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

Prepared by Tamee Livermont for the National Indian Health Board and the Oglala Lakota Nation
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“If it keeps on how it is, in 20 years there will no longer be an Oglala Lakota Nation”

- Julie Richards
Acknowledgements

A special thank you to:
• Karen Red Star; Health Education Director for the Oglala Lakota Nation
• Yvonne DeCory; Native American Youth Advocate on Pine Ridge Indian Reservation
• The National Indian Health Board
• Michelle Castagne; Tribal Youth Health Policy Fellowship Coordinator for the National Indian Health Board
About the Author

Tamee Livermont

• Proud member of the Oglala Lakota Nation
• Graduate from the University of South Dakota
  – BA Native American Studies
  – BS Medical Biology
• Pursuing Master’s in Public Health in the Health Policy Track at Vanderbilt University beginning Fall 2018
• Two-time Udall Foundation Scholar
• National Indian Health Board Tribal Youth Health Policy Fellow
Overview: Methamphetamine Use Rate

• Lieutenant Melinda Reddest of the Oglala Sioux Tribe Department of Corrections estimated 40-50% of Oglala Lakota Nation Residents use Methamphetamine

• US Attorney for South Dakota, Randy Seiler, states that in the course of one year, homicide rates on the Pine Ridge Indian reservation doubled
  – Part of this can be contributed to the meth epidemic

“Every baby born to meth is a part of a generation the Oglala Lakota Nation loses.”

-Julie Richards
Overview: Underfunding

• Oglala Lakota Nation law enforcement if funded at approximately 20%
  – 120 officials are needed and there are about 30

• “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 smuggled from Mexico).”
  – Tribal police do not have jurisdiction over these offenders
  – These cases are the responsibility of the federal government through the Major Crimes Act (1885) and General Crimes Act (1817)

• Meth and Suicide Prevention Initiative through the Indian Health Service is widely underfunded
  – Funding lasts only a couple of months until it runs out
  – Funds for both mental health and substance abuse treatment—90% goes to methamphetamine treatment so mental health is highly neglected
Overview: Poverty

• “The Pine Ridge Reservation is home to the lowest life expectancy, and a number of the poorest communities in the United States.”
  – Reservation
    • Men=48 years old
    • Women= 52 years old
  – South Dakota=79 years old

• Oglala Lakota County has the per capita income of $8,768,
  – making it the “poorest” county in the United States
Drug Use Across Indian Country

• Drug overdoses
  – 4.3% (450) of all deaths among Northwest American Indians and Alaska Natives
  – 1.7% among non-Hispanic whites in the same region.

• Bureau of Indian Affairs surveyed 96 law enforcement agencies across Indian country.
  – 74% of these officers that were surveyed stated that “meth was the biggest drug threat they faced.

• Child Welfare
  – approximately 90% of the open child welfare cases are related to methamphetamine on the Yavapai-Apache Nation in Arizona
  – 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
Policy History

1817- The General Crimes Act
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.

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.

2009- Methamphetamine and Suicide Prevention Initiative (MSPI)
An initiative established in 2009 through the Indian Health Service (IHS) in order to confront the suicide and Methamphetamine crises in Indian country. Currently, IHS funds a total of $27,972,247 in federal grants per year to 175 different entities.
Policy Recommendations

• Increase funding for tribal policing with specialized Methamphetamine task forces
• Economic resources for solely Methamphetamine treatment
• Increase funding to the Indian Health Service and the Methamphetamine and Suicide Prevention Initiative (MSPI)
• Regulations on Syringes from Diabetic Patients and other patients from IHS that require needles for their medical needs; “Needle and Syringe Programming”
Closing Remarks

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.

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).”

“These experience and traumas continue to affect and infect us as a Tribal Nation because Meth/Alcohol/Drugs has and is being felt.”
All references on this presentation can be found in the accompanying policy paper.