Policy Recommendations for Methamphetamine Addiction Epidemic on the Pine Ridge Indian Reservation and Across Indian Country

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This policy report, is formulated to provide information on the methamphetamine epidemic on the Pine Ridge Indian Reservation and Indian Country Across the United States. This report is meant to assist tribal leaders and policy makers to make informed educated decisions on new policies to approach and treat this epidemic.

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*Oglala Lakota Nation and Oglala Sioux Tribe are the same entity*

Overview

On the Pine Ridge Indian Reservation and surrounding areas, the use and misuse of drugs and alcohol has been increasing over the past couple of years, notably methamphetamine. It is estimated that since 2014, the rates of methamphetamine on the Pine Ridge Indian Reservation has nearly doubled.¹ Lieutenant Melinda Reddest, of the Oglala Sioux Tribe Department of

¹ (Long, 2017)
Corrections, estimates that 40%-50% of those residing on the reservation are using meth. Debra Mousseau, OST Evidence Technician also estimates around 40% of those residing on the reservation use meth. “It will increase, it has increased,” Mousseau stated. Randy Seiler, the US Attorney for South Dakota stated that over the course of one year, homicide rates on the reservation have doubled and that in 2016, Pine Ridge had the third highest homicide rate per capita in the United States. Julie Richards, an advocate standing up against meth use on the reservation has shared, “Every baby born to meth is a part of a generation that Oglala Lakota Nation loses. If it keeps on how it is, in 20 years there will no longer be an Oglala Lakota Nation.” These startling estimates and personal statement are evidence that Pine Ridge Indian Reservation is in a crisis.

The United States federal government, as a component of the federal Indian trust responsibility, is responsible for funding services to tribes through the Bureau of Indian Affairs (BIA). The BIA provides law enforcement to tribes, as well as funding to tribes to create and train their own law enforcement. The state of funding for law enforcement for the Oglala Sioux Tribe has been approximately 20% of what is needed to enforce the laws for the land mass of the reservation. Lack of law enforcement as well as jurisdiction laws are important in the meth epidemic for a couple of different reasons. Federal Indian policy restricts Indian Country to jurisdiction only by tribal police and Bureau of Indian Affair officials. This means that crimes committed on Indian country are only punishable by tribal police, depending on the crime. Individuals living on the Pine Ridge Indian reservation suspect that the methamphetamine that is on the reservation is provided through the Mexican drug cartel. An updated by NCAI on the methamphetamine crisis in Indian country highlights this issue. The report states that the “Mexican drug cartels have been purposefully targeting rural Native American Reservations, both for the sale of meth and as distribution hubs (over 70% of Meth is now estimated to be

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2 (Long, 2017)
3 (Long, 2017)
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smuggled from Mexico).” The targeting of reservations is a result of the complexity of criminal jurisdiction on Indian reservations, as well as the lack of law enforcement on reservations to enforce the law. Through multiple policies (The General Crimes Act (1817) and The Major Crimes Act (1885)) tribes do not have the jurisdiction to convict or enforce laws on non-Native offenders and perpetrators on Indian land. Therefore, members of the Mexican drug cartel, if caught, have to go through the federal system for conviction. The history of federal conviction of crime in Indian country does not go without flaw. The federal headquarters for the federal investigators for Pine Ridge are located in Minneapolis, MN, a drive over 10 hours away. Response to drug dealers is far too long and often no one is caught by the federal police if they are non-Native.

Furthermore, the living conditions on the Pine Ridge Indian Reservation are not favorable. As stated in Pine Ridge Indian Reservation, “The Pine Ridge Reservation is home to the lowest life expectancy, and a number of the poorest communities in the United States.” The average life expectancy on the reservation is 66.81 years which is the lowest in the United States. Oglala Lakota County, the county that the near entirety of the reservation is located on, has the per capita income of $8,768, making it the “poorest” county in the United States. Further, in the state of South Dakota, “Oglala Lakota County ranked last in the state of South Dakota for quality of life...” The lack of law enforcement jurisdiction, living conditions, and poverty rate on the Pine Ridge Indian Reservation are some of the catalysts for the dramatic increase of methamphetamine use on the reservation over the past five years.

The methamphetamine and drug crisis is not exclusive to the Pine Ridge Indian Reservation. It spans across Indian country throughout the United States. According to the Tribal Behavioral Health Agenda, “Drug overdoses accounted for 4.3% (450) of all deaths among Northwest American Indians and Alaska Natives,” while it only accounted for 1.7% among non-

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8 (National Congress of American Indians, 2006)
9 (Re-Member, n.d.)
10 (Re-Member, n.d.)
11 (Re-Member, n.d.)
12 (Re-Member, n.d.)
13 (Long, 2017)
Hispanic whites in the same region. In 2006, Bureau of Indian Affairs surveyed 96 law enforcement agencies across Indian country. Seventy-four percent of these officers that were surveyed stated that “meth was the biggest drug threat they faced.” On the Yavapai-Apache Nation in Arizona, as stated in Methamphetamine in Indian Country, “approximately 90% of their open child welfare cases are related to methamphetamine.” “In California, the California Indian Legal Services estimates nearly every single case they work with in which an Indian child is taken from their home, one or both of the parents are using methamphetamine, or the baby itself was born exposed to methamphetamine.

The Effects of Meth on Indian Country

The epidemic and crisis of methamphetamine abuse in Indian country is not exclusive to users and their livelihoods. The misuse of methamphetamine creates a cycle effecting all systems of life in these communities including child welfare and crime rates. The National Congress of American Indians (NCAI) reported that according to the National Indian Child Welfare Association in South Dakota, “80-85% of the Indian families in child welfare system have drug or alcohol abuse issues.” This statement is important because parents using methamphetamine are no longer able to care for their children. Concerned residents of the Oglala Lakota Nation see family values in these communities diminishing due to methamphetamine; children are being placed outside of their communities placing threat on Indigenous languages and cultures, and the federal government and states are having to foot the bill and expenses for these children. For this reason, the general public and tax payers should be concerned about the costs of caring for these children. In turn, advocating for the prevention of methamphetamine and increasing social services that prevent methamphetamine use.

14 (National Indian Health Board, Indian Health Service, & SAMHSA, 2016) 
15 (Tribal Court Clearinghouse, 2018) 
16 (Tribal Court Clearinghouse, 2018) 
17 (National Congress of American Indians, 2006) 
18 (National Congress of American Indians, 2006) 
19 (National Congress of American Indians, 2006) 
20 (DeCory, 2018) 
21 (Garner, 1993)
As stated by the United States Attorney, the homicide rates on the Pine Ridge Indian Reservation have doubled in the past two years.\(^{22}\) FBI offices that are located in Indian country estimate that “40-50% of violent crime cases investigated in Indian Country involve meth in some capacity.”\(^{23}\) Over the past 3 years, continuous reports of murders and other violent crime on the reservation have drown local news sources. These include the shooting of a 15-year-old girl on the streets of Pine Ridge and the murder of a Pine Ridge man outside of a community basketball tournament.\(^{24}\)\(^{25}\)

**Policy History**

Policy shaped around substance abuse and addiction is not prominent in Indian Country. However, many pieces of Federal Indian Policy have contributed to the issues of substance abuse in Indian country and crimes involved with such things. Those most relevant to the issue are listed below:

1817- The General Crimes Act

This law placed certain crimes that were committed in Indian country by a Native American person under federal jurisdiction rather than Indian jurisdiction. However, the *General Crimes Act* did not include those crimes that were committed by Native Americans with a Native American victim.\(^{26}\)

1885- The Major Crimes Act

This law extended the federal jurisdiction of the *General Crimes Act* to include some “major” crimes with both a Native American perpetrator and victim, to be held under federal jurisdiction.\(^{27}\)

2009- Methamphetamine and Suicide Prevention Initiative (MSPI)

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\(^{22}\) (Long, 2017)  
\(^{23}\) (National Congress of American Indians, 2006)  
\(^{24}\) (Argus Leader, 2017)  
\(^{25}\) (Tan, 2016)  
An initiative established in 2009 through the Indian Health Service (IHS) in order to confront the suicide and Methamphetamine crises in Indian country.\(^{28}\) Currently, IHS funds a total of $27,972,247 in federal grants per year to 175 different entities.\(^{29}\)

**Policy Proposal**

Increase funding for tribal policing with specialized Methamphetamine task forces

As stated, tribal law enforcement offices across the country are dramatically underfunded. One the Pine Ridge Indian Reservation, enough officers for their land mass and crime rates would be approximately 120 officers. As stated in *Life or Meth*, there are 30 officers working for the Oglala Sioux Tribe and they have funding for about 40 officers.\(^{30}\) Yvonne Decory, an Oglala Lakota Nation tribal member and advocate for the youth on the reservation, stated that there are a lack of resources on the reservation that are committed solely to Meth. She states, “We need police officers whose jobs are earmarked as ‘meth officers.’”\(^{31}\)

**Economic Resources for solely Methamphetamine treatment**

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\(^{28}\) (Indian Health Service, n.d.)

\(^{29}\) (Indian Health Service, n.d.)

\(^{30}\) (Long, 2017)

\(^{31}\) (DeCory, 2018)
Relapse rates of methamphetamine are much higher than those of other addictions. It is estimated that approximately 61% of methamphetamine uses will relapse within the first year of treatment. Due to the high relapse rates, specialized treatment plans are the best choice for those who abuse methamphetamine. According to the National Institute on Drug Abuse (NIDA), “the most effective treatments for methamphetamine addiction... are behavioral therapies, such as cognitive-behavioral and contingency-management interventions.”

The nearest rehab facilities are nearly 350 miles from Pine Ridge, SD, in Canton, SD and Denver, CO. With poverty rates as striking as they are on the Pine Ridge Indian Reservation, the means for transportation to even make it to these places is nearly impossible. We have a need for these services across Indian Country. A member of the Oglala Lakota Nation talked about the need for a methamphetamine facility. She stated that if there were a facility in the Black Hills exclusive to methamphetamine treatment, “it would be packed.”

Increase Funding to the Indian Health Service and The Methamphetamine and Suicide Prevention Initiative (MSPI)

The Methamphetamine and Suicide Prevention Initiative (MSPI) through the Indian Health Service is for programming for prevention and intervention programming for methamphetamine addiction as well as suicide and mental health services. These services are widely underfunded, similar to most other programming under the Indian Health Service. Because there is little funding, and mental health and addiction treatment are included under the same program funding, often time mental health needs go unmet. It is understood that many communities in Indian country that deal with methamphetamine have their budgets for MSPI last only a couple of months into the year. Thereafter, communities are not able to provide services for addiction treatment, nor mental health for the remaining part of the year. As exampled by the NCAI, the IHS Portland Area office had approximately 90% of its funding for

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32 (Brecht & Herbeck, 2014)
33 (National Institute on Drug Abuse, 2013)
34 (DeCory, 2018)
35 (National Congress of American Indians, 2006)
MSPI, go strictly to meth treatment.\textsuperscript{36} This statistic helps us to understand the need for increasing the budget for the Indian Health Service, especially MSPI.

Regulations on Syringes from Diabetic Patients and other patients from IHS that require needles for their medical needs; “ Needle and Syringe Programming” Clos

It is understood that patients receiving healthcare that require needles for some part of their care, are selling their needles to methamphetamine users for low costs. While, erasing needles from methamphetamine users is not going to solve the problem, restricting access and possibly creating other programs for assisting with the issue is a better idea. The idea patients selling their needles for meth users, is not only illegal, it allows general people to have personal gain from the methamphetamine epidemic. As we have seen exampled in history, getting rid of something or making it illegal to be accessible, does not solve the problem e.g. prohibition. Ridding of needles for meth users would result in them finding used needles to use or using other means that are dangerous and life threatening. Instead, “Needle and syringe programming” to provide methamphetamine users with needles, while requiring them to receive treatment and help for their meth use would be ideal.\textsuperscript{37} However, this is only possible, if treatment and resources for treating methamphetamine use are put into place.

Closing Remarks

Despite efforts to rid of Native American cultures and traditions throughout history, and contemporary issues that native American people face today, the Oglala Lakota Nation and all other Native nations have stayed resilient. Despite the current state of the reservation with the methamphetamine epidemic, the culture is rich, our Sacred Ceremonies are standing strong and continue to heal people, and our Lakota Language is surviving.\textsuperscript{38} Natives and non-Natives alike are coming to a better understanding of the effects of our historical trauma that we have faced through the “Adverse Childhood Experiences (ACES).” Red Star states, “These experience and

\textsuperscript{36} (National Congress of American Indians, 2006)
\textsuperscript{37} (Dolan, MacDonald, Sillins, & Topp, 2005)
\textsuperscript{38} (Red Star, 2017)
traumas continue to affect and infect us as a Tribal Nation because Meth/Alcohol/Drugs has and is being felt.”

**About the Author**
Tamee Livermont is a proud member of the Oglala Lakota Nation. She will graduate from the University of South Dakota in May 2018 with a B.S. in Medical Biology and a B.A. in Native American studies. Her Honors thesis is entitled, “A Call for Compliance and Continued Efforts to Insure the ‘Best Interest’ of Indian Children in South Dakota,” focusing on the compliance of the Indian Child Welfare Act in South Dakota. She is a two-time Morris and Stewart Udall Foundation Scholar for her commitment to Native American Healthcare. She will be pursing her Master’s in Public Health in the Health Policy Track at the Vanderbilt University School of Medicine. She has worked in laboratory research studying the effected of methamphetamine administration. She served on National Indian Health Board’s Inaugural cohort of Tribal Health Policy Fellows representing the Great Plains Area.

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39 (Red Star, 2017)
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