Rural Crime & Justice Center
A University Center of Excellence

Final Report
Grant #2005CKWX0285

June 2008

Presented by:
Rural Methamphetamine Education Project
Rural Crime & Justice Center
Minot State University
Minot, North Dakota
Final Report

Prepared for

The Rural Crime & Justice Center (RCJC)
of Minot State University

Rodney Hair, Executive Director
Dr. Harry Hoffman, Research Director

By

The Rural Methamphetamine Education Project (RMEP)

Compiled by
Nathan Anderson, Training & Research Associate
Chad Carr, Training & Research Associate
Lory Keller, Training & Research Associate
Rachelle Loda, Training & Research Associate
Cari Olson, Training & Research Associate
Trista Ortynsky, Training & Research Associate
Dawn Reule, Training & Research Associate
Matthew Schaefer, Training & Research Associate

June 2008

This project is funded by the Office of Community Orientated Policing Services (COPS) and the U.S. Department of Justice (USDOJ).
Grant #2005CKWX0285

For additional copies, contact the RCJC at:
Rural Methamphetamine Education Project
Rural Crime & Justice Center
Minot State University
500 University Avenue West
Minot, ND 58707
(701) 858-3440
(701) 858-3460 (fax)
www.minotstateu.edu/rcjc
# Table of Contents

Table of Contents ................................................................. iii

List of Figures ................................................................. v

Executive Summary .......................................................... 1

Introduction ........................................................................... 3

Section 1: Methamphetamine in North Dakota ............................................ 5
  1.1 Transportation ................................................................. 5
  1.2 Distribution ..................................................................... 7
  1.3 Seizures and Arrests ......................................................... 9
  1.4 Department of Corrections and Rehabilitation .................. 12
  1.5 Youth Risk Behavior Survey ........................................... 12
  1.6 Treatment Episode Data Set ........................................... 13
  1.7 Workplace Drug Testing ............................................... 15
  1.8 National Survey on Drug Use and Health ...................... 15
  1.9 Associated Activity ....................................................... 17
  1.10 Children and Family Services ........................................ 18
  1.11 Enforcement ............................................................... 19
    1.11.1 Special Topic ........................................................ 19
    1.11.2 DEA Mobile Enforcement Teams ............................ 19
    1.11.3 DEA Regional Enforcement Teams ......................... 19
    1.11.4 High Intensity Drug Trafficking Area ...................... 20
  1.12 Initiatives/Programs ..................................................... 20
    1.12.1 Retail Meth Watch Program .................................. 21
    1.12.2 Prevention Resource Center .................................. 21
    1.12.3 Intertribal Task Force ............................................. 21
    1.12.4 Drug Courts ......................................................... 22
    1.12.5 Treatment Efforts ................................................ 22
  1.13 Legislation .................................................................. 23
  1.14 Clandestine Lab Cleanup .............................................. 24
  1.15 Native American Issues ................................................ 25

Section 2: Rural Methamphetamine Education Project ................................ 28
  2.1 Additional Strategies ................................................... 28
  2.2 Presentation ................................................................. 29
  2.3 Presentation Evaluations ............................................... 30
    2.3.1 Instrument Development ....................................... 31
    2.3.2 Data Collection ..................................................... 31
    2.3.3 Results .................................................................. 32
    2.3.4 Discussion/Conclusion ........................................... 33
  2.4 Mentor Communities ..................................................... 34
    2.4.1 Devils Lake/Fort Totten .......................................... 35
List of Figures and Tables

Section 1: Methamphetamine in North Dakota ..........................................................5
  Table 1.2.1 Methamphetamine Street Cost ..........................................................9
  Figure 1.3.1 Clandestine Methamphetamine Lab Seizures .................................9
  Figure 1.3.2 ND Methamphetamine Seizures .....................................................10
  Figure 1.3.3 State Crime Lab Testing .................................................................10
  Figure 1.3.4 North Dakota Methamphetamine Arrests by Year ............................11
  Figure 1.3.5 North Dakota Drug Offense Arrests by Drug Type and Year ..........11
  Figure 1.3.6 Federal Drug Sentencing ...............................................................12
  Figure 1.5.1 2007 ND High School YRBS Data ...............................................13
  Figure 1.5.2 YRBS Summary by Region .............................................................13
  Figure 1.6.1 North Dakota Substance Abuse Treatment Admissions .................14
  Figure 1.7.1 Workplace Positive (Amphetamine) Rates ....................................15
  Figure 1.8.1 NSDUH Report i37 Figure 1 ..........................................................16
  Figure 1.8.2 NSDUH Report i37 Figure 2 ..........................................................17

Section 2: Rural Methamphetamine Education Project .........................................28
  Table 2.3.3.1 Average Rating on the 5 Point Scale ...........................................32
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.

- In the fiscal year 2007, RMEP provided 221 presentations to 22,467 individuals.
  - To include 135 youth presentations, 17 adult awareness presentations, and 69 staff training presentations.
  - In the fiscal year 2007, RMEP provided 20 presentations to 1,779 individuals throughout the four Native American Indian Reservations.

- 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.

- RMEP conducted a state-wide research project surveying emergency services personnel titled Emergency Services Personnel Needs Assessment (ESPNA).
  - The three most common illicit drugs identified by ESPNA respondents were Methamphetamine (40.4%), Prescription Drugs (39.0%), and Marijuana (33.6%).
  - One-third (33.0%) of ESPNA respondents reported increased involvement with methamphetamine-related incidents from the previous year.
  - A majority (63.5%) of ESPNA respondents believe they are inadequately trained to handle a methamphetamine-related incident (17.5% strongly disagree and 45.9% disagree).

- RMEP conducted a state-wide research project surveying current North Dakota Social Workers (NDSW) titled Impact of Methamphetamine: A survey of social workers in North Dakota.
  - Although clandestine production of methamphetamine has diminished in North Dakota, safety issues regarding methamphetamine persist for social workers in the field. Agencies/organizations should carefully review safety guidelines and procedures to ensure the safety of NDSW and of clients.
NDSW confirmed that methamphetamine is greatly impacting children and families in North Dakota. Agencies that provide services to children and families should carefully review training opportunities, community resources, and potential collaborations to improve the continuum of care for children and families affected by methamphetamine.

The majority (73%) of NDSW report that their education did not prepare them for methamphetamine-related tasks in their work setting. In addition, the majority (83%) of NDSW report that the availability of methamphetamine-related post degree training/education is limited.

- Collaboration with Minot State University Chemistry department continues to explore lithium detection, ammonia 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 resulted in the production of a series of television and radio programs, outreach kits, 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

In the 2002 North Dakota Drug Threat Assessment, the National Drug Intelligence Center (NDIC) described methamphetamine as being “the most significant drug threat to North Dakota and is the drug-related investigative priority for federal, state, and local law enforcement officials.” In the 2004 National Drug Threat Assessment, the NDIC again stated, “The threat posed to the United States by the trafficking and abuse of methamphetamine is high and increasing.”

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 (NDBCI), North Dakota Department of Health and Human Services, North Dakota Department of Corrections and Rehabilitation, 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 presence and effectiveness in the distribution of methamphetamine. These organizations are difficult to combat and have even reached smaller communities throughout North Dakota.
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), developed by RCJC, 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 has expanded its mentor community activities utilizing many aspects of the community-based process strategy, detailed by ONDCP, in order to continue strengthening each community’s ability to respond to the threat of methamphetamine. In order to understand the specific threats methamphetamine poses to North Dakota, RMEP has continued its research efforts as well. This report details the efforts of RMEP.
Section 1: Methamphetamine in North Dakota

In November of 2005, ONDCP produced “Cities without Drugs: The ‘Major Cities’ Guide to Reducing Substance Abuse in Your Community.” One of the first steps detailed in this guide details 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.” Recognizing that a comprehensive assessment of the methamphetamine threat to North Dakota has not been produced, RMEP conducted an analysis of available public information and publications to better identify this threat and to identify possible data gaps that exist.

1.1 Transportation

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 methamphetamine distribution throughout the state. 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 (U.S. Drug Enforcement Administration, 2007).

Mexican criminal groups transport multi-pound quantities of methamphetamine into North Dakota. Officials from the North Dakota Bureau of Criminal Investigation (NDBCI) and the Drug Enforcement Agency (DEA) Fargo Resident Office report that these groups are the primary transporters of methamphetamine into North Dakota from
source areas in Mexico, as well as California. Minnesota and Washington are distribution centers for methamphetamine transported to North Dakota. The Office of the State's Attorney and law enforcement officials in Fargo and Grand Forks agree that Mexican criminal groups are responsible for most of the Mexico-produced methamphetamine transported into their jurisdictions.

Bismarck police officers report that some Mexican males, most of who are in the United States illegally, transport an estimated 15 to 20 pounds of methamphetamine into their jurisdiction every two weeks via private vehicles licensed in California or Washington. Some of this methamphetamine likely is distributed throughout the state.

In 2000, an Organized Crime Drug Enforcement Task Force (OCDETF) investigation targeted a Mexican criminal group that used private vehicles to transport methamphetamine into the Fargo/Moorhead area. In July 2001, Grand Forks Area Narcotics Task Force officers seized 10 pounds of methamphetamine hidden in the gas tank of a private vehicle. Three Mexican males who were arrested in association with the seizure had transported the methamphetamine from Minneapolis, Minnesota into Grand Forks.

Mexican criminal groups primarily use Interstates 29 and 94 to transport methamphetamine into the state. Interstate 29 connects the eastern cities in North Dakota to Sioux City, Iowa and Omaha, Nebraska which are methamphetamine distribution centers for the region, according to the Midwest High Intensity Drug Trafficking Area. Interstate 94 links North Dakota with interstates that extend to California, Minnesota, and Washington as well as Denver, Colorado. These groups also use US 2, 83, 85, and 281 as secondary routes to transport methamphetamine into North Dakota.
Transporters sometimes use other modes such as package delivery services, tractor-trailers, and passenger trains to transport methamphetamine into North Dakota. Officials from the Stutsman County Task Force report that in one methamphetamine investigation, transporters concealed the drug in stuffed animals and mailed them via package delivery services from California.

The Sons of Silence Outlaw Motorcycle Gangs (OMG) also transports small amounts of methamphetamine for distribution in North Dakota, primarily from chapters in Colorado. Members of Colorado chapters transport Mexico-produced methamphetamine to North Dakota chapters or North Dakota chapter members transport the drug from Colorado. Sons of Silence maintain chapters in Bismarck, Fargo, Grand Forks, and Minot (National Drug Intelligence Center, 2002).

1.2 Distribution

Mexican criminal groups transport methamphetamine and control the drug’s wholesale distribution in North Dakota. DEA and state law enforcement agencies report that these groups distribute multi-ounce and larger quantities of methamphetamine in the state. When arrested, members of these groups are deported to Mexico where they often obtain new identities and then return to the United States.

Caucasian and Native American local independent dealers are the primary retail distributors of Mexico and California-produced methamphetamine. Independent methamphetamine producers, primarily Caucasians, are the retail distributors of locally produced methamphetamine. Officials from the Metro Area and Northwest Narcotics Task Forces, as well as the Stutsman and Ward County Task Forces, report that Caucasian local independent dealers are the primary retail methamphetamine distributors.
in their jurisdictions. Officials from NDBCI report that Native American local independent dealers distribute methamphetamine at the retail level throughout the state. Dickinson Police Department and NDBCI officers indicate that local independent producers, who produce methamphetamine primarily for their own personal use, also are involved in the retail distribution of their product.

Mexican criminal groups often form associations with Native Americans to distribute methamphetamine. NDBCI officers report that groups of Mexican migrant workers use Indian reservations as a place of refuge. Once there, the Mexican group members seldom leave the reservations to distribute drugs; rather, they employ Native Americans to distribute the drugs for them. These Native Americans then distribute the drugs to Caucasians in cities such as Bismarck, Fargo, and Grand Forks. Caucasian users also go to the reservations to purchase methamphetamine. An investigator with the Turtle Mountain Reservation Drug Task Force identified four groups of Native Americans with ties to Mexican criminal groups.

The Sons of Silence OMG also distributes methamphetamine at the retail level throughout North Dakota. They typically use smaller, affiliated OMGs to distribute the drug at the retail level which insulates it from law enforcement scrutiny, according to officials from the DEA Fargo Resident Office and NDBCI.

There are no specific locations within North Dakota cities in which to purchase user quantities of methamphetamine. Retail sales are arranged by word of mouth and take place in private residences. According to the BCI and the DEA Fargo Resident Office, if an individual wants to purchase user quantities of methamphetamine, that person must have a contact; there are no "cold buys" (National Drug Intelligence Center, 2002).
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 NDBCI.

As of March 23, 2006 this information may be used in calculating the illegal market value of methamphetamine.

**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>¼ oz Powder*</td>
<td>$500 - $800</td>
</tr>
<tr>
<td>⅛ 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 NDBCI. Clandestine methamphetamine lab seizures include operational labs, non-operational labs, chemical equipment/glassware seizures, and dumpsites.

**Figure 1.3.1**

*include operational labs, non-operational labs, chemical equipment/glassware seizures and dumpsites*
Figure 1.3.2

ND Methamphetamine Seizures

SOURCE: DEA

<table>
<thead>
<tr>
<th>Year</th>
<th>Methamphetamine (kgs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>1.6</td>
</tr>
<tr>
<td>2003</td>
<td>1.6</td>
</tr>
<tr>
<td>2004</td>
<td>0.1</td>
</tr>
<tr>
<td>2005</td>
<td>3.8</td>
</tr>
<tr>
<td>2006</td>
<td>6.7</td>
</tr>
</tbody>
</table>

Figure 1.3.3

State Crime Lab Testing

SOURCE: Office of Attorney General, Crime Laboratory Division

<table>
<thead>
<tr>
<th>Year</th>
<th>% of methamphetamine*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>16</td>
</tr>
<tr>
<td>2001</td>
<td>21</td>
</tr>
<tr>
<td>2002</td>
<td>25</td>
</tr>
<tr>
<td>2003</td>
<td>21</td>
</tr>
<tr>
<td>2004</td>
<td>23</td>
</tr>
<tr>
<td>2005</td>
<td>27</td>
</tr>
</tbody>
</table>

*Methamphetamine/Amphetamine
Figure 1.3.4

North Dakota Methamphetamine Arrests by Year

* Totals differ from those published in Crime in North Dakota. Data received after reporting deadlines are included.

SOURCE: NDBCI

Figure 1.3.5

North Dakota Drug Offense Arrests by Drug Type and Year

* Totals differ from those published in Crime in North Dakota. Data received after reporting deadlines are included.

SOURCE: NDBCI
1.4 Department of Corrections and Rehabilitation

“The abuse of methamphetamine with intravenous needle usage has paralleled the increase of Hepatitis C in our offender population. Approximately 62 percent of offenders entering our prison system admit to using methamphetamine.” (North Dakota Department of Corrections and Rehabilitation, 2001).

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.” (North Dakota Department of Human Services, 2005).

1.5 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 biannually in the spring of odd years.

**Figure 1.5.1**

![Graph showing percent who have used methamphetamine 1 or more times in their lifetime](source: YRBS)

**Figure 1.5.2**

![Graph showing YRBS Summary by Region](source: YRBS)

### 1.6 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.

**Figure 1.6.1**

The North Dakota TEDS show a steady prevalence of females entering treatment for methamphetamine as their primary substance of abuse. From 2000 to 2005 the average rate of females reporting methamphetamine as their primary substance of abuse was 47.5 percent. In 2005, 53 percent of primary methamphetamine treatment episodes were female.
1.7 Workplace Drug Testing

Quest Diagnostics Incorporated, the leading provider of employer drug testing services in the United States, releases a semi-annual Drug Testing Index® every year reporting the use of amphetamines among the general workforce and federally-mandated safety-sensitive workers. According to Quest Diagnostics Inc., the use of amphetamines among workers grew rapidly from 2000-2003 and continued to grow, though at a slower rate, in 2004.

In North Dakota, workplace drug testing results showed a 33.9 percent decrease in positive tests for amphetamine measuring the first five months in 2006, compared to the same period one year earlier.

Figure 1.7.1

1.8 National Survey on Drug Use and Health

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The combined 2002-2005 data are based on information obtained from 271,978 persons aged 12 or older. The survey collects data by administering questionnaires to a representative sample of the population
through face-to-face interviews at their place of residence. NSDUH asks respondents aged 12 or older to report on their past year use of methamphetamine. The following graphs present estimates of past year methamphetamine use among persons aged 12 or older in each of the 50 States and the District of Columbia. All findings presented in these graphs are annual averages based on combined 2002, 2003, 2004, and 2005 NSDUH data.

Figure 1.8.1
National Survey on Drug Use and Health (NSDUH)
2006 NSDUH Report, i37

Figure 1. Percentages of Persons Aged 12 or Older Reporting Past Year Methamphetamine Use, by State: 2002, 2003, 2004, and 2005
1.9 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 Drug Intelligence Center, 2006).
An increase in meth prevalence was also noted in the Methamphetamine Research &
Effects within the Temporary Assistance for Needy Families (TANF) population report;
A Case Study in Cass County North Dakota (ND TANF Study), “Specifically in North
Dakota, methamphetamine (meth) use is making an increasingly prevalent emergence in
the TANF caseload. In addition, the United States Drug Enforcement Administration
(DEA) estimates that young children (12-14 years old) who live in smaller towns are 104
percent more likely to use meth than their counterparts who live in larger cities. This
statistic, combined with the reality that serious drug dependence is about twice as
common among TANF recipients than non-recipients, underscores the concerns of meth
use in rural North Dakota and its impacts on the TANF, JOBS, and child welfare
systems.” (Nakashian, 2004).

1.10 Children and Family Services

The number of children placed in the North Dakota foster care system because of
methamphetamine-related issues continues to grow. In September 2003, Children and Family
Services director Paul Ronningen testified before the Budget Committee on Government
Services regarding the impact of methamphetamine on child welfare. At that time, about 15
percent of the children in foster care were in care because a parent or guardian was using,
manufacturing, or selling methamphetamine. Of these, half would probably not have been
removed if methamphetamine was not a factor. There may have been some under-reporting
because some of the data had not been documented on children who recently entered care. As of
August 2005, the percentage of children entering foster care due to methamphetamine-related
issues had risen to 23.7 percent of the caseload. Children and Family Services again indicated
that it is likely that about half of children would not be in care if methamphetamine had not been a factor (North Dakota Department of Human Services, 2004).

Additional observations by County Social Service employees included:

- With parents imprisoned, foster care was the only option
- Meth presents a hazardous environment to children
- Meth-related situations require intense case management
- Some employees quit their jobs because of the increased risk of personal harm due to confronting people
- Several counties noted increased child abuse and neglect reports (North Dakota Department of Human Services, 2003).

1.11 Enforcement

According to the DEA North Dakota State Fact Sheet 2007, there are several additional resources available to state and local law enforcement.

1.11.1 Special Topic

“Currently, there are six task force officers, representing five law enforcement agencies, assigned to the DEA in North Dakota.” (DEA, 2007).

1.11.2 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.” (DEA, 2007).

1.11.3 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 (DEA, 2007).

1.11.4 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 (Office of National Drug Control Policy, 2007).

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 (DEA, 2007).

1.12 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:
1.12.1 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. 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

1.12.2 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 (North Dakota Department of Human Services, 2007).

1.12.3 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 (United Tribes Technical College, 2006).

1.12.4 Drug Courts

As of November 22, 2006, there were 10 drug courts in existence or being planned in North Dakota. Six drug courts had been operating for more than two years and three were being planned in preparation at that time. An additional planned drug court that was inactivated had been resurrected (Office of National Drug Control Policy, 2007).

1.12.5 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 (North Dakota Department of Human Services, 2007).

1.13 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. Compiling a list of methamphetamine-related legislative activity, attempting to gauge its impact within the state, and comparing North Dakota legislation to similar states legislation is one of the goals of RMEP for its next report. Samples of legislative issues discussed in North Dakota include but are not limited to:

- Limit access to the chemicals used in meth 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 meth 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 meth
- 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

1.14 Clandestine Lab Cleanup

The Department of Health [Division of Waste Management] recognizes the potential public health and safety concerns associated with meth labs. In response, the department has developed best management practices for cleanup of such labs that address chemicals used in the production of meth. The department believes that affected properties, if cleaned in accordance with these best management practices, will be safe for reoccupation. This information is available to the general public, property owners responsible for cleanup, public health units, and law enforcement officers for reference and use...

...the Department of Health has been working with the Bureau of Criminal Investigation in matters pertaining to meth labs. The Bureau of Criminal Investigation is willing to keep the department updated on the location of seized laboratories. The department, in turn, is willing to keep local public health units apprised of such information to and work with them to ensure that cleanup information is provided to affected property owners (North Dakota Department of Health, 2005).
1.15 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 (National Drug Intelligence Center, 2007).

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 (North Dakota Commission on Drug and Alcohol Abuse, 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 (United Tribes Technical College Intertribal Justice Program testimony, April, 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…” (Indian Country Today, 2007).


Section 2: Rural Methamphetamine Education Project

The main goal of RMEP is to deliver a public awareness and education campaign to children, schools, teachers, parents, and communities. The public awareness campaign is a multi-faceted approach involving the printing and dissemination of materials regarding methamphetamine to the direct delivery of schools, victims, former users, and treatment counselors.

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. 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, the RMEP offers resources online at www.minotstateu.edu/rejc. 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 two editions of the Learn More Series: “Flavored Methamphetamine” and “Environmental Impact of Meth."

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.raonline.org
- Northwest Portland Area Indian Health Board: http://www.npaihb.org
- Drug-Rehabs.org: http://drug-rehabs.org
Public Service Announcements (PSA) continue to be designed and broadcasted on radio stations across the state of North Dakota. The RMEP continues to contract with a local company that produces PSA messages that have proven successful in the past. The RMEP will continue to expand its dissemination strategies. Expanding the use of digital medium to more effectively make materials available in a rural state is one of the strategies to be explored.

2.2 Presentation

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. Recognizing the need for training in several fields, RMEP currently offers Contact Hours/Continuing Education Credits for EMS (to include firefighters and first responders), Law Enforcement, Licensed Social Workers, Nursing Staff, and Licensed Addiction Counselors (to include Licensed Professional Counselors & Licensed Professional Clinical Counselors). 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, 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, consequences and penalties for meth-related activity

• Children at Risk: Prenatal exposure, lab exposure, drug-focused lifestyle of parent/caregiver

• Intervention: Strategies used with drug exposed children

• Treatment: Myths v. 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 (detailed on page 56) to the presentation. These video clips show the human side of the threat and consequences that methamphetamine poses in North Dakota.

In the fiscal year 2007, RMEP made 221 presentations to 22,467 individuals. These presentations included 135 youth presentations, 17 adult awareness presentations, and 69 staff training presentations. RMEP associates have attended 67 coalition/safety meetings and 28 booth displays in which attendance at the events totaled 12,364 individuals.

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 opinion’s 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 school classes
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 there appeared to be a pattern in the results. 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 recommend 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 will 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. The results of the external group evaluations are then provided to RMEP associates. The examination of the external evaluations provides similar results as RMEP presentation evaluations. The external evaluations can be considered a verification of results for the RMEP internal presentation evaluation.

According to the presentation evaluations, both internal and external, RMEP presentation is well received by the audiences that it has been presented to. 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.

2.4 Mentor Communities

In an attempt to reach the goals and objectives of providing education and awareness pertaining to methamphetamine, RMEP has established mentor communities throughout North Dakota. Utilizing several activities detailed in ONDCP Community-Based process strategy, RMEP provided assistance in collaborating with community members, teachers, students, law enforcement, and other entities within the community to work towards the goal of methamphetamine prevention.
As part of the mentor community initiative, in an effort to eliminate methamphetamine, multiple strategies were employed within all communities. The strategies utilized include but are not limited to:

- Delivery of age appropriate community presentations
- Providing training to community organizations
- Coverage by local newspapers 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
- Distribution of “Drugs and Youth” media (DVD/VHS) and methamphetamine literature to Hazen and Beulah school officials and community

The mentor communities consist of the following towns and cities: Devils Lake/Fort Totten; Dickinson; Fort Berthold; Hazen/Beulah; Minot; Valley City; Wahpeton; and Williston/Watford City. 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.

2.4.1 Devils Lake/Fort Totten

Contact with Devils Lake representatives has been minimal during the past year. Future contact is going to focus on school level educational efforts. Marketplace for Kids was the primary target in this location during 2006 and into 2007.

Contact with community leaders was initiated with Fort Totten in May of 2006. The tribal court members contacted RMEP seeking some information regarding the project and also
seeking information regarding the development of a task force. Presentations were delivered to the tribal court employees, and some assistance was provided in the initial stages of forming a community level task force. The community task force is a work in progress, and consistent contact has been maintained with RMEP as a point of reference.

A highly successful event involving RMEP was hosted at the local high school in November 2006. The Leaders of Tomorrow conference consisted of three days filled with information pertaining not only to substance abuse, but also included a focus on other issues that Native Americans encounter.

2.4.2 Dickinson

The RMEP has been actively pursuing methamphetamine prevention in Dickinson and the surrounding area since April 2004. Identifying community stakeholders, potential collaboration opportunities, resources, at-risk populations, and issues related to methamphetamine were critical first steps in these efforts. Building rapport with community stakeholders, law enforcement, and other community agencies has been an ongoing effort to improve communication and the effectiveness of distributing services within the community.

In an effort to include information specific to Dickinson and to accurately identify the methamphetamine-related problems, RMEP coordinated a community forum at the request of U.S. Senator Byron Dorgan (D-ND). A panel of community leaders and agencies including law enforcement, treatment providers, child protection, courts, juvenile justice, hospital and health, support groups, community legislatures, and more was arranged to address the following questions:

- What is the methamphetamine issue in the Dickinson community?
- What is this community doing to combat the issue?
- What is working? What are the challenges?
• What are the community goals and what events are ahead?

The event was an excellent venue to identify some of the key obstacles the community faced and the concerns expressed at the forum echoed the data that had been collected. Difficulties in accessing the appropriate treatment, lack of proper detoxification facilities, child protection and removal issues, reduction in funding for law enforcement activities, and lack of community resources were some of the issues identified.

The RMEP has been active in the community by attending organizational meetings to plan and coordinate prevention efforts, providing methamphetamine awareness presentations, conducting methamphetamine staff trainings for various organizations, and participating in community events such as health fairs and prevention programs.

2.4.3 Fort Berthold

Initial contact was made in 2005, with the request for a methamphetamine awareness presentation. This has resulted in several presentations to the general public, schools, various businesses, and service organizations located on Fort Berthold Indian Reservation. Due to the continual request of presentations, a coalition was formed and is represented by individuals from the Circle of Life, local law enforcement, local housing authority, prosecution, Gerald “Tex” Fox Correctional Facility representatives, and schools. Now termed SYDE, or Stop Youth Drug Endangerment, this pro-active group has been instrumental in numerous efforts in the war against methamphetamine.

A partnership between SYDE and RMEP was formed and the two organizations meet on a regular basis. The RMEP continues to offer support through media relations, implementation of surveys and analyzing data, fundraising efforts, representation for the Annual Methamphetamine Summit, methamphetamine literature and brochures, and to simply serve as a resource.
2.4.4 Hazen/Beulah

The RMEP continued to actively participate in the Hazen and Beulah communities throughout this past year. As part of the effort, an RMEP representative has attended monthly Community Health Task Force (CHTF) meetings in both Hazen and Beulah. The meetings also benefited RMEP, serving as powerful networking forums that support the goals and objectives of RMEP.

The RMEP introduced Hazen and Beulah to additional training opportunities with RCJC’s new drug instruments. Beulah law enforcement acted upon the opportunity, sending a representative to learn more about the equipment at a drug instrument training session in Minot. The law enforcement official was excited to learn about the new equipment and, therefore, organized a training session for law enforcement and drug task force agents in the Beulah area.

Throughout the next year, RMEP plans to continue active membership on the CHTF’s in Hazen and Beulah. Representatives from both Hazen and Beulah expressed interest in utilizing RMEP as a resource more frequently in the upcoming months. The associate will continue to endorse RMEP presentations and booth displays, distribute educational tools to include pamphlets and DVDs, and actively promote drug instrument training sessions for law enforcement and other interested stakeholders.

2.4.5 Minot

The RMEP made initial contact with the Minot Police Department in March, 2004 regarding RMEP services. The RMEP was invited to make a presentation and to join the Mayor’s Council for a Safe Community. In December 2007, the council officially changed its name to Safe Communities of North Central Dakota (SCNCD), as the coalition continues to expand out of Minot and Ward County. Many agencies participate in the SCNCD, including
representatives from law enforcement, fire and rescue, domestic violence, health agencies, education, media, and Minot Air Force Base. The SCNCD is a proactive group organizing and supporting family-oriented events throughout the year to raise awareness on various safety issues. The RMEP continues to attend monthly meetings and is active on several sub-committees.

The RMEP also became an active member of the Minot Area Safety Association (MASA) in June 2004. This association is comprised of various businesses in Minot and the surrounding area. Each month a new safety topic is covered. The RMEP involvement in MASA expanded to include serving on the board since April of 2006.

The RMEP has continued to collaborate with the existing community coalitions that exist in the Minot area. Monthly meetings with SCNCD and MASA have allowed RMEP to maximize its networking within the existing prevention, safety and education activities within Minot community and have lead to numerous presentations and additional collaborations.

The RMEP will continue to be an active member of SCNCD and MASA. Continued collaboration within existing school programs will continue as well. In addition to its presentations to Minot High School Central Campus RMEP plans to be involved with freshman orientation at Minot State University as well as collaborate with the Minot Public Schools Community Learning Center (CLC). The RMEP will provide presentations to all 6 Minot area schools involved in the CLC program. These presentations fulfill a key component of the CLC grant requirements. The RMEP continues to make presentations at the MSHA and OHSA classes provided by AMZ consultants. Continued dissemination of information via written materials, DVD’s and involvement in community events is a key strategy that RMEP will pursue.
2.4.6 Valley City

Initial contact with Valley City community leaders and members was established in early 2005. Since then, RMEP has been in consistent contact with the Barnes County Methamphetamine Task Force. The mission of the task force is, “To reduce the incidence of methamphetamine use/addiction in Barnes County by implementing proven prevention tools, conduction and aggressive education campaign to recruit broad community support, and promote treatment for methamphetamine addicts.”

Effort has also been made to work with the Community Resources Collaboration in Valley City. The goal of the Community Resources Collaboration is to utilize RMEP’s existing programs and resources to the best of their abilities and help the community reach its full potential.

Several strategies have been effective in working with this community. Community coordinated events have been very well received in Valley City. Booth displays at the Valley City Winter Show, participation in community education and awareness events, and consistent collaboration with the Barnes County Task Force have reached a lot of community members in the area in terms of methamphetamine awareness and prevention.

2.4.7 Wahpeton

In February 2006, initial contact with RMEP took place. “Standing Together on Meth Prevention (STOMP),” was a collaborative effort initiated by Richland and Wilkin Public Health, Wilkin Law Enforcement, and the North Dakota State College of Science. RMEP was invited to participate in this event and provided two training and research associates to accompany a booth display.
In June 2006, RMEP was invited to participate in the Determined to Rise and Exist above Methamphetamine (DREAM). This event was hosted by the Lake Traverse Indian Reservation, homeland to the Sisseton-Wahpeton Oyote.

Prospective objectives for Wahpeton aim toward utilizing a more regional approach. Initial contact and preliminary exploration into existing community efforts has revealed that Wahpeton may be better served through the continued collaboration of regional resources.

2.4.8 Williston/Watford City

Initial contact with the Williston/Watford City area was made in 2005. Primarily, RMEP has continued to work with the Williston Safe Communities Coalition. The Williston Safe Communities Coalition is headed up by members of the Region 1 Community Action Partnership. There are various agencies and representatives that make up the coalition, including law enforcement, prevention specialists, court personnel, social workers, treatment providers, educators, students, media personnel, and parents. Within the coalition there are three committees: occupant protection, alcohol, and data.

- The occupant protection committee primarily is involved with seatbelt usage awareness and child safety seat education
- The alcohol committee is involved with alcohol, tobacco, and other drugs (ATOD) related programs (i.e. server training, alcohol and tobacco compliance checks)
- The data committee is involved with compiling and presenting data regarding traffic accidents (alcohol related and seatbelt usage) and underage drinking incidents

Contact with the Safe Communities Coalition has created the following training opportunities throughout the past year: presentations for Tioga High School and Community; Booth Display at the Williston Basin Indian Club Pow-Wow; presentations for nurse and clinic staff in Trenton, ND; presentations for all 4\textsuperscript{th}, 5\textsuperscript{th}, and 6\textsuperscript{th} grade students in three Williston elementary schools
(Hagan, Lewis & Clark, and Wilkinson); attended the Region 1 Partners in Prevention Conference and presentations at Marketplace for Kids hosted by Williston State College.

2.5 RMEP Involvement on Native American Reservations

The RMEP has been increasing its presence on Native American reservations. Since 2004, RMEP has met or presented to over 8,100 Native Americans within the four reservations of North Dakota – Turtle Mountain, Spirit Lake, Standing Rock, and Fort Berthold – and bordering communities on South Dakota reservations. The RMEP has been invited to participate in several educational events, conferences, and community events. The RMEP has been asked to serve as a resource to various community groups and coalitions.

2.5.1 Fort Berthold

Stop Youth Drug Endangerment (SYDE) is a proactive group that has been instrumental in numerous efforts in the war against methamphetamine. The RMEP offers support through media relations, implementation of surveys, analysis of data, fundraising efforts, representation at the Annual Methamphetamine Summit, and supplying free methamphetamine literature and brochures. The RMEP assisted in a survey of middle and high school youth on Fort Berthold. SYDE wanted to learn precisely what people between the ages of 12 and 18 were doing with their time.

The Mountrail County Task Force that encompasses Fort Berthold also distributed a survey that RMEP analyzed. The survey was distributed to area businesses, school faculty and administrators, and parents. Its goal was to gauge reservation community members’ attitudes toward domestic violence and bullying, alcohol abuse, availability of illicit drugs, and the overall safety of reservation communities.
2.5.2 Spirit Lake/Turtle Mountain

The RMEP has been very well received in both Fort Totten and Belcourt which are part of the Spirit Lake Reservation and Turtle Mountain Reservations, respectively. Methamphetamine presentations have been provided to various entities – tribal court employees, juveniles on probation, high schools, Spirit Lake Casino staff, a methamphetamine summit, a youth cultural camp, and a methamphetamine task force.

2.5.3 Standing Rock (North Dakota and South Dakota)

The RMEP was first invited to deliver nine prevention presentations at five different communities throughout Standing Rock. The RMEP presented to various elementary schools, middle schools, and high schools throughout the reservation in both North Dakota and South Dakota. Prairie Knights Casino requested staff trainings on two separate occasions. An additional training was provided for Standing Rock Tribal employees.

At the request of United Tribes Technical College Justice Programs and Standing Rock Indian Health Services, RMEP developed a four-hour mini-conference designed for professionals working on the reservation. Law enforcement, health professionals, tribal leaders, and educators had the opportunity to attend the conference at any of the following locations: Prairie Knights Casino (ND), Grand River Casino (SD), Sitting Bull College, and Standing Rock Head Start.

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 ND
- 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 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: Emergency Services Personnel Needs Assessment

In an effort to better understand the methamphetamine issue in North Dakota, RMEP developed a survey to examine the issues amongst emergency services personnel, as well as emergency room staff. The survey was titled “Emergency Services Personnel Needs Assessment” (ESPNA).

The survey was developed to examine the extent of the methamphetamine issue across the state of North Dakota and to further explain the statewide impact on emergency services. This research project was also used to gather emergency services personnel perceptions in relation to methamphetamine within the state. The research conducted will provide information and explanation on exactly how emergency services personnel are currently responding to methamphetamine-related activity. The data will also identify areas requiring programmatic and operational enhancement.

The RMEP contacted several agencies to obtain the extensive list and contact information of all licensed Emergency Services Personnel (ESP) across North Dakota in effort to gather the perspectives of ESP statewide. The RMEP initially contacted the North Dakota Fire Marshal’s office in Bismarck, North Dakota to acquire a list of fire chiefs. The North Dakota Department of Health (NDDH) was also contacted to gather the extensive list of licensed emergency medical services Emergency Medical Services (EMS) personnel.

The databases obtained by NDDH categorized the EMS contact information into four categories based on levels of completed training. The four categories were as follows: Intermediate, Paramedic, Emergency Medical Technician (EMT), and First Responders. A list was also obtained from NDDH website to gather statewide contact information for medical facilities equipped to handle emergency services. Telephone contact was then made with the
Director of Nursing at the listed medical facilities to determine if their facility offered emergency services. If the facility offered emergency services, the number of personnel available to participate in the survey was determined. Upon collection of the individual databases, researchers compiled the data to generate one comprehensive database.

The population identified for this survey included licensed emergency services personnel. The emergency services personnel were defined as: Fire Response Personnel, EMS, and Emergency Room Personnel. For the purpose of this research project, fire personnel consisted of fire chiefs only. However, all EMS (basic, intermediate, paramedics, and first responders) and emergency room personnel were included in the survey sample. Emergency room personnel identified in the sample were only emergency room physicians and nurses.

The survey instrument was administered via mail to all individuals on the compiled database, enclosed with a cover letter identifying RMEP and its affiliation with Minot State University.

A total of 4,592 surveys were mailed in November 2006 to ESP. Eighty addresses were deleted from the original database for one of the following reasons: refusal to partake in the survey, relocation outside of North Dakota, or incorrect address with no forwarding address available. As a result, 4,512 surveys were deliverable.

All 53 counties within North Dakota were included in the sample and were represented in the responses. A total of 842 surveys were completed and returned, yielding a response rate of 18.6 percent. Law enforcement respondents were removed from the analysis, resulting in 793 analyzed surveys. With respect to type of agency, the majority of respondents were EMS (49.7%), such as Paramedic, EMT, or First Responder. Other respondents indicated working for Fire Departments (17.2%), Hospital Emergency Rooms (19.1%) and 14.0 percent indicated
working for multiple agencies (fire department and emergency medical services). The following statements are a brief synopsis of the information gathered from the survey:

- The three most common illicit drugs indicated were methamphetamine (40.4%), prescription drugs (39.0%), and marijuana (33.6%)

- Most respondents (44.8%) have provided services for methamphetamine-related activities, while 36.1 percent were unaware of providing such services

- Of the respondents that knowingly provided services in the last year, most (70.4%) managed 1-5 methamphetamine-related incidents, 11.9 percent handled 6-10 incidents, and 12.9 percent dealt with more than 20 incidents

- A majority (63.5%) of respondents believe they are inadequately trained to handle a methamphetamine-related incident (17.5% strongly disagree and 45.9% disagree)

- The vast majority (89.3%) of respondents agreed with the statement that North Dakota will have a methamphetamine problem in the future (47.8% agree, 41.5% strongly agree)
Section 4: Impact of Methamphetamine: A survey of social workers in North Dakota

In order to assess the adequacy and sufficiency of the social work labor force to meet the changing needs of society, the National Association of Social Workers (NASW) conducted a National Study of Licensed Social Workers in the fall of 2004. Some of the key findings included: the current social work labor force is expected to decrease significantly over the next two years; social workers have experienced increased demands but decreased resources and support; and a significant number of social workers provide services to vulnerable populations requiring specialized knowledge and skills. Considering the impact of methamphetamine on individuals, families, and societies RMEP conducted a statewide survey of Licensed Social Workers (LSW) in North Dakota in the fall of 2006.

The primary goal of the survey was to determine the training and/or educational needs of LSW in the context of methamphetamine, particularly with a focus on the perceived impact that methamphetamine has on individual job performance.

This project involved one data collection instrument designed to assess the impact that methamphetamine has on the social work profession in North Dakota. The survey addressed five specific areas: 1) Background (Demographics); 2) Social Work Practice; 3) Impact of Methamphetamine; 4) Children & Families; and 5) Training Needs Care. Several of the instrument’s questions were modeled after a National Study of Social Workers for comparison purposes. Prior to completion of the final survey instrument, a pilot study was conducted. This pilot study was administered at the Traditional Healing Conference in Minot, North Dakota on August 18, 2006. Approval to conduct the study was granted through Minot State University’s Institutional Review Board on September 22, 2006.
The North Dakota Board of Social Workers Examiners (NDBSWE) maintains a database of all LSW, including employment status and the mailing address of their current employer. The sample was selected using a purchased database from NDBSWE. The original database consisted of 2,140 LSW. The sample was selected from the 2,140, excluding LSW working out of state, unemployed, or retired. The final sample focused on LSW employed within the state. The total population surveyed included 1,649 LSW currently employed in North Dakota. Due to incorrect contact information, certain individuals working in North Dakota are not represented in the final sample. Therefore, the total number of completed and returned surveys was 499. This resulted in a response rate of 30 percent.

The survey was mail administered and accompanied by a cover letter explaining the nature of the study. The cover letter assured individuals that participation in the survey was voluntary and guaranteed that participants would remain completely anonymous throughout the research process. Informed consent was acquired through the completion of the survey which was clearly outlined in the cover letter that accompanied the survey. It was not necessary for participants to sign a separate consent form to participate in the study.

Three mailings were conducted. The first on October 26, 2006 was sent to all social workers in the sample and the second mailing occurred after address corrections were made. The third mailing consisted of a post card thanking participants for returning the survey or reminding them of the deadline for inclusion in the survey if they had not responded. The closing date on the return of the surveys for the purposes of beginning data entry was November 22, 2006.

Upon receiving completed surveys, RMEP entered the data into a Statistical Program for the Social Sciences (SPSS) database for further analysis. The following statements are the key findings from the preliminary report.
• Both public and private entities that employ North Dakota Social Workers (NDSW) should carefully review their current recruitment and retention efforts to ensure a continued workforce for the future; specifically in work settings that deal with methamphetamine.

• The most disruptive impact of methamphetamine on the field of social work in North Dakota may be isolated to specific work settings. To more efficiently target strategies to increase effectiveness and quality of services more detailed analysis and study should be done to identify these settings.

• Further analysis should be conducted to determine the settings and prevalence of women affected by methamphetamine being served by NDSW to more efficiently target strategies to improve services.

• Lack of services, difficulty in accessing services and interagency coordination issues should be carefully reviewed by the state, agencies that employ social workers and communities to ensure effectiveness and quality of care. Review of the current literature to identify strategies and techniques already tested or implemented should be done to ensure that effective solutions that are specific to the issues in North Dakota can be implemented.

• A significant percentage of NDSW reported dissatisfaction with their ability to influence the design of services to better meet their client’s needs.

• Although clandestine production of methamphetamine has diminished in North Dakota, safety issues regarding methamphetamine persist for social workers in the field. Agencies/organizations should carefully review safety guidelines and procedures to ensure the safety of NDSW and of clients.

• NDSW confirmed that methamphetamine is greatly impacting children and families in North Dakota. Agencies that provide services to children and families should carefully review training opportunities, community resources and potential collaborations to improve the continuum of care for children and families affected by methamphetamine.

• The majority of NDSW report that their education did not prepare them for methamphetamine related tasks in their work setting. In addition, the majority of North Dakota Social workers report that the availability of methamphetamine related post degree training/education is limited.

• NDSW clearly indicated the need for further education and training regarding methamphetamine and substance abuse.
• NDSW indicated a significantly different rate between public versus private work settings than those found by the NASW report. The reasons and implications of this disparity should be explored to more fully understand how it impacts a wide variety of issues such as delivery of services, quality of care and cost benefit of services.

• NDSW reported a significant difference between clients utilizing public insurance versus private insurance than Social Workers surveyed at the national level. The reasons and implications of this disparity should be explored to more fully understand how it impacts a wide variety of issues such as delivery of services, quality of care and cost benefit of services.
Section 5: Minot State University Chemistry Collaboration

Faculty and students in the Science Division at Minot State University (MSU) have been working on a number of projects in cooperation with RMEP related to methamphetamine and other narcotics. Funds obtained by RMEP through federal appropriations have been used to purchase several important instruments which can be used to detect and quantify narcotics and chemicals used in the production of illicit drugs. There are several ongoing projects.

5.1 Lithium Detection

Lithium is used in the synthesis of methamphetamine as a reducing agent. It is readily obtained from certain batteries. While lithium is not extremely toxic the presence of lithium may indicate either a site where methamphetamine has been manufactured or where the residual substances from a methamphetamine cook have been dumped. MSU faculty (Dr. Bob Crackel) and students (Michaela Schwan, Krista Burckhardt, and Jack Carraher) have been and are working on developing methods for extracting lithium from soil samples and analyzing the extract for lithium concentrations using atomic absorption spectroscopy.

5.2 Ammonia Detection

Ammonia is also used in the synthesis of methamphetamine. In this area it can be obtained from anhydrous ammonia tanks. The ammonia is a plant nutrient and in the soil it will undergo reactions so its lifetime in the soil is limited. Dr. Crackel has been working with students (Yannick Nkunni and MacKenzie Bennet) on ultraviolet-visible absorption methods of determining the ammonia concentrations in soil samples. In this study one variable under investigation is the length of time the ammonia remains detectable.
5.3 Methamphetamine Detection

The use of a gas chromatograph with a mass spectrometer detector (GC-MS) to analyze environmental samples for the presence of methamphetamine and substances used in its production is another ongoing project being conducted. The GC-MS was purchased last spring using the federally appropriated funds. Dr. Crackel and Dr. Ryan Winburn received training on methods development this summer. Currently, Dr. Crackel and a Criminal Justice graduate student (LeeAnn Pekovitch) are setting up methods to quantify the amount of drug present in a sample. As an initial model they are working with lidocaine and will move on to methamphetamine once the methods are developed and approval to have samples of meth has been obtained from the DEA. The instrument will be used to analyze environmental samples from locations where methamphetamine had been synthesized. Studies will be carried out examining how long the drug persists in the environment and how effective different clean-up methods are on different materials.

5.4 Portable Detection Equipment

Federally appropriated funds were used to purchase an ion scanner (GE Security Vapor Tracer 2) and a portable Raman spectrometer (GE Security Street Lab). Faculty and students from RMEP, the Science Division, and the Biology Department participated in training on these instruments. The ion scanner can be used to determined trace amounts (down to the billionth of a gram) of narcotics and explosives. The Raman spectrometer allows preliminary identification of unknown substances in powder, liquid, or pill form. Both instruments can be used in the field with local law enforcement.
Section 6: Prairie Public Collaboration

To increase public awareness of the issues and to facilitate discussion, Prairie Public has 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 will use 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 Educations Program 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. On April 12th 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 from April 2nd through April 14th.

- **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 on April 12th. This documentary was supplemented with a 10-part radio series that aired mornings and afternoons from April 2nd through April 14th.
• *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 on May 15th and repeat airings continued through September. This documentary was supplemented with a three-part radio series that aired mornings and afternoons from May 12th through May 14th.

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 Drug Enforcement Agency 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 7: 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:

7.1 Drug Endangered Children

The National Alliance for Drug Endangered Children (NADEC) is comprised of individuals and organizations concerned about children endangered by caregivers who manufacture drugs, deal drugs or use them and by doing so physically or psychologically endanger children. These multidisciplinary teams of professionals ensure the safety of the child and ensure that evidence is gathered to support the prosecution of each case. Personnel who respond to seizures of illegal drug laboratories and conduct investigations typically operate under their own agency’s protocols and function independently. Coordinated multidisciplinary investigations enhance information gathering, evidence integrity, interventions, and comprehensive treatment services for children and their families (www.nationaldec.org, 2007).

A project for RMEP to explore is the possibility of a North Dakota Drug Endangered Children chapter. The NADEC will serve as a prototype; subtle changes will occur to fit the individual needs of North Dakota communities. Professionals from the medical field, prosecutors, child protective services, law enforcement, and public safety (fire department and
HAZMAT) will join forces to ensure the safety and well-being of any child removed from a drug endangered environment.

7.2 Mentor Community Survey

The RMEP will expand its efforts in mentor communities to include a survey of key community members in the following year. 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: more accurately identify the perceived presence and threat of methamphetamine within the communities and gauge the community’s perception of the impact and effectiveness of RMEPs 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 in the community and within RMEP.

7.3 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.
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 treatment admissions and 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


http://www.nd.gov/dhs/info/pubs/docs/children-and-family-news-200310.pdf,

March 2004.


Youth Risk Behavior Survey. 2005. North Dakota High School (Grades 9-12)

YRBS: Summary of the Statewide, Regional, and Urban vs. Rural Results.

Youth Risk Behavior Survey. 2007. North Dakota High School (Grades 9-12)

YRBS: Summary of the Statewide, Regional, and Urban vs. Rural Results.
Appendix A:

Mentor Community Reports
Devils Lake/Fort Totten and Belcourt Mentor Community Report

Demographics

Devils Lake, North Dakota is located in Ramsey County. According to the 2000 United States Census, the estimated population of Devils Lake is roughly 7,222 individuals. The median age of residents is reported to be 40.25 years and the median annual income is reported as $31,250 per household. Fort Totten, North Dakota is located in Benson County. The estimated population according to 2000 Census is approximately 952 residents. Median age is reported as 23.74 years and the median annual income is reported as $15,395 per household. Belcourt, North Dakota is located in Rolette County. The estimated population of Belcourt according to 2000 statistics is 2,440. The median age of residents is reported to be 28.90 and median annual income is reported as $12,880 per household.

Devils Lake/Fort Totten

Contact with Devils Lake representatives has been minimal during the past year. Most of the contact is going to focus on school level educational efforts and Marketplace for Kids was a primary target in this location. The event took place in March of 2007 and many children from Devils Lake and surrounding areas participated in the “Don’t Mess with Meth” session.

Contact with community leaders was initiated with Fort Totten in May of 2006. The tribal court members contacted RMEP seeking some information regarding the project and also seeking information regarding the development of a task force. Presentations were given to the tribal court employees, and some assistance was provided in the initial stages of forming a community level task force. The community task force is a work in progress, and consistent contact has been maintained with the RMEP as a point of reference.

The Fort Totten community leaders are dedicated to the development of awareness and education regarding methamphetamine and how the drug is impacting their community. As a direct result of networking within this community, multiple presentations have been made to various venues. Agencies who have received the presentation include:

- Fort Totten Tribal Court Employees
- Fort Totten Juveniles on Probation
- Four Winds Community High School
- Spirit Lake Casino – Staff Training

There is increasing interest, particularly at the school level in Fort Totten for continuing education in the area of methamphetamine awareness. Although the formation of a task force is still a work in progress, there are very active members of the community who continue to advocate towards the development of a methamphetamine task force. Continued community support is also evident, as there are community members involved in addressing the methamphetamine issues within their own communities.
Belcourt

Initial contact with community leaders was initiated in December of 2006. School representatives from the area were interested in providing education to the student population regarding Methamphetamine. Belcourt has a strong methamphetamine task force in place, consisting of approximately 35 community members and leaders. Involvement with the task force was also established in the latter part of 2006.

As a direct result of networking within this community, multiple presentations and booth displays have been utilized throughout the community. Agencies who have received the presentation include:

- Turtle Mountain Community High School – Substance Abuse Family Night
- Belcourt Methamphetamine Task Force
- Turtle Mountain Community High School – Staff Training
- Turtle Mountain Community High School – Prevention Expo

Future Goals

Maintaining relationships with these communities is going to be essential to the overall goals and objectives of the RMEP. Reservations in North Dakota are experiencing a great deal of issues as a direct result of methamphetamine and establishing connections on the reservations can sometimes be a difficult goal to reach. However, since such success has been made in these communities, continued involvement on behalf of the RMEP team is crucial.

In addition to continuing to schedule presentations, future goals for the communities is to maintain involvement with the community level task forces and continue to be a resource to those task forces. It is also important to encourage the involvement of community members in general regarding the initiatives to combat methamphetamine in each given community. A major goal is going to focus on empowering the youth to become active members of the community and encourage youth to join Methamphetamine coalitions. It is extremely imperative to involve youth because they can be a particularly valuable resource in their communities on many different levels. In doing so, the RMEP team will be more successful in an effort to further combat the methamphetamine problem in the Devils Lake/Fort Totten communities, as well as the Belcourt community.
Dickinson Mentor Community Report

Demographics
The city of Dickinson, North Dakota is the county seat of Stark County and has a land area of 9.49 square miles. According to the 2000 United States Census, the city is comprised of roughly 16,010 individuals. The estimated population in July 2006 was 15,636 (-2.3% change): males (48.3%), females (51.7%). In 2005, the median resident age was 35.6; the median household income was $38,000; and the median house value was $74,900. Industries providing employment include educational, health, and social services (22.1%); retail trade (12.9%); agriculture, forestry, fishing and hunting, and mining (10%); manufacturing (8.3%); and arts, entertainment, recreation, accommodation and food services (7.8%). The races in Dickinson are white non-Hispanic (96.5%); American Indian (1.7%); Hispanic (1.0%); and two or more races (0.8%).

RMEP Strategies
The RMEP has been actively pursuing methamphetamine prevention in Dickinson and the surrounding area since April 2004. Identifying community stakeholders, potential collaboration opportunities, resources, at-risk populations, and issues related to methamphetamine were critical first steps in these efforts. Building rapport with community stakeholders, law enforcement, and other community agencies has been an ongoing effort to improve communication and the effectiveness of distributing services within the community. Several strategies have been utilized to achieve the goal of reducing the use, abuse, production, and impact of methamphetamine in the Dickinson community. This report will review the strategies utilized by RMEP.

The Office of National Drug Control Policy produced “Cities without Drugs: The ‘Major Cities’ Guide to Reducing Substance Abuse in Your Community” in November 2005. This document was created to serve as a guide for any U.S. city, county, or town implementing an anti-substance-abuse program. This guide details several key points in designing an effective anti-substance-abuse program. One of the initial steps is to identify the threat. 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. One of RMEP’s first tasks was to collect data relevant to methamphetamine in Dickinson and the surrounding region (Region VIII). This is an ongoing task that will continue to monitor effectiveness, identify changing trends, and target specific issues that arise.

Data Driven
Prevalence of use is one of the indicators that were used to assess the methamphetamine presence in the Dickinson region. The North Dakota Youth Risk Behavior Survey (YRBS) measures a wide range of risky behaviors to include the use of methamphetamine by students in grades 7 through 12. The YRBS did not include questions related to methamphetamine until 1999 and regional analysis is done every two years; therefore, regional data sets include years 2001, 2003, and 2005.

In 2001, Dickinson’s rate of admitted use of methamphetamine by grades 9-12 was above the state average of 5.4 percent. Since that time, the rate has steadily declined and is within the state average.
Monitoring treatment in the region has proven to be extremely problematic. Treatment Episode Data Set (TEDS) are available which detail treatment episodes for all publicly funded addiction treatment facilities within the state, to include client demographics and the primary substance of abuse. There are limitations to the data. The limitations of TEDS are twofold: data only indicates treatment admissions for publicly funded treatment, of which Region VIII has one, and regional analysis is currently not done on a regular basis. The only available regional data set for treatment admissions was done in 2001 for the North Dakota’s Attorney General’s Statistics and Trends Report.

Data related to criminal activity is another way to measure the presence of methamphetamine in the community. Drug arrests, clandestine lab activity, and seizures of illicit substances are readily available data sets. These data sets come with limitations when specifically looking for regional information. Due to reporting procedures and updating data, reporting the availability of amphetamine/methamphetamine specific drug arrests had been difficult to obtain in previous years. A close partnership with North Dakota Bureau of Criminal Investigation (ND BCI) has proven invaluable in obtaining this information. Currently, drug arrests data specific to methamphetamine is available; however, it is at the statewide level.

The data for clandestine lab activity appears to have the fewest limitations. Regional and county breakdowns are available for the entire state, as well as, types of labs and locations. In Region VIII, clan lab activity never escalated to the levels seen in other areas of North Dakota. Primarily, lab activity was located in Stark County, with Dickinson as the primary location. Local production of methamphetamine is not the primary source of methamphetamine in North Dakota. With changes in legislation, increased community awareness, and efforts made by law enforcement, the illegal production in North Dakota has declined drastically since 2003. Statewide data clearly indicates that the presence of methamphetamine has not decreased. Trafficking has been, and continues to be, the primary source of methamphetamine in North Dakota.
Mexican criminal groups primarily use Interstates 29 and 94 to transport methamphetamine into the state. Interstate 29 connects the eastern cities in North Dakota to Sioux City, Iowa and Omaha, Nebraska which are methamphetamine distribution centers for the region, according to the Midwest High Intensity Drug Trafficking Area. Interstate 94 passes through much of Region VIII and directly through Dickinson. Dickinson Police Department and ND BCI officers indicate that in addition to trafficking, local independent producers who produce methamphetamine primarily for their own personal use also are involved in the retail distribution of their product.

As suggested, not only are statistics a valuable source of information but the input of community members, stakeholders, and area agencies are essential in monitoring the issues of substance abuse in a community. In an effort to include information specific to Dickinson and to accurately identify the methamphetamine-related problems, RMEP coordinated a community forum at the request of U.S. Senator Byron Dorgan (D-ND). A panel of community leaders and agencies including law enforcement, treatment providers, child protection, courts, juvenile justice, hospital and health, support groups, community legislatures, and more was arranged to address the following questions:

- What is the meth issue in the Dickinson community?
- What is this community doing to combat the issue?
- What is working? What are the challenges?
- What are the community goals and what events are ahead?

Panelists were not the only community members invited to give feedback at the forum; all community members were welcome to attend and share their perceptions on the effects methamphetamine has on the Dickinson community. The panel had been arranged to provide feedback and answer any questions from the community. The event was an excellent venue to identify some of the key obstacles the community faced and the concerns expressed at the forum echoed the data that had been collected. Difficulties in accessing the appropriate treatment, lack of proper detoxification facilities, child protection and removal issues, reduction in funding for law enforcement activities, and lack of community resources were some of the issues identified. The event also provided an opportunity to identify potential partnerships within the community to increase the effectiveness of addressing methamphetamine-related issues.

Dissemination of Information

According to the Center for Substance Abuse Prevention, information dissemination is listed as one of the most effective strategies for increasing public awareness of substance use, abuse, and addiction in a community. Several methods of disseminating information in the Dickinson area have been employed. The distribution of written materials at all presentations

<table>
<thead>
<tr>
<th>Year</th>
<th>REGION VIII</th>
<th>STARK COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2001</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2002</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>2003</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>2004</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>2005</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2006</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
has been a strategy utilized since the inception of RMEP’s work in the area. Several North Dakota specific brochures and pamphlets have been developed and produced by RMEP to enhance and highlight issues relevant to North Dakota. All of these written materials include contact information for the Rural Crime and Justice Center (RCJC) and RMEP training associates, as well as RMEP’s website which provides additional information. To increase access and circulation of materials, RMEP provides brochures and pamphlets to area organizations on a regular basis to include in their distribution centers. Local law enforcement, the district health unit, area treatment providers, religious organizations, area schools, and the chamber of commerce are some of the agencies that RMEP provides materials to for distribution.

Distribution of materials not only furthers the goal of disseminating information, but reinforces the message that RMEP brings to the community. Examples include the distribution of the Shattered Lives documentary produced by RMEP. A total of 261 copies of the DVD have been provided to the Dickinson area. The distribution of these DVDs and written materials allow community members access to information that is readily available when a presentation is not an option. The materials can be incorporated into existing programs, utilized in educational settings, and allow for the dissemination of information even in the absence of RMEP associates.

**Education and Repeated Interventions**

Education is another strategy outlined by the Center for Substance Abuse Prevention. Because RMEP was initially designed as an awareness campaign accomplished through education, this strategy has been utilized in the Dickinson area since the inception of the mentor community project. The presence of a facilitator not only allows for more interaction with the local participants, but it has been an effective strategy for identifying and building partnerships within the community. The RMEP has been active in the community by attending organizational meetings to plan and coordinate prevention efforts, providing methamphetamine awareness presentations, conducting methamphetamine staff trainings for various organizations, and participating in community events such as health fairs and prevention programs. The strategies of disseminating information and providing education repeatedly in the community are in line with Principle 13 of the National Institute on Drug Abuse (NIDA) Preventing Drug Use among children and adolescents, a researched-based guide which states that prevention programs should be long-term with repeated interventions to reinforce the original prevention goals. Listed below is the data related to these events for Region VIII and Dickinson.

<table>
<thead>
<tr>
<th></th>
<th>REGION VIII</th>
<th>Dickinson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Presentations</td>
<td>65</td>
<td>47</td>
</tr>
<tr>
<td>Booth displays</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>People reached</td>
<td>4,456</td>
<td>3,195</td>
</tr>
</tbody>
</table>

**Collaboration with Existing Programs**

The community members and organizations are an exceptionally aggressive group when it comes to combating key issues in Dickinson; methamphetamine continues to be one of the problematic issues identified by coalition and community members. Two organizations, the Southwest Coalition of Safe Communities (SWCSC) and Project ACE, have been critical in implementing methamphetamine prevention strategies. The members of these organizations are comprised of individuals from over 35 different agencies from a wide range of fields to include
parent groups, education, law enforcement, medical and health, courts, city officials, media, human service, and business. The RMEP has participated as an active member in both organizations and has been active in the organization of events and development of materials. These partnerships have proven invaluable in the efforts of RMEP in Dickinson. These partnerships not only enhance the methamphetamine prevention efforts, they serve to minimize duplication of services, maximize participation, and mirror Principle 10 of NIDA’s researched-based guide which states that community programs that combine two or more effective programs can be more effective than a single program alone.

The RMEP has been an active member of SWCSC since April 2004 and an active member of Project ACE since May 2005. Being actively involved in SWCSC has proven effective in furthering several strategies aimed at methamphetamine prevention. Access to additional community level data from local sources, identification of at-risk populations within the community, identification of potential partnership opportunities, access to community calendar events not otherwise listed, combination of resources to minimize cost in provision of services, reduction in the duplication of services, maximize availability of volunteer resources, and increased attendance of the community are the primary benefits of partnering with these organizations.

Project ACE’s mission is to promote a collaborative effort that includes business people, government officials, law enforcement leaders, social service professionals, and educators using a community-based assets driven approach to change attitudes and behavior. It seeks to encourage Action, foster Commitment, and offer Education for the purpose of helping young people in the region make healthier choices. Based heavily on researched based strategies, Project ACE has been an effective collaboration in RMEP’s mentor community efforts. It has enhanced and expanded several strategies already in place.

**Program Evaluation**

Evaluation of informational materials, education presentations, and monitoring the available data sets related to methamphetamine continues to be an integral strategy utilized in the Dickinson area. Just as collection of data to identify the needs of the community and guide RMEP’s efforts are crucial, evaluation of effectiveness and tracking trends to modify efforts are paramount to maintaining effectiveness.

Partnering with community agencies has been a critical component of RMEP’s strategy in Dickinson. This is especially true for the collection of data in Dickinson. While collecting data for the Dickinson community it became apparent that several obstacles existed. Local community organizations and agencies were a crucial link in identifying methamphetamine-related issues as there was a severe lack of regional and local data sets available to identify methamphetamine-related issues in Dickinson. Partnering with Project ACE has not only allowed for increased access to local data, but has allowed RMEP to embed the methamphetamine prevention strategies into a larger community effort. Project ACE utilizes several of the same prevention strategies to achieve its prevention goals. A review of Project ACE strategies must be done to understand how methamphetamine prevention is accomplished in the Dickinson area.
Project ACE Strategies

Data Driven

By expanded partnerships within the community, RMEP has had an increased opportunity to receive local data and input from agencies to better assess the presence of methamphetamine within the community. With a lack of established, readily available data sets to monitor methamphetamine prevalence, this information has proven invaluable in RMEP efforts to direct its services to where they are needed most. Not only has the availability of information been increased, the identification of related issues and the partnerships to address those issues has occurred.

With available data, Project ACE identified the five most relevant issues they are currently facing in their community. These include alcohol, meth and other drugs (tobacco, marijuana, and cocaine), suicide, sexuality, and gambling. Principle 2 of NIDA’s researched-based guide states that prevention programs should address all forms of drug abuse, alone or in combination. Recognizing this as a proven strategy strengthened RMEP’s assessment that this could be an effective partnership.

Consistent Message and Expanded Partnerships

Recognizing the diversity of project members and the organizations that they came from, as well as recognizing the value of a consistent message amongst members, prompted the development of materials to maintain a consistent message to the community as recommended by Principle 11 of NIDA’s research-based guide, community programs reaching populations in multiple settings are most effective when they present consistent, community-wide messages in each setting.

Development of marketing materials for project members to distribute and utilize in recruitment efforts not only maintained consistency of the message, but eased recruitment efforts for individual project members. Identification of potential new members and distribution of recruitment efforts amongst current members also improved the effectiveness of recruiting. Distribution of marketing materials, discussion of the project on local radio and television programs, presentations of the project’s goals, and meetings with community stakeholders were several methods used to increase membership. At all events, sign-up sheets to join Project ACE are made available and have proven to be an effective tool for expanding partnerships. Several partnerships and project members that had not previously established have been identified utilizing this strategy.

Consistency of message was not only kept in mind for recruitment and marketing of the project, but also guided the development of the awareness presentations that are utilized. Instead of utilizing individual organization logos and contact information, a single Project ACE logo was developed to include contact information for information or setting up events. All presentations utilized the same format and were developed to run the same time frame. All presentations include a brief introduction to the project, the other topics, partners involved, and contact information.

Collaboration with Existing Programs

Project ACE had quickly identified that not only expanding its partnerships and membership was important, but combining with other prevention programs, as detailed by NIDA’s Principle 10 of researched-based prevention, could enhance its prevention efforts. Project ACE has partnered with several programs within the community which include school
and family programs such as Incredible Years, Love-n-Logic, and Project Northland. Dickinson area juvenile justice also refers offenders and their parents to Project ACE presentations and events.

**Repeated Interventions**

Understanding that one single event would not be effective in initiating change within the community, Project ACE has stressed commitment to provide the prevention efforts on a long-term basis. This concept is reinforced by Principle 13 of NIDA’s researched-based guide which states prevention programs should be long-term with repeated interventions to reinforce the original prevention goals. Specialty topics and issues have been the focus in two larger community events hosted thus far by Project ACE. Project ACE members provide educational and awareness presentations on all topics on a continuous basis.

**Utilization of Media**

In 2004, Oregon’s governor responded to the state’s growing methamphetamine epidemic by convening a state methamphetamine task force of over 40 experts from both the public and private sector. The task force worked for 18 months to research and develop 40 key recommendations in the areas of law enforcement, treatment, and prevention. A Community Action Guide was later developed in partnership with the Oregon Criminal Justice Commission, Southern Oregon Public Television, and the Oregon Partnership. One of the sections of this action guide details the power of the media. Recommendations are given for effective utilization of media to achieve prevention goals in communities.

Incorporating local media as part of prevention efforts in Dickinson has proven to be an effective strategy. Several formats of media have been utilized from television and radio announcements and PSA’s; the recording of awareness presentations to be re-aired within the community and university; printed materials to include brochures, flyers, resource guides, and newsletters; promotional articles and editorials in the local newspaper; and the development and maintenance of a website for the project. Often, partnerships with local agencies increased the distribution of flyers and promotion of events by including this information with agency calendars, monthly newsletters, and employee mailings. Not only was the local media utilized, several organizations have become active partners of the project including Clear Channel Radio (KCAD, KZRX, and KLTC), KDIX Radio, KQCD-TV, KXMA-CBS2, and the Dickinson Press.

**Program Evaluation**

With the goal of measuring effectiveness and gathering additional input from community stakeholders, program evaluations were conducted and gathered at both specialty topic community events. Analysis of evaluations and discussions of recommendations has been a key component in determining future goals of Project ACE.

Due to the organizational structure of the project, speakers that present Project ACE in schools, organizations, and communities often are employed in different agencies. The development of presentation evaluations that Project ACE speakers can access has been identified as a needed tool for measuring effectiveness in a consistent manner.

Not only are evaluations of events reviewed by project members, members include their own opinions and evaluations to identify strengths and weaknesses. Identification of specific weaknesses such as increasing attendance, more effectively reaching at-risk populations,
logistics of events, and increasing the involvement of the local business community as active partners in the project are some of the issues that have been identified.

Continued evaluation of program effectiveness is only one part of measuring the project. Monitoring hits on the Project ACE website is another tool for gauging the effectiveness of materials that are made available to the community.

**Project ACE Future Goals**

Within the next year, Project ACE has targeted an extensive list of proven prevention tools to include: continued utilization of the media to promote prevention and education efforts, provide specific awareness presentations to organizations that have requested them, continue to plan and hold community conferences providing further information on how the community can become involved in developing the needed strategies to promote change in the community, continue to provide information via the Project ACE website, and to enhance the coordination of disseminating information and resources in the community. Project ACE is currently promoting expanded partnerships and utilizing the collection and analysis of data to guide its mission.

**RMEP Future Goals**

The RMEP plans to continue an active pursuit of all possible venues for raising awareness in the community and to effect positive change regarding the issues surrounding methamphetamine. Specific strategies for the Dickinson area are listed below:

- Increased efforts to improve data sets
- Continued dissemination of information
- Continued education
- Continued efforts in providing materials
- Continued involvement in community partnerships
- Continued development of additional partnerships
- Increased efforts to utilize data to measure project effectiveness
Fort Berthold Reservation Mentor Community Report

Demographics
The Fort Berthold Indian Reservation is home to Three Affiliated Tribes, which consists of the Mandan, Hidatsa, and Arikara Nation. The reservation is bordered by several counties including Dunn, McKenzie, McLean, Mercer, Mountrail, Ward, and Williams. Fort Berthold was termed a Federal Reservation in 1870 and encompasses approximately 980,000 acres, of which 356,998 acres are individually allotted. Roughly 353,790 acres are in the returned homestead area, and 152,000 acres are in the reservoir taking area. The median age of Fort Berthold is 22.5 years; the 1989 per capita income is paced at $4,895; the American Indian population of Fort Berthold is 66 percent.

The city of New Town is considered the largest, with a population of 1,367 people; there are 488 households and 318 families residing in the city. The racial makeup of New Town is 66.86 percent Native American, 29.63 percent White, 2.85 percent from two or more races, and 1.46 percent of the population being Hispanic or Latino. The median household income for New Town is $29,524; per capita income is $12,490 with 23.3 percent of the population and 17.2 percent of families below the poverty line. The poverty breakdown includes 25.2 percent under the age of 18 while 30 percent are above 65 years of age. The languages spoken on this reservation are Mandan, Hidatsa, Arikara, and English.

Initial Community Contact and Reception
Cheryle Fox, of Circle of Life in New Town, made initial contact requesting a methamphetamine awareness presentation. This single phone call has resulted in several presentations to the general public, schools, various businesses, and service organizations that are located on Fort Berthold Indian Reservation. Due to the continual request of presentations, a coalition was formed and is represented by individuals from the Circle of Life, local law enforcement, local housing authority, prosecution, Gerald “Tex” Fox Correctional Facility representatives, and schools. Now termed SYDE, or Stop Youth Drug Endangerment, this pro-active group has been instrumental in numerous efforts in the war against methamphetamine.

A partnership between SYDE and RMEP was formed and the two organizations meet on a regular basis. The RMEP continues to offer support through media relations, implementation of surveys and analyzing data, fundraising efforts, representation for the Annual Methamphetamine Summit, methamphetamine literature and brochures, and to simply serve as a resource.

Strategies Utilized
The RMEP has worked in partnership to bring forth an anti-methamphetamine message. This has been a positive relationship for all people involved. Included in this effort:

- Proactive contacts within the communities on the reservation
- Assisting in the development of numerous surveys; analyzing data
- Distribution of methamphetamine literature; serving as a resource
- Conducting public education presentations as necessary

The RMEP partnership with SYDE has primarily focused on assistance formulating a survey and analyzing the data. The SYDE task force surveyed middle and high school youth on the reservation. Specifically, the group was interested in learning precisely what people between the ages of 12 and 18 are doing with their time. It has been common knowledge that illicit drug
use and gang activity is prevalent on the reservation and SYDE has made it a goal to offer a positive alternative to such negative options. The results were staggering: 64.7 percent of those surveyed stated that they have been offered alcoholic beverages and 48.6 percent have been offered illicit drugs. In addition, 75.4 percent of students surveyed were aware that marijuana is available and the most shocking statistic was that 39.8 percent of all students surveyed know that methamphetamine is available and know how to obtain it.

The RMEP also assisted the Mountrail County Task Force, which encompasses Fort Berthold Indian Reservation, with formulating a survey and analyzing the data. This particular task force is separate from SYDE in that it is another group of professionals who are from reservation schools, local churches, and social service workers. The survey has been distributed to area businesses, school faculty and administration members, and parents. The goal is to gage reservation community members’ attitude toward domestic violence and bullying, alcohol abuse, availability of illicit drugs, and overall safety of reservation communities.

**Future Goals**

Public education presentations are a staple and RMEP will continue to conduct this vital piece of prevention. The RMEP team will also continue to conduct surveys and other pieces of research in an effort to gauge the community perception and assist in education and prevention where necessary. The RMEP will continue to explore additional partnerships with social service groups and correctional facilities.
Hazen/Beulah Mentor Community Report

Demographics
Hazen and Beulah are located in Mercer County. They have a combined land area of 3.65 miles. According to the 2000 United States Census, the two cities combine for a population of 5,609. The median age of Hazen residents is 39.9 years and the median annual household income is $44,028. Initial contact with Hazen was made on September 14, 2004. The median age for Beulah residents is 39.4 years and the median annual household income is $45,256.

Initial Community Contact and Reception
Initial contact with Beulah was made on September 15, 2004. The RMEP continued to actively participate in the Hazen and Beulah communities throughout this past year. A Training and Research Associate of the RMEP served as a mentor to help the communities develop strategies aimed at mobilizing community resources in an effort to address methamphetamine. As part of the effort, the associate attended monthly Community Health Task Force (CHTF) meetings in both Hazen and Beulah. Active association with each community led to the benefit of all stakeholders involved. As a member of each CHTF, the associate provided each community with additional resources that help support CHTF goals and objectives. The meetings also benefited the RMEP, serving as powerful networking forums that support the goals and objectives of the RMEP.

The communities continued to utilize the RMEP as a resource, appreciating the available tools and information. The main role of the RMEP associate during the year was to update the communities about methamphetamine related information and provide them with awareness tools such as presentations, booth displays, and educational handouts. The RMEP associate provided each community with services as needed and requested.

Strategies Utilized
The RMEP introduced Hazen and Beulah to additional training opportunities with RCJC’s new drug instruments. Beulah law enforcement acted upon the opportunity, sending a representative to learn more about the equipment at a drug instrument training session in Minot. The law enforcement official was excited to learn about the new equipment and, therefore, organized a training session for law enforcement and drug task force agents in the Beulah area. RCJC looks forward to informing additional agencies about these exciting resources.

As stated in the previous year’s report, the RMEP associate planned to expand services into neighboring communities. The associate successfully attained this goal by establishing contact with area school representatives to enhance their awareness about resources and tools available through the RMEP. For example, the RMEP associate conducted presentations for Center/Stanton elementary and high school students.

Future Goals
Throughout the next year, the associate plans to continue active membership on the CHTF’s in Hazen and Beulah. Representatives from both Hazen and Beulah expressed interest in utilizing the RMEP as a resource more frequently in the upcoming months. Therefore, the associate will work diligently to provide the communities with clear and accurate information about current methamphetamine trends and available RMEP resources. The associate will continue to endorse RMEP presentations and booth displays, distribute educational tools to
include pamphlets and DVDs, and actively promote drug instrument training sessions for law enforcement and other interested stakeholders. CHTF members in Hazen and Beulah will continue to provide networking opportunities for the RMEP associate to pursue resource sharing relationships with additional agencies, organizations, businesses, schools, and individuals. The next scheduled event in the Hazen/Beulah area is a booth display at Hazen’s Project Ace event.
Minot Mentor Community Report

Demographics
The city of Minot, North Dakota is the county seat of Ward County and has a land area of approximately 15 square miles. According to the 2000 United States Census, the city is comprised of roughly 36,567 individuals. The median age for Minot residents is reported to be 35.0 years and the median annual income was reported as $32,218.

Initial Community Contact and Reception
The RMEP made initial contact with the Minot Police Department in March, 2004 regarding RMEP services. The RMEP was invited to make a presentation and to join the Mayor’s Council for a Safe Community. In December 2007, the council officially changed its name to Safe Communities of North Central Dakota (SCNCD), as the coalition continues to expand out of Minot and Ward County. Many agencies participate in the SCNCD, including representatives from law enforcement, fire and rescue, domestic violence, health agencies, education, media, and Minot Air Force Base. The SCNCD is a proactive group organizing and supporting family-oriented events throughout the year to raise awareness on various safety issues. The RMEP continues to attend monthly meetings and is active on several sub-committees.

The RMEP also became an active member of the Minot Area Safety Association (MASA) in June 2004. This association is comprised of various businesses in Minot and the surrounding area. Each month a new safety topic is covered. The RMEP involvement in MASA expanded to include serving on the board since April of 2006.

Strategies Utilized
The RMEP has continued to collaborate with the existing community coalitions that exist in the Minot area. Monthly meetings with SCNCD and MASA have allowed RMEP to maximize its networking within the existing prevention, safety and education activities within Minot community and have lead to numerous presentations and additional collaborations.

Additional collaborations within the Minot Public School system have been established and maintained since the inception of the mentor community in Minot. For example, since 2004 RMEP has delivered presentations for the all sophomore science classes at Minot High School Central Campus. This continued collaboration has allowed RMEP to offer repeated interventions to a population that at a critical transition period.

Collaboration and integration of the methamphetamine education has also occurred within the industrial profession. In December 2006, RMEP had the opportunity to begin working with AMZ Consultants, a company which provides Mine Safety and Health Administration (MSHA) and Occupational Safety and Health Administration (OSHA) safety trainings to construction and contracting businesses in the area. Both OSHA and MSHA fall under the Department of Labor (DOL). The RMEP program was utilized to enhance AMZ’s Drug-Free Workplace trainings. This was a demographic that had been largely untouched by the education and awareness campaign originally launched by RMEP.

The Drug-Free Workplace Alliance is a DOL cooperative agreement focused on improving worker safety and health through drug-free workplace programs. It is focused on the construction industry, which research shows has high rates of worker alcohol and...
drug abuse—a serious concern given that it also tops the list of industries with the highest rates of occupational accidents and injuries.

The RMEP has aggressively disseminated educational and awareness materials at all presentations and trainings. In addition, involvement in community events has allowed RMEP to disseminate information to individuals that have not had the opportunity to be involved in a presentation. Several examples of events are listed:

- January 25-27, 2006  Ag Expo, North Dakota State Fairgrounds
- May 13, 2006  Law Day, Dakota Square Mall
- June 7, 2006  Summer Safety Fair, Minot Auditorium
- September 30, 2006  Community Health Fair, Minot Auditorium
- January 24-26, 2007  Ag Expo, North Dakota State Fairgrounds
- May 13, 2006  Law Day, Dakota Square Mall
- June 7, 2006  Summer Safety Fair, Minot Auditorium
- September 30, 2006  Community Health Fair, Minot Auditorium
- January 24-26, 2007  Ag Expo, North Dakota State Fairgrounds
- March 15, 2007  Business After Hours, MSU
- March 28, 2007  MSU Wellness Fair
- April 28, 2007  MSU Day at Dakota Square Mall

**Future Goals**

The RMEP will continue to be an active member of SCNCD and MASA. Continued collaboration within existing school programs will continue as well. In addition to presentations to Minot High School Central Campus, RMEP plans to be involved with freshman orientation at Minot State University as well as collaborate with the Minot Public Schools Community Learning Center (CLC). The RMEP will provide presentations to all Minot Public Schools participating in the CLC program. These presentations fulfill a key component of the CLC grant requirements. The RMEP continues to make presentations at the MSHA and OHSA classes provided by AMZ consultants. Continued dissemination of information via written materials, DVD’s and involvement in community events is a key strategy that RMEP will pursue.
Valley City Mentor Community Report

Demographics
The city of Valley City, North Dakota is located in Barnes County covering 3.3 square miles. According to the 2000 United States Census, the city is comprised of roughly 7,163 individuals. The median age of Valley City residents is reported to be 40.6 years. Also reported in the U.S. Census Bureau 2000, a predominance of residents (98.8%) are Caucasian/White, with 1.2 percent “Other” to include: Native American and Asian races.

Initial Community Contact and Reception
Initial contact with Valley City community leaders and members was established in early 2005. Since then, RMEP has been in consistent contact with the Barnes County Methamphetamine Task Force. The mission of the task force is, “To reduce the incidence of methamphetamine use/addiction in Barnes County by implementing proven prevention tools, conduction and aggressive education campaign to recruit broad community support, and promote treatment for methamphetamine addicts.” The community members and the Barnes County Methamphetamine Task Force are an exceptionally aggressive group when it comes to combating methamphetamine.

The actual members on the Barnes County Methamphetamine Task Force exceed seventy members comprised of individuals from local hospitals, schools, police departments, churches, head start, first responders, and business owners.

Valley City is also committed to the well-being, health, and safety of children within their communities. The Safe Communities Foundation, located within the Barnes County Courthouse in Valley City, strives to expand resources and partnerships to establish support for transportation injury prevention programs. Upon completion of a forceful educational campaign for broad community support, the task force in effort with the Safe Communities Foundation has asked for direct assistance from the RMEP team to become a mentoring community.

Effort has also been made to work with the Community Resources Collaboration in Valley City. The goal of the Community Resources Collaboration is to utilize our existing programs and resources to the best of our abilities and help the community to reach its full potential. Meetings take place quarterly on the first Thursday of each month. Meetings for the Barnes County Methamphetamine Task Force are held on the first Monday quarterly.

Strategies Utilized
As part of the mentor community initiative, in an effort to eliminate the bane of methamphetamine, multiple strategies were employed. Listed below are the strategies utilized:

- Community presentations
- Proactive community engagement
- Distribution of brochures, media, and resources available to project
- Emergence into schools to educate children on the hazards of methamphetamine
- Providing safety awareness training for firemen, law enforcement, and nurses

Future Goals
In addition to continuing to schedule presentations, future goals for the community involve aiding in the development and implementation of a “Community Toolbox” completed in April 2007. The RMEP plans to provide comprehensive training to local retailers as well as, first
responders and nursing or medical personnel. The Community Toolbox has been an annual project offered to the citizens of Valley City and surrounding areas. Future goals involve gaining access to surrounding communities to educate them on the hazards of methamphetamine and providing the communities with the knowledge, skills, and abilities to adequately handle methamphetamine issues within the community.
Wahpeton Mentor Community Report

Demographics
Wahpeton, North Dakota is the county seat of Richland County. According to the 2000 United States Census, the population of Wahpeton was estimated at 8,586 individuals. This number included the population of students who attended the North Dakota State College of Science. The median age for Wahpeton residents was reported to be 28.6 years and the median household annual income was reported as $33,471.

Initial Contact and Reception
Wahpeton was proposed as a mentor community to act as a central point in establishing a presence in the northeast part of the state. In February of 2006, RMEP received a letter from the Region V Substance Abuse Coordinator inviting us to participate in the “...first ever program to inform the public about the dangers of methamphetamine.” This event, titled Standing Together on Meth Prevention (STOMP), was a collaborative effort initiated by Richland and Wilkin Public Health, Wilkin Law Enforcement, and the North Dakota State College of Science. The program proposed the inclusion of a number of booths and displays, staffed by representatives of local law enforcement, educational institutions, treatment providers, support groups, etc., that deal specifically with methamphetamine-related issues. In addition, a series of mini workshops would be presented at various times throughout the event for those individuals who would like a more in depth understanding dependent on their particular interests, concerns, and community issues. The main goal of the STOMP event was to provide a one stop venue by which the public can browse and interact with presenters, educators, law enforcement personnel, and other subject-matter experts to gain a high level of awareness regarding the topic of methamphetamine.

As mentioned, RMEP was invited to participate in this event and thus, planned to provide two training and research associates to accompany a booth display. The event was scheduled to take place April 27, 2006. Initial preparations were finalized at a meeting held at the beginning of April (3) 2006. A RMEP representative was present for this meeting and the following points were noted:

- The event was facilitated by community leaders whom after having attended a Community Toolbox event in Fargo, considered setting up a similar event in Wahpeton
- Posited that their approach be more proactive as opposed to a reactive
- Decided that the main goal was on prevention that primarily targeted young adults

While alcohol use was perceived to be more problematic in the area than methamphetamine, community leaders noted the trends and progression of alcohol, tobacco, and other drug (ATOD) use in other areas, thus aimed prevention efforts toward younger adults.

The event attracted a large crowd from Wahpeton and surrounding communities. The following information sessions/presentations were offered at the STOMP event: 1) The ABCs of Meth; 2) Addicts in the Family; 3) Effects of Meth on the Community; and 4) Treatment & Resources. In addition, law enforcement was present (i.e. Sheriff’s office, highway patrol, K9), as well as Fargo Drug Enforcement Agency (DEA). The booth displays provided information on a wide array of topics as well as available supportive resources. Displays included information on chemical production, chemical dependency interventions and pastoral counseling, treatment alternatives (i.e.: Teen Challenge), Students Against Destructive Decisions (SADD), Narcotics Anonymous (NA), domestic violence, ATOD information, among others. The event in and of itself provided the community members with a comprehensive coverage on the many facets
related to methamphetamine’s endemic impact. Contacts were made with various members affiliated with hosting the event, and the latitude of our services explained.

In June 2006, RMEP had the opportunity to work with community members from the Sisseton-Wahpeton Oyote tribe through participation in the Determined to Rise and Exist above Methamphetamine (DREAM) event. This event was hosted by the Lake Traverse Indian Reservation, homeland to the Sisseton-Wahpeton Oyote. The reservation is located in parts of five counties in extreme northeastern South Dakota and in the southeastern North Dakota counties of Richland and Sargent. More than 3,000 Sisseton-Wahpeton Sioux tribal members live within the historic boundaries of the Lake Traverse Reservation. This purpose of this event was three-fold: bring awareness of the methamphetamine epidemic to the attention of the community; encourage community members to take ownership of the problem; and encourage, invite and assist community members to participate in the solutions. The event began with a “March-out-meth”, five-mile walk from Sisseton to the Lake Traverse Indian Reservation. The March concluded with motivational and testimonial addresses from both tribal council members and select community members. Succeeding the march was a dual function event that included food, fun, and education. The lunch included various speakers, including RMEP representation who spoke on the impact of methamphetamine on communities, its negative effect on families, and the importance of community mobilization. The event concluded with a performance by Quese IMC & the Indigenous DJ Shock B, a Native American hip-hop duo set out of California. This duo represented the “Culture Shock Camp” who in defining themselves, “…were destined to unite and grow together as a family.” Their tenets, “…embrace their native culture and hip hop culture equally in their daily walk and through music.” In addition to entertaining, the performers provided their own anti-meth message rooted in pride and preservation of their culture. This was a very impressionable piece for the younger tribal members. The event was a day of awareness, reflection, and promise to preserve their community’s culture/traditions by rising above the devastating nature of methamphetamine.

Based off of previous strategies used with well-established mentor communities, the first step was to become more familiar with the area to include, the extent of the methamphetamine problems in Wahpeton and surrounding areas, determine task forces/teams that already exist, access readiness and resource availability, economic preparedness, etc. In doing so, the next section will cover some of the initial observations made in terms of assessing readiness.

**Strategies Utilized**

The “Mentor Community” program, which encompassed a “comprehensive approach” for raising awareness in rural communities for mentor communities, was developed by RMEP in 2005. This approach was foremost in leading the course of action. The STOMP event was vital in executing the first step which was to make contact with key individuals from key fields within the community: Law Enforcement (Richland County Sheriffs Department, Wahpeton Police Department, Chief of Police, North Dakota Highway Patrol, Fargo DEA), Community Organizations (Head of the Red SAFE Communities, The Lost and Found Ministry, Schmidt & Associates, Inc, Education: ND State College of Science), Medical (Richland County Health Department, Wilkin County Public Health, Prairie St. John’s), and Social Services (Region V Children’s Services, Wilkin County ATOD Coalition).

The next step was to identify community organizations where establishing partnerships was feasible. The organizations that were most inclined to develop some sort of partnership
included the Richland County Sheriff’s Department, Fargo Drug Enforcement Agency (DEA), Region V Children’s Services, and Lost and Found Ministry.

The third step was to understand the goals of each organization and how resources could best be integrated to prevent methamphetamine production, sale, and use. At the point of contact, RMEP was aimed toward understanding the community’s dynamics prior to implementing this step. It was intended to incorporate this step at a later time.

The fourth step was to bring training and educational presentations to the organizations within the community. As aforementioned, the details and latitude of our services were outlined. Key players indicated they would contact RMEP at a later time to provide education and awareness activities; a follow-up to the STOMP event. In addition, RMEP had contacted all schools (PK/K-12) in North Dakota informing them of our awareness and education services. Within Region V, a few schools had requested presentations and those requests were fulfilled.

The final step in the “Comprehensive Approach” was to gauge readiness and community response. According to the National Institute on Drug Abuse (NIDA) readiness model, Wahpeton appears to be in the stages of Initiation, Stabilization, and Confirmation/Expansion. This readiness assessment was inclusive of the STOMP event, dialogue with contacts, and data support via the Wahpeton Community “Citizen Survey.” The survey was designed to assess the perceptions related to the quality of life of the residents in the community. According to the survey results from 2005 and 2006, there appeared to be a slight disconnect between citizens and community leaders. While three-quarters of the citizens reported “feeling safe” in their community, they cited drugs as a “major problem.” In the 2005 survey, respondents were also asked to rank the 2004 city council’s goals from highest to lowest priority (i.e., 1 being the highest priority and 5 the lowest). The result indicated that community members selected “recommit to crime prevention/drug enforcement” as the top priority (i.e., ranked #1). Furthermore, in the 2006 report community members were asked for a second time to prioritize the top five 2005 city council goals. The results again indicated that the topmost priority was to, “decrease drug/substance abuse by supporting SEMCA (drug task force).” Interestingly, this survey asked Wahpeton City Council to rank the same goals as well and the results were inverted, placing the same goal to “decrease drug/substance abuse by supporting SEMCA (drug task force)” in the fifth slot. This observation may be interpreted to suggest that in terms of readiness, community leaders fell lower on the readiness model, specifically near the Preplanning stage (i.e., leaders aware, some motivation), whereas the community members were in more advanced stages of the hierarchy.

Future Goals

Prospective objectives for Wahpeton aim toward utilizing a more regional approach. Initial contact and preliminary exploration into existing community efforts has revealed that Wahpeton may be better served through the continued collaboration of regional resources. The STOMP event was very successful and it was noted that the individuals who participated were extending support via their home bases in Fargo and surrounding areas. In regards to step three of the Mentor Community Program, RMEP will revisit each organization and contact to take a more active approach in providing more education and awareness as part of their prevention efforts. Previously, a more passive approach was taken as the key players had indicated that at the time, they were going to utilize our services during to STOMP follow-up. Currently, RMEP is reconnecting with individuals who coordinate for Region V (i.e. Region V Children’s Services Coordination, Region V Tobacco Coordinator, etc). Additionally, as part of an organizational
goal aimed at delivering our awareness and education presentation at all universities and colleges in the state, RMEP plans to coordinate a like event at the North Dakota State College of Science was proposed.
Williston/Watford City Mentor Community

Initial Contact and Reception
The Williston/Watford City Mentor Community has worked with RMEP since 2005. Initial work in the area was predominately spent on connecting with individuals in the community to establish solid working relationships with community coalitions and agencies.

Strategies Utilized
Primarily, the RMEP associate has been working with the Williston Safe Communities Coalition. The Williston Safe Communities Coalition is headed up by members of the Region 1 Community Action Partnership. There are various groups of individuals that make up the coalition ranging from law enforcement, prevention specialists, court personnel, social workers, treatment providers, educators, students, media personnel, and parents. Within the coalition there are three committees: occupant protection, alcohol, and data.
- The occupant protection committee primarily is involved with seatbelt usage awareness and child safety seat education
- The alcohol committee is involved with alcohol, tobacco, and other drugs (ATOD) related programs (i.e. server training, alcohol and tobacco compliance checks)
- The data committee is involved with compiling and presenting data regarding traffic accidents (alcohol related and seatbelt usage) and underage drinking incidents

The RMEP associate is an active member serving on the alcohol committee, and services have also been provided to the data committee. The coalition is involved in numerous education and awareness activities throughout Williston and the region. Although the Williston Safe Communities Coalition and the RCJC have not combined to work on projects together, members of the coalition have contacted the RMEP to provide education and training to individual groups. Contact with the Safe Communities Coalition has created the following training opportunities:
- Involved in numerous meetings and information sessions
- Presentations for Tioga High School and Community
- Booth Display at the Williston Basin Indian Club Pow-Wow
- Presenter for training for nurse and clinic staff in Trenton, ND
- Presentation for all 4th, 5th, and 6th grade students in three Williston elementary schools (Hagan, Lewis & Clark, and Wilkinson)
- Presenter at Lions Convention in Watford City, ND
- Region 1 Partners in Prevention Conference
- Presenter at Marketplace for Kids hosted by Williston State College

The RCJC also offered to host a regional methamphetamine conference in Williston for all of Region 1. Although the coalition was interested in this initiative, they were not willing to move forward with the conference at this time. This is still a project RCJC is planning on pursuing in the future.

Future Goals
Other organizations that have been contacted, but have yet to utilize any of RCJC’s services are “Healthy Williston…Healthy Youth,” and the Upper Missouri District Health Unit in both Williston and Watford City. These are also very active groups in the Williston/Watford City area and continued attempts will be made to establish working relationships with these organizations into the future.
Appendix B:

Methamphetamine in North Dakota:
An Emergency Services Perspective
Methamphetamine in North Dakota: An Emergency Services Perspective

November 2007

Presented by:
Rural Methamphetamine Education Project
Rural Crime & Justice Center
Minot State University
Minot, North Dakota
Methamphetamine in North Dakota:  
An Emergency Services Perspective

Prepared for

The Rural Crime & Justice Center (RCJC)  
of Minot State University

Rodney Hair, Executive Director  
Dr. Harry Hoffman, Research Director

By

The Rural Methamphetamine Education Project (RMEP)

Compiled by  
Nathan Anderson, Training & Research Associate  
Chad Carr, Training & Research Associate  
Lory Keller, Training & Research Associate  
Cari Olson, Training & Research Associate

November 2007

This project is funded by the Office of Community Orientated Policing Services (COPS)  
and the U.S. Department of Justice (USDOJ).  
Grant #2006CKWX0469

For additional copies, contact the RCJC at:  
Rural Methamphetamine Education Project  
Rural Crime & Justice Center  
Minot State University  
500 University Ave W  
Minot, ND 58707  
(701) 858-3440  
(701) 858-3460 (fax)  
www.minotstateu.edu/rcjc
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>iii</td>
</tr>
<tr>
<td>List of Figures</td>
<td>iv</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>1</td>
</tr>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Literature Review</td>
<td>4</td>
</tr>
<tr>
<td>Methodology</td>
<td>9</td>
</tr>
<tr>
<td>Sample Technique</td>
<td>9</td>
</tr>
<tr>
<td>Sample Population</td>
<td>9</td>
</tr>
<tr>
<td>Survey Development</td>
<td>10</td>
</tr>
<tr>
<td>Respondent Demographics</td>
<td>11</td>
</tr>
<tr>
<td>Data Verification and Analysis</td>
<td>13</td>
</tr>
<tr>
<td>Methamphetamine and Emergency Services</td>
<td>13</td>
</tr>
<tr>
<td>Methamphetamine Related Injuries</td>
<td>18</td>
</tr>
<tr>
<td>Training and Policies</td>
<td>19</td>
</tr>
<tr>
<td>Future Effects of Methamphetamine on Emergency Services</td>
<td>21</td>
</tr>
<tr>
<td>Discussion and Conclusion</td>
<td>23</td>
</tr>
<tr>
<td>References</td>
<td>28</td>
</tr>
<tr>
<td>Appendices</td>
<td></td>
</tr>
<tr>
<td>Appendix A: Cover Letter</td>
<td></td>
</tr>
<tr>
<td>Appendix B: Survey: Emergency Services Personnel Needs Assessment</td>
<td></td>
</tr>
</tbody>
</table>
List of Figures

Figure 1: Most Common Illicit Drug Presented ..............................................................13

Figure 2: Cross-Tabulation Most Common Illicit Drug Presented in Individuals Receiving Services Methamphetamine .................................................................15

Figure 3: Cross-Tabulation Most Common Illicit Drug Presented in Individuals Receiving Services Prescription Drugs .................................................................15

Figure 4: Number of Incidents Requiring Services for Methamphetamine Related Activities ............................................................................................................16

Figure 5: Agencies Providing Services to Individuals for Methamphetamine Related Activities by Region ..................................................................................................17

Figure 6: Specific Topics Addressed in Methamphetamine Training .......................19

Figure 7: Departments Hazardous Materials Policy Includes ....................................21

Figure 8: North Dakota Will Have a Methamphetamine Problem in the Future ..........22
Executive Summary

- All 53 counties within North Dakota were included in the sample and were represented in the responses.

- With respect to type of agency, the majority of respondents were Emergency Medical Services (49.7%), such as Paramedic, Emergency Medical Technician (EMT), or First Responder. Other respondents indicated working for Fire Departments (17.2%), Hospital Emergency Rooms (19.1%) and 14.0 percent indicated working for multiple agencies (fire department and emergency medical services).

- Most respondents were female (53.8%), White/Caucasian (97.4%), and the average respondent age was 44.

- The majority (56.8%) of respondents specified working on a volunteer status, while 36.5 percent indicated working fulltime within the emergency services field.

- The majority (76.3%) of respondents worked primarily for rural agencies serving populations under 10,000.

- The three most common illicit drugs presented were Methamphetamine (40.4%), Prescription Drugs (39.0%), and Marijuana (33.6%).

- Most respondents (44.8%) have provided services for methamphetamine-related activities, while 36.1 percent were unaware of providing such services.

- Of the respondents that knowingly provided services in the last year, most (70.4%) managed 1-5 methamphetamine-related incidents, 11.9 percent handled 6-10 incidents, and 12.9 percent dealt with more than 20 incidents.

- One-third (33.0%) of respondents reported increased involvement with methamphetamine-related incidents from the previous year.

- The majority (88.5%) of respondents have received HAZ-MAT training, 77.4 percent of which received the training within the last year.

- The majority of respondents (65.6%) have received training specific to methamphetamine, with 65.7 percent of those receiving training within the past year.

- The majority of respondents (74.3%) indicated their agencies had policies regarding hazardous materials, while few respondents (10.1%) indicated their agencies had a methamphetamine specific policy.

- A majority (63.5%) of respondents believe they are inadequately trained to handle a methamphetamine-related incident (17.5% strongly disagree and 45.9% disagree).
• Respondents strongly disagreed or disagreed (49.3%) that their policies addressing methamphetamine-related activities are inadequate.

• The vast majority (89.3%) of respondents agreed with the statement that North Dakota will have a methamphetamine problem in the future (47.8% agree, 41.5% strongly agree).
Introduction

Although North Dakota is ranked as one of the safest states in the nation, more and more communities are experiencing problems related to methamphetamine use and abuse. Research conducted by the Rural Crime & Justice Center (RCJC) in 2004 found that 100 percent of law enforcement surveyed within North Dakota indicated methamphetamine as a “serious” problem within their jurisdiction (Rabe et al, 2005). Prior to 2005, methamphetamine laboratories were a serious concern for law enforcement and emergency services personnel across the state. In 2003, North Dakota peaked with as many as 297 methamphetamine labs or dumpsites seized by law enforcement; that number has since diminished greatly with 43 labs seized in 2006 (North Dakota clandestine, 2007). Unfortunately, the issues surrounding methamphetamine did not lessen with that of the labs; the concern was merely displaced to the trafficking of methamphetamine throughout the state of North Dakota. The trafficking of methamphetamine has been associated with gang activity and thus law enforcement has also seen an increase in various crimes statewide.

Due to the rural nature of North Dakota, methamphetamine continues to pose a very real threat. In an effort to better understand the methamphetamine issue in North Dakota, the Rural Methamphetamine Education Project (RMEP) developed a survey to examine the issues amongst emergency services personnel, as well as emergency room staff.

The survey was developed to examine the extent of the methamphetamine problem across the state of North Dakota and to determine what impact it has on emergency services. This research project was also used to gage the perceptions of emergency services personnel in relation to methamphetamine, how emergency services personnel are currently responding to methamphetamine-related activity, and identify areas requiring change.
Literature Review

Once used as a means to help soldiers stay alert, methamphetamine now poses a threat to many communities. Emergency Services Personnel (ESP) encounter many challenges and dangers when responding to methamphetamine-related incidents. Due to the dangerous nature of the drug, adequate training and knowledge are required to ensure the safety of our ESP and communities.

Methamphetamine, a derivative of amphetamine, was initially synthesized in the early 1900’s. During the 1930’s, amphetamine was first manufactured as a bronchial dilator. Doctors quickly identified several additional medical uses for amphetamine and methamphetamine and readily prescribed the drugs for conditions such as obesity, fatigue, attention deficit disorder, and narcolepsy. Other medically accepted uses included depression, Parkinson’s disease, alcoholism, and weight loss (Hunt, Kuck, and Truitt, 2006).

The addictive nature of amphetamine and methamphetamine was soon realized as the number of accepted uses continued to rise. Abuse of the drugs in attempt to achieve feelings of extreme well being, increased libido, enhanced energy, and suppressed appetite prompted increased rates of addiction. After the positive feelings fade, users experience restlessness, fatigue, dysphoria, and irritability. To avoid withdrawal, users administer the drugs again, thus reinforcing addiction (Lineberry and Bostwick, 2006). Chronic use weakens the brain’s ability to transmit dopamine, which can cause intense cravings that strengthen the drug’s addictiveness (Hohman, Oliver, and Wright, 2004).

As an attempt to decrease abuse, the federal government implemented The Controlled Substances Act of 1970 to regulate manufacture, distribution, and use of amphetamine and methamphetamine (Cooking up solutions, 2006). As a result, the substances were classified as
Schedule II drugs, making methamphetamine and most forms of amphetamine illegal to possess without a prescription. Decreasing availability of commercially produced amphetamine and methamphetamine prompted a spike in illegal methamphetamine production (Hunt, Kuck, and Truitt, 2006).

Methamphetamine is easier to produce and more powerful than its counterpart, amphetamine. Recipes are easily accessed online and through word of mouth communication from “cook” to “cook” (Falkowski, 2004). The ingredients, harmful enough by themselves, can become even more deadly when they are combined. The lethal combinations often result in flash fires that frequently destroy homes and kill “cooks” and innocent bystanders, including children.

Methamphetamine is manufactured through several different methods, all of which involve the combination of many poisonous substances. Currently, the ephedrine reduction method is the most common way to manufacture methamphetamine (Hunt, Kuck, and Truitt, 2006). This method utilizes ephedrine or pseudo ephedrine, camping stove fuel, denatured alcohol, ether, lithium, table salt, and anhydrous ammonia to produce the drug (Sexton et al., 2006). Regions faced with enhanced risk of dealing with methamphetamine production include rural farming communities, such as those found in North Dakota. North Dakota’s availability of anhydrous ammonia and vacant land provides ideal environments for methamphetamine production. Furthermore, the isolation of rural settings lessens the opportunity for neighbors or law enforcement to detect the strong chemical odors that accompany methamphetamine manufacturing (Lineberry and Bostwick, 2006).

The federal government enacted legislation to regulate the purchase of ephedrine and pseudo ephedrine, significantly impacting domestic production. This impact, however, has been offset by increased production in Mexico, generating amplified methamphetamine trafficking
across the United States (Hunt, Kuck, and Truitt, 2006). Enhanced distribution channels developed by these professional trafficking organizations in Mexico and the United States could ultimately lead to more widespread use throughout the country (Sommers and Baskin, 2006).

The extensive trafficking, ease of production, and high rates of addiction have caused methamphetamine to be referenced as an epidemic. Recent surveys suggest that it is America’s fastest growing illicit drug (Barr et al., 2006). Leading U.S. politicians have referred to it as America’s number one drug problem and local government representatives have labeled it as their “greatest drug threat” (Cooking up solutions, 2006). North Dakota is no exception with 100 percent of North Dakota law enforcement indicating methamphetamine as a “severe problem” within their jurisdictions (Rabe et al., 2005).

The epidemic significantly impacts Emergency Services Personnel (ESP) who encounter drug related situations. Such personnel include firefighters, Emergency Medical Services, Emergency Medical Technicians, emergency room nurses, and emergency room medical staff. The National Association of Counties (NACO) states that methamphetamine accounts for the most drug-related emergency room visits (Hansell, 2006). The ESP are often the first responders to encounter dangerous methamphetamine-related situations, including confrontations with intoxicated users and hazardous methamphetamine lab materials.

Intoxicated individuals display highly unpredictable behaviors, posing extreme danger to ESP. Intoxicated users should be given benzodiazepines and/or antipsychotic and situated in a relaxed environment to help manage their behavior (Lineberry and Bostwick, 2006). Chronic methamphetamine use can cause users to exhibit violent behavior, anxiety, confusion, and insomnia. Many will also display psychotic behavior to include auditory hallucinations, paranoia, mood disturbances, and delusions, potentially triggering suicidal or homicidal thoughts. One
study interviewed chronic users who reported that, while intoxicated, they perceived common language as being more offensive which “amped up” simple disputes into violent situations. Many users reported being out of control, blowing up, and exhibiting outbursts of rage (Sommers and Baskin, 2006).

The problem for ESP extends beyond the potential for managing erratic behavior. Methamphetamine also subjects its users to several critical medical conditions. Specific medical complications include high blood pressure, hyperthermia, muscle tremors, stomach cramps, cardiac arrhythmia, and stroke (Barr et al., 2006). Combining any of these medical conditions with abnormal behaviors may pose additional threats for those first on scene, as well as emergency room personnel.

The potential threat to ESP escalates when responders encounter clandestine methamphetamine laboratories. The chemicals used to manufacture the drug are extremely dangerous to inhale and can be transdermally absorbed. Contact with anhydrous ammonia alone can lead to burns, lung damage, or suffocation (Sexton et al., 2006). Chemical combinations used for manufacturing can cause explosions when misused.

In a worst case scenario, ESP respond to a scene where a methamphetamine lab is present and an explosion has occurred. On scene is a methamphetamine intoxicated individual with severe burns and cardio respiratory distress. (Please note that methamphetamine-related burn victims demand more comprehensive airway management and fluid resuscitation and have an increased fatality rate). In this case, ESP require attention toward an intoxicated, burned, medically unstable, and potentially erratic patient. Close attention must also be directed toward the environment that increases risk for personal injury from contacting and inhaling toxic
chemicals and fumes. Further complications can exist when a child or other innocent bystander is suffering from injuries as a result of the incident.

First responders are often harmed by contact with poisons found at methamphetamine lab sites. The most common complaint reported by first responders is respiratory distress. Other ailments include headaches, nausea, dizziness, or exhaustion resulting from exposure to fumes. Explosions, “cooking” chemicals or byproducts, and violent behaviors can increase the risk for injury. For these reasons, protective equipment is important to enhance safety (Lineberry and Bostwick, 2006).

In recent years, lab seizures in North Dakota decreased dramatically, thus reducing lab exposure for first responders. For reporting purposes, lab seizures in North Dakota include operational labs, non-operational labs, chemical/equipment/glassware seizures and dumpsites. Seizures peaked at 297 in 2003 and decreased in subsequent years, with 43 total laboratories in 2006 (North Dakota clandestine, 2007).

Although the potential danger is evident, more research is required to determine the impact methamphetamine has on first responders. In an effort to better understand the impact on ESP, the ESPNA was developed.
Methodology

Sample Technique

The Rural Crime and Justice Center (RCJC) contacted several agencies to obtain the extensive list and contact information of all licensed ESP across North Dakota in effort to gather the perspectives of ESP statewide. The RCJC initially contacted the North Dakota Fire Marshal’s office in Bismarck, North Dakota to acquire a list of fire chiefs. The North Dakota Department of Health was also contacted to gather the extensive list of licensed emergency medical services (EMS) personnel.

The databases obtained by the North Dakota Department of Health categorized the EMS contact information into four categories based on levels of completed training. The four categories were as follows: Intermediate, Paramedic, Emergency Medical Technician (EMT), and First Responders. A list was also obtained from the North Dakota Department of Health’s website to gather statewide contact information for medical facilities equipped to handle emergency services. Telephone contact was then made with the Director of Nursing at the listed medical facilities to determine if their facility offered emergency services. If the facility offered emergency services, the number of personnel available to participate in the survey was determined. Upon collection of the individual databases, researchers compiled the data to generate one comprehensive database.

Sample Population

The population identified for this survey included licensed emergency services personnel. The emergency services personnel were defined as: Fire Response Personnel, Emergency Medical Services (EMS), and Emergency Room Personnel. For the purpose of this research project, fire personnel consisted of Fire Chiefs only. However, all EMS (basic, intermediate,
paramedics, and first responders) and emergency room personnel were included in the survey sample. Emergency room personnel identified in the sample were only emergency room physicians and nurses.

**Survey Development**

Researchers collaborated to develop survey questions and a cover letter in June 2006. Survey construction was completed in August 2006. To determine validity of the survey instrument, the survey was given to local emergency room personnel and emergency medical technicians. Feedback obtained from the surveys was utilized to make any corrections needed. Upon completion of the survey, contact lists for North Dakota medical facilities offering emergency services were divided among researchers. The researchers began contacting their listed facilities via telephone.

As mentioned in the literature review, methamphetamine can prompt many challenges for ESP across the United States. Consequently, researchers developed a survey to examine the concerns of emergency services personnel. The survey was developed to identify areas of need for emergency services personnel relative to methamphetamine. The survey was titled, Emergency Services Personnel Needs Assessment (ESPNA). The survey questions addressed topics such as demographics, methamphetamine-related activity, training, policy matters, future issues, and budget concerns.

The survey instrument was administered via mail to all individuals on the compiled database, enclosed with a cover letter identifying the RCJC and its affiliation with Minot State University in Minot, North Dakota. The cover letter stated that participation was strictly voluntary and assured participants the right to withdraw at any time. A brief explanation was included on the procedures utilized to ensure anonymity and confidentiality, as well as how the
data would be utilized and secured. Upon completion and return of the survey instrument, researchers acquired informed consent, thus no separate consent form was enclosed with the survey instrument.

Researchers purposely removed all names and identifiers. The collected information was kept in a password protected computer; hard copies were kept in a locked file and were granted only to researchers and the research director. Upon completion of the research and analysis process, the researchers will archive all data and hard copies for a period of three years.

A total of 4,592 surveys were mailed in November 2006 to ESP. Eighty addresses were deleted from the original database for one of the following reasons: refusal to partake in the survey, relocation outside of North Dakota, or incorrect address with no forwarding address available. As a result, 4,512 surveys were considered delivered. The participants were instructed to complete and return the survey in the pre-posted envelope on or before December 1, 2006.

**Respondent Demographics**

All 53 counties within North Dakota were included in the sample and were represented in the responses. A total of 842 surveys were completed and returned, yielding a response rate of 18.6 percent. Law enforcement respondents were removed from the analysis, resulting in 793 analyzed surveys. With respect to type of agency, the majority of respondents were Emergency Medical Services (49.7%), such as Paramedic, Emergency Medical Technician (EMT), or First Responder. Other respondents indicated working for Fire Departments (17.2%), Hospital Emergency Rooms (19.1%) and 14.0 percent indicated working for multiple agencies (fire department and emergency medical services).

When examining the demographics, the respondents were predominantly female (53.8%); a vast majority were White/Caucasian (97.4%); and the average respondent age was 44 years.
When reporting their highest level of education, most respondents had a college education: Bachelors Degree (28.1%), some college (22.1%), Associates Degree (20.3%), Masters Degree (3.7%), and Doctorate (1.4%). The majority of respondents specified working on a volunteer status (56.8%), while 36.5 percent indicated working fulltime within the emergency services field. Nearly fifty percent (49.7%) of those surveyed have worked in the emergency services field for ten or less years. The majority of respondents (76.3%) worked primarily for rural agencies and served populations under 10,000.
Data Verification and Analysis

The RCJC conducted an exploratory study to examine the extent of which methamphetamine has impacted ESP within the state of North Dakota. The study also examined the degree to which ESP are prepared to handle methamphetamine-related situations. The results section focuses on four areas: quantitative impact, typical injuries or ailments presented, training issues and agency policies, and future perceptions.

The respondents selected for final analysis were chosen from the three emergency services categories outlined at the beginning of the survey (Fire personnel, EMS personnel, and ER personnel). As a result, the 842 total respondents were decreased to 793. Among the 49 excluded from analysis, the majority were law enforcement officers. Not all items were completed by the respondents, resulting in missing data and therefore excluded from further analysis. Two possibilities exist for non responses: the survey question did not apply (i.e. they had not provided services for a methamphetamine-related incident), or they simply chose not to respond.

Methamphetamine and Emergency Services

The first section examines the quantitative impact of methamphetamine on ESP. To study the impact, respondents were asked the most common illicit drug presented in individuals receiving their services. The three drugs indicated the most were Methamphetamine with 40.4 percent, Prescription Drugs (39.0%), and Marijuana (33.6%). Although alcohol is not considered an illicit drug, all individuals referenced it when selecting “other” for the most common illicit drug.
When the most common illicit drug was compared by agency, statistical significance existed between most common illicit drug presented in individuals receiving services [Methamphetamine ($\chi^2 = 25.656, p < .001$) and prescription drugs ($\chi^2 = 60.846, p < .001$)] and type of agency. The majority of fire department respondents (60.7%) indicated methamphetamine as the most common illicit drug, compared to 39.3 percent of EMS and 27.3 percent of hospital emergency room personnel reporting methamphetamine as the most common illicit drug. Respondents working for both fire departments and EMS followed with 44.0 percent indicating methamphetamine as the most common illicit drug. High percentages of fire personnel providing services for methamphetamine may be attributed to lab activity exposure. The volatile and explosive nature of methamphetamine labs could result in fire personnel responding to these situations more than other agencies.
The opposite is true with regard to prescription drugs. Fire personnel were more likely to encounter a methamphetamine laboratory than emergency room personnel but prescription drugs were by far more prevalent within emergency rooms (62.6%) than any other emergency services.

Several respondents (44.8%) have provided services for methamphetamine-related activities, while 36.1 percent were unaware of providing such services. The percentage of respondents who provided services could potentially be much higher if they had known that
methamphetamine was involved. The lack of awareness by respondents may indicate a lack of training in recognizing methamphetamine users or inadequate drug testing procedures.

Of the respondents that knowingly provided services in the last year, most (70.4%) managed 1-5 methamphetamine-related incidents, 11.9 percent handled 6-10 incidents, and 12.9 percent dealt with more than 20 incidents.

Methamphetamine-related incidents involving emergency services personnel are increasing. One-third (33.0%) of respondents reported increased involvement with methamphetamine-related incidents from the previous year. Only 12.5 percent indicated a decrease; 25.5 percent indicated no change to the year prior.

There are some regional disparities regarding the number of methamphetamine-related incidents. The number of methamphetamine-related incidents that emergency personnel provided services for is significantly different among the eight regions in North Dakota. Region I (Divide, Williams, McKenzie Counties), Region IV (Pembina, Walsh, Nelson, Grand Forks Counties), and Region VII (McLean, Sheridan, Oliver, Burleigh, Morton, Grant, Sioux, Emmons, Kidder Counties) had the highest number of respondents indicating they had provided
services for methamphetamine-related incidents with 52.9 percent, 55.1 percent, and 51.8 percent, respectively. The remaining five regions reflected percentages lower than 50.0 percent. Chi-square analysis resulted with a value of 28.029 and p value of .013, indicating statistical significance.

When analyzing by region, the number of incidents per respondents is also statistically significant ($\chi^2 = 61.080$, $p < .001$). Region I (Divide, Williams, McKenzie Counties) and Region VIII (Golden Valley, Billings, Dunn, Stark, Slope, Hettinger, Bowman, Adams Counties) have the most respondents indicating an involvement in 1-5 methamphetamine-related incidents with 87.5 percent and 83.3 percent respectively. Only 33.3 percent of respondents from Region III (Rolette, Towner, Cavalier, Benson, Ramsey, Eddy Counties) reported 1-5 incidents, but Region III displayed the highest number of respondents involved in 6-10 incidents (25.0%), 16-20 incidents (12.5%), and more than 20 incidents (29.2%). Although Regions I, IV, and VII exhibited elevated percentages of individuals providing services for methamphetamine-related activity, Region III represented the highest percentage.
Methamphetamine does not only pose a threat to the user and “cook,” but children present in these environments are also at risk. Of the emergency services personnel involved with methamphetamine incidents, 26.7 percent indicated that at least one incident involved a child (under the age of 18). Another 24.6 percent were unaware of the presence of children. Again, the percentage of ESP reporting methamphetamine-related incidents involving a child could potentially be elevated if the respondent had known children were present.

**Methamphetamine-Related Injuries**

The next section of results addresses injuries that result from methamphetamine-related involvement. Similar to the 44.8 percent that have provided services to individuals for methamphetamine-related activities, 41.6 percent have provided medical services for citizens injured as a result of methamphetamine-related activities. The most common ailment or injury indicated by respondents was Cardiac Problems (25.5%), followed by Burns (10.0%). Only one respondent indicated Overdose as the most common type of injury or ailment. Less than 9 percent (8.7%) of the respondents reported a death within their jurisdiction as a direct result of methamphetamine-related activity. Few (16.5%) methamphetamine-related injuries involved children. Again, this figure may be skewed by the unawareness of child injuries. Nearly 36 percent (35.7%) of respondents reported not knowing if injuries involved children.

Injuries sustained by ESP are yet another concern associated with methamphetamine exposure. A small percentage (4.6%) of personnel indicated that members within their agency sustained injuries prompted by exposure to methamphetamine-related activities. Less than one percent of respondents (0.3%) indicated death(s) within their agency due to methamphetamine-related exposure. The majority (89.4%) of respondents involved with a methamphetamine-related incident did not believe that exposure affected their health.
Training and Policies

With regard to hazardous materials (HAZ-MAT) training, ESP are well trained. The majority (88.5%) of respondents have received HAZ-MAT training, 77.4 percent of which received the training within the last year.

The majority of respondents (65.6%) have received training specific to methamphetamine, with 65.7 percent of those receiving training within the past year. (See Figure 6) The most common training topics include the following: precautions associated with individuals under the influence (84.5%) and identifying individuals under the influence (82.3%). Laboratory exposure was not selected as frequently, but still identified by the majority (66.1%) as a key component of the training curriculum.

Overall, the respondents were well trained regarding methamphetamine. However, significant differences exist regarding methamphetamine training and agencies ($\chi^2 = 102.340, p < .001$).

Hospital emergency room personnel appear to receive little training regarding methamphetamine with only 30.9 percent indicating they have taken part in such training. The
majority of respondents representing the other agencies (Fire – 78.4%, EMS – 74.0%, Multiple Agencies – 69.7%) have received methamphetamine specific training. The small percentage of emergency room personnel receiving methamphetamine specific training may be a result of the low number of incidents involving ER personnel and the belief that such training would, therefore, be unnecessary. This limited training could theoretically be the cause of the high number of unidentified methamphetamine cases. The limited training may, on the other hand, be the cause of the high number of unidentified methamphetamine cases.

Along with training, policies are very important when dealing with drugs and hazardous materials. With regard to policy, an examination of HAZ-MAT, drugs in general, and methamphetamine was conducted. The majority of respondents (74.3%) indicated their agencies had policies regarding hazardous materials. The results denote that most agencies included the following topics in their policies: assessment of individuals exposed (87.5%), decontamination of individuals exposed (83.3%), and decontamination of emergency personnel (78.9%). Many agencies appeared to lack policies that consider children exposed. Less than half (46.4%) of respondents indicated a portion of their policy pertained to the treatment and assessment of children, and 43.9 percent had a policy concerning the decontamination of children exposed.
An even split exists between respondents and their agencies that have policies regarding individuals under the influence of illicit drugs. Most respondents (41.1%) indicated their agency did have a policy, 30.8 percent said they did not have a policy, and the remaining 28.1 percent were not aware of such a policy. When analyzing policies specific to methamphetamine, few respondents (10.1%) indicated their agencies had this type of policy. However, 36.1 percent were unaware of policy existence. The survey also analyzed budgetary concerns regarding methamphetamine-related activity. Few respondents (0.9%) indicated that their agency had specific funding for methamphetamine-related activity.

**Future Effects of Methamphetamine on the Emergency Services**

The respondents were asked to which extent they agree with the provided statement regarding methamphetamine. Their response was measured on a Likert scale ranging from one, “Strongly Disagree” to five, “Strongly Agree.” The vast majority of respondents disagreed with statements regarding future work and methamphetamine. When asked if their agency would have enough funding for methamphetamine-related training, 51.9 percent either strongly disagreed (21.1%) or disagreed (30.8%). The lack of funding for methamphetamine training is even more
apparent, with 63.5 percent of respondents believing that they are inadequately trained to handle a methamphetamine-related incident (17.5% strongly disagree and 45.9% disagree).

Respondents strongly disagreed or disagreed (49.3%) that their policies addressing methamphetamine-related activities are inadequate.

The vast majority (89.3%) of respondents agreed with the statement that North Dakota will have a methamphetamine problem in the future (47.8% agree, 41.5% strongly agree).

Figure 8
North Dakota Will Have a Methamphetamine Problem in the Future

<table>
<thead>
<tr>
<th>Statement</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>41.5</td>
</tr>
<tr>
<td>Agree</td>
<td>47.8</td>
</tr>
<tr>
<td>Disagree</td>
<td>1.9</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0.8</td>
</tr>
<tr>
<td>No Opinion</td>
<td>8.0</td>
</tr>
</tbody>
</table>
Discussion and Conclusion

The purpose of this exploratory study was to examine the impact of methamphetamine in North Dakota, specific to ESP. The ESPNA was developed and distributed statewide to gather data for analysis. Analysis focused on quantitative impact, typical injuries or ailments presented, training issues and agency policies, and future perceptions.

Regarding quantitative impact, methamphetamine is overall the most common illicit drug presented in individuals receiving ESP services. However, when analyzing the variable by agency, fire department respondents reported methamphetamine more frequently than hospital emergency room personnel. Hospital emergency room personnel reported prescription drugs as the most common illicit drug. The discrepancies may exist due to the varying scopes of methamphetamine-related encounters. Based on general job descriptions, fire department personnel may be exposed to methamphetamine more frequently than other illicit drugs because fires and HAZ-MAT cleanup are often associated with methamphetamine production, whereas such hazards are not often associated with other illegal drugs. Conversely, emergency room personnel are exposed to a broader range of drug-related encounters that result from clients under the influence of a wide array of one or more illicit substances. Methamphetamine could potentially exist at elevated rates in emergency rooms but based on this study’s findings, methamphetamine is simply not as prevalent as prescription drugs at this time.

Hospital emergency room personnel may be presented with more methamphetamine incidents than fire department personnel because, in addition to methamphetamine referrals from fire departments, emergency rooms also receive client referrals from other agencies and self admissions. The ESPNA, however, does not allow analysis of this hypothesis because relative data cannot be obtained through the instrument.
Nearly 45 percent of total respondents reported providing services for methamphetamine-related activities. Thirty-six percent reported that they were unaware of providing related services. This unawareness may reflect deficient training connected to methamphetamine user identification or flawed drug testing procedures. Adequate training could significantly reduce the rate of unawareness because sufficiently trained ESP would likely be more prepared to offer a definite answer stating whether they had or had not provided services for methamphetamine-related activities.

One third of respondents reported increased involvement with methamphetamine-related incidents from the previous year. This may suggest that any combination of the following statements could be true: the occurrence of methamphetamine incidents is on the rise; ESP are better trained on identification techniques than they were in previous years; or drug testing procedures have improved. The proportion of respondents reporting unknown change yields 29 percent.

The literature review suggests that exposure to methamphetamine lab sites has potential to cause respiratory distress, headaches, nausea, dizziness, or exhaustion (Lineberry and Bostwick, 2006). However, 89.4 percent of ESPNA respondents involved with a methamphetamine-related incident did not believe that exposure affected their health. This may be attributed to one or more of the following suggestions: methamphetamine incidents encountered by respondents were not lab related; ESP are unaware of health that has been affected; or ESP properly protect themselves when responding to methamphetamine-related incidents.

Aligning with the suggestion that ESP properly protect them when responding to methamphetamine-related incidents exists data that depict 88.5 percent of respondents have
received HAZ-MAT training. Completion of methamphetamine specific training was reported by 65.6 percent of respondents. A significant difference exists, however, pertaining to methamphetamine training and agency. Hospital emergency room personnel were less likely to receive methamphetamine training (30.9%) than their counterparts representing other agencies: Fire, 74.8 percent; EMS, 74.0 percent; Multiple Agencies, 69.7 percent. The lesser proportion of hospital emergency room personnel receiving methamphetamine specific training may contribute to the perception of respective respondents that methamphetamine is less common than other illicit substances. The possibility exists that methamphetamine would have been reported as the most common illicit substance more frequently had the emergency room personnel received thorough methamphetamine training.

Policies are equally as important as training. In the absence of well-written policies, adequately trained ESP may not perform their duties to the highest standards. Policies must be implemented and followed to guarantee quality, guide personnel, and ensure accountability. The majority of respondents (74.3%) reported that their agencies had policies regarding hazardous materials.

Agency policies associated with individuals under the influence of illicit drugs were reported by 41.1 percent of respondents, while 30.8 percent said they did not have a policy, and the remaining 28.1 percent were unaware of such a policy. The lack and unawareness of policies suggests that ESP may be handling individuals under the influence with less effectiveness than they would if policies were in place or they were aware of relative policies that currently exist. Policy training that focuses on handling individuals under the influence could enhance the safety of such individuals and benefit the wellbeing of ESP.
Agency funding for methamphetamine-related activity is scarce. Less than one percent (0.9%) of respondents reported that their agency had specific funding for methamphetamine-related issues. Nearly 52 percent of respondents either strongly disagreed or disagreed that their agency would have enough funding for future methamphetamine-related training. Complicating the issue even more is the perception of 63.5 percent of respondents who believe that they are inadequately trained to handle a methamphetamine-related incident. However, 89.3 percent of respondents agreed that North Dakota will have a methamphetamine problem in the future.

The issues outlined above suggest that the methamphetamine problem will likely continue into the future but many agencies lack resources that could benefit the overall battle against methamphetamine. Training, policy development, and funding all have potential to grow. Resource sharing among agencies may be one strategy to counteract the limited available funding. All agencies have strengths worth sharing with others if they take initiative to make their resources known and seek out partnerships. Collaborative efforts among agencies can stretch existing dollars beyond the budget of a single agency.

The Rural Methamphetamine Education Project (RMEP), operated under the RCJC at Minot State University, represents an example of a resource available to agencies operating on limited budgets. The RMEP provides free methamphetamine-related training sessions and other resources to all agencies, businesses, schools, and individuals throughout North Dakota. Through the RMEP, continuing education units are available for ESP, nurses, and social workers, and post board credits are available for law enforcement. By utilizing available resources including the RMEP, ESP can better equip themselves with the knowledge, skills, and abilities necessary to help our communities deal with methamphetamine problems.
Opportunities could exist for exploration beyond the scope of this study. The presented results and analysis provide a solid foundation for future research, especially methamphetamine-related research linked to ESP injuries and ailments, training issues, and policy analysis.
References


Appendix A:

Cover Letter
Dear Participant:

The Rural Crime and Justice Center, a University Center of Excellence located at Minot State University, recently implemented a needs assessment titled, “Emergency Services Personnel Needs Assessment.” This assessment was developed to gather information on how methamphetamine has affected those individuals working in an emergency services profession.

Your participation in this survey will enable the Rural Crime and Justice Center, more specifically the Rural Methamphetamine Education Project, to identify areas of need related to emergency services personnel and methamphetamine. This needs assessment will also provide useful information on methamphetamine for those working as emergency services personnel across the state of North Dakota.

This survey will require approximately 10-15 minutes to complete. The Rural Crime and Justice Center follows all federal guidelines governing research and the results of the survey will be reported in aggregate form; no personal identifying information will be used. Please understand that completion of this survey constitutes that you fully comprehend the information contained in this letter, you provide consent to partake in completion of this survey, you fully understand that all the information you provide in this survey will be kept confidential, and you have the choice to withdraw from participation in this survey at any time.

This survey has been approved by the Institutional Review Board (IRB) at Minot State University. For additional information regarding IRB regulations, please contact Dr. Margi Coxwell, IRB Chairperson, at (701) 858-3125.

Please return the completed survey in the provided pre-addressed envelope by December 1st, 2006.

Our office would like to thank you in advance for your participation of this needs assessment If you have additional questions regarding the needs assessment please contact Cari Olson at (701) 858-3463 or cari.olson@minotstateu.edu.

Thank you for your participation.

Respectfully,

Rodney Hair
Executive Director
Rural Crime and Justice Center
Appendix B:

Emergency Services Personnel Needs Assessment
Emergency Services Personnel Needs Assessment

RCJC
Rural Crime & Justice Center
The Rural Crime and Justice Center (RCJC) located at Minot State University (MSU) has implemented the Rural Methamphetamine Education Project (RMEP) in an effort to better understand methamphetamine concerns throughout North Dakota. The primary goal of the RMEP is to educate and inform the public on the dangers associated with methamphetamine and the impact of methamphetamine on communities. Another goal of the program is to assess the needs of Emergency Services Personnel with regards to methamphetamine.

The objective of this survey is to determine the current methamphetamine situation, as well as training needs desired by emergency services personnel with regards to methamphetamine in North Dakota.

Please read carefully and complete this survey. To ensure that the data collected can be compiled in a timely manner, please return in the pre-addressed envelope by December 1st, 2006.

### Section I: Demographics

1. What county is your agency located? ________________________________________

2. Type of agency?
   - □ Fire Department
   - □ Emergency Medical Services (Paramedic, EMT, First Responder)
   - □ Hospital Emergency Room
   - □ Other __________________________

3. What is the name of your agency? ___________________________________________

4. What is your current job title? ______________________________________________

5. What is your current employment status?
   - □ Full-time
   - □ Part-time
   - □ Volunteer

6. Please briefly explain your current responsibilities/duties.
   ________________________________________________________________
   ________________________________________________________________
7. How many years have you been employed as an emergency service personnel?
   _______ Years
   Of the total years, how many were?
   _____ Full-time
   _____ Part-time
   _____ Volunteer

8. How many years have you been employed by your current agency?
   _______ Years

9. What is the approximate population served by your agency?
   □ Less than 5,000
   □ 6,000-10,000
   □ 11,000-20,000
   □ 21,000-30,000
   □ More than 30,000

10. What is your age?    _______ Years

11. Gender:
   □ Male
   □ Female

12. Race:
   □ White/Caucasian
   □ American Indian
   □ African American
   □ Asian/Pacific Islander
   □ Non-White/Hispanic
   □ Other ______________________

13. What is your highest level of education?
   □ High school/GED
   □ Some college
   □ Vocational
   □ Associate degree
   □ Bachelor’s degree
   □ Master’s degree
   □ Doctorate degree
   □ Other ______________________
14. What is the most common illicit drug presented in individuals receiving services by your agency?

- □ Marijuana
- □ Crack/ Cocaine
- □ Methamphetamine
- □ PCP
- □ LSD
- □ Heroin
- □ Prescription Drugs
- □ Inhalants
- □ Designer Drugs
- □ Other _______________________

15. Have you, or persons within your agency provided services to individuals for methamphetamine-related activities?

- □ Yes
- □ No
- □ Unknown

If yes, what is the number of incidents in the last year?

- □ 1-5
- □ 6-10
- □ 11-15
- □ 16-20
- □ More than 20

Note: If you answered “NO” or “Unknown” to Question 15 SKIP to Question 24

16. Of the methamphetamine related incidents you have encountered, were any involving children (Under the age of 18)?

- □ Yes
- □ No
- □ Unknown

17. Within your agency, how has methamphetamine related incidents changed in the last year? (Please indicate approximate percentage if indicating an increase or decrease)

- □ Increased
- □ Decreased
- □ No Change
- □ Unknown
Approximate Percentage of Change.
- □ 1-25%
- □ 26-50%
- □ 51-75%
- □ 76-100%

18. Have you, or persons within your agency, provided services for citizens injured as a result of methamphetamine-related activities?
- □ Yes
- □ No
- □ Unknown

If yes, please indicate the most common type of injuries or ailments presented.
(E.g. fractures, irregular heart beat, etc.)

19. Of the methamphetamine-related injuries you have encountered, were any involving children (Under the age of 18)?
- □ Yes
- □ No
- □ Unknown

20. Has your jurisdiction experienced any deaths of citizens as a direct result of methamphetamine-related activity?
- □ Yes
- □ No
- □ Unknown

21. Did your agency experience any injuries of personnel as a direct result of exposure to methamphetamine-related activities?
- □ Yes
- □ No
- □ Unknown

If yes, please indicate the most common type of injuries or ailments presented.
(E.g. fractures, irregular heart beat, etc.)

---
22. Has your agency experienced any deaths of personnel as a direct result of exposure to methamphetamine-related activity?

☐ Yes
☐ No
☐ Unknown

23. Do you believe exposure to methamphetamine related activities in your profession has affected your overall health and well-being?

☐ Yes
☐ No

Section IV: Training & Policy

24. Have you received training regarding Hazardous Materials (HAZ-MAT)?

☐ Yes
☐ No

If yes, when did you last receive training?

☐ within the last month
☐ within the last 6 months
☐ within the last year
☐ within the last 5 years
☐ more than 5 years ago

If yes, what agency conducted your training?
____________________________________

25. Have you received training specific to methamphetamine?

☐ Yes
☐ No

If yes, please indicate the topics covered. (Check all that apply)

☐ Identifying individuals under the influence
☐ Precautions associated with individuals under the influence
☐ Laboratory exposure
☐ Other __________________________
If yes, when did you last receive training?
☐ within the last month
☐ within the last 6 months
☐ within the last year
☐ within the last 5 years
☐ more than 5 years ago

If yes, what agency conducted your training?
________________________________

26. Does your agency have a policy regarding Hazardous Materials (HAZ-MAT)?

☐ Yes
☐ No
☐ Unknown

If yes, the policy includes: *(Check all that apply)*

☐ Assessment of individuals exposed
☐ Decontamination of individuals exposed
☐ Decontamination of emergency personnel
☐ Treatment and assessment of children (Under the age of 18)
☐ Decontamination of children (Under the age of 18)
☐ Other ______________________

27. Does your agency have a policy regarding individuals under the influence of illicit drugs?

☐ Yes
☐ No
☐ Unknown

28. Does your agency have a policy specific to methamphetamine?

☐ Yes
☐ No
☐ Unknown
29. Does your agency have funding allocated specifically for methamphetamine related activity?

□ Yes
□ No
□ Unknown

If yes, do you anticipate an increase or decrease?

□ Increase
□ Decrease
□ No Change
□ Unknown

Approximate Percentage of Change.

□ 1-25%
□ 26-50%
□ 51-75%
□ 76-100%

30. Please indicate whether you disagree, agree, or have no opinion with the following statements by circling the corresponding numbers.

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>No Opinion</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My agency will have enough funding for methamphetamine-related training</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My agency will hire more personnel as a direct result of methamphetamine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My agency will increase its budget as a direct result of methamphetamine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My agency will purchase additional equipment as a direct result of methamphetamine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
As a direct result of methamphetamine, my agency will pay overtime wages to personnel

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>No Opinion</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that I am adequately trained on methamphetamine-related situations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My agency’s policy adequately addresses methamphetamine-related activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>North Dakota will have a methamphetamine problem in the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

30. Continued

31. Additional Comments

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for your participation in this needs assessment, if you have any questions please feel free to contact the Rural Methamphetamine Education Project (RMEP) or the Rural Crime and Justice Center (RCJC) located at Minot State University (MSU) 1-800-777-0750 ext. 3463 or www.minotstateu.edu/rcjc
Appendix C:

Impact of Methamphetamine:
A survey of social workers in North Dakota
Impact of Methamphetamine: A survey of social workers in North Dakota

December 2007

Presented by:
Rural Methamphetamine Education Project
Rural Crime & Justice Center
Minot State University
Minot, North Dakota
Impact of Methamphetamine:
A survey of social workers in North Dakota

Prepared for

The Rural Crime & Justice Center (RCJC)
of Minot State University

Rodney Hair, Executive Director
Dr. Harry Hoffman, Research Director

By

The Rural Methamphetamine Education Project (RMEP)

Compiled by
Trista Ortnsky, Training & Research Associate
Dawn Reule, Training & Research Associate
Matt Schaefer, Training & Research Associate
Rachelle Todosichuk, Training & Research Associate

December 2007

This project is funded by the Office of Community Orientated Policing Services (COPS) and the U.S. Department of Justice (USDOJ).
Grant #2006CKWX0469

For additional copies, contact the RCJC at:
Rural Methamphetamine Education Project
Rural Crime & Justice Center
Minot State University
500 University Ave W
Minot, ND 58707
(701) 858-3440
(701) 858-3460 (fax)
www.minotstateu.edu/rcjc
Acknowledgements

RCJC wishes to acknowledge the work of the Center for Health Workforce Studies of the School of Public Health, University at Albany, and the Center for Workforce Studies, National Association of Social Workers. Their study entitled, *Licensed Social Workers in the U.S., 2004*, as well as the supplemental reports and areas of expertise reports provided the basis for RCJC’s study. RCJC’s instrument was modeled after the *Licensed Social Workers in the U.S., 2004* to allow for comparison with their findings.

RCJC would also like to acknowledge Nelrene Yellow Bird, LCSW, LAC of Yellow Bird Consultants for allowing us to perform a pilot of our survey instrument on two occasions. The first pilot was administered to social work students enrolled in SOC 497 Practicum/Internship at Minot State University. The second pilot was administered to conference attendees of the Traditional Healing Conference.
# Table of Contents

Acknowledgements ................................................................. iii
Table of Contents........................................................................ iv
List of Figures .............................................................................. v
Executive Summary....................................................................... 1
Introduction................................................................................ 3
Survey Findings ........................................................................... 4
   *Section 1: Background* ......................................................... 4
   *Section 2: Social Work Practice* ........................................... 6
   *Section 3: Impact of Methamphetamine* ............................... 8
   *Section 4: Children and Families* ........................................ 10
   *Section 5: Training* .......................................................... 13
Discussion and Conclusions......................................................... 16
References................................................................................... 29

Appendices
   Appendix A: Cover Letter
   Appendix B: Survey Instrument
List of Figures

Section 1: Background

Figure 1.1: NDSW Gender----------------------------------------------- 4
Figure 1.2: NDSW Age Comparison---------------------------------------- 4
Figure 1.3: NDSW Racial/Ethnic Distribution of Licensed Social Workers in North Dakota----- 4
Figure 1.4: NDSW Education -------------------------------------------- 5
Figure 1.5: NDSW Organizational Setting of Social Workers ------------------- 5
Figure 1.6a: ND Region Population-------------------------------------- 6
Figure 1.6b: NDSW per Capita------------------------------------------ 6

Section 2: Social Work Practice

Figure 2.1: Percentage of Caseload Female ---------------------------------- 6
Figure 2.2: Caseload by Client Age Group --------------------------------- 6
Figure 2.3: Caseload by Client Race/Ethnic Category------------------------------ 7
Figure 2.4a: ND Caseload Health Coverage ---------------------------------- 7
Figure 2.4b: National Caseload Health Coverage------------------------------- 7

Section 3: Impact of Methamphetamine

Figure 3.1: Caseload Affected by Methamphetamine------------------------- 8
Figure 3.2: Female Caseload Affected by Methamphetamine------------------ 8
Figure 3.3: Work-related Impact of Methamphetamine ----------------------- 8
Figure 3.4: Able to Perform Duties---------------------------------------- 9
Figure 3.5: Satisfied with Service Accessibility-------------------------------- 9
Figure 3.6: Social Work Vacancies---------------------------------------- 9
Figure 3.7: Methamphetamine-related Safety Issues------------------------ 10

Section 4: Children and Families

Figure 4.1: Do you provide services to children and families?------------------ 10
Figure 4.2: Future Work with Children & Families-------------------------- 11
Figure 4.3: Methamphetamine Increases Problems----------------------------- 11
Figure 4.4: Systems Interaction-------------------------------------------- 12
Figure 4.5: Critical Components in Providing Care---------------------------- 12

Section 5: Training

Figure 5.1: Education/Training Preparedness--------------------------------- 13
Figure 5.2: Availability of Training---------------------------------------- 13
Figure 5.3: Availability of Children and Family Training---------------------- 14
Figure 5.4: Children and Family Training Attended-------------------------- 14
Figure 5.5: Education/Training Interests------------------------------------ 14
Executive Summary

- Both public and private entities that employ North Dakota Social Workers (NDSW) should carefully review their current recruitment and retention efforts to ensure a continued workforce for the future; specifically in work settings that deal with methamphetamine.

- The most disruptive impact of methamphetamine on the field of social work in North Dakota may be isolated to specific work settings. To more efficiently target strategies to increase effectiveness and quality of services more detailed analysis and study should be done to identify these settings.

- Further analysis should be conducted to determine the settings and prevalence of women affected by methamphetamine being served by NDSW to more efficiently target strategies to improve services.

- Lack of services, difficulty in accessing services and interagency coordination issues should be carefully reviewed by the state, agencies that employ social workers and communities to ensure effectiveness and quality of care. Review of the current literature to identify strategies and techniques already tested or implemented should be done to ensure that effective solutions that are specific to the issues in North Dakota can be implemented.

- A significant percentage of NDSW reported dissatisfaction with their ability to influence the design of services to better meet their client’s needs.

- Although clandestine production of methamphetamine has diminished in North Dakota, safety issues regarding methamphetamine persist for social workers in the field. Agencies/organizations should carefully review safety guidelines and procedures to ensure the safety of NDSW and of clients.

- NDSW confirmed that methamphetamine is greatly impacting children and families in North Dakota. Agencies that provide services to children and families should carefully review training opportunities, community resources and potential collaborations to improve the continuum of care for children and families affected by methamphetamine.
The majority of NDSW report that their education did not prepare them for methamphetamine-related tasks in their work setting. In addition, the majority of North Dakota Social workers report that the availability of methamphetamine related post degree training/education is limited.

NDSW clearly indicated the need for further education and training regarding methamphetamine and substance abuse.

NDSW indicated a significantly different rate between public versus private work settings than those found by the NASW report. The reasons and implications of this disparity should be explored to more fully understand how it impacts a wide variety of issues such as delivery of services, quality of care and cost benefit of services.

NDSW reported a significant difference between clients utilizing public insurance versus private insurance than Social Workers surveyed at the national level. The reasons and implications of this disparity should be explored to more fully understand how it impacts a wide variety of issues such as delivery of services, quality of care and cost benefit of services.
Introduction

In order to “…assess the adequacy and sufficiency of the social work labor force to meet the changing needs of society”, the National Association of Social Workers (NASW) conducted a National Study of Licensed Social Workers in the fall of 2004. Some of the key findings suggest: the current social work labor force is expected to decrease significantly over the next two years; social workers have experienced increased demands but decreased resources and support; and a significant number of social workers provide services to vulnerable populations requiring specialized knowledge and skills. Considering the impact that methamphetamine has had on individuals, families, and societies, the Rural Crime and Justice Center conducted a statewide survey of Licensed Social Workers in North Dakota in the fall of 2006.

The primary goal of the survey was to determine the training and/or educational needs of social workers in the context of methamphetamine; particularly with a focus on the perceived impact that methamphetamine has on individual job performance. The survey was comprised of five sections: 1) Social Work Demographics; 2) Social Work Practice; 3) Perceived Impact of Methamphetamine; 4) Children and Families; and 5) Training Needs.

A sample of 1,649 social workers from the North Dakota Board of Social Work Examiners licensure database was selected. The sample included only licensed social workers currently employed in the state of North Dakota. Three mailings were conducted: the first was sent to all social workers in the sample and the second mailing occurred after address corrections were made. The third mailing consisted of a post card thanking participants for returning the survey or reminding them of the deadline for inclusion in the survey if they had not responded. The response rate to the survey was 30.3%.

The information obtained from the sample reflects the experiences of Licensed Social Workers employed within the state of North Dakota; including their insights and/or concerns as it relates to methamphetamine.
Survey Findings

Section 1: Background

North Dakota social workers (NDSW) participating in this survey were predominantly female (90.1%). This was slightly higher than the estimates from the national sample (82%).

Comparing the age of the social work (SW) labor force, this study found that NDSW exhibit more variance in age distribution than the national pool of SW. Nearly 30% of national social workers were over 55 years of age, while only 16% of NDSW were 55 years of age or older. National SW under the age of 35 comprised 17% of the sample compared to 27% of NDSW. A little over half of NDSW (57.6%) were between the ages of 35-54.

Nationally, African Americans constitute the largest minority group within the social work profession, yet were underrepresented when compared to the general population (7% SW, 12% US population). In North Dakota (ND), American Indian/Alaskan Natives (AIAN), were the largest minority group within SW and was underrepresented compared to the ND general population (4.3% SW, 5.3% ND population).

With respect to Hispanic/Latino and Asian/Pacific Islanders, NDSW were underrepresented relative to their presence in the ND general population, similar to the underrepresentation at the national level.

The NASW study emphasized that, “ethnic diversity within the health professions has become a critical issue.” Cultural competency, in regard to issues of quality of care and access to service, highlight the need at a national level to recruit more ethnically diverse
workers. In addition, there needs to be an increase in education for SW regarding cultural differences. NDSW respondents were less ethnically diverse than the national sample; though they more closely represented the populations they served (See Figure 1.3).

The NASW study asserted that the formal education of licensed social workers continues to be dictated, in part, by the educational requirements for licensure in each state. “In 2004, 21 states required an MSW degree as a prerequisite for licensure. The other remaining states had at least one social work license that required only a BSW, although most also had several other social work licenses and/or certificates that required an MSW.” North Dakota remains one of the states that requires only a BSW for licensure and includes other levels of licensure requiring a MSW. The NASW study found that 79% of respondents held a MSW, 12% a BSW and 2% a DSW/PhD. A very different response was found in ND with 77% of NDSW’s holding a BSW, 21% a MSW and less than 1% a DSW/PhD (See Figure 1.4).

In regards to the organizational setting of SW, NDSW were almost evenly represented between in public and private sector, while at the national level, over two-thirds of SW were employed in the private sector. Figure 1.5 compares the organizational breakdown of NDSW to National SW.

The NASW study stated that for most professions & occupations, employees were not uniformly distributed across the 50 states. When the ratio of licensed social workers (LSW) per capita in the United States was examined, the NASW found that with the exception of New York, large states had relatively low numbers of LSW. ND ranked among the five highest states in regards to LSW per capita.
When examining the ratio of LSW per capita in the 8 regions of ND, RCJC found that with the exception of Region III, smaller regions had a lower rate of 1 social worker per 10,000 people living in the region (See Figures 1.6a and 1.6b). Possible implications of these findings will be discussed in the conclusion of this report.

Section 2: Social Work Practice

The NASW study found that a significant number of SW provided services to older adults and children. Classified as vulnerable populations, both groups require specialized knowledge and skill. ND’s child population has been on the decline and its elderly population increasing over the last several years. To better understand who NDSW served, RCJC asked respondents several questions regarding their current caseloads.

Fifty-one percent of SW responding to the NASW study reported that females comprised less than 50% of their caseload, while 14% reported that their caseloads contained 75% or more female. Fifty-three percent of NDSW reported that their caseload was 50% or fewer females, while 15% reported that their caseload was 75% or more females. Considering the age trends in the ND population, it was expected that NDSW would report higher rates of adults and older adults. Twenty-one percent of NDSW reported a caseload predominantly (51% or more) comprised of clients aged 12 and under, while 21% reported a caseload predominantly of individuals...
between the ages of 13 to 21. Thirty-six percent reported a caseload predominantly of ages 22 to 54 while twenty-seven percent reported a caseload predominantly of ages 55 and over (See Figure 2.2). Furthermore, when the age distribution of NDSW caseloads was compared to the age distribution of national SW caseloads, RCJC found that NDSW reported slightly higher rates of children and adolescents predominantly (50% or more) represented in their caseload and slightly lower rates of adults predominantly represented in their caseload.

Just as the racial/ethnic diversity of NDSW is more homogeneous than the national sample, the caseload of NDSW also followed this pattern. Caucasians comprise the majority of NDSW caseload while American Indian Alaska Native (AIAN) constitutes the predominant minority. The breakdown of caseload by client race/ethnicity is illustrated in Figure 2.3.

In terms of health coverage for clients, NDSW indicated that Medicaid (62%) and Medicare (14%) were the most common sources of coverage. At the national level, Medicaid (41%) and private insurance (24%) were the most common sources of health coverage. The NASW study explored the relationship between several variables associated with health coverage. RCJC had not explored these relationships in detail as the NDSW survey was focused on exploring the impact of methamphetamine and educational/training needs of ND social workers. The debate over cost benefit and quality of care issues related to public versus private health care continues. With a notable difference in utilization of public versus private insurance noted by NDSW, RCJC will explore this issue in more detail in a separate report. Figure 2.4a and 2.4b detail the sources of coverage breakdown at the National level and at the state level.
Section 3: Impact of Methamphetamine

Through the examination of several factors, such as retirement, career change, and educational SW feeder programs, the NASW study concluded that the SW labor force was expected to decrease in the future. Keeping this in mind coupled with the aim to better understand how methamphetamine use and its physical, psychological, and societal dimension impacts the social work field, RCJC specifically addressed methamphetamine related issues in the survey.

When asked to indicate what percentage of their caseload involved methamphetamine, the majority of NDSW respondents (64%) indicated that 25% or less of their caseload involved methamphetamine. Overall, very few (10%) respondents indicated that 51% or more of their caseload was related to methamphetamine. In general, it appears that the majority of NDSW were not overburdened with a large number of methamphetamine affected clientele (See Figure 3.1).

When asked to indicate what percentage of clients affected by methamphetamine were female, 57% of NDSW indicated that 25% or less were female, while 17% indicated that 51% or more were female. Twelve percent indicated that they were “unsure” if female clients were affected by methamphetamine (See Figure 3.2).

Regarding their workplace, SW at the national level reported that the most significant changes were an increase in paperwork, the severity of client problems, caseload size, and waiting lists for services. In the context of methamphetamine, NDSW report the most significant increases were in the severity of client’s problems, caseload size, coordination
with community agencies, and paperwork. The work-related impact of methamphetamine according to NDSWs is detailed in Figure 3.3.

When asked to rate their ability to perform various duties when working with clients affected by methamphetamine, NDSW report that they are least satisfied with their ability to influence the design of services to better meet client needs. Although racial/ethnic disparities exist between NDSW and the ND general population, respondents indicated they were most satisfied with their ability to respond to cultural differences among the clients they serve.

When rating their level of satisfaction with accessibility to various services for clients affected by methamphetamine, nearly one quarter of respondents were not at all satisfied with access to any of the listed services (See Figure 3.4 for the breakdown of listed services). Specifically respondents were least satisfied with client access to medication and access to appropriate mental health care. Respondents were most satisfied with access to foster care services.

As mentioned above, the NASW study predicted that the SW labor force was expected to decrease significantly within the next two years. When NDSW were asked to indicate how common vacancies were in their field and the difficulty to fill them, respondents indicated that vacancies in ND were not very common
(69.4%). In regards to filling those vacancies, over half (60.2%) of respondents indicated that these vacancies were not difficult to fill. When asked if methamphetamine had been a factor in these vacancies, the majority (86.7%) of respondents indicated that it had not been a factor. Eighty-five percent of respondents indicated that methamphetamine would not be a factor they took into consideration when making future career plans (See Figure 3.6).

Work place safety has been an area of concern in the SW field; especially for those who enter individual’s homes or deal with sensitive issues. Methamphetamine has intensified safety concerns. Clandestine production of methamphetamine poses a significant risk to individuals. The psychiatric effects of methamphetamine must also be considered. Possible psychiatric effects can include, but are not limited to violent mood swings, hallucinations, paranoia, delusions, and amphetamine psychosis. According to ND Department of Human Services, “Some employees quit their jobs because of the increased risk of personal harm due to confronting people under the influence of meth.”

Forty-two percent of NDSW indicated that they had faced personal safety issues when working with methamphetamine related casework. Of those that had experienced safety issues, 63% indicated that they felt their employer had addressed the issues appropriately (See Figure 3.7).

Section 4 Children and Families

It has been well established that methamphetamine use disrupts familial functioning. Women are often the primary caregiver in single or two parent homes. As usage of methamphetamine among women increases, the potential for negative consequences on children rises as well. Children are not only affected by parental usage, but also prenatal exposure and chemical exposure from the production process. As children are a vulnerable population, RCJC asked several questions regarding the impact of methamphetamine on children and families in NDSW caseloads.
Over half (68.7%) of NDSW provide services to children and families. To determine if working with children and families would be complicated by methamphetamine use, respondents were asked to indicate how their work would change over the next five years with this population. Over sixty percent (64.8%) of respondents who work with children and families affected by methamphetamine indicated that they would need to spend more time with these clients.

Methamphetamine abuse can greatly impact an individual’s ability to function on a daily basis. The long term effects of abuse, even after continued abstinence, is a topic of ongoing research. Current findings suggest that daily functioning can be diminished to varying degrees (dependent upon usage patterns) and may persist anywhere from 6 to 18 months. Physical repercussions of use can vary widely from basic malnutrition to major organ damage. While social workers typically will not have to diagnose or treat specific types of cognitive deficiencies or physical effects, the ability of the clients to address personal, familial, legal or vocational problems may be impacted. NDSW respondents indicated that there were several areas that methamphetamine greatly increased the frequency of problems for their clients.

Just over 90% of respondents indicated that family functioning (91.7%), abuse/neglect (91.2%), and substance abuse (91.2%) problems were often or always more common for clients when methamphetamine was involved.

Mental health conditions (83.6%), foster care (81.9%), school problems (81.7%) socioeconomic disadvantage (80.1%), juvenile justice (78.1%), medical conditions (72.5%) and adoption/reunification (71.7%) problems were cited as “often” or “always” more common among those clients affected by methamphetamine.
Disability (43.3%) and end of life (28.9%) problems were cited as “often” or “always” more common by respondents. Eighty-seven percent of respondents indicated that disability problems were “sometimes” or “often” more common. Sixty-four percent of respondents indicated that end of life issues were “rarely” or “sometimes” more common.

Anticipating that SW would encounter a higher rate of problems with children affected by methamphetamine, RCJC asked respondents to indicate the complexity of these problems. Respondents were asked to characterize problems of methamphetamine affected children as “very complex,” “complex,” or “not complex” and how much of their caseload was comprised of the different categories.

Fifty-two percent of respondents indicated that at least half of children affected by methamphetamine on their caseload experienced “very complex” problems. Only four percent of respondents indicated that at least half of children affected by methamphetamine on their caseload experienced “not complex” problems.

Clients of SW can present a variety of issues. Whether SW refers individuals to outside agencies or individuals are already involved with outside agencies, interaction with a variety of service systems is crucial to providing quality care. RCJC asked respondents to indicate which of these systems they interact with most frequently in providing care to children affected by methamphetamine. Over half of NDSW indicated that the Foster care, Protective services, Courts, and Mental health systems were interacted with most frequently (See Figure 4.4).

In providing services to clients SW often face challenges beyond their control. From coordinating services with outside agencies, training, third party reimbursement to staffing, supervision and agency organization many factors play a role in the quality of services provided. NDSW’s were asked to rate the importance of several of these factors from “not important” to “critical” in providing care to children and families affected by methamphetamine. All areas were seen as “relatively important” or “critical” by the majority, over seventy percent, of
Availability of services was the most critical component in the care of children & families affected by methamphetamine as indicated by 75.3% of NDSW respondents. Over half of respondents indicated that training/education (65.9%), interagency coordination (63%), and appropriate caseload (60.4%) were critical components in the care of children & families. NDSW’s indicated that caseload size and coordination with community agencies were two areas where they anticipated an increase in time spent with methamphetamine affected clients (see Figure 3.3).

Section 5: Training

The NASW study asserted that, “the adequate preparation of social work practitioners, both during and following their degree programs, is critically important in ensuring not only competent practice but also a satisfied workforce that plans to remain in the profession.” The majority of SW at the national level report that degree programs and post degree continuing training/education prepared them either “well” or “very well” for roles they currently perform as SW. RCJC asked several questions regarding education and continuing training/education in regards to how well it had prepared NDSW for dealing with methamphetamine-related issues.

Nearly three quarters of NDSW (72.7%) indicated that their education/training had “not at all” (47.1%) or “slightly” (25.6%) prepared them for duties related to methamphetamine. Six
percent of respondents indicated that their education had “greatly” or “fully” prepared them for methamphetamine-related duties.

In addition to feeling ill-equipped for methamphetamine-related duties in regards to education/training, a majority (83%) of respondents indicated that the availability of methamphetamine-related post degree education programs was “limited” (77.8%) to “nonexistent” (5.2%).

Not only was the availability of post degree education programs viewed as limited, a large number of NDSW (39.5%) indicated that these programs either “not at all” or “slightly” prepared them for methamphetamine-related duties. Nineteen percent of respondents indicated that post degree training had prepared them for methamphetamine-related duties.

The impact of methamphetamine use and/or production on children poses a myriad of potential risks. RCJC asked respondents to rate the availability of training regarding children and families affected by methamphetamine. Regardless of the format of the training, at least 83 percent of respondents indicated that training was sometimes/rarely/never available.

When indicating which format of training was “often” or “always” available, NDSW respondents indicated that workshops (21.8%), conferences (21.6%), and on-the-job training (17.5%) were the most commonly available trainings. Over half of NDSW indicated that distance learning (61.7%), courses (57.8%), and training for new workers (55%), were “never” or “rarely” available.

<table>
<thead>
<tr>
<th>Training Format</th>
<th>Availability Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work courses</td>
<td>6.9%</td>
</tr>
<tr>
<td>Conferences</td>
<td>21.8%</td>
</tr>
<tr>
<td>Training for new workers</td>
<td>5.2%</td>
</tr>
<tr>
<td>Distance learning</td>
<td>6.6%</td>
</tr>
<tr>
<td>On-the-job training</td>
<td>17.5%</td>
</tr>
<tr>
<td>Seminar/workshop</td>
<td>21.8%</td>
</tr>
</tbody>
</table>

![Figure 5.2: Availability of Training](image)
When asked to indicate trainings participated in regarding children and families, *conferences* (91.5%) and *interdisciplinary seminars/workshops* (90.7%) were cited most often by respondents. *Courses in social work* (83.6%) and *seminars/workshops* (83.6%) were commonly attended. However, on the *on-the-job training* (61.9%), *field placement* (48.6%) and *courses in higher education programs* (43.5%) were not. NDSW indicated that *supervised clinical practice* (31.4%) and *distance learning* (18.9%) were attended the least. Nearly 90 percent of NDSW attend training *primarily within the state.*

NDSW were given the opportunity to indicate what *areas in SW they would like to pursue further education/training.* Figure 5.5 details their responses.
Discussion

**KEY FINDING:** Both public and private entities that employ NDSW should carefully review their current recruitment and retention efforts to ensure a continued workforce for the future; specifically in work setting that deal with methamphetamine.

The National Association of Social Workers (NASW) study predicts that maintaining a sufficient workforce may be an issue in the future. However, when considering that NDSW exhibited a younger age distribution, one may expect that North Dakota will not experience the same shortage of SW’s in the future. There are some instances of reporting that positions are currently difficult to fill however. In the 2006 summary of North Dakota Department of Humans Services Stakeholders/Public meetings, Dickinson and Minot both indicated staffing shortages, especially for social workers. However when RCJC asked NDSW if vacancies were common in their work setting over half (69%) of the respondents indicated that positions vacancies were not common with 60 percent indicating that they were not difficult to fill.

Another issue to consider is out-migration. “Over the past fifty years, nearly two-thirds of rural counties in the Great Plains lost at least one third of their population. In North Dakota, the problem shows no signs of slowing – 47 of the state’s 53 counties lost population between 2000 and 2005. Chronic population losses drain a community of its work force, customer base and capital, making it difficult to attract new business and industries and to retain those already located in the community. Demographers predict that, left unchecked, such population losses and the problems they create will only continue and accelerate.” (http://dorgan.senate.gov/issues/northdakota/homestead/, December 9, 2007). In the context of out-migration, if other states face SW shortages, NDSW may elect to leave North Dakota.

**KEY FINDING:** The most disruptive impact of methamphetamine on the field of social work in North Dakota may be isolated to specific work settings. To more efficiently develop strategies to increase effectiveness and quality of services, more detailed analysis must be conducted.

The current body of literature clearly illustrates that the use, production and distribution of methamphetamine has increased dramatically and continues to affect communities throughout the nation. Methamphetamine is currently cited as the leading drug problem in many parts of the United States (NACO report, www.healthinschools.org, May 26, 2006). For the state of
North Dakota, “the trafficking and use of methamphetamine is the primary concern for law enforcement and public health officials (Office of National Drug Control Policy, August 2005). Particularly, “methamphetamine use is a growing problem for children and families across the country,” and as a result, child welfare and social workers need to know what methamphetamine is and the potential effects of the drug (www.nccanch.acf.hhs.gov, December 30, 2005).

With reports citing the widespread impact of methamphetamine and considering that the profession of social work is diverse with social workers’ duties typically consisting of “helping people to function more effectively in their environments, improve their relationships with others, and solve personal and family problems through individual social and psychological counseling” (Center for Health Workforce Studies and NASW Center for Workforce Studies, 2006), RCJC anticipated higher rates of methamphetamine affected clients to be reported by NDSW.

However, as shown by Figure 3.1, when asked to indicate what percentage of their caseload was affected by methamphetamine, the majority of respondents (64%) indicated that 25 percent or less of their caseload involved methamphetamine. Only 10 percent of respondents indicated that 51 percent or more of their caseload was related to methamphetamine. As stated in the findings, it appears that the majority of NDSW are not overburdened with a large number of methamphetamine affected clientele.

The prevalence rates of methamphetamine-affected clientele in other fields, seems to parallel these findings. For example, methamphetamine as the primary substance of abuse in Treatment Episode Data Sets (TEDS) for the state of North Dakota has steadily risen since 1992. However, methamphetamine as a primary substance still only represents 18.1 percent of all treatment episodes reported in 2005. Foster care removals related to methamphetamine has risen in North Dakota as well. According to the North Dakota Department of Human Services (NDDHS) 2003 – 2005 Biennial report although alcohol remains the primary substance impacting the child welfare system methamphetamine was a factor in at least 15 percent of the foster care caseload in that biennium. In November of 2005 the division of Children & Family Services updated this figure of methamphetamine related removals to 24 percent of all child removals. The findings from the North Dakota Youth Risk Behavior Surveillance Survey for methamphetamine use in their lifetime for grades 9 through 12 reporting methamphetamine use
one or more times in their life have steadily declined since 1999 to the current 2005 rate of 5.4 percent. When looking at these prevalence rates, the findings of this study seem on par.

Other findings indicate that we should expect a higher rate of methamphetamine affected clients in the field of social work. In September 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.” An increase in methamphetamine prevalence was also noted in the Methamphetamine Research & Effects within the Temporary Assistance for Needy Families (TANF) population report; A Case Study in Cass County North Dakota (ND TANF Study), “Specifically in North Dakota, methamphetamine (meth) use is making an increasingly prevalent emergence in the TANF caseload. In addition, the United States Drug Enforcement Administration (DEA) estimates that young children (12-14 years old) who live in smaller towns are 104 percent more likely to use meth than their counterparts who live in larger cities. This statistic, combined with the reality that serious drug dependence is about twice as common among TANF recipients than non-recipients, underscores the concerns of meth use in rural North Dakota and its impacts on the TANF, JOBS, and child welfare systems.”

To more accurately gauge the impact of methamphetamine on NDSW caseload more detailed analysis of NDSW responses should be done. Looking at NDSW that report higher rates of meth affected clients and also taking into consideration their caseload size. Additional analysis should be done to identify if there are any trends in who is serving methamphetamine affected clients. Looking at variables such as work setting, agency type and location (rural vs. non rural) we can more accurately reflect the impact of methamphetamine on the caseload of NDSW.

**KEY FINDING:** Further analysis should be conducted to determine the settings and prevalence of women affected by methamphetamine being served by North Dakota Social workers to more efficiently target strategies to improve services.

Women are disproportionately represented overall among meth users, in comparison to other illicit drugs. Meth use is also increasingly common among adolescent girls who see it as a dieting drug. Young girls represent 70 percent of treatment admissions for meth among 12 to 14

The North Dakota TEDS clearly show a steady prevalence of females entering treatment for methamphetamine as their primary substance. From 2000 to 2005 the average rate of females reporting methamphetamine as their primary substance of abuse was 47.5 percent with 53 percent of primary methamphetamine treatment episodes for 2005 being female. Recall also the testimony given before the Budget Committee on Government Services; Wicks states 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.”

One would expect then that NDSW would have reported a similar prevalence of females affected by methamphetamine; however this appears not to be the case. Few NDSW reported a high percentage of females affected by methamphetamine in their caseload. Fifty-seven percent of respondents indicated that 25 percent or less of their methamphetamine affected caseload was female while 17 percent indicated that 51 percent or more of their methamphetamine affected caseload was female.

There could be factors that would limit the number of women that are seen by social workers. For example, being convicted of a felony (all methamphetamine related charges are felonies) is a disqualifying factor for several services (i.e., TANF is one such service). NDSW have struggled to provide services to felons. In a question and answer portion of the Cass County TANF project options were discussed to reduce felonies to misdemeanors due to the difficulties of dealing with past felony convictions.

Further analysis should be done to more accurately gauge the prevalence of females affected by methamphetamine in NDSW caseload.

**KEY FINDING:** Lack of services, difficulty in accessing services and interagency coordination issues should be carefully reviewed by the state, agencies that employ social workers and communities to ensure effectiveness and quality of care. Review of the current literature to identify strategies and techniques already tested or implemented should be done to ensure that effective solutions that are specific to the issues in North Dakota can be implemented.

Already overwhelmed by the shortage of services and treatment options to help children living with substance abusing parents, child welfare agencies and courts in certain geographic
areas, particularly rural areas, are stretched to the maximum to respond to the rapid growth of meth use in families. Child welfare agencies are faced with a number of challenges in responding to children and families in crises: Collaborating with law enforcement, courts, substance abuse treatment agencies, and others to combat substance abuse problems, including meth use (Meth and Child Welfare, Generations United, 2006).

“Specifically in North Dakota difficulties in accessing community resources is also an issue. The Cass County TANF study found that “Many regions in North Dakota are facing resource constraints” When looking at difficulties in attempts address these constraints they found that “service integration efforts are commonly stalled by differing mandates between agencies, conflicting philosophies, fixed habits, and attitudinal biases” (Methamphetamine Research & Effects within the TANF Population, August 2004).

NDSW’s were asked to rate the importance of several factors from “not important” to “critical” in providing care to children and families affected by methamphetamine.

Availability of services was the most critical component in the care of children & families affected by methamphetamine as indicated by 76.4 percent of NDSW. When asked to rate their satisfaction with accessibility to services for their clients affected by methamphetamine, on all but two services, nearly one-third of respondents were not at all satisfied. Not only were a significant number of respondents not satisfied with access to services nearly half (42%) of respondents indicated that they anticipated an increase in time spent dealing coordinating with community agencies regarding methamphetamine affected clients (see Figure 3.3). More than half of respondents indicated that interagency coordination (64.7%) was “critical” to providing services to children and families affected by methamphetamine.

There are strategies that have been explored. The ND TANF study found that “these constraints require more imaginative thinking and new strategies to harness and maximize the use of other existing resources in the community. Public institutions may need to engage in proactive strategies to utilize more community resources. For example, a group of churches could band together and form a family crisis center. As an action step from this Roundtable, each region should assess all the resources available in their community and brainstorm new ways to tap those resources to serve families. Another important development of the Cass County pilot is the use of shared electronic calendars among JOBS, TANF, and mental health staff to enhance scheduling appointments.”
The Meth and Child Welfare report “provides a comprehensive set of recommendations that, taken together, will significantly improve the child welfare system’s ability to combat the impact of meth and many of the other serious issues facing children and families.”

Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers prepared by the National Center on Substance Abuse and Child Welfare has a section that details how to more effectively form working collaborations between child welfare and substance abuse treatment professionals.

Review of the current literature to identify strategies and techniques already tested or implemented should be done to ensure that effective solutions that are specific to the issues in North Dakota can be implemented.

**KEY FINDING:** A significant percentage of North Dakota Social Workers reported dissatisfaction with their ability to influence the design of services to better meet the client’s needs.

When asked to rate their ability in performing various duties, NDSW report that they are least satisfied with their ability to influence the design of services to better meet the client’s needs. This study did not gather additional information to determine why respondents were satisfied or dissatisfied in this regard. A study done in Cass County for TANF had found some common barriers to service improvement. Listed below are these barriers as well as findings from the RCJC study that may correlate to them.

- Lack of funding (TANF study)
  1. 80 percent of NDSW indicated that socioeconomic disadvantage was “often” or “always” more common with meth affected clients
- Negative attitudinal biases, preconceived beliefs, and resistance (TANF study)
- Time and caseload constraints (TANF study)
  1. NDSW report meth will cause an increase in caseload size
  2. NDSW report meth will cause increase in paperwork (time)
- Turf issues among competing agencies and silos (TANF study)
- High and demanding current client caseloads (TANF study)
  1. NDSW report meth will increase severity of client problems
  2. 52 percent of NDSW who work with children affected by meth indicate that at least half of their caseload experiences “very complex” problems
- Lack of long-term inpatient treatment (TANF study)
- Lack of community awareness and substance abuse education (TANF study)
  1. 73 percent NDSW indicate education did not prepare them for meth issues
Further analysis should be conducted to determine if there was a difference in reporting by agency type, level of education, work setting and other variables.

**KEY FINDING:** *Further analysis of the distribution of NDSW should be conducted to more accurately determine their distribution and its impact on issues such as provision of services.*

When looking at Licensed Social Workers per capita at the national level, the trend was for larger populated states to have lower per capita SW than less populated states. North Dakota ranked in the top five for SW per capita representation. As a whole the state appears to have adequate coverage in terms of social workers. However when you look at the eight regions in North Dakota, the less populated regions have lower per capita (Region III excluded) then the higher populated regions. Some reports indicate that rural areas in North Dakota suffer extreme resource constraints. “Already overwhelmed by the shortage of services and treatment options to help children living with substance abusing parents, child welfare agencies and courts in certain geographic areas, particularly rural areas, are stretched to the maximum to respond to the rapid growth of meth use in families” (Methamphetamine Research & Effects within the TANF Population, August 2004).

**KEY FINDING:** *Although clandestine production of methamphetamine has diminished in North Dakota, safety issues regarding methamphetamine persist for social workers in the field. Agencies/organizations should carefully review safety guidelines and procedures to ensure the safety of NDSW and of clients.*

It is well documented that the presence of methamphetamine will increase the risk for anyone involved in the situation; be it the user, family, society or the professionals attempting to help individuals.

“Child welfare agencies are faced with a number of challenges in responding to children and families in crises” such as “keeping child welfare workers and other first responders safe when approaching combative or violent situations. In particular, case workers report added dangers when entering homes affected by meth use.” “Workers are increasingly called into homes with combative parents” (Meth and Child Welfare, Generations United, 2006).

“Various regions in North Dakota are operating programs within which mentors or paraprofessionals make home visits to conduct outreach activities. However, worker safety
becomes a concern due to some of the impacts of meth use on behavior and cognition. Meth can make people dangerous, paranoid, and potentially belligerent after a prolonged period of tweaking. The issue of danger for workers and home visitors is a very important one and something we should address when safety protocols are designed for these outreach programs” (Methamphetamine Research & Effects within the TANF Population, August 2004).

“Concerns were raised by social workers who pointed out that methamphetamine homes present dangers for them as well as law enforcement. They noted that methamphetamine impairs parents’ abilities to make sound decisions for anywhere from six months to a year” (North Dakota Commission on Drug and Alcohol Abuse, Comprehensive Three year Plan for Prevention, Treatment and Enforcement, 2003 – 2005).

According to ND Dept. of Humans Services, “some employees quit their jobs because of the increased risk of personal harm due to confronting people under the influence of meth.”

When RCJC asked NDSW to indicate if they had experienced safety issues related to methamphetamine Forty-two percent reported having experienced safety issue. Thirty-seven percent indicated that their employer hadn’t handled properly.

**KEY FINDING:** *NDSW confirmed that methamphetamine is greatly impacting children and families in North Dakota. Agencies that provide services to children and families should carefully review training opportunities, community resources and potential collaborations to improve the continuum of care for children and families affected by methamphetamine.*

The abuse of methamphetamine often results in consequences that directly affect the individual user as well as other members of society. Particularly, “methamphetamine use is a growing problem for children and families across the country,” and as a result, child welfare and social workers need to know what methamphetamine is and the potential effects of the drug (www.nccanch.acf.hhs.gov, December 30 2005).

Children often fall victim to the damaging consequences of methamphetamine abuse. “Many children are being grossly neglected by their addicted parents and these same children are being exposed to the harmful side effects of the production of the drug if they live in close proximity to a lab” (National Association of Counties, July 2005). Equally as terrifying as the threats to their physical well-being, parental use of methamphetamine often forces children to grow up chaotic and unstructured homes (Meth and Child Welfare, Generations United, 2006).
We know that substance abuse issues will be present for NDSW to address. The ND TANF study states that “research has indicated that substance abuse problems are more prevalent among welfare recipients as compared to the general population. For example, national estimates of TANF recipients with substance abuse issues range from 5 to 27 percent (and State and local estimates from 9 to 60 percent), compared to only 4 to 12 percent of the general nonwelfare population.”

The impact of methamphetamine on children in North Dakota is clearly present and increasing. Although the child population within North Dakota is continuing to decline, the rate of foster care caseloads continues to increase (www.nd.gov, May 26, 2006). The rate of methamphetamine affected foster care cases rising is evidence that this is a pressing concern for the state and for social workers within the state.

Issues related to working with children and families affected by methamphetamine were prevalent among the respondents of this survey with over half (68.7%) of the respondents indicated that they provide services to children and families. Over sixty percent (64.8%) of respondents who work with children and families affected by methamphetamine indicated that they would need to spend more time with these clients.

In addition to dealing with a high rate of methamphetamine affected families, the problems associated with these families were characterized as very complex. Fifty-two percent of respondents indicated that at least half of children affected by methamphetamine on their caseload experienced “very complex” problems. Only four percent of respondents indicated that at least half of children affected by methamphetamine on their caseload experienced “not complex” problems.

In providing services to clients SW often face challenges beyond their control. From coordinating services with outside agencies, training, third party reimbursement to staffing, supervision and agency organization many factors play a role in the quality of services provided. NDSW’s were asked to rate the importance of several of these factors from “not important” to “critical” in providing care to children and families affected by methamphetamine. All areas were seen as “relatively important” or “critical” by the majority, over seventy percent, of respondents.

Availability of services was the most critical component in the care of children and families affected by methamphetamine as indicated by 75.3 percent of NDSW. Over half of
respondents indicated that training/education (65.9%), interagency coordination (63%), and appropriate caseload (60.4%) were critical components in the care of children and families. NDSW’s indicated that caseload size and coordination with community agencies were two areas where they anticipated an increase in time spent with methamphetamine affected clients (see Figure 3.3).

**Key Finding:** *The majority of North Dakota Social Workers report that their education did not prepare them for methamphetamine related tasks in their work setting. In addition, the majority of North Dakota Social workers report that the availability of methamphetamine related post degree training/education is limited.*

The NASW study asserts that “the adequate preparation of social work practitioners, both during and following their degree programs, is critically important in ensuring not only competent practice but also a satisfied workforce that plans to remain in the profession.”

According to a national study assessing the impact of methamphetamine on county services and communities, officials who responded to the survey indicated that their counties have had to react by providing additional and specialized training to their personnel, while at the same time, developing special protocols for workers to address the needs of displaced children (NACo, 2005).

“Specifically in North Dakota, methamphetamine (meth) use is making an increasingly prevalent emergence in the TANF caseload.” “These statistics, combined with the reality that serious drug dependence is more common among TANF recipients than nonrecipients, underscores the concerns of meth use in rural North Dakota and its impacts on the TANF, JOBS, and child welfare systems” (Methamphetamine Research & Effects within the TANF Population, August 2004).

In regards to children and families affected by methamphetamine, 66 percent of respondents indicated that training/education was critical in providing services while 73 percent of respondents indicated their education had not prepared them. What impact does this have on services? In the ND TANF study “the recognition that TANF participants revealed problems and demonstrated behaviors which TANF staffs were ill-equipped to understand or treat, resulting in a great deal of non-productive wasted time for case managers.”
Twenty one states require a master’s degree as the minimal education level for licensure. Further analysis of the methamphetamine related topics in this study should be done to compare those respondents with a bachelor’s degree to those with a master’s degree to determine if MSW report more, less or equivalent levels of satisfaction with their education in regards to methamphetamine.

Further analysis should be conducted to determine if NDSW reported that their education prepared them adequately for their duties that do not involve methamphetamine. It is possible that increasing the availability and quality of post degree training/education regarding methamphetamine may be sufficient to address this reported shortcoming in NDSW education regarding methamphetamine.

**Key Finding:** NDSW clearly indicated the need for further education and training regarding methamphetamine and substance abuse.

NDSW clearly indicated that their current education had not prepared them for duties related to methamphetamine and that post degree training/education was limited. NDSW also indicated that education was critical in the provision of services. When detailing what types of training opportunities they wanted to attend, methamphetamine and substance abuse were the two most cited topics. Agencies that employ social workers should carefully review their post degree training/education policies and search for additional post degree training/education opportunities.

**Key Finding:** North Dakota Social Workers indicated a significantly different rate of working in public versus private work settings than those found by the NASW report. The reasons and implications of this disparity should be explored to more fully understand how it impacts a wide variety of issues such as delivery of services, quality of care and cost benefit of services.

In regards to organizational sector of SW, NDSW were almost evenly represented between public and private sector, while at the national level, over two-thirds of SW are employed in the private sector.

The NASW study compared several variables related to work setting, to include such things as work setting, educational level, age, and gender. Further analysis of these same
variables for NDSW should be conducted to more accurately examine the disparity of work sector for NDSW compared to National SW.

**KEY FINDING:** *North Dakota Social Workers reported a significantly different rate of clients utilizing public insurance versus private insurance. The reasons and implications of this disparity should be explored to more fully understand how it impacts a wide variety of issues such as delivery of services, quality of care and cost benefit of services.*

In terms of health coverage for clients, NDSW indicated that Medicaid (62%) and Medicare (14%) were the most common sources of coverage. At the national level, Medicaid (41%) and private insurance (24%) were the most common sources of health coverage.

The issues surrounding public versus private health care systems, to include insurance, are mired in many complexities that are debated not only at the local level, but at the state, national, and international level. North Dakota is no different when discussing these complexities. For example, in the ND Department of Human Services 2003 – 2005 Biennial report they report that “the federal matching percentage rate for Medicaid is tied to per capita income. North Dakota’s growing economy actually resulted in a reduction in federal Medicaid funding to the state. This was offset temporarily when Congress agreed to provide short-term additional funding to all states. Because of the additional funding, North Dakota was able to sustain payments to providers and to sustain Medicaid services to qualifying low-income women, children, elderly individuals, and people with disabilities.”

The difference could be due simply to the demographic profile of North Dakota compared to other states. When looking at Medicaid expenditures in the state of North Dakota it is evident that the elderly account for a significant portion of the expenses. The same Biennial report states that “Nursing facility services (nursing home care) account for about 87 percent $298,820,637, of Medicaid expenditures for the long term care continuum and this budget item continues to increase each biennium.” Additionally the largest portion of Medical Services Division Expenditures for 03-05 was Developmental Disabilities at $188,350,744 (31.2%) with the next largest, Net Drugs, at 15.2 percent. When breaking down the totals of “Other” Medicaid expenditures Hospice services, Durable medical equipment and home health services were the top three expenditures.
However, the respondents of this report indicated that they have higher rates of children and adolescents than their national counterparts. This age group clearly is not included in the above listed expenditures. When comparing the age distribution of NDSW caseloads to the age distribution of national SW caseloads, RCJC found that NDSW reported slightly higher rates of children and adolescents predominantly (50% or more) represented in their caseload and slightly lower rates of adults predominantly represented in their caseload.

The NASW study compared several variables related to health coverage, to include such things as prevalence in work sector and setting, and basic caseload demographics. Further analysis of these same variables for NDSW should be conducted to more accurately explain the disparity of health coverage for NDSW caseload compared to the National SW caseload.
References


United States Senator Byron L. Dorgan North Dakota, December 9, 2007. Retrieved from


Washington, DC: National Association of Social Workers
Appendix A:

Cover Letter
November 3, 2006

Dear John Doe:

North Dakota has been suffering the devastation of methamphetamine for quite some time. Not only is methamphetamine affecting local communities, public safety and the rates of crime, but the North Dakota social services system is experiencing some of the most drastic change. In response to these issues, the Rural Crime and Justice Center (RCJC) in Minot, ND is conducting a survey focusing on the assessment of methamphetamine related education and training as well as the impact of methamphetamine on Licensed Social Workers within North Dakota.

With your assistance, we are attempting to identify the availability and effectiveness of methamphetamine related training and education within the field of social work. In addition, we are seeking information that will be useful in understanding the obstacles that methamphetamine use can present for social workers. Your completion of this survey will provide valuable data which will allow us to begin considering more effective responses to some of the devastating consequences of methamphetamine abuse in society today.

The RCJC follows the guidelines stated in the United States Code of Federal Regulations 45 CFR 46.116. Any information gathered in this survey is viewed as confidential. The RCJC will follow all necessary protocol to ensure the confidentiality and integrity of all information supplied. Each survey will remain anonymous and identifiable only to the selected researchers assigned to this project. All information obtained will be restricted in a password protected database. Hard copies are stored in a protected file in a secure location. Computer and hard copy files pertaining to this data collection device will be destroyed three years following the completion of the project. Such procedures are necessary to guarantee your anonymity and to decrease any risk to your involvement as a contributor.

This survey has been approved by the Institutional Review Board (IRB) at Minot State University. For additional information regarding IRB regulations, please contact Dr. Margi Coxwell, IRB Chair, at (701) 858-3125. Please understand that completion of this survey constitutes that you fully comprehend the information contained in this letter, you provide consent to partake in completion of this survey, you fully understand that all the information you provide in this survey will be kept confidential, and you have the choice to withdraw from participation in this survey at any time.

It will only take fifteen to twenty minutes of your time to complete this survey; however, the opinions you provide are invaluable. Following completion, please return the survey in the prepaid return envelope provided.

Your support and participation is greatly appreciated. If you have any questions regarding the nature of this study, please feel free to contact me at 1-800-777-0750, ext 3466.

Sincerely,

Rodney Hair
Executive Director
Rural Crime and Justice Center
Appendix B:

Survey Instrument
Impact of Methamphetamine

A survey of social workers in North Dakota
The Rural Crime and Justice Center (RCJC), a university center of excellence at Minot State University, is conducting a North Dakota statewide needs assessment. As part of the Rural Methamphetamine Education Project (RMEP), this survey aims to explore needs of Social Workers that may have surfaced as a direct result of methamphetamine. Our purpose is twofold: 1) identifying training and education needs of practitioner; and 2) to gauge the perceived impact of methamphetamine on providing services. Your responses will be confidential and reported in aggregate form.

I: BACKGROUND

1. Age (in years):
   - 25 & under
   - 26-34
   - 35-44
   - 45-54
   - 55-64
   - 65 & older

2. Gender:
   - Male
   - Female

3. Race/ethnic status: Please mark only one.
   - White (Non-Hispanic)
   - Black/African American (Non-Hispanic)
   - Hispanic/Latino
   - Asian/Pacific Islander
   - American Indian/Alaska Native
   - Other:_____________________

4. Please mark your level of licensure.
   - None
   - LSW (Licensed Social Worker)
   - LCSW (Licensed Certified Social Worker)
   - LICSW (Licensed Independent Clinical Social Worker)

5. Are you licensed to provide chemical dependency treatment in ND?
   - Yes
   - No

6. What formal education program have you completed?
   a. Social Work field Major:
      - Associate
      - Bachelor
      - Master's
      - Doctorate/PhD
      - Other:_____________________

1
b. **Other field Major** (Please indicate Major next to completed level):
   - Associate
   - Bachelor
   - Master’s
   - Doctorate/PhD
   - Other: ___________________

7. Are you currently enrolled in a degree program in social work?
   - None
   - BSW
   - MSW
   - DSW/PhD

8. Please mark *all* social work certifications you currently hold.
   - Case management
   - Independent practice/ACSW
   - Children, youth, and family
   - School social work
   - Clinical social work
   - Substance abuse/chemical dependency
   - Geriatrics
   - Other: ___________________
   - Health care
   - None of the above

9. Years practicing in the social work field: ________ years

10. What is your employment status? *Please mark all that apply.*
    - FT
    - PT
    - ……… ……… Employed/self employed in a social work position
    - ……… ……… Employed/self employed in a non-social work position
    - ……… ……… Not currently employed

11. For how many employers do you currently work as a social worker? *Include self-employment.*
    - 0
    - 1
    - 2
    - 3
    - 4
    - 5+

12. Zip code of your work setting: __________(5-digit)

13. How many years have you worked for your employer?
    - < 1
    - 1-5
    - 6-10
    - 11-15
    - 16+

14. In your agency, how many other social workers are employed?
    - None
    - 1-5
    - 6-10
    - 11+

15. What best describes the sector of your employer? *Please mark ONE only.*
    - Private for-profit *(includes private practice)*
    - Private not-for-profit
    - Military
    - Tribal
    - Federal government
    - State government
    - Local government
16. Which best describes the setting of your social work employment? *Please mark ONE only.*

- [ ] Private solo practice
- [ ] Private group practice
- [ ] Hospital/medical center
- [ ] Psychiatric hospital
- [ ] Health clinic/Outpatient facility
- [ ] Home health agency
- [ ] Behavioral health clinic/outpatient facility
- [ ] Social service agency
- [ ] Employee assistance program (EAP)
- [ ] Case management agency-older adults
- [ ] Case management agency-other
- [ ] Nursing home
- [ ] Assisted living facility
- [ ] Hospice
- [ ] Group home- adult
- [ ] Group homes- children/adolescents
- [ ] School
- [ ] Child guidance clinic
- [ ] Resource center
- [ ] Information and referral service
- [ ] Insurance company/HMO
- [ ] Criminal justice agency (e.g. court)
- [ ] Public health agency
- [ ] Other government agency
- [ ] Business
- [ ] Higher education
- [ ] Other: ____________________

### II: SOCIAL WORK PRACTICE

17. How many hours per week do you perform the following roles in all social work employment? *Please mark ONE in each row.*

<table>
<thead>
<tr>
<th>None</th>
<th>1-9</th>
<th>10-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Administration/Mgt.
- Community organizing
- Consultation
- Direct Services
- Planning
- Policy development
- Research
- Supervision
- Teaching
- Training/Education
- Other: ____________________
18. What percentage of time do you spend per week performing the following duties?  
*Please mark ONE in each row.*

<table>
<thead>
<tr>
<th>%</th>
<th>0%</th>
<th>1-10</th>
<th>11-25</th>
<th>26-50</th>
<th>51-75</th>
<th>76+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Info Referral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screen Assess</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Plann</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis Interv</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Couples</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med Adher</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advoc Comm Org</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychotherapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychoeduca</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Educa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superv Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Dev</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Mgmt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge Plann</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:__________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. What is the approximate size of your current caseload?

- 0
- 1-10
- 11-25
- 26-50
- 51-75
- 76-100
- 100+

20. What percentage of your total caseload is female?

- None
- 1-25%
- 26-50%
- 51-75%
- 75+

21. What percentage of your total caseload falls into the following age groups? *Please mark ONE in each row.*

<table>
<thead>
<tr>
<th>None</th>
<th>0-10</th>
<th>11-25</th>
<th>26-50</th>
<th>51-75</th>
<th>76-100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ch (0-12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescents (13-21)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults (22-54)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older Adults (55+)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


22. What percentage of your total caseload falls into the following racial/ethnic groups? Please mark ONE in each row.

<table>
<thead>
<tr>
<th></th>
<th>NONE</th>
<th>1-5%</th>
<th>6-10%</th>
<th>11-25%</th>
<th>26-50%</th>
<th>51%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (Non-Hispanic)</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Black/African-American (Non-Hispanic)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

23. What is the most common source of health coverage among the clients you serve? Please mark only ONE.

- ☐ Medicaid
- ☐ Medicare
- ☐ Private insurance
- ☐ Private pay
- ☐ Not insured
- ☐ Don’t know

24. How many of your clients have the following conditions? Please mark ONE in each row.

<table>
<thead>
<tr>
<th></th>
<th>NONE</th>
<th>FEW</th>
<th>SOME</th>
<th>MANY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Illness</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Affective conditions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Neurological conditions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Developmental disabilities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Physical disabilities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Substance abuse conditions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Acute medical conditions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Psychosocial stressors</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Chronic medical conditions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Co-occurring conditions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

III: IMPACT OF METHAMPHETAMINE

25. What percentage of your total caseload is affected by methamphetamine?

- ☐ None
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 75+
- ☐ Unknown

26. What percentage of your caseload affected by methamphetamine is female?

- ☐ None
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 75+
- ☐ Unknown
27. Within the past year, to what degree have the following areas within your primary setting been affected by methamphetamine? Please mark ONE in each row.

<table>
<thead>
<tr>
<th></th>
<th>Decreased</th>
<th>Unaffected</th>
<th>Increased</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload size</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Severity of client problems</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Waiting lists for services</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Levels of reimbursement</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Coordination with community agencies</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Paperwork</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Staffing levels</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Job security</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Level of outcome monitoring/oversight</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Availability of social work training</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

28. Indicate your agreement with the following statements regarding your clients affected by methamphetamine. Please mark ONE in each row.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can help improve the quality of life of my clients</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I can effectively respond to the number of requests for assistance made by clients and their families</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I am satisfied with my ability to address complex and chronic care problems of clients</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I am satisfied with my ability to influence the design of services to better meet client needs</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I am satisfied with the amount of time I spend with clients</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I am satisfied with my ability to respond to cultural differences among the clients I serve</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
29. How satisfied are you with accessibility to services for methamphetamine-affected clients? Please mark ONE in each row.

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>SOMewhat</th>
<th>COMPLETELY</th>
<th>N/A</th>
<th>Agency services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Community resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Appropriate medication</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Appropriate medical care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Appropriate mental health care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Foster care services</td>
</tr>
</tbody>
</table>

30. a. Are vacancies in social work positions common in your primary setting?

<table>
<thead>
<tr>
<th>YES</th>
<th>SOMEWHAT</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficult to fill</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. To what degree has methamphetamine driven these vacancies?

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>OCCASIONALLY</th>
<th>CONSISTENTLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

31. Would the presence of methamphetamine in your casework be a causal factor in changing career plans?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

32. Please answer the following about job safety:

a. Are you faced with personal safety issues when working with meth-related casework in your primary employment practice?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

b. If yes, do you feel that your employer appropriately addresses safety issues?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

IV: CHILDREN and FAMILIES

33. Do you provide services to children and families?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No (please skip to question 46)</th>
</tr>
</thead>
</table>

34. How many years have you provided services to children and families?

<table>
<thead>
<tr>
<th>&lt; 1</th>
<th>1-5</th>
<th>6-10</th>
<th>11-15</th>
<th>16+</th>
</tr>
</thead>
</table>
35. Have you participated in education or training programs specifically addressing the needs of children and families? Please mark all that apply.

- Courses in social work
- Courses in other higher education programs
- Interdisciplinary seminars, workshops
- Supervised clinical practice
- Conferences
- Field placement in agency setting
- Distance learning
- On-the-job training
- Seminar/workshops
- Other: ________________

36. Are you interested in participating in future training addressing methamphetamine issues related to children and families?

- Yes
- No

37. Indicate the frequency that methamphetamine increases problems in the following areas. Please mark ONE in each row.

<table>
<thead>
<tr>
<th>Area</th>
<th>NEVER</th>
<th>RARELY</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
<th>ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse/Neglect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adoption/Reunification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family functioning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juvenile justice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socioeconomic disadvantage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: ______________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

38. Within your caseload, how would you characterize the problems experienced by children affected by methamphetamine? Please mark ONE in each row.

<table>
<thead>
<tr>
<th>Characterization</th>
<th>NONE</th>
<th>0%</th>
<th>1-10%</th>
<th>11-25%</th>
<th>26-50%</th>
<th>51-75%</th>
<th>76+ %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Very complex</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Complex</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not complex</td>
</tr>
</tbody>
</table>
39. Indicate the four (4) systems with which you interact most frequently on behalf of children affected by methamphetamine. *Please mark only four.*

- Courts
- Foster care
- Health
- Income maintenance
- Legal aid/attorneys
- Mental health
- Police/Criminal justice
- Protective services
- School
- Social/Recreational
- Supplemental services
- Other: _______________

40. In providing services to children affected by methamphetamine, how frequently do you: *Please mark ONE in each row.*

<table>
<thead>
<tr>
<th>Activity</th>
<th>NEVER</th>
<th>RARELY</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
<th>ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate with other social workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate with other professions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate with families</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use agency resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Act as advocate for client</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participate in research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

41. What is the availability of training that specifically addresses child and family issues related to methamphetamine? *Please mark ONE in each row*

<table>
<thead>
<tr>
<th>Training Type</th>
<th>NEVER</th>
<th>RARELY</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
<th>ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training for new workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-the-job training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workshops</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conferences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: __________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

42. In the next 5 years, how do you see yourself working with children and families affected by methamphetamine?

- No change
- Increase time
- Reduce time
- No future work with this population
- Unsure
43. In your opinion, how *important* are the following in providing care to children and families affected by methamphetamine. *Please mark ONE in each row.*

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL IMPORTANT</th>
<th>RELATIVELY UNIMPORTANT</th>
<th>NO OPINION</th>
<th>RELATIVELY IMPORTANT</th>
<th>CRITICALLY IMPORTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training/education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizational support for SW services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate caseload</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resource centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interagency coordination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manageable paperwork</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved third-party reimbursement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate staffing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved compensation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Better career opportunities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: ______________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**V: TRAINING NEEDS**

44. What social work continuing education/training have you participated in during the last 2 years? *Please mark ALL that apply.*

- Courses offering academic credit
- Short courses/workshops
- Certificate programs
- Professional associations programs
- Supervised clinical practice
- Distance learning programs
- Conferences
- Supervised practice
- On-the-job training
- Other: ____________________
- None

45. Where do you attend training? *Please mark only ONE.*

- Primarily in North Dakota
- Primarily out of state
- Regularly in and out of state
46. In what areas of social work would you like to pursue further education/training? Please mark all that APPLY.

- [ ] Best practices
- [ ] Care management
- [ ] Clinical practice
- [ ] Community organizing
- [ ] Cultural competency
- [ ] Delivering services in rural communities
- [ ] Interdisciplinary practice
- [ ] Administration
- [ ] Medication use
- [ ] Paperwork management
- [ ] Professional ethics
- [ ] Program development
- [ ] Specialty practice areas
- [ ] Substance abuse
- [ ] Methamphetamine
- [ ] Telehealth
- [ ] Trauma/Disaster preparedness
- [ ] Other: ___________________
- [ ] None
- [ ]
47. How would you describe the availability of social work continuing education programs that relate to methamphetamine?

<table>
<thead>
<tr>
<th>NONE</th>
<th>LIMITED</th>
<th>SUFFICIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>

48. To what extent has your education/training prepared you for duties related to methamphetamine?

<table>
<thead>
<tr>
<th>Social work degree program</th>
<th>NOT AT ALL</th>
<th>SLIGHTLY</th>
<th>TO SOME EXTENT</th>
<th>TO A GREAT EXTENT</th>
<th>FULLY</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td></td>
<td>□</td>
<td></td>
<td></td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post-degree continuing ed./training</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
</tr>
</tbody>
</table>

49. In your professional opinion, as the public’s level of methamphetamine awareness increases, methamphetamine usage will decrease.

<table>
<thead>
<tr>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>NEITHER AGREE NOR DISAGREE</th>
<th>AGREE</th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Thank you for your participation in this survey. You will be notified once the results of the survey become available on our website.

For immediate questions or information regarding this survey, please contact Matt Schaefer @ 1.800.777.0750 ext. 3448
Please provide comments below: