the presenters and four statements regarding the presentation. The second part of the instrument consisted of three open-ended questions regarding the presentation and the presenters. Respondents were asked to provide their opinions on how to improve the presentation and to indicate the strengths and weaknesses of the presenters.

2.3.2 Data Collection

Evaluations were administered to the audience members that attended the presentation. The evaluations were given to the individuals at the beginning of the presentation and collected at the end. Completion of the evaluation was done on a voluntary basis by the audience and only the returned and completed evaluations were included for the results section. Only adults completed the presentation evaluation and when the presentation was delivered to schools where minors would be the main audience then only the adults in attendance, such as teachers or staff were given the evaluation.

The analysis was conducted in two parts. The first part of the analysis consisted of an average rating on the five point Likert scale with five equaling “Strongly Agree,” three equaling “Neutral,” and one equaling “Strongly Disagree.” Frequencies were also conducted on the scale results. The second part of the analysis consisted of recoding the open-ended questions into common themes or ideas. A simple frequency table was used to tabulate the common themes found in the respondent’s comments. Although 934 evaluations were submitted, not all the items were completed on each individual evaluation. Also, some of the open-ended questions had multiple responses, resulting in a difference in the total number for each evaluation item.
2.3.3 Results

The average rating of the statements indicated the audiences agreed with each item. All averages were above 4.50 on a scale of 5.00, with a range from 4.62 to 4.80. The statement “The length of the presentation was adequate.” had the lowest average with 4.62 and the statement “I would recommend this presentation to others.” had the highest average with 4.80. The frequencies indicated the same results as the averages with a vast majority of respondents strongly agreeing with the statements they were given regarding the presentation.

Table 2.3.3.1
Average Rating on the 5 Point Scale

<table>
<thead>
<tr>
<th>Statement</th>
<th>N</th>
<th>Avg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The presenters were effective.</td>
<td>931</td>
<td>4.75</td>
</tr>
<tr>
<td>The presentation was appropriate for the audience.</td>
<td>930</td>
<td>4.72</td>
</tr>
<tr>
<td>The presentation increased my awareness regarding methamphetamine.</td>
<td>932</td>
<td>4.76</td>
</tr>
<tr>
<td>The length of the presentation was adequate.</td>
<td>926</td>
<td>4.62</td>
</tr>
<tr>
<td>I would recommend this presentation to others.</td>
<td>923</td>
<td>4.80</td>
</tr>
</tbody>
</table>

The second part of the analysis consisted of recoding and running frequencies on the open-ended evaluation items. The results were used to gain information on potential new groups who should attend a presentation, suggested improvements to the presentation, and the strengths and weaknesses of the presenters. Regarding who the respondents would recommend the presentation to resulted in a pattern. The respondents felt it was most beneficial to get the information into the schools and to the parents of the community. The results show that 46.5 percent recommended presenting to schools and students and another 26.8 percent recommended RMEP present to parent and community groups.

When asked if there was anything RMEP could do to improve the presentation, there was a large number of individuals that felt there was nothing they would recommend to improve the presentation (41.1%). Of the respondents that did provide recommendations, there was a variety
of possible improvements. The recommendations ranged from adding more information to the presentation, utilizing some different presentation methods, and utilizing some different visual aids.

2.3.4 Discussion/Conclusion

From the above results section we can clearly see the methamphetamine presentation by RMEP is well received, with respondents indicating “Strongly Agreed” with all the comments regarding the presentation and presenters. With such high approval, RMEP can show that their presentation is teaching individuals about methamphetamine in an effective and efficient way. These results also indicate that the presentations are increasing the awareness of the audiences.

For the majority of the recommended groups to present to, RMEP already presents to these individuals. Presentations were already being provided for elementary, middle, high school, and post-secondary institutions. Presentations are also being conducted for parents, community groups, and educators.

The RMEP presentation is also evaluated externally when the information is presented at conferences and training workshops. During these events, the hosts provide attendees with evaluation forms for each session they attend. Typically, these results are compiled and analyzed by the host of the conference or training, and the results of the external group evaluations are then provided to RMEP associates. The examination of the external evaluations provides similar results to the RMEP presentation evaluations. The external evaluations can be considered a verification of results for the RMEP internal presentation evaluation.

According to both internal and external presentation evaluations, the presentation is well received by audiences. Although there are some improvements recommended and a few weaknesses that could be addressed, overall feedback indicates the presenters and presentation
are very effective. With such positive results from this evaluation, RMEP has the ability to continue to grow and improve on the good work that is being produced through these presentations and public awareness campaign.

Acknowledgements from various entities confirm the contributions RMEP has made to the general public (see Appendix A for examples).

2.4 Mentor Communities

Utilizing several activities detailed in ONDCP Community-Based process strategy, RMEP continued the mentor community initiative. Multiple strategies were frequently employed within many of the communities. The strategies utilized include, but are not limited to:

- Delivery of age appropriate community presentations
- Providing training to community organizations
- Coverage by local media explaining the program and the dangers associated with methamphetamine
- Distribution of methamphetamine prevention posters to local establishments
- Maintain proactive community engagement through involvement in inter-agency collaborations and networking
- Providing technical assistance and expertise to community organizations

Each community is unique and different strategies have been implemented to accommodate these distinctions. For instance, certain communities have well established task forces and community coalitions, while others are in the process of working towards this goal. In addition, the demographic differences between mentor communities need to be taken into consideration when developing a strategic plan that will fit the needs of each community.

During the course of working with mentor communities, numerous requests were made to provide services throughout North Dakota. While some locations requested a single educational
presentation, other locations requested multiple presentations as well as involvement in community organizations. It became evident that although some areas were not specifically designated as mentor communities, several communities collaborated with RMEP to provide services and strategies at a comparable level as the mentor communities. Some of these communities became officially designated mentor communities and RMEP simply continued to provide services to others.

The RMEP will continue to assist communities throughout the state and remains dedicated to providing the most appropriate resources to any community upon request. Detailed analysis of the mentor community efforts will be conducted to provide other communities an opportunity to gauge the effectiveness of various strategies.

2.5 RMEP Involvement on Native American Reservations

The RMEP has been increasing its presence on Native American reservations. From November, 2005 through May, 2009, RMEP has met or presented to over 7,114 Native Americans within the four reservations of North Dakota – Fort Berthold, Spirit Lake, Standing Rock, and Turtle Mountain – and bordering communities on South Dakota reservations*. In addition, RMEP has been invited to participate in several educational events, conferences, and community events hosted by Native Americans. The casinos on the reservations have been open to hosting methamphetamine-awareness events, and have requested RMEP training for their staff. The RMEP has also been asked to serve as a resource to various community groups and coalitions.
Table 2.5.1
Native American Attendance Totals
Reporting dates: November 22, 2005 – May 31, 2009

<table>
<thead>
<tr>
<th></th>
<th>Fort Berthold</th>
<th>Spirit Lake</th>
<th>Standing Rock</th>
<th>Turtle Mountain</th>
<th>Other*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2006</td>
<td>745</td>
<td>207</td>
<td>280</td>
<td>183</td>
<td>2578</td>
<td>3,993</td>
</tr>
<tr>
<td>2007</td>
<td>467</td>
<td>351</td>
<td>69</td>
<td>280</td>
<td>140</td>
<td>1,307</td>
</tr>
<tr>
<td>2008</td>
<td>64</td>
<td>0</td>
<td>0</td>
<td>1150</td>
<td>250</td>
<td>1,464</td>
</tr>
<tr>
<td>2009</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>250</td>
<td>350</td>
</tr>
<tr>
<td></td>
<td>1,276</td>
<td>558</td>
<td>349</td>
<td>1,713</td>
<td>3,218</td>
<td>7,114</td>
</tr>
</tbody>
</table>

2.6 Project Obstacles

The RMEP continues to seek opportunities that advance project operations, understanding that such advancement depends largely upon the ability to identify and confront obstacles. Some obstacles are ongoing, while others fade with effort and time. Obstacles that have challenged project success include the following:

- Agency disconnect throughout North Dakota
- Travel implications such as weather conditions and mileage
- Community attitudes/perceptions
- Cultural differences
- Glamorized drug use through video games, songs, movies, television, and internet
- Data gaps relating to methamphetamine

The RMEP has realized success by minimizing existing obstacles. The project will continue to thrive through progressive efforts that eagerly and diligently challenge all surfacing obstacles. Particularly, the Native American population in North Dakota has been recognized as a group in need of education and training pertaining to methamphetamine-related issues. Access

33
to this population has presented RMEP with some challenges, notably regarding cultural differences. However, through persistence, communities have responded quite well to the services that RMEP provides.
Section 3: Minot State University Chemistry Collaboration

The RMEP, in conjunction with faculty and students in the Science Division at Minot State University, has been working on a number of methamphetamine- and narcotic-related projects, and funds obtained by RMEP have been utilized to attain several vital instruments. These instruments have the capabilities to detect, identify, and quantify narcotics and chemical precursors used in the production of illicit drugs. They also allow for progressive research to be conducted on detection, as well the environmental impact on society and nature. New studies on various aspects of methamphetamine are being created with every question and finding. The following sub-sections discuss many of the ongoing projects dealing with methamphetamine and its production.

Section 3.1 Lithium Detection

Lithium metal is a key element in the clandestine production of methamphetamine that affects North Dakota. Lithium is used as a reducing agent during the chemical process; it is a readily available element that can be found in common household batteries. While lithium is a naturally occurring element whose toxicity is limited, elevated lithium levels in soil can indicate a methamphetamine dump or cook site. Therefore, MSU faculty (Dr. Robert Crackel) and students, in collaboration with RMEP have been testing methods for extracting lithium from soil. Studies determining optimum extraction methods and analysis protocol have been ongoing. Having concluded much of the in-house experimentation with lithium-contaminated soil, we are now moving forward with field testing at known dump sites throughout North Dakota.

Section 3.2 Methamphetamine Detection

With federally appropriated funds RMEP, in collaboration with Minot State University, was able to purchase a Gas Chromatograph Mass Spectrometer (GC-MS) for use in the detection
of methamphetamine and other materials used in its production. Methamphetamine detection and
decontamination studies have been ongoing since the purchase of the equipment.

Focusing on environmental dangers of methamphetamine contamination is one of
RMEP’s initial projects, as was the development of a home test kit. This kit would provide
individuals the ability to test surfaces in their homes that they feared had been contaminated with
methamphetamine residue. The kit provides all materials necessary to obtain a sample, as well as
step-by-step instructions on how and where to sample. The developed home test kits worked well
in a laboratory setting and are still in the field testing stage.

The field testing of the home test kit led to the creation of a new study dealing with the
degradation of methamphetamine over time. This study is currently in progress and will look at
how methamphetamine breaks down over a number of weeks at room temperature, as well as at
increased temperatures. This longitudinal study of methamphetamine will be the first of its kind.

Detection of methamphetamine in a clandestine laboratory setting can be a challenge due
to other chemicals used in production. Chemistry students at MSU are currently working on a
study dealing with this cross-contamination issue. This study will attempt to determine the
optimum protocol to find methamphetamine peak while negating the background interference.

These studies will all have great implications for remediation of former
methamphetamine laboratories. With passing of the Research Remediation Act in 2008, the need
for research on methamphetamine is quite apparent. The RMEP is excited to be on the forefront
of these researching needs.

Section 3.3 Portable Detection Equipment

Law enforcement is one area that has been swarmed with methamphetamine-related
issues. With federally appropriated funds RMEP purchased two onsite detections instruments.
The first is an ion scanner (GE Security Vapor Tracer II); an instrument that can detect narcotics and explosives at trace amounts (down to the billionth of a gram or a grain of salt cut into 1000 pieces). The other instrument is a portable Raman spectrometer (GE Security Street Lab) that can be used for preliminary identification of powders, liquids, and pills without any destruction of the sample. RMEP individuals, along with faculty and students from the science division, participated in training on these instruments. The RMEP has also provided training on these instruments to various law enforcement officials throughout the state. Both instruments are fully portable and have been used in the field by law enforcement agents.
Section 4: Prairie Public Broadcasting, Inc. Collaboration

To increase public awareness of the issues and to facilitate discussion, Prairie Public Broadcasting, Inc. produced a series of television and radio programs that examine issues of importance in the fight against methamphetamine. Originally conceived as a statewide project, Prairie Public, North Dakota’s public broadcasting service, expanded the scope to embrace South Dakota (South Dakota Public Broadcasting), Minnesota (Pioneer Public Television), Iowa (Iowa Public Television), Nebraska (NET Television), Kansas (KCPT), and Wisconsin (Wisconsin Public Television). The Rural Meth Awareness Project (RMAP) producing stations used the power of the regions’ public television and public radio stations to reach area residents and increase public awareness and discussion, not only regarding the issues, but about important ways communities can fight against the methamphetamine epidemic that is sweeping the country.

- **Combating Meth:** A 30-minute documentary that examines the anti-methamphetamine awareness campaign operated by the Rural Crime and Justice Center at Minot State University. This documentary follows the Rural Methamphetamine Education Project training associates as they bring education and awareness to combat the growing methamphetamine problem in North Dakota.

- **The Shadow of Meth:** A 60-minute television documentary that reveals how methamphetamine affects more than just the person using the drug. The documentary details how the methamphetamine epidemic has impacted the prairie region. This was illustrated through various individuals describing their personal encounters with the drug. In April of 2007, this documentary aired simultaneously on seven Midwest Station groups in Minnesota, South Dakota, Nebraska, Iowa, Wisconsin, North Dakota, and Kansas City. This documentary was supplemented with a 10-part radio series that aired mornings and afternoons in April, 2007.

- **Meth: No Easy Answers:** A 30-minute television program that follows state policymakers as they struggle to address unforeseen strains on state and county budgets, prison systems, health care, and addiction treatment providers. This documentary aired in April, 2007. This documentary was supplemented with a 10-part radio series that aired mornings and afternoons in April, 2007.
• **Safe Behind Bars:** A 30-minute television documentary that examines the impact that methamphetamine addiction has had on the state of North Dakota and the increasing numbers of women incarcerated for meth-related crimes. This documentary premiered in May, 2007 and repeated airings continued through September, 2007. This documentary was supplemented with a three-part radio series that aired mornings and afternoons in May, 2007.

Promotion and publicity for this series of documentaries included on-air promotions, direct mail, press releases and press kits, promotional appearances on television and radio, inclusion in Prairie Public’s member guide, e-newsletter and Educational Series newsletter, and paid newspaper advertisements.

A website also entitled Shadow of Meth was developed. Participating stations in RMAP have created an Outreach Kit which is available to organizations, agencies, and individuals doing presentations on methamphetamine. The Kit includes a PowerPoint presentation, graphics, and printer ready handouts that cover the following:

- Hoping and Coping: A three-fold brochure written for those who care about someone using methamphetamine
- Just Say Know: A brochure written for teenagers with tips to help them resist peer pressure to try methamphetamine
- Meth Fact Sheet: A two page handout with information about methamphetamine including its street names, history, how it is made, addictive properties, and effects and risks
- Meth Statistics: A one page flier which can be customized with information specific to your state. The file provided includes statistics pertinent to North Dakota which can be replaced with up-to-date figures for your location from recent DEA statistics which can be found at [http://www.usdoj.gov/dea/pubs/state_factsheets.html](http://www.usdoj.gov/dea/pubs/state_factsheets.html)
- References and Resources: A one page flier with web addresses for national organizations which provide help, information, and assistance to those with Meth abuse issues. It is recommended that contact information for local assistance providers be printed on the back side of this flier
- Shadow of Meth Segments: If your organization wishes to provide a public screening of Shadow of Meth, this two page handout includes brief descriptions of segment in the program for presenter reference
• Signs of Meth: A one page flier which includes warning signs of a Meth lab and common signals of methamphetamine use

In addition, segments from Shadow of Meth are available for download or on DVD at no cost by request for qualifying organizations by contacting project producers by email or by calling 1-800-359-6900. The files are provided at no cost to the public and are designed for easy distribution or use. These PDF files can be printed on any color printer, or by a commercial copier with color equipment.
Section 5: Project Recommendations

As the issues related to the threat of methamphetamine to North Dakota evolve, so do the efforts of RMEP. The initial goal of providing an awareness campaign has evolved to include a more detailed information dissemination mechanism and a proactive community-based initiative. To respond effectively to the methamphetamine threat efforts in enforcement, prevention and treatment must continue and collaborate. The RMEP remains committed to providing its services, expanding services to areas most in need, and evaluating the threat of methamphetamine in North Dakota. The RMEP is actively working on several projects that include the following:

5.1 Drug Endangered Children

The National Alliance for Drug Endangered Children (NADEC) exists to help communities make a difference in the lives of children who are in danger because their parents or caregivers are manufacturing, dealing, or using drugs. NADEC works to create and sustain multi-disciplinary teams of professionals who ensure safety of the children and ensure that evidence is gathered properly to support the prosecution of each case (National Alliance for Drug Endangered Children, 2009).

In September of 2003, North Dakota Children and Family Services reported that about 15 percent of the children in foster care were in care due to methamphetamine-related issues. As of August 2005, the percentage had risen to 23.7 percent of the caseload. The prevalence of methamphetamine in foster care caseloads has been unavailable since that time.

When reviewing the number of children involved in a clandestine laboratory reported to EPIC, RMEP found the following: four children in 2003, 15 children in 2004, one child in 2005,

Although RMEP previously worked towards establishing a North Dakota chapter of DEC, there has been limited success. It would appear that either the need for such collaborations is not present, or that communities already provide services in a collaborative manner and do not need to establish a formal DEC program. The RMEP will continue maintain contact with NADEC in order to have the most current resources available for North Dakota communities.

5.2 Mentor Community Survey

The RMEP will conduct a survey of key community members in mentor communities. Recognizing that efforts in some communities have been more successful than others and the fact that the threat posed by methamphetamine is an evolving one, this survey is an essential component to more effectively targeting the resources available. The survey will be two-fold: to more accurately identify the perceived presence and threat of methamphetamine within the communities and to gauge the community’s perception of the impact and effectiveness of RMEP’s programming within the community. Combining results from this survey with existing data and program evaluations will help to ensure program effectiveness and maximize the use of existing resources.

5.3 Methamphetamine Research Library

The RMEP has been in existence since 2001 and has compiled a great deal of data and literature. The organization of this literature into a research library will allow RMEP to continue serving as a resource. This library will make current literature readily available to human service professionals, law enforcement, and the general public.
5.4 Expand the Use of Digital Medium

The RMEP will develop a digital version of presentations and increase the utilization of the RMEP website for distribution of materials. Educational presentations will be available online and the development of a presenters’ guide will accompany presentations for those professionals that want to incorporate these materials into their local prevention/education program.

5.5 Minot State University Chemistry Collaboration

The RMEP, through appropriated funding, has acquired instruments to be used in research on methamphetamine. Onsite portable detection equipment, as well as laboratory equipment, has been used in a wide variety of research projects involving RMEP and the Chemistry Department at Minot State University. The RMEP will continue to collaborate with the Minot State Chemistry Department in the development of new methamphetamine-related research. The RMEP’s research will focus on methamphetamine environmental hazards, detection, and remediation. The RMEP will also continue providing law enforcement agencies with training on onsite detection instruments in addition to narcotic identification.

5.6 Statewide Methamphetamine Education and Awareness Campaign

The primary goal of RMEP continues to be providing a statewide methamphetamine education and awareness campaign. Conducting presentations tailored to accommodate professionals, community members, and students of all ages on the most current issues regarding methamphetamine is the primary method of this campaign.
Conclusion

The findings presented in this report represent an initial comprehensive analysis of the impact of methamphetamine in North Dakota and the response by RMEP. The findings suggest that the prevalence of methamphetamine has leveled or decreased in some areas, such as youth risk behavior, but continues to rise in others, such as corrections. While some strategies have proven more effective than others, RMEP will continue to evaluate its efforts and modify strategies to meet the threat that methamphetamine poses.

Another goal of the project will be to continue maximizing its efforts to meet the challenges posed by operating in a rural state. As RMEP moves forward with implementation of future projects, the lessons learned from current collaborations will guide its efforts.

In addition, it will continue to provide resources and services to the state of North Dakota. That, along with the evaluation of strategies, will reduce the threat and impact of methamphetamine.
References


45


Appendix A:

Community Perceptions of the RMEP Program
Community Perception of the RMEP Program

1. “... I received so many positive comments from participants ... we are 100% pleased with her presentations ... thanks for working with us in this very important area of staff development.”
   ~Jim Blomberg, Para/Aide Trainer, Souris Valley Special Services

2. “... thanks for participating in this year’s 10th annual health fair ... contributions of your time and expertise helped make this year’s health fair a great success and was greatly appreciated.”
   ~Minot Area Wellness Alliance

3. “... thank you for the excellent meth presentation ... this is such vital information that must be shared.”
   ~Vicky Campbell, staff, and students at the Adult Learning Center

4. “Thank you so much for the great presentations you provided to the Business Law classes from Magic City Campus. We enjoyed the information you provided ...”
   ~Sincerely, MCC Business Law Classes

5. “Our Ward County AARP Chapter #522 wants to thank you for your excellent presentation in meth at our meeting ...”
   ~John E. Sinn, Secretary

6. “... because of your presentations, we are all more aware of the signs of meth and have a better understanding of what it is and what it does ...”
   ~Kristen Jaeger, Marketing Representative for Reservation Telephone Cooperative (RTC)

7. “... the training was very informative and interesting ... learned valuable information ...”
   ~Therese Besemann, Community Services Coordinator for Independence Inc., Center for Independent Living

8. “... ‘Thank You’ on behalf of the staff at Upper Souris NWR on taking time to come out to the Refuge and give your presentation on Methamphetamine Awareness ... a great deal was learned by our staff.”
   ~Thomas M. Pabian, Deputy Refuge Manager, Upper Souris NWR

9. “... the information on Meth was appreciated. Participants indicated appreciation for this breakout session.”
   ~Edith Dacks & Lowell Latimer, Minot Area Retired Teachers Association

10. “... your support of promoting healthy children in the future is appreciated.”
    ~Debbie Rham
11. “Minot Area Safe Communities would like to thank you for your participation in the Summer Safety Fair (2007) . . . your dedication to the safety and welfare of the children of our communities is appreciated.”
   ~First District Health Unit

12. “. . . presentation were informative, precise, and professionally presented . . . you can be proud of what your group is providing.” (MSHA classes)
   ~Max Schriock, Owner/Engineer, AMZ Consultants

13. “The North Dakota Community Corrections Association wishes to thank you for what you have done by making a presentation to us. It was very much appreciated.”
   ~Deb Schuler, Association President

14. “. . . thank you for taking time to share your knowledge with ND EMS providers.”
   ~ND EMS Association, NW Board of Directors

15. “Thank you for taking time to speak at our annual NSAND convention. It was greatly appreciated.”
   ~Nursing Student Association of North Dakota

16. “On behalf of all parents, administrators, and teachers of the Dickinson Catholic Schools, I thank you for the wonderful presentation you gave . . . many parents commented on your program in a very positive way. As a parent and an educator, I want to personally commend you for helping so many families and kids in southwest North Dakota. You are a blessing to us all.”
   ~Bobbie Hanson

17. “Thank you for your time, energy, and commitment to helping our young people experience Marketplace for Kids. It takes a tremendous effort to make this program successful, and it wouldn’t be possible without the work of volunteers like you.”
   ~”Don't Mess With Meth” presentation in Regions I-VIII, annually from 2005-2009

18. “Please accept my sincere thanks and appreciation for your informative presentation for the Crossroads to the Future Conference. The information you shared was relevant to the overall of our training conference and to the needs of our staff. On a scale of 1 to 5, 5 being excellent, our staff rated your presentation 4.51. We appreciate your part in making this training a very positive experience for all participants. Thanks for making our conference a huge success.”
   ~LouAnn Nider, Program Administrator, North Dakota Department of Human Services

19. “. . . Organizations like yours really help to make our activities a big success. You were a great ending to our National Red Ribbon Week events within our schools. With presentations like yours, you can’t help but think you are touching the lives of many individuals.”
   ~Vanessa Graham, Emmons County SADD Director
20. “Thank you very much for your presentation ‘Methamphetamine Awareness’ . . . everyone in attendance had positive comments and will benefit from the information you provided.”
   ~Joseph O. Steichen, Supervisory Mine Inspector

21. “I just wanted to drop a short note to let you know that my County Superintendents colleagues thought the presentation that you guys did for us on Monday was just excellent. I too, of course, would have to concur with their thoughts. Thank you so much for taking the time to share some time with us. I suspect you will be hearing from some of those same people in the future.”
   ~Buster Langowski, Mercer County Supt. of Schools

22. “. . . thank you for the great information you provided to our employees. I enjoy presentations that leave the employee asking questions and discussing the issue among themselves days after. You did an excellent job and I will continue to promote this service and hopefully we will have other organizations take advantage of it.”
   ~Lynn Beiswanger, Safety Coordinator, TSM Division, Basic Electric Power Cooperative

23. “Thanks so much for the great presentation you provided for the RHDs. We are eager to have you back for another discussion with the RAs”
   ~Amber O’Brien, Residence Life Coordinator, MSU