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INTRODUCTION

In early 2002 at the request of Attorney General Wayne Stenehjem, the North Dakota Commission on Drugs and Alcohol (Commission) was formed by executive order issued by Governor John Hoeven. The Commission's charge was to evaluate substance abuse in North Dakota by a) exploring the interrelationship among substance abuse prevention, education and enforcement programs¹; b) designing procedures to coordinate resources in the substance abuse area; and c) pursuing avenues to ensure future coordination of resources designed to address substance abuse issues.

Through a series of meetings the Commission received information regarding funding sources, existing programs, insurance coverage, and unmet needs in areas of prevention, treatment and enforcement. While the information was at times overwhelming, certain statistics emerged regarding the size and extent of the problem. The numbers highlighted the impact on already scarce resources.

Financial Impact

In January 2001 the National Center on Addiction and Substance Abuse at Columbia University published a report on the impacts of substance abuse on state budgets.² The report

was the result of an intensive three-year analysis, looking at the amount of money states spend on prevention and treatment as opposed to the amount states ultimately devote to the consequences of not adequately funding prevention and treatment programs. The findings of the report included:

- Overall, in 1998 state governments spent \$81.3 billion to deal with substance abuse. This amounted to more than 13 cents of every state budget dollar. Of every dollar states spent on substance abuse, 95.8 cents went to pay for the burden of this problem on public programs, while only 3.7 cents went to fund prevention, treatment and research programs aimed at reducing the incidence and consequences of substance abuse.³
- During the same time period for every \$100 spent on substance abuse, North Dakota spent \$89.71 to deal with subsequent substance abuse issues and \$10.22 on prevention, treatment and research.⁴

While the national report provided a perspective as to North Dakota's place nationally, the Commission also reviewed a survey of agency alcohol, drug, tobacco and risk-associated behavior programs

¹ The Commission interpreted its mission to include treatment as the third prong of the substance abuse issue.

² "Shoveling Up: The Impact of Substance Abuse on State Budgets" – the National

Center on Addiction and Substance Abuse at Columbia University, January 2001.

³ *Id.* at 2.

⁴ *Id.* at 3.

funded in the state.⁵ Attached to this report as Attachment A, the survey reflects a total of over \$53 million budgeted for the 2001 – 2003 biennium. Of that amount approximately \$23 million was allocated to prevention programs, \$23 million to treatment-related activities and \$5.4 million to law enforcement. General fund money represented \$15.2 million of the total amount.

Commission members recognized the need to balance spending among the three disciplines, and identified a need for more money to direct services. They acknowledged that as financial resources continue to shrink, collaborative efforts must be initiated to ensure that money is being spent on research-based programming. Further analysis of program funding will occur as part of the Commission's second phase of work.

Statewide Statistics

The 2001 Legislative Assembly enacted SB 2445 calling for a comprehensive status and trends report regarding unlawful controlled substance use and abuse treatment and enforcement efforts. The bill was codified as N.D.C.C. § 19-03.1-44 and required the Office

⁵ "Survey of Agency Alcohol, Drug, Tobacco, and Risk-Associated Behavior Programs" – Prepared by the North Dakota Legislative Council staff for the Budget Committee on Government Services – October 2001.

of Attorney General to report to an interim committee before July 1, 2002.

The institution of a comprehensive reporting system was an important tool for administrators and legislators to determine funding levels for programs, and to maximize use of increasingly tight tax dollars. The initial report provided a statistical baseline against which future successes or failures will be compared.

“One of the problems we face is when parents condone law breaking [like alcohol consumption] because it blurs the line regarding the use of other illegal substances for kids.”

*Ed Slocum
Superintendent, New Town Schools*

The report was divided into five segments. A summary of each segment is included below with the specific data highlighted.

Statewide Youth Risk Behavior Survey

Every two years the Department of Health and the Department of Public Instruction coordinate the Statewide Youth Risk Behavior Survey. Included at Attachment B are summaries of the 2001 survey – one for grades 7 & 8 (middle school) and the other for grades 9 – 12 (high school). While the survey covers a number of risk factors, for purposes of this plan the statistics dealing with substance abuse are included.

The survey questions were designed to identify risk behaviors. Not surprisingly, alcohol abuse and related behavior scored consistently at higher percentages. For instance, 43.5% of high school students

reported having ridden with someone who had been drinking one or more times in the past 30 days.⁶

Approximately 10% of middle school students reported the same. More than 59% of high school students had a least one alcoholic drink on one or more days in the past 30 days. Almost 17% of middle school students responded likewise to the question.

“... there are youth in North Dakota whose lives are being devastated by alcohol, tobacco and other drugs. They are dangerously experimenting with drugs and drug combinations never fathomed before.”

*Scott Burtsfield
Region V Children Services
Coordinating Committee*

The influence of tobacco as a gateway drug was also emphasized by the survey results. The 2001 national Youth Risk Behavior Study (YRBS) cited North Dakota for having the highest ranking for juvenile cigarette abuse. Other results of interest to the Commission were:

1. Rode with someone who had been drinking one or more times in the past 30 days ...
Grades 7 & 8 – 10.6% ...
Grades 9 – 12 – 43.5%
2. Had a least one drink on one or more days in the past 30 days ...
Grades 7 & 8 – 16.9% ...
Grades 9–12 – 59.2%
3. Had five or more drinks in a row within a couple of hours during the last 30 days ...

Grades 7 & 8 – 8.8% ...
Grades 9–12 – 41.5%

4. Used marijuana one or more times in the past 30 days ...
Grades 7 & 8 – 5.7% ...
Grades 9 – 12 – 22%

5. Sniffed/inhaled glue, paint, etc. one or more times during lifetime ...
Grades 7 & 8 –

10.8% ...
Grades 9 – 12 – 15.1%

6. Used methamphetamines one or more times during lifetime ...
Grades 7 & 8 – 4.2% ...
Grades 9 – 12 – 9.7%

7. Smoked cigarettes on one or more days in the past 30 days ...
Grades 7 & 8 – 10% ...
Grades 9 – 12 – 35.3%

8. Smoked cigarettes on 20 or more days in the past 30 days ...
Grades 7 & 8 – 3.2% ...
Grades 9 – 12 – 18.7%

The next set of questions dealt with the percentage of students indicating “**first use**” under the age of 13.

1. First whole cigarette ...
Grades 7 & 8 – 19.5% ...
Grades 9 – 12 – 25.4%

2. First drink of alcohol ...
Grades 7 & 8 – 33.1% ...
Grades 9 – 12 – 29.8%

⁶ The numbers included from the study represent the percentages of those students surveyed; the study does not survey all students.

- 3. First time tried marijuana ...
Grades 7 & 8 – 6.8% ...
Grades 9 – 12 – 6.9%
- 4. First time sniffed/inhaled glue,
paint, etc. ... Grades 7 & 8 –
8.7% ... Grades 9 – 12 –
7.8%

samples were 1,505 – a 23.5% increase over the number of samples analyzed in 2000 and a 204.6% increase over the number of samples analyzed in 1999. The Commission anticipates this number will grow in direct correlation to the dramatic increase in raids on methamphetamine labs in the state.

Even though alcohol, tobacco and marijuana remain the drugs of choice among youth, it is disturbing to realize that close to 10% of high school students have used methamphetamines one or more times during their lifetimes. The Commission is concerned about potential growth in usage due to the highly addictive nature of this drug.

The Commission also recognized that substance abuse seldom begins with methamphetamine. Methamphetamine abuse may not start until an individual is out of high school. Since surveys of young adults are not readily available, the Commission is concerned that the magnitude of the issue is not fully appreciated.

Crime Lab Statistics

Attachment C provides information regarding the types of controlled substances tested at the state crime lab and the number of times tests were run for each controlled substance. By far marijuana led the way during 2001 with 3,442 samples analyzed. Total methamphetamine

Treatment Information

The Department of Human Services provided the information regarding treatment found at Attachment D. The numbers reflect treatment statistics from the nine public providers across the state. The department reported working with the 40+ private providers to encourage data collection from the private sector.

“The typical treatment stay for meth users is pretty much a setup for failure.”

*Kelly White
Addiction Counselor
NE Human Service Center*

When patients are screened for treatment needs they are asked to identify their primary, secondary and tertiary substance abuse problem. The 2000 survey revealed that alcohol is the drug of choice for 76% of those seeking treatment in the public sector. Marijuana follows at a distant second (17%), with methamphetamine at 4%. Anecdotal information from the public providers indicated the state will witness a noticeable increase in methamphetamine as the primary substance in the 2001 statistics.

The attachment also includes information regarding the breakdown between males and females and

provides graphics showing the number of alcohol only treatments compared to the alcohol and drug treatments.

Prison and Probation

The Legislature also required the Department of Corrections and Rehabilitation to include statistics regarding the number of admissions for drug offenses for the year, excluding parole violators. The report included information on the number of offenders court ordered to treatment, (97 in 2001); the number of offenders referred for chemical dependency treatment (178 in 2001); and the number completing chemical dependency treatment (87 in 2001). The State has seen a steady increase in each area since 1999. This holds true for individuals on parole and probation where treatment has been ordered (388 in 2001).

Law Enforcement

Attachment F provides an overview of current enforcement efforts to combat unlawful drug trafficking and usage, and statistics on arrests. Drug arrests in 2001 have increased by 20.7% over 2000, and as of December 19, 2002, 267 methamphetamine labs were raided. This compares to 89 labs for all of 2001 and 46 in 2000.

Where are the busts happening? The split is almost equal between

urban and rural locations with 125 in the city and 142 in rural areas.

College Drinking

In addition to the comprehensive trends survey, the Commission also received information on underage drinking on college campuses from a University of North Dakota (UND) survey on alcohol usage.⁷ The survey indicated that freshmen college students bring a sizable drinking problem with them when they go to college. In the spring of 2000 UND Student Health Services administered a survey to 907 UND students.⁸ As a supplement to the survey, students were asked if they drank in high school. Sixty-seven percent responded positively.

Other highlights from the survey included:

- 60% of UND students surveyed reported that they engaged in binge drinking (five or more drinks at one sitting).
- 79.6% of students surveyed reported that they had used alcohol within the last 30 days.
- 34.3% of students reported that they forgot where they were or what they did as a consequence

“Parents have the right and responsibility to know what kids are doing.”

*Ward Koeser
Mayor of Williston*

⁷ “2001/2002 Report” – Prepared by the UND Commission on Student Use of Alcohol – 2002.

⁸ The American College Health Association designed the National College Health Assessment survey.

of drinking within the last school year.

Binge drinking rates at UND increased to 54.8% in the 2001 survey, compared to 52% in 1998 and 42% in 1994.⁹ This statistic is significantly higher than the national rate of 44%. The percentage of underage UND students consuming alcohol within the last 30 days was 87.2% in 2001, compared to 77% in 1994.¹⁰ Overall, alcohol consumption data in 2001 revealed that 87.7% of UND students consumed alcohol 30 days prior to the survey completion, compared to 80% in 1994. This is significantly higher than the national percentage of 69%.¹¹ Other results of the UND survey may be found at Attachment G.

OVERVIEW OF PLAN DESIGN AND RECOMMENDATIONS

As the Commission listened to special reports on programming from commission members and third-party resources, the idea of a statewide strategy addressing all three areas began to take shape. Utilizing the existing substance

abuse prevention five-year plan¹² as a guide, the Commission decided to expand the existing plan to include strategies for treatment and enforcement. The existing plan was developed by the Department of Human Services and focused on prevention issues in each of the eight human service regions.

Developing the new comprehensive plan involved the coordination of nine public forums – one in each human service region, and

one with representatives from each of the tribal communities. In preparation for the forums, invitations were mailed to community leaders, law enforcement officials, legislators, tribal leaders, judges, states attorneys, treatment providers, educators, community coalition leaders, public health officials, clergy, prevention coordinators, human services regional directors and other interested parties. News releases and media interviews were conducted prior to each forum in order to encourage public participation.

“The ease with which a [meth] lab can be constructed and hidden on largely uncontrolled land areas compounded by the volume of transient traffic through Rolette County are currently overwhelming law enforcement and are providing cheap harmful substances to our population.”

*Bob Camper
Mayor of Rolla*

⁹ “2001/2002 Report” at pg. 8.

¹⁰ Id.

¹¹ Id.

¹² “North Dakota Comprehensive Substance Abuse Prevention Five Year Plan – 1998 – 2003” – Developed by the North Dakota Department of Human Services, Division of Mental Health and Substance Abuse Services.

Participants were asked to provide the Commission with information regarding programs currently being provided in their communities and information regarding “what is working and what is not.” They were also encouraged to discuss needs in their respective areas of expertise, and in the community overall.

Nearly 600 citizens representing a broad spectrum of expertise attended the public forums. Participants included students, concerned citizens and representatives from the tribal community. They provided the Commission with ideas about needed changes, information regarding successful programs, and a call to consider ways to improve services in almost all aspects of substance abuse prevention, treatment and enforcement.

Comprehensive Plan Summary

Many participants expressed grave concerns about the alarming increase in methamphetamine use, and the community’s ability to proactively address the issues raised by this relatively new epidemic. While recognizing that methamphetamine is generating much attention from the news media, the Commission maintains that alcohol, tobacco and marijuana continue to be the most serious substance abuse issues in North Dakota.

Each public forum identified programs, issues and needs unique to its respective area. However, several key threads ran throughout all nine meetings. While listed in no particular order, the following are the more relevant key points:

“Insurance issues are real ... coverage is not sufficient ... especially for meth treatment.”

*Maggie Brekken
Parent from Jamestown*

? Despite popular folklore, parents do serve as role models for their children, and parents need tools to deal with the complex issues facing young people in today’s society.

- ? Collaborative efforts in communities are key in helping combat substance abuse at all age levels.
- ? Tobacco is a gateway drug and community leaders must examine community norms to determine how best to facilitate citizen understanding of the long-term implications of tobacco usage.
- ? The three disciplines – *prevention, treatment and law enforcement* – must work together; and communities as a whole must be involved.
- ? Education of our children must start early and be continuous through college.
- ? Addiction must be viewed as a disease requiring long-term, on-going treatment, with insurance companies providing more flexibility in coverage.
- ? Rural access to treatment facilities is critical and presently is not available in many areas of the state.

- ? The State must make it harder to manufacture methamphetamine through more aggressive laws dealing with containers, purchase of certain ingredients, and enhanced penalties for offenders possessing firearms and drugs.
- ? The State must come to grips with the philosophical debate regarding the length of incarceration and the role of treatment and early release.

- Parent awareness and education about alcohol, tobacco and other drug issues are necessary.
- Parents need access to a “one stop shop” for information on treatment referrals, insurance information and education.

At four forums, young people had a strong presence and equally strong message about the need to make young people more responsible for their actions. This was particularly

The next phase of Commission activity will focus on developing solutions to each of these universal issues.

“When you look at the bigger picture ... [the allocation of law enforcement resources] is not enough to deal with this problem ... that is why we need assistance from prevention and treatment.”

*Officer Steve Lundin
Bismarck Police Department*

In addition to the key points, the Commission formulated several conclusions regarding each discipline based upon information presented at the public forums and the Commission meetings. These observations provided background for the regional needs analysis.

In the area of prevention, we must recognize that society is sending the wrong message to kids — **drinking is not the least of all evils.**

The following general themes are important in the prevention area:

- School/community connections are imperative to good prevention programs.
- School programs are important, but only one part of the prevention formula.

true at the forum held at the Standing Rock Reservation in late November. At this forum over 25 young adults shared their perspectives on the pressures placed on Native American youth,

on the challenges presented due to cultural differences, lack of programming for youth and strains on resources. They also provided insight into what makes a difference when deciding whether to engage in the use of chemicals. More on the Native American forum can be found on page 45 of the report.

An under-represented group at the forums was school administrators. Those in attendance reported being overwhelmed with new federal regulations associated with the new *No Child Left Behind* legislation for school improvement and accountability.

If alcohol abuse at UND is representative of what is happening at other college campuses in the State, and there is no reason to indicate otherwise, prevention specialists must develop creative programs to curb the abuse. The UND Commission on Student Use of Alcohol developed a plan to combat the growing trend of binge drinking and high percentage of use by underage students.¹³ The plan includes goals and ideas for community involvement that could serve as models for other campuses. The 2001/2002 report is attached at Attachment H.

Tobacco coalition representatives attended all of the public forums, and identified several relevant problems in need of solution. According to the National Drug Control Strategy, youth ages 12 to 17 who smoke are approximately 8 times more likely to use illicit drugs and 5 times more likely to drink heavily than non-smoking youth. Tobacco abuse haunts society as the addicts grow older and the cost to society escalates.

The Commission learned that implementing the educational strategies outlined in the *CDC's Guidelines for School Health*

¹³ "2001/2002 Progress Report" – UND Commission on Student Use of Alcohol – 2002.

Programs to Prevent Tobacco Use in conjunction with community and media-based activities can postpone or reduce smoking onset in 20–40% of adolescents.¹⁴ There is also evidence that combining behavioral counseling and pharmacological treatment of nicotine addiction may produce a 20–25% quit rate at the one-year mark.¹⁵ In addition, when

physicians advise patients to quit smoking there can be a cessation proportion of 5 – 10%.¹⁶

In the area of treatment the Commission recognized an acute need for more flexibility in treatment options, including the establishment of residential facilities. Testimony was provided at every meeting confirming

that methamphetamine addiction is not effectively treated within the parameters of the traditional 28-day treatment protocol. Several law enforcement representatives from rural areas discussed the need for juvenile detox centers and treatment facilities. Other participants raised concerns regarding the shortage of beds for people in need of substance abuse treatment.

Research findings conclude that when teens are asked who they most rely on for making important decisions or in facing problems, parents are the top choice (63% of teens responded that they rely on their parents for a great deal).

Meg Bostrom

Teenhood: Understanding Attitudes
Toward Those Transitioning from
Childhood to Adulthood. April 2000.

¹⁴ Reducing Tobacco Use: A Report of the Surgeon General. U.S. Department of Health and Human Services, 2000.

¹⁵ Id.

¹⁶ Id.

From a law enforcement perspective sentencing, alternative incarceration, curtailment of methamphetamine, and stress on the system's resources were all emphasized. Information was received indicating that drug courts appear to be having some success. Drug courts, however, are resource intensive, and if this type of court is to continue the State must dedicate more resources to the program.

Conflicting testimony was presented regarding sentencing, incarceration and early release programs. The Department of Corrections and Rehabilitation presented research indicating that 2.5 years is sufficient time for the incarceration of drug offenders who receive treatment, while the average sentence is five years. Law enforcement and states attorneys expressed frustration with a system that allows offenders to bond out and be back on the streets committing other drug offenses, sometimes within hours of the arrest. Others questioned the effectiveness of the program allowing for early release once treatment has been completed. Clearly, the State must resolve the philosophical debate regarding the length of incarceration and the impact of treatment on the total time served.

“... two crucial issues facing the tribal communities are mental health issues and adequate treatment options for juveniles. The two are closely linked. Programs like the Sacred Child Project are working because the professionals are going into the home and listening to the child's needs ... not visa versa where the professional tells the child and family what they need ...”

*Barbara Poitra
Coordinator of Children's Service
and Tribal Youth Services
Turtle Mountain Tribe*

Law enforcement officials also recognized the importance of their role in prevention. Communities

want law enforcement to be part of the prevention picture, but resources are stretched thin.

Collaborative efforts between local coalitions, school boards, and local governments to find adequate funding for law enforcement participation in school prevention programs is critical.

Several individuals encouraged the State to make it harder to manufacture methamphetamine. Presently, anhydrous ammonia stored in tanks is easily accessible and is frequently stolen for use in the manufacture of the drug. Cold tablets containing ephedrine are readily available at retail stores. While these are just two of the ingredients necessary for the manufacture of methamphetamine, restricting the availability of both could curtail its manufacture.

REGIONAL ASSESSMENTS

Another segment of the State's three-year plan is the regional assessments section. Each region has specific data concerning risk indicators and a needs analysis by discipline. Statistical data for the

reservation areas was included within each respective regional assessment. Data regarding alcohol, drug and tobacco was reported separately for adults and juveniles whenever possible. Drug treatment data was combined with alcohol because the counts are too small for drugs only, especially when counts are divided between adults and juveniles.¹⁷ The needs analysis was developed based upon the testimony presented at each public forum.

The regional assessment section includes several risk indicators and certain terminology that may need some explanation. The following information and terms were used consistently throughout the regional assessments:

Arrows – The *up and down arrows* indicate an increase or decrease of one unit or more. A *horizontal* arrow reports a difference between the state rate and the region of less than one unit.

MJ – refers to marijuana.

DUI – driving under the influence of alcohol or drugs.

Mean rate – refers to an average per 1,000 population. An average rate per 1,000 population was created for each year. Second, the means for all years were averaged to provide a mean rate per 1,000 population over multiple years. This method smoothes the data and eliminates outliers that may occur in one year of data. For juveniles, the census population for ages 13–17 was used to determine rates per 1,000 population. For adults the census population for ages 18–64 was used. Few children under age 13 are reported in the arrest or treatment data. To include all children under 13 influences the rates disproportionately. The same holds true for adults. Few adults age 65 and over are reported in the arrest or treatment data yet the number of older adults is large, thereby disproportionately affecting the rate for the adult population.

Recommendations based upon the information included in the regional assessments are included after the *Regional Assessment* section of the plan. The recommendations are divided by area of discipline, and will be the focus of Commission activity during its next phase.

¹⁷ Sources of Data included: *Alcohol and Drug Treatment Data* – Regional Human Service Centers, Division of Mental Health and Substance Abuse, ND Department of Human Services.

Tobacco, Other Drugs and Other Alcohol Indicators – The Youth Risk Behavior Survey, 2001 (statewide weighted sample and regional data results).

Arrest Data – The web site www.icpsr.umich includes arrest data listed separately for adults and juveniles for multiple years.

REGION I: Divide, Williams, McKenzie

Introduction to the Region – Indicators of Risk

Juveniles

Out of 12 indicators for juveniles all but 3 (*drug arrests, past 30–day marijuana user and alcohol and drug treatment*) were above the state rate for juveniles in Region I; the most of any region in the state. Only two indicators (*alcohol and drug treatment and drug arrests*) fell below the state rate. *Past 30–day use of alcohol, methamphetamine, and inhalants, tobacco and being a current user and using before the age of 13 for alcohol, methamphetamine, inhalants, and marijuana* were all above the state rate. Only *past 30 day use of marijuana by juveniles* was excluded and the rate was nearly the same as the state rate.

Arrest data for juveniles indicated *DUI and liquor law violations* at about 1.5 times the state rate. Arrests for *possession or sale of drugs* were slightly below the state rate.

In contrast to the reported use of alcohol and drugs, *treatment* indicators for juveniles in Region I were below the state rate (8.52 versus 5.93). *Tobacco use* by juveniles in Region I was also above the state rate for both current user and being a current user and having used before the age of 13.¹⁸

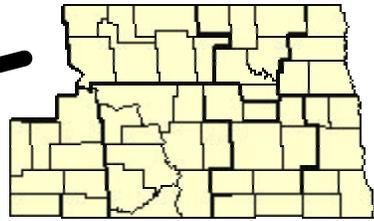
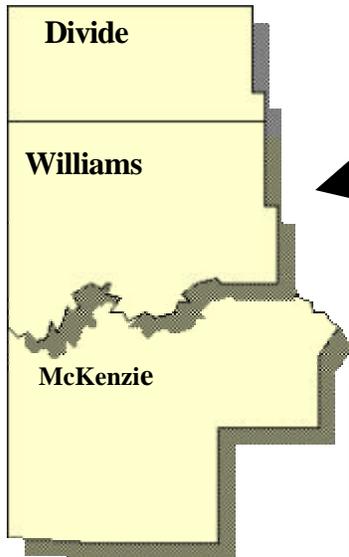
Adults

Only three indicators were reported for adults – alcohol and drug treatment, DUI and liquor law violations and drug arrests. DUI and liquor law violations were above the state rate while alcohol and drug treatment and drug arrests were nearly the same as the state rate.¹⁹

¹⁸ Three Affiliated Tribes of the Fort Berthold Indian Reservation and Trenton Indian Service Area are partially included in Region I. Schools managed by the Tribe complete their own survey and the results are not compiled with the state survey. This may influence the overall results for Region I.

¹⁹ Reporting of arrest data is not mandatory within the State of North Dakota. The Bureau of Indian Affairs and tribal agencies do not report arrest data to the state.

Region I – Northwest
Alcohol, Tobacco and Drug Indicators



Alcohol	State	Region I
*Alcohol & drug treatment (18 ⁺)	7.30	7.99 ↑
*Alcohol & drug treatment (<18)	8.52	5.93 ↓
**DUI & liquor law violations (18 ⁺)	19.56	26.02 ↑↑
**DUI & liquor law violations (<18)	36.35	53.68 ↑↑
***YRBS (Grades 9–12)		
Drank alcohol 1 ⁺ days in past 30 days	59.2%	63.3% ↑↑
Current drinker and 1 st drink before age 13	37.4%	42.5% ↑

Drug	State	Region I
** Drug arrests (adults)	2.45	1.71 →↓
** Drug arrests (juveniles)	4.51	2.62 ↓
***YRBS (Grades 9–12)		
Used MJ 1 ⁺ times in past 30 days	22.0%	21.4% →
Among MJ users, used before age 13	17.4%	20.7% ↑
Sniffed/inhaled glue, paint, etc. 1 ⁺ times in lifetime	15.1%	16.2% ↑
Among those who sniffed/inhaled did so before the age of 13	50.6%	51.7% ↑
Used methamphetamine 1 ⁺ times in lifetime	9.7%	11.0% ↑

***Tobacco (Grades 9–12)	
Current smokers	
Statewide	35.3%
Region I	48.7% ↑
Current smoker and smoked 1 st cigarette before age 13	
Statewide	43.6%
Region I	45.5% ↑

* Mean rate per 1,000 population (1998–2001) (Services delivered by regional human service centers only.)
 ** Mean rate per 1,000 population (1995–2000)
 *** YRBS data is reported as a percentage of respondents among grades 9–12.

Overview

In Region I, several prevention tools are being utilized in the schools including *Character Counts*, *Here's Looking at You*, DARE and *Get Real About Violence*. In Williston the school district has initiated an after school–tutoring program designed to help improve grades. The program was started with the thought that higher grades improve self–esteem and improved self–esteem helps young people make better choices. The district also included after school programs in every elementary school. This program keeps young people busy in a structured environment where they get skills building, tutoring and recreation.

This region has one of the most aggressive narcotics task forces in the state. It led the state in methamphetamine lab busts, and has actively sought the support of the retail community by providing educational opportunities for retail employees. Agents have trained citizens about drug–related behaviors and encouraged them to contact law enforcement when something looks suspicious. While the task force has been successful, its resources are stretched thin. Methamphetamine lab busts are labor intensive and safety is always an issue due to the hazardous nature of the chemicals involved in the manufacturing process. Officers need specialized training that is time–consuming and equipment that is expensive. Facilitating the efforts of law enforcement is the work of the regional intervention services committee. This group coordinates activities between law enforcement, treatment and prevention providers.

Methamphetamine cases also present unique problems for prosecutors. States attorneys from the region indicated that methamphetamine cases include complex search warrant issues, conspiracy theories and suppression hearings. There are often hundreds of exhibits and coordinating activities with the task force presents its own challenges.

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. During the interim, families are destroyed. Removing children from these homes through the normal process is difficult because the characteristics of a methamphetamine user are not always enough for the court to justify the intervention.

Prevention Needs Analysis

Needs identified for prevention included:

- 1) Help for parents to understand their role in preventing substance abuse ... what to look for and what to do when they find it.
- 2) Peer mentoring at public and reservation schools.
- 3) Understanding that tobacco is part of the problem.

Treatment Needs Analysis

Needs identified for treatment included:

- 1) Residential treatment programs with aftercare support for youth.
- 2) Teach addicts how to deal with finances, take care of medical issues and develop skills that will translate into future employment.

Enforcement Needs Analysis

Needs identified for enforcement included:

- 1) Canine units for use in schools.
- 2) Proper training and adequate equipment to disassemble methamphetamine labs.
- 3) Centralized expertise on prosecuting methamphetamine cases to provide assistance to local prosecutors.
- 4) More resources for narcotics task force.
- 5) Analyze present sentencing structure to determine whether long-term treatment is not a more viable option.
- 6) Involvement of parents by requiring them to attend substance awareness class.

REGION II: Burke, Renville, Bottineau, Mountrail, Ward, McHenry, Pierce

Introduction to the Region – Indicators of Risk

Juveniles

Of significant interest in Region II there were no indicators for juveniles above the state rate. Two indicators, *current user of methamphetamine or marijuana and used before the age of 13* were about the same as the state rate.²⁰

The statistics regarding *alcohol and drug treatment* in this region were also interesting. The regional rate of 2.95 for juveniles was substantially below the state rate of 8.52. In addition, *DUI and liquor law violations* also were substantially below the state rate. In comparison, *current juvenile drinkers and those drinking and having their first drink before the age of 13* were slightly below or almost the same as the state percentage.

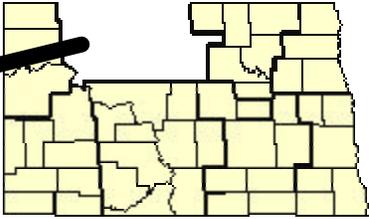
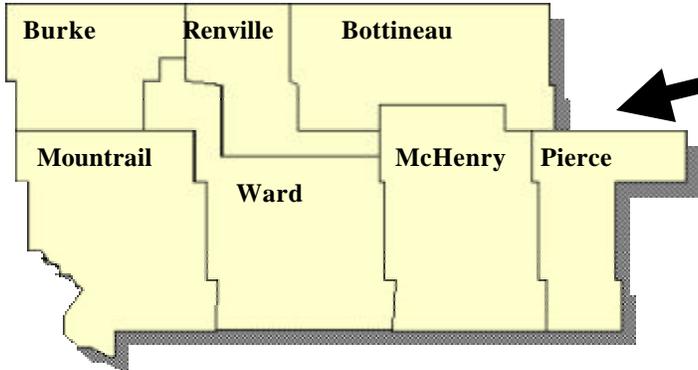
Adults

For adults, *alcohol and drug treatment, DUI and liquor law violations* were below the state rate while drug arrests were at about the same as the state rate per 1,000 population.²¹

²⁰ It is important to note that tribal schools may not have been included in the Youth Risk Behavior Survey. One Native American Indian Reservation – Fort Berthold, Three Affiliated Tribes – resides partly within the boundaries of Region II. Schools managed by the Tribe completed their own survey and the results were not compiled with the state survey. This may have impacted the overall results for this region.

²¹ These statistics did not include arrest information from Fort Berthold, Three Affiliated Tribes that is located within the boundaries of Region II. The Bureau of Indian Affairs and Three Affiliated Tribes do not report arrest data to the state.

Region II – North Central
Alcohol, Tobacco and Drug Indicators



Alcohol	State	Region II
*Alcohol & drug treatment (18 ⁺)	7.30	6.29 ↓
*Alcohol & drug treatment (<18)	8.52	2.95 ↓
**DUI & liquor law violations (18 ⁺)	19.56	16.58 ↓
**DUI & liquor law violations (<18)	36.35	23.29 ↓
***YRBS (Grades 9–12)		
Drank alcohol 1 ⁺ days in past 30 days	59.2%	54.2% ↓
Current drinker & 1 st drink before age 13	37.4%	37.3% →

*****Tobacco (Grades 9–12)**

Current smokers		
Statewide	35.3%	↓
Region II	31.6%	↓
Current smoker and smoked 1 st cigarette before age 13		
Statewide	43.6%	↓
Region II	42.7%	↓

Drug	State	Region II
**Drug arrests (adults)	2.45	2.16 →
**Drug arrests (juveniles)	4.51	3.25 ↓
***YRBS (Grades 9–12)		
Used MJ 1 ⁺ times in past 30 days	22.0%	17.1% ↓
Among MJ users, used before age 13	17.4%	17.3% →
Sniffed/inhaled glue, paint, etc. 1 ⁺ times in lifetime	15.1%	14.1% ↓
Among those who sniffed/inhaled did so before age 13	50.6%	48.6% ↓
Used methamphetamine 1 ⁺ times in lifetime	9.7%	6.2% ↓

* Mean rate per 1,000 population (1998–2001) (Services delivered by regional human service centers only.)
 ** Mean rate per 1,000 population (1995–2000)
 *** 2001 YRBS data is reported as a percentage of respondents among grades 9–12.

Overview

One of the overwhelming needs voiced over and over was that parents must play a key role in all three areas – prevention, treatment and enforcement. Speakers encouraged government to find a balance in spending between the three prongs. Individuals noted that children mirror the behaviors of their parents, and society must conduct the difficult analysis of what is acceptable behavior. Communities must assess the role alcohol and tobacco play in everyday lives and events. Some questioned the need for alcohol at community events, while others urged the adoption of smoke-free ordinances.

Adequate treatment facilities and/or options in rural areas are of great concern. Many small communities do not have treatment facilities, and when a driver's license has been revoked, getting to treatment in the urban area is very difficult. Testimony was also presented regarding the need to examine the present involuntary commitment law. Comments were received that the present law seems out-of-date and not relevant given the current practice in the state.

As in other areas, law enforcement is too stretched to continue to meet the increasing pace of drug arrests, especially in the area of marijuana and methamphetamine.

Prevention Needs Analysis

Needs identified for prevention included:

- 1) Education must start as early as elementary school to be effective.
- 2) Community-wide education about methamphetamine.

Treatment Needs Analysis

Needs identified for treatment included:

- 1) Money for direct services.
- 2) Treatment options ... for instance transition centers for women and kids, halfway houses for people with chronic relapse issues, weekend programs so parents can participate and mentoring programs.
- 3) Recognition that methamphetamine treatment may require more time than treatment for other substances.
- 4) Programs designed to accommodate the rural nature of the region.
- 5) A greater array and more collaborative approach to adolescent programming in more communities with leverage to involve families.
- 6) Evaluation of the need to modernize the involuntary commitment laws.

Enforcement Needs Analysis

Needs identified for enforcement included:

- 1) More resources for law enforcement.
- 2) Longer sentences of community service for first or second time offenders to serve as a real deterrent.
- 3) Individuals who are manufacturing methamphetamine should be given longer sentences.

REGION III: Rolette, Towner, Cavalier, Ramsey, Benson, Eddy

Introduction to the Region – Indicators of Risk

Juveniles

Region III reported six indicators above the state rate or percentage and six below. *Alcohol and drug treatment* for juveniles exceeded 1.5 times the state rate (21.55 versus 8.52). In comparison, the YRBS reported only slightly more *current juvenile drinkers* than the state percentage.²²

Current or past 30-day use of tobacco among juveniles was above the state percentage, while *current use of inhalants and methamphetamine* fell below the statewide percentage. *Current past 30-day use marijuana* by juveniles was about the same as the statewide percentage.

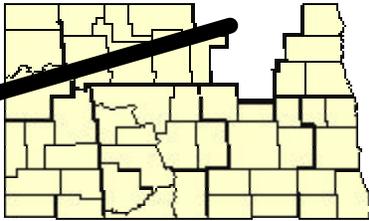
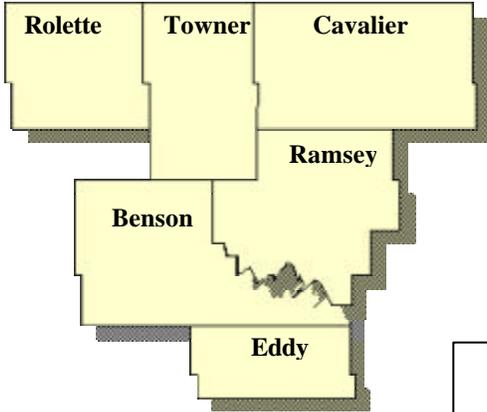
Adults

Alcohol and drug treatment was almost twice the state rate (13.81 versus 7.30). *DUI and liquor law violation*, however, was slightly below the state rate. *Drug arrests* for adults were also slightly below the state rate.²³

²² It is important to note that reservation schools may not have been included in the YRBS, and Region III included two Native American Indian Reservations – Turtle Mountain, Turtle Mountain Band of Chippewa and Fort Totten, Spirit Lake Tribe. Schools managed by the tribes completed their own survey and the results were not compiled with the state survey. This may have influenced overall results for Region III.

²³ Reporting of arrest data is not mandatory within North Dakota. The Bureau of Indian Affairs and tribal agencies do not report arrest data to the state.

Region III – Lake Region
Alcohol, Tobacco and Drug Indicators



Alcohol	State	Region III
*Alcohol & drug treatment (18 ⁺)	7.30	13.81 ↑
*Alcohol & drug treatment (<18)	8.52	21.55 ↑
**DUI & liquor law violations (18 ⁺)	19.56	17.91 ↓
**DUI & liquor law violations (<18)	36.35	39.38 ↑
***YRBS (Grades 9–12)		
Drank alcohol 1 ⁺ days in past 30 days	59.2%	60.8% ↑
Current drinker & 1 st drink before age 13	37.4%	32.8% ↓

Drug	State	Region III
**Drug arrests (adults)	2.45	1.34 ↓
**Drug arrests (juveniles)	4.51	2.40 ↓
***YRBS (Grades 9–12)		
Used MJ 1 ⁺ times in past 30 days	22.0%	21.4% →
Among MJ users, used before age 13	17.4%	21.1% ↑
Sniffed/inhaled glue, paint, etc. 1 ⁺ times in lifetime	15.1%	13.5% ↓
Among those who sniffed/inhaled did so before the age of 13	50.6%	49.3% ↓
Used methamphetamine 1 ⁺ times in lifetime	9.7%	8.7% ↓

***Tobacco (Grades 9–12)		
Current smokers		
Statewide	35.3%	↑
Region III	43.3%	↑
Current smoker and smoked 1 st cigarette before age 13		
Statewide	43.6%	
Region III	37.0%	↓

* Mean rate per 1,000 population (1998 – 2001) (Services delivered by regional human service centers only.)
 ** Mean rate per 1,000 population (1995 – 2000)
 *** 2001 YRBS data is reported as a percentage of respondents among grades 9–12.

Overview

The geography of Region III creates serious issues for law enforcement along the Canadian border. The high volume of transient traffic places an enormous burden on the limited law enforcement resources, and adds to the already overwhelming stress caused by the escalation of methamphetamine traffic. This is compounded by a lack of security on farms and at anhydrous ammonia distribution centers creating a situation where anhydrous ammonia is relatively easy to steal and use in the manufacture of methamphetamine. In addition, most of the other ingredients necessary to manufacture methamphetamine can be legally purchased. Busting methamphetamine labs is resource intensive and places a tremendous burden on smaller law enforcement units. The impact of illegal drugs on counties is so great that the City of Rolla and Rolette County requested funding from the state to provide a total of six additional officers.

To counter a surge in alcohol-related deaths of young people in Devils Lake, the school system facilitated a community forum to get citizens involved in addressing the issue of underage drinking. Through a series of meetings, the community has developed a draft strategic plan designed to get parents, youth and the community working together on this critical issue. Included in the efforts to curb teenage drinking was the formation of a SADD (Students Against Destructive Decisions) chapter to provide peer support to not drink or use.

Prevention Needs Analysis

Needs identified for prevention included:

- 1) Education warning teenagers of the dangers of acute alcohol poisoning.
- 2) Education for pharmacists and the medical community about the potential for drug diversion in their community.
- 3) Parental support at home for programs like "Life Skills Training".
- 4) Education must start as early as elementary school regarding tobacco and the dangers of inhalants.

Treatment Needs Analysis

Needs identified for treatment included:

- 1) Stop detoxing in jails.
- 2) Collaboration and networking services for the adult population.

Enforcement Needs Analysis

Needs identified for enforcement included:

- 1) Law enforcement comes down to two basic issues – appropriate sentencing and adequate law enforcement resources.
- 2) Discretion in sentencing is a problem.
- 3) Financial support to upgrade radios to digital service.
- 4) More resources to rural law enforcement.
- 5) Limit the sale of ephedrine.
- 6) Tougher regulations regarding the storage of anhydrous ammonia.

REGION IV: Pembina, Walsh, Nelson, Grand Forks

Introduction to the Region – Indicators of Risk

Juveniles

Six indicators for juveniles were above the state rate or percentage for Region IV. Three indicators, *current or past use of tobacco, marijuana, and methamphetamine*, were above the state percentage. In addition, three indicators, *being a current user and having used before the age of 13 for tobacco, marijuana, and inhalants*, were reported higher than the state percentage.

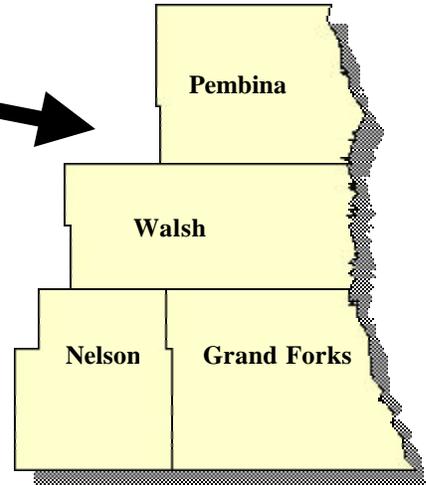
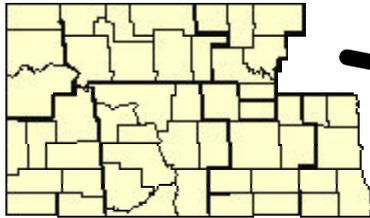
Two indicators, *DUI and liquor law violations and being a current or past 30–day user of alcohol*, fell below the state rate or percentage.

Four indicators were nearly the same – *alcohol and drug treatment for juveniles, current user of alcohol and had first drink before age 13, drug arrests, and a current or past 30–day user of inhalants*.

Adults

Among the three indicators for adults, *alcohol and drug treatment and drug arrests* were similar to the state rate. *Liquor law violations* fell below the state rate.

Region IV – Northeast
Alcohol, Tobacco and Drug Indicators



Alcohol	State	Region IV
*Alcohol & drug treatment (18 ⁺)	7.30	6.88 →→
*Alcohol & drug treatment (<18)	8.52	8.30 →→
**DUI & liquor law violations (18 ⁺)	19.56	18.06 ↓↓
**DUI & liquor law violations (<18)	36.35	33.74 ↓↓
***YRBS (Grades 9–12)		
Drank alcohol 1 ⁺ days in past 30 days	59.2%	57.7% ↓
Current drinker & 1 st drink before age 13	37.4%	38.3% →

***Tobacco (Grades 9–12)	
Current smokers	
Statewide	35.3%
Region IV	39.3% ↑
Current smoker and smoked 1 st cigarette before age 13	
Statewide	43.6%
Region IV	46.2% ↑

Drug	State	Region IV
*Drug arrests (adults)	2.45	2.91 →→
*Drug arrests (juveniles)	4.51	4.48 →→
***YRBS (Grades 9–12)		
Used MJ 1 ⁺ times in past 30 days	22.0%	24.3% ↑↑
Among MJ users, used before age 13	17.4%	24.3% ↑
Sniffed/inhaled glue, paint, etc. 1 ⁺ times in lifetime	15.1%	15.8% →
Among those who sniffed/inhaled did so before the age of 13	50.6%	62.3% ↑
Used methamphetamine 1 ⁺ times in lifetime	9.7%	14.8% ↑

* Mean rate per 1,000 population (1998–2001) (Services delivered by regional human service centers only.)
 ** Mean rate per 1,000 population (1995 – 2000)
 *** 2001 YRBS data is reported as a percentage of respondents among grades 9–12.

Overview

Several coalition-building programs are being undertaken in Region IV. The Healthy Community Coalition in the Park River area is utilizing the “asset building” approach to collectively develop programs that foster a healthy community environment for young people. In Grand Forks “The Answer” program is a community coalition with approximately 250 members, focusing on community-wide answers to substance abuse issues. Several cooperative programs utilizing law enforcement expertise are being conducted in Grand Forks schools, including the *Project Northland*, *Life Skills* program, the *Towards No Tobacco* program and the *Know Your Body* program. At the elementary level (5th grade) the district conducts the *CounterAct*.

The University of North Dakota reports the inheritance of a significant high school drinking problem with well over half of all college freshmen indicating they frequently used alcohol in high school. Several speakers urged the State to take action to make retail liquor establishments more responsible so that college students are not afforded opportunities to partake in high risk drinking activities.

Addiction is often generational in nature, and in many cases parents have problems. This creates difficult situations when juveniles undergo treatment and then are returned to an “addicted home.” Participants noted there is a gap in placement for young people. Services for rural populations are problematic in this region. It is difficult to provide services to the rural areas due to the size of the region. In addition if young people from rural communities are in residential care, distance becomes an obstacle for parental involvement in the treatment program. Treatment professionals stated that strong cravings associated with methamphetamine make relapse more likely. Aftercare often requires at least one year, and resources are seldom sufficient to ensure that much time.

Participants reported that many offenders would relapse if they had to adhere to the time limitations of insurance coverage. It was noted that drug testing is expensive and takes time because the tests must be sent out-of-state. With limited resources and increases in the number of methamphetamine addicts, some individuals are not seeing psychiatrists and not receiving antidepressants in a timely fashion. This impacts treatment because antidepressants help reduce the methamphetamine cravings during the first few weeks of treatment.

Some landlord training has occurred and provides law enforcement with more eyes in the community. Concerns were raised that there seems to be no consequence when an offender ordered to undergo an evaluation fails to report when scheduled. Individuals suggested that sometimes parole revocation might be the right answer. Sending offenders to treatment for the last 30 days of their sentence muddles the treatment process. Law enforcement officials cautioned that the legal system should be careful not to become so sympathetic to addicts that they encourage treatment over prison. At some point treatment is not the answer and people need to go to jail.

Juvenile drug court is proving to be effective, in part, because of its high accountability, multiple drug screens, regular reporting requirements and requiring the addicts to set their own goals for sobriety. Preliminary statistics suggest a reduction in recidivism. Juvenile drug court, however, is also resource intensive, and federal funding for the program is scarce.

Prevention Needs Analysis

Needs identified for prevention included:

- 1) Education must start as early as elementary school to be effective.
- 2) Special programs for families with histories of substance abuse.
- 3) Options for obtaining less expensive drug test results.
- 4) Landlord training and retail training.
- 5) More coordination with the university system.
- 6) Retail liquor community needs to be encouraged to be more responsible in carding policies and sales to college students.

Treatment Needs Analysis

Needs identified for treatment included:

- 1) More facilities for juvenile treatment.
- 2) Address the needs of treatment of juveniles from rural areas.
- 3) Programs that recognize the special needs of methamphetamine addicts.
- 4) Resources to cover extensive aftercare programs.
- 5) More flexibility with insurance coverage for addiction treatment.
- 6) Availability of psychiatric resources to ensure timely diagnosis of depression issues.

Enforcement Needs Analysis

Needs identified for enforcement included:

- 1) More resources for juvenile drug court.
- 2) Hold offenders accountable for their actions.
- 3) A more careful analysis of which offenders should undergo treatment and which should stay in jail.

REGION V: Steele, Traill, Cass, Ransom, Sargent, Richland

Introduction to the Region – Indicators of Risk

Juveniles

Only one indicator, *current or past 30 day marijuana user*, was above the state percentage for Region V. Six indicators fell below and five were nearly the same as the state rate. While the percentage of *current juvenile marijuana users* was slightly above the statewide percentage and *DUI & liquor law violations* were slightly below the state rate, *alcohol and drug treatment for juveniles* was below the state rate.

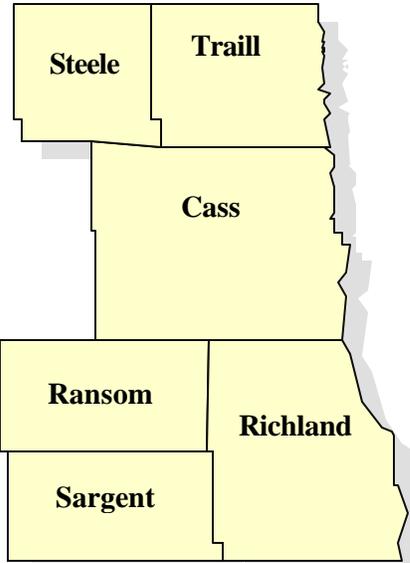
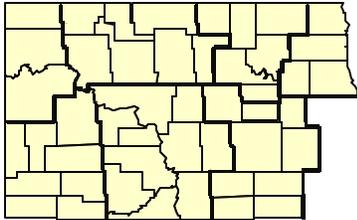
Indicators falling below the state rate or percentage included *alcohol and drug treatment for juveniles, current or past 30 day use of alcohol, inhalants; and current user and used before the age of 13 for tobacco, marijuana, and inhalants*.

Five indicators remained nearly the same as the statewide rate, including *DUI and liquor law violations, drug arrests, and current or past 30–day user of tobacco or methamphetamine, and currently using alcohol and had first drink before age 13*.

Adults

DUI and liquor law violations for adults living in Region V were above the state rate, while *alcohol and drug treatment* fell below the state rate. Drug arrests were similar to the state rate.

Region V – Southeast
Alcohol, Tobacco and Drug Indicators



Alcohol	State	Region V
*Alcohol & drug treatment (18 ⁺)	7.30	5.03 ↓↓
*Alcohol & drug treatment (<18)	8.52	6.37 ↓↓
**DUI & liquor law violations (18 ⁺)	19.56	20.98 ↑↑
**DUI & liquor law violations (<18)	36.35	35.36 →
***YRBS (Grades 9–12)		
Drank alcohol 1 ⁺ days in past 30 days	59.2%	56.9% ↓
Current drinker & 1 st drink before age 13	37.4%	37.4% →

*****Tobacco (Grades 9–12)**

Current smokers		
Statewide	35.3%	
Region V	35.1%	→
Current smoker and smoked 1 st cigarette before age 13		
Statewide	43.6%	
Region V	40.0%	↓

Drug	State	Region V
**Drug arrests (18 ⁺)	2.45	2.55 →
**Drug arrests (juveniles)	4.51	5.44 →
***YRBS (Grades 9–12)		
Used MJ 1 ⁺ times in past 30 days	22.0%	23.8% ↑
Among MJ users, used before age 13	17.4%	16.0% ↓
Sniffed/inhaled glue, paint, etc. 1+ times in lifetime	15.1%	12.7% ↓
Among those who sniffed/inhaled did so before the age of 13	50.6%	47.9% ↓
Used methamphetamine 1 ⁺ times in lifetime	9.7%	9.8% →

* Mean rate per 1,000 population (1998 – 2001) (Services delivered by regional human service centers only.)
 ** Mean rate per 1,000 Population (1995 – 2000)
 *** 2001 YRBS data is reported as a percentage of respondents among grades 9–12.

Overview

Region V is home for Fargo and the surrounding areas. The Fargo school district utilizes school resource officers in middle and senior high schools and programs like *Character Counts* and *DARE* in its prevention efforts. Prevention efforts in the rural areas include the formation of *Generations Connection* a Casselton-based coalition working with youth and adults on underage substance abuse issues. The group emphasizes the importance of role modeling, and also sponsors a variety of programs.

Law enforcement officials indicate the importation of ecstasy into the market is causing new concerns in the Fargo area. Another disturbing trend is methamphetamine dealers arming themselves, and the resulting increase in drug-related violence. Prosecutors note most methamphetamine cases involve either conspiracy or attempt theories and are difficult to prosecute because of the complexity. It was suggested that prosecutions would be easier if it was a felony to possess anhydrous ammonia in a non-approved container. They also discussed the problems early release is placing on probation officers who have seen a steady increase in the number of cases they must handle. Law enforcement expressed concerns that offenders are not afraid to get caught because they know they will be released.

Treatment providers discussed the need to increase the flexibility of treatment options while not jeopardizing insurance coverage. Professionals are concerned about the impact of methamphetamine in homes with children, noting that some babies have tested positive for the substance. The growth in the methamphetamine problem parallels the growing need for foster care for longer periods of time. Several individuals emphasized the importance of drug testing as an important deterrent.

Prevention Needs Analysis

Needs identified for prevention included:

- 1) A network or coordinated effort to ensure that resources are being effectively used.
- 2) Programs that help parents understand the serious nature of alcohol abuse and encourage them to have open discussions regarding legal and illegal substances.
- 3) Programs that help young people develop self-esteem and tools for combating peer pressure.
- 4) Programs to educate hotel/motel owners and staff, landlords and retailers about the manufacture of methamphetamine.
- 5) Training for physicians on the diagnosis of symptoms of abuse.
- 6) A reliable source of drug testing kits.
- 7) Programs for young people with consistent and constant messages.
- 8) School resource officers in each school.

Treatment Needs Analysis

Needs identified for treatment included:

- 1) Extended, secure detox services to deal with the increase in methamphetamine cases.
- 2) Expansion of treatment options.
- 3) Supportive and secure residential facilities.

Enforcement Needs Analysis

Needs identified for enforcement included:

- 1) Consistent and coordinated law enforcement efforts.
- 2) More training for dealing with methamphetamine labs and specialized equipment.
- 3) Make it a felony to possess anhydrous ammonia in a non-approved container.
- 4) An evaluation of the balance between mandatory minimum sentencing and the early release program.
- 5) A statute allowing for the enhancement of a drug offense when guns are present.
- 6) Aggressive pursuit of asset forfeiture.
- 7) Detention centers for young people in rural areas.

**REGION VI:
Wells, Foster, Griggs, Stutsman, Barnes,
Logan, Lamoure, McIntosh, Dickey**

Introduction to the Region – Indicators of Risk

Juveniles

Only two indicators were above the statewide percentage in Region VI – *current user and used before the age of 13 for alcohol and inhalants*. Seven indicators were below and three were nearly the same as the statewide rate or percentage.

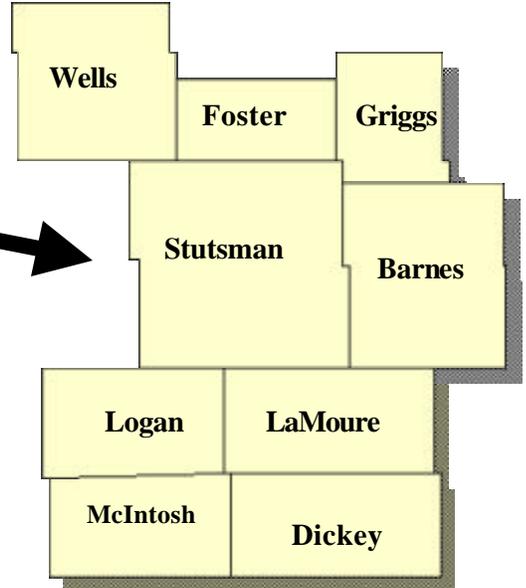
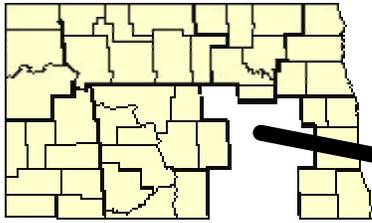
Indicators for *alcohol and drug treatment, drug arrests, current or past 30–day users of tobacco, marijuana, inhalants, and methamphetamine* were all below the statewide rate or percentage.

Three indicators remained nearly the same as the statewide percentage – *use of alcohol or tobacco in the past 30 days and a current marijuana user and used before the age of 13*.

Adults

Among adults, *drug arrests and alcohol related arrests* were about the same as the state rate. However, *treatment services* for adults living in Region VI was above the state rate (10.45 versus 7.30).

Region VI – South Central
Alcohol, Tobacco and Drug Indicators



Alcohol	State	Region VI
*Alcohol & drug treatment (18 ⁺)	7.30	10.45 ↕
*Alcohol & drug treatment (<18)	8.52	7.18 ↓
**DUI & liquor law violations (18 ⁺)	19.56	18.70 →
**DUI & liquor law violations (<18)	36.35	35.49 →
***YRBS (Grades 9–12)		
Drank alcohol 1 ⁺ days in past 30 days	59.2%	59.4% →
Current drinker & 1 st drink before age 13	37.4%	38.7% ↗

***Tobacco (Grades 9–12)	
Current smokers	
Statewide	35.3%
Region VI	29.5% ↓
Current smoker and smoked 1 st cigarette before age 13	
Statewide	43.6%
Region VI	43.1% →

Drug	State	Region VI
**Drug arrests (adults)	2.45	1.81 ↘
**Drug arrests (juveniles)	4.51	2.88 ↘
***YRBS (Grades 9–12)		
Used MJ 1 ⁺ times in past 30 days	22.0%	14.3% ↓
Among MJ users, used before age 13	17.4%	17.9% →
Sniffed/inhaled glue, paint, etc. 1 ⁺ times in lifetime	15.1%	11.4% ↓
Among those who sniffed/inhaled did so before the age of 13	50.6%	54.0% ↑
Used methamphetamine 1 ⁺ times in lifetime	9.7%	7.6% ↓

* Mean rate per 1,000 population (1998 – 2001) (Services delivered by regional human service centers only.)
 ** Mean rate per 1,000 population (1995 – 2000)
 *** 2001 YRBS data is reported as a percentage of respondents among grades 9–12.

Overview

Professionals from Region VI encouraged the State to look at the big picture when it comes to substance abuse. They emphasized that rather than build jails for addicts, it is less expensive to take care of treatment needs by providing adequate treatment resources. Treatment providers indicated alcohol is still the drug of choice among adolescents. One snapshot in time of an adolescent treatment program in Jamestown revealed the following preference of substances among its participants: 100% abused alcohol; 97% abused marijuana; 59% abused over-the-counter drugs; 34% abused methamphetamine; and 44% abused Ritalin. Interestingly, inhalants used to serve as the threshold, but over-the-counter drugs now serve as the introductory drug. It is believed that ecstasy will soon become the trendsetter as the fastest growing drug. There are also efforts in the community to curb access to over-the-counter drugs.

The Jamestown community has formed a coalition of citizens concerned about substance abuse. They are developing an action plan that will 1) provide youth with refusal skills; 2) encourage parents to talk about drugs and reinforce the message at home; 3) promote the role of fathers in the family; and 4) encourage prevention education at an earlier age. In general the public needs to understand that alcohol, especially beer, is a major issue for families. They also need to recognize that tobacco is a threshold drug costing society millions of dollars every year.

Prevention Needs Analysis

Needs identified for prevention included:

- 1) Educate parents that today's drugs are not the drugs of yesterday. Young people need to understand that smoking marijuana is not normal just because parents did it when they were young.
- 2) Educate storeowners about the dangers of over-the-counter drugs and the ingredients commonly used to manufacture methamphetamine.
- 3) Reinforce communications between law enforcement and prevention specialists.
- 4) Develop a working model where the schools and parents discuss things like tardies/absentism and slipping grades at an earlier stage.
- 5) Education regarding the impact of prenatal exposure to methamphetamine, and impact to children exposed to chemicals in homes where methamphetamine is manufactured.

Treatment Needs Analysis

Needs identified for treatment included:

- 1) Recognize dual diagnosis issues.

- 2) Insurance coverage for necessary treatment that may require longer periods of time.
- 3) Higher Education and Job Service need to be part of the picture in order to answer some of the problems facing addicts in recovery.
- 4) Residential treatment opportunities.
- 5) Adequate treatment time for methamphetamine addiction or immediate relapse occurs

Enforcement Needs Analysis

Needs identified for enforcement included:

- 1) Do not let first time offenders slip through the cracks.
- 2) More resources to rural law enforcement.

REGION VII

McLean, Sheridan, Mercer, Oliver, Burleigh, Kidder, Morton, Grant, Sioux, Emmons

Introduction to the Region – Indicators of Risk

Juveniles

Region VII reported six indicators above, three nearly the same and three below the state rate or percentage. *Alcohol indicators for current past 30–day users and current user and used before age 13*, were higher among juveniles grades 9–12 living in Region VII. In addition, *alcohol related arrests* were also higher than the state rate (41.73 versus 36.35). *Treatment for alcohol and drug addiction services* was only slightly above the state rate (less than 1). *Drug arrests* were also above the state rate (6.91 compared to 4.51).

Current past 30–day use of tobacco and marijuana were also above the statewide percentage while *inhalant and methamphetamine users* fell below the statewide percentage.²⁴

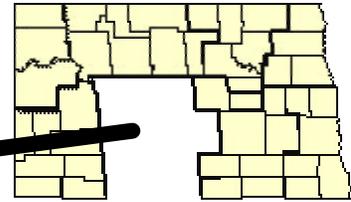
Adults

Among adults, only *alcohol related arrest* indicators for Region VII were higher than the state rate at 21.12 versus 19.56 per 1,000 population. *Drug arrest and treatment* indicators were nearly the same as the state rate.²⁵

²⁴ This region also included one Native American Indian Reservation – Standing Rock, Standing Rock Sioux Tribe. Schools managed by the Tribe may not have been included in the YRBS. Schools operated by the tribe completed their own survey and the results were not compiled with the state survey. This may have influenced the overall results for Region VII.

²⁵ Reporting of arrest data is not mandatory within North Dakota. The Bureau of Indian Affairs and tribal agencies do not report arrest data to the state.

Region VII – West Central
Alcohol, Tobacco and Drug Indicators



*****Tobacco (Grades 9–12)**

Current smokers
 Statewide 35.3% ↑
 Region VII 39.2%

Current smoker and smoked 1st cigarette before age 13
 Statewide 43.6%
 Region VII 43.3% →

Drug	State	Region VII	
**Drug arrests (adults)	2.45	3.33	↑
**Drug arrests (juveniles)	4.51	6.91	↑
***YRBS (Grades 9–12)			
Used MJ 1 ⁺ times in past 30 days	22.0%	24.6%	↑
Among MJ users, used before age 13	17.4%	15.3%	↓
Sniffed/inhaled glue, paint, etc. 1 ⁺ times in lifetime	15.1%	13.0%	↓
Among those who sniffed/inhaled did so before the age of 13	50.6%	42.3%	↓
Used methamphetamine 1 ⁺ times in lifetime	9.7%	9.9%	→

Alcohol	State	Region VII	
*Alcohol & drug treatment (18 ⁺)	7.30	7.36	→
*Alcohol & drug treatment (<18)	8.52	9.39	→
**DUI & liquor law violations (18 ⁺)	19.56	21.12	↑
**DUI & liquor law violations (<18)	36.35	41.73	↑
***YRBS (Grades 9–12)			
Drank alcohol 1 ⁺ days in past 30 days	59.2%	62.3%	↑
Current drinker & 1 st drink before age 13	37.4%	38.5%	↑

* Mean rate per 1,000 population (1998 – 2001) (Services delivered by regional human service centers only.)
 ** Mean rate per 1,000 population (1995 – 2000)
 *** 2001 YRBS data is reported as a percentage of respondents among grades 9–12.

Overview

The Bismarck school district and Bismarck police department have partnered to continue the school resource officer program. The officers cover high schools and middle schools in the community. Officers spend 75% of their time in schools and also provide a variety of education programs. Community leaders identified alcohol and marijuana as the main problem in the community. They noted that methamphetamine is a growing problem that has caused them to focus on several festering issues ... one of which is the draw of addiction versus the fear of prosecution. As the community combats substance abuse it was noted that there seems to be a lack of understanding regarding the focus of the other disciplines, i.e. prevention, treatment and enforcement. It was suggested that more be done to coordinate the efforts of the three disciplines. Members of the community have formed a community coalition to coordinate prevention programming, and the City of Bismarck has formed a task force to develop education strategies on methamphetamine abuse.

Treatment issues were discussed, noting that while outpatient treatment makes treatment affordable and keeps people in their surroundings, there is a need for a residential component. Several individuals raised concerns about the need for more residential treatment facilities, and the need for more juvenile services. Testimony was presented about universities in other states that offer special recovery programs for students. The need for similar programs at colleges in North Dakota was emphasized.

Prevention Needs Analysis

Needs identified for prevention included:

- 1) Simple, low-cost testing tools made available to parents.
- 2) Education at the elementary level.
- 3) Statewide coordination of a mentoring infrastructure.

Treatment Needs Analysis

Needs identified for treatment included:

- 1) Treatment options for people who are not in the criminal justice system ... residential facilities
- 2) Recovery programs at colleges, including recovery dorms, counselors, AA meetings, and recovery programming.
- 3) Program to deal with children exposed to toxic chemicals used in the manufacture of methamphetamine.
- 4) Affordable and flexible insurance coverage.

Enforcement Needs Analysis

Needs identified for enforcement included:

- 1) More law enforcement resources.
- 2) Training to ensure the proper handling of toxic chemicals.
- 3) Address the issue of addiction to methamphetamine versus the fear of prosecution ... the penalties are not enough.

REGION VIII

Billings, Dunn, Stark, Golden Valley, Slope, Hettinger, Bowman, Adams

Introduction to the Region – Indicators of Risk

Juveniles

Six indicators for Region VIII were above the state rate or percentage. *Alcohol related arrests, current 30–day past user of alcohol* were higher among juveniles in Region VIII, while *current user of alcohol* and *first drink before age 13* were about the same as the state percentage. In comparison, *alcohol and drug treatment* indicators were substantially above the state rate (4.45 people per 1,000 population more than the state rate of 8.52).

Having used methamphetamine in ones lifetime, being a current past 30–day user of tobacco, and being a current user of marijuana and having used before age 13 were also higher among juveniles living in Region VIII as compared to the state.

Drug arrests, current past 30–day marijuana and inhalant user indicators were lower than the state rate or percentage. *Being a current smoker and smoking before the age of 13* were also lower than the statewide percentage.²⁶

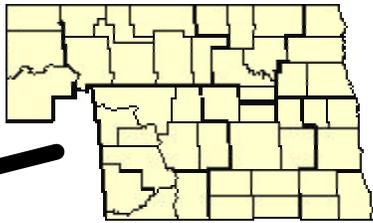
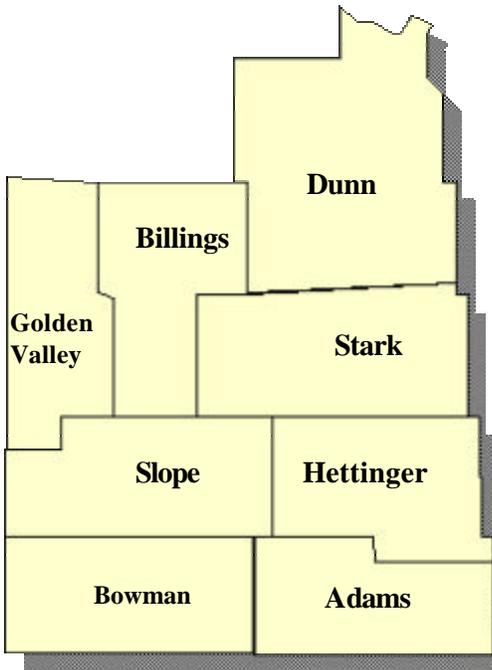
Adults

Among adults, *drug and alcohol related arrest* indicator were lower than the state rate per 1,000 population. The *alcohol and drug treatment* rate was slightly higher.²⁷

²⁶ The Three Affiliated Tribes of the Fort Berthold Indian Reservation is partially located in Region VIII. Schools managed by the tribe may not have been included in the YRBS. Schools operated by the tribe completed their own survey and the results were not compiled with the state survey. This may have influenced the overall results for Region VIII.

²⁷ Reporting of arrest data is not mandatory within North Dakota. The Bureau of Indian Affairs and tribal agencies do not report arrest data to the state.

Region VIII – Badlands
Alcohol, Tobacco and Drug Indicators



Alcohol	State	Region VIII	
*Alcohol & drug treatment (18 ⁺)	7.30	8.85	↑↑
*Alcohol & drug treatment (<18)	8.52	12.97	↑
**DUI & liquor law violations (18 ⁺)	19.56	17.50	↓
**DUI & liquor law violations (<18)	36.35	41.27	↑
***YRBS (Grades 9–12)			
Drank alcohol 1 ⁺ days in past 30 days	59.2%	66.2%	↑
Current drinker & 1 st drink before age 13	37.4%	38.2%	→

Drug	State	Region VIII	
**Drug arrests (adults)	2.45	1.21	↓↓
**Drug arrests (juveniles)	4.51	2.42	↓
***YRBS (Grades 9–12)			
Used MJ 1 ⁺ times in past 30 days	22.0%	19.5%	↓
Among MJ users, used before age 13	17.4%	25.8%	↑
Sniffed/inhaled glue, paint, etc. 1 ⁺ times in lifetime	15.1%	15.3%	→
Among those who sniffed/inhaled did so before the age of 13	50.6%	48.0%	↓
Used methamphetamine 1 ⁺ times in lifetime	9.7%	12.3%	↑

***Tobacco (Grades 9–12)		
Current smokers		
Statewide	35.3%	↑
Region VIII	38.4%	↑
Current smoker and smoked 1 st cigarette before age 13		
Statewide	43.6%	
Region VIII	39.5%	↓

* Mean rate per 1,000 population (1998 – 2001) (Services delivered by regional human service centers only.)
 ** Mean rate per 1,000 population (1995 – 2000)
 *** 2001 YRBS data is reported as a percentage of respondents among grades 9–12.

Overview

Region VIII participants summarized substance abuse issues in the area with two key observations ... 1) alcohol is the number one problem with adults and youth and 2) tobacco usage is a gateway drug with 13 as the average age of first use in the region. Local statistics suggest an increase in alcohol violations and a corresponding increase in alcohol-related juvenile visits to emergency rooms, automobile accidents and domestic violence reports. An increase in prescription drug use was noted. Law enforcement discussed the frustration of dealing with offenders who are not afraid of the penalties. Consequently, it is difficult to convince them to be part of the solution. Concern was expressed regarding the need for a detox facility.

Schools participate in *Project Northland* with classes beginning in the 6th grade. As in other areas, there is low attendance at parent education programs. It was suggested that to be successful, prevention needs to be delivered to the parents where they work, where they pray or where they stay. Some prevention programs are being done at the 4th grade level, but the message sometimes clashes with the actions of the parents causing children to not understand the message. Sunrise Youth Bureau provides a law enforcement presence in the schools. The school system also has a Teen Action Group where young people sign pledges to be substance free. Members conduct education programs for peers and younger children.

Treatment providers discussed the six-week outpatient program and the new adolescent treatment program. As in other areas, multi-generational abusers are common in the region. The lack of a residential facility or inpatient facility for juveniles was raised as an important issue. Presently young people must be transported to Minot, Williston or Billings. Often law enforcement is involved in the transport to these facilities and that has a significant impact on resources.

Prevention Needs Analysis

Needs identified for prevention included:

- 1) Statewide program directed at providing parents with basic parenting skills for dealing with substance abuse.
- 2) Education at the elementary level.
- 3) Parent education needs to be brought to parents.

Treatment Needs Analysis

Needs identified for treatment included:

- 1) Detox center for juveniles that is safe and where screening can be done.
- 2) Residential facility.

Enforcement Needs Analysis

Needs identified for enforcement included:

- 1) Encourage the use of crime stopper type programs to get citizens to provide information to law enforcement.
- 2) More law enforcement support in the Southwestern portion of the state.

Native American Information

Overview

Editor's note: *In addition to receiving information at Commission meetings and the regional public forums, the Commission also held a special public forum on tribal issues at the Standing Rock Reservation. Representatives from each tribe were in attendance along with more than 25 young people. In light of the varying degree of representation of different disciplines from each reservation, this overview presents a composite of all information presented during the Commission's study.*

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 life styles. 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.

It was reported that smoking and experimentation with inhalants start in elementary school. Traditionally, tobacco played a role in Native American religion and medicine, but today tobacco has lost its sacredness because many Native people have lost the understanding of its traditional purpose. Its daily habitual use has caused tobacco to become a health hazard. To overcome tobacco abuse on the reservation the level of awareness must be raised. Education programs need to focus on the dangers of tobacco and inhalants at an earlier age. The need for more Native American role models to serve as teachers at schools and as youth counselors on the reservations was identified.

Young adults from several tribes were present at the forum. Several of the young people identified the importance of family support in facilitating their decision to stay alcohol and drug free. They identified the need for: 1) more positive after-school activities, such as indoor swimming pools; 2) resources for young people who exhibit mental health issues, like depression; 3) support groups or more trained adults to help juveniles understand the importance of staying drug-free when a family is dysfunctional and substance abusive; 4) safe school environments which include methods for discovering drug and alcohol use in the schools or on school property and no tolerance policies for the threat of or actual physical harm to students while in school; 5) education

opportunities for youth to become acquainted with law enforcement; 6) opportunities to learn tribal culture and history; and 7) more groups like the United Dakota Youth Council which provides support for tribal youth through regular meetings and community improvement projects. In response to these comments, Turtle Mountain law enforcement indicated they have implemented a school resource officer program. School officials noted they also use a canine unit for drug searches on school property. They also explained the school district's no tolerance policy as including expulsion for anyone caught with drugs or alcohol or for selling. Through an informal cooperative agreement with other schools in the surrounding area, students expelled from one school for violating the no tolerance rule are not allowed to enroll in neighboring schools. The Belcourt School District #7 also recently received a three-year grant to hire three drug and alcohol counselors for the school. They also discussed the "Even Start" program – a support program for families. This program includes three professionals who provide support and education for parents on a semi-individual basis.

Observations were shared at the meeting that reservation communities do not have adequate prevention and intervention available for young people. For example, the Spirit Lake Nation has one adolescent addiction counselor for the entire reservation. This is particularly troublesome in light of the report that methamphetamine abuse is growing on the reservations. Representatives from Standing Rock noted similar concerns. At Belcourt, two programs have shown signs of success – the *Sacred Child Project* and a mentoring program. The success may be related to the fact that the programs go straight into the home and provide young people with individual attention. Turtle Mountain also has an emergency shelter for adolescents, but it has trouble handling the high demand as it provides services for youth not only from Turtle Mountain, but also from Spirit Lake. Many of the young people staying at the shelter have substance abuse issues. Federal services for substance abuse issues are not adequate. Representatives from Three Affiliated Tribes echoed these concerns, emphasizing the need for prevention resources, including a culturally sensitive prevention curriculum for schools and funding for intervention. The real need is funding to hire people to do the training and the prevention advocacy. Three Affiliated also reported having a low-intensity, day treatment program and six licensed addiction counselors, but stated these resources do not handle the overall need.

Spirit Lake has an adult treatment facility operated in conjunction with the Dept. of Corrections and Rehabilitation and some federal funding. Spirit Lake representatives also noted significant issues in securing funding for youth treatment programs. An emphasis was placed on establishing a working group (or perhaps utilizing the ND Indian Counselors on Addictive Disorders) to work more closely with the State to address reservation treatment issues. Comments were received regarding the need for sustained treatment programs on the reservation. Concerns were raised that Native Americans cannot return to the reservation community because of the lack of treatment options. In addition, Native American communities were encouraged to utilize researched-based treatment models that are not only proven to be effective, but that

are also culturally responsive. Finding ways to sustain effective programs was also identified as an important goal for Native American communities.

Law enforcement in Rolette County receives Byrne grant money for two narcotics investigators. In addition to being more proactive in the field, they have developed an intelligence gathering network and database that allows for a comprehensive approach for investigations. Methamphetamine busts on the Turtle Mountain Reservation are among the highest in the state. The high number of methamphetamine lab busts is attributed to the extra investigators, not to a higher incidence of methamphetamine use on this particular reservation. Law enforcement believes that if each reservation had more investigators, more lab busts would occur on each reservation. Law enforcement and school officials from Turtle Mountain reported increasing cooperation and collaboration between the two groups to fight substance abuse issues.

Dysfunctional families are adding to the strain placed on the juvenile justice system. Representatives from Spirit Lake emphasized the need for parents to play a greater role when juveniles are in the system. Parents should be required to participate in the process in order to foster the redevelopment of the family and the parent/child relationship.²⁸ They also encouraged legislators and tribal leaders to improve laws and penalties for parents (or adults) contributing to minors. On some of the reservations, law enforcement resources are so overwhelmed with adult crime they have trouble dealing with juvenile criminal (and abuse) issues. When law enforcement is not able to focus on juvenile activities, juveniles are left in an environment with no consequences for their activities, and the criminal spiral begins.

Prevention Needs Analysis

Needs identified for prevention included:

- 1) An understanding of how the traditional role of tobacco in Native American culture has changed and has now become a health hazard.
- 2) Education must start as early as elementary school regarding tobacco and the dangers of inhalants.
- 3) Sustainable, effective, and culturally sensitive prevention programs for Native American communities.
- 4) Coordination of statistics on substance abuse and law enforcement efforts between the State and the tribes.
- 5) Resources to support the healing of dysfunctional families.
- 6) Funding to hire prevention staff.
- 7) After-school activities for youth, including the support structure for youth groups focusing on abstinence and community projects.

²⁸ Information regarding the issues facing the Spirit Lake reservation is included at Attachment I.

Treatment Needs Analysis

Needs identified for treatment included:

- 1) Adequate and available treatment for youth and the Native American community.
- 2) More support and collaboration between tribes and with the state to address treatment issues.
- 3) Dialogue between federal, state and tribal leaders regarding improved funding mechanisms for treatment support and infrastructure.

Enforcement Needs Analysis

Needs identified for enforcement included:

- 1) More resources dedicated to prevention and investigation.
- 2) Focus on juvenile crimes and substance-related issues.
- 3) School resource officer programs.

RECOMMENDATIONS

A. PREVENTION

1. School programs are important, but only a part of the prevention formula.

A school's main work is to educate and provide students with academic success. The new "No Child Left Behind" legislation holds schools accountable for academic achievement. Schools can provide the following:

- Mentoring – older children to younger children with adult guidance.
 - Encourage the use of SADD (Students Against Destructive Decisions) Chapters to create a positive environment for no–use.
 - Can be used as an AA/Al–Anon group.
 - Used for reintegration of youth that have gone through treatment.
 - Positive peer group of non–users.
 - Develop plans and policy for reintegration of youth after treatment.
 - Educate teachers to identify “youth at risk” early.
 - Educate students and school staff for key underlying issues of balanced life and self–esteem.
 - Promote student and staff respect and character.
 - Promote research–based prevention practices and curriculums. Include:
 - Recognition of tobacco as a gateway drug
 - The importance of never experimenting with methamphetamine or other “club scene” drugs
 - Promote school security officers.
 - Another professional on staff to assist with difficult situations.
 - Law enforcement has the opportunity to establish relationships with youth.
2. Coordinate between the tribal governments and the State to ensure consistent incorporation of the YRBS in tribal schools and to incorporate tribal YRBS statistics into the statewide statistics.
 3. Parent awareness and education about alcohol, tobacco and other drugs issues are necessary. The Commission should explore the possibilities of collaborating

with the NDSU Extension Service to use its curriculum on teaching parents about role modeling as a first step.

- Parents will become aware of the destructiveness of the status quo attitude ...
“Thank heavens it is only beer, not drugs.”
 - Parents will receive education for the early detection of problems in the children.
 - Know and understand what drugs are available and their effects.
 - Understand drug–testing kits.
 - Recognize the strong correlation of substance abuse with aggressive behaviors and other risk behaviors.
4. Explore options for the types of programs available under existing federal prevention grant funding to enhance prevention programs on the reservations.
5. School/community connections are imperative to good prevention programs.
- Community coalitions, either school or community driven, are essential for a united effort toward prevention.
 - In the communities with smaller populations, one coalition for community and school prevention efforts with sub teams in specific risk areas will unite the efforts without over taxing the efforts of just a few leaders.
 - Show children that they are loved, wanted and appreciated.
 - Children are integral members of our communities; therefore their problems are not just the responsibility of the parents or school.
 - Find ways to promote respect and help understand cultural diversity.
 - Raise the consciousness of the community about alcohol, tobacco and other drug issues.
 - There is a need to change what the community is willing to accept as normal behavior and attitudes toward alcohol and tobacco use.
 - Be aware of sending youth contradicting messages.
6. Promote the implementation of the educational strategies outlined in *CDC’s Guidelines for School Health Programs to Prevent Tobacco Use*.
- Provide evidence–based tobacco prevention education in grades K–12 including program specific training for teachers.

- Implement and enforce comprehensive school policy on tobacco use.
 - Support cessation efforts among students and staff who use tobacco.
 - Involve parents or families in support of school-based programs to prevent tobacco use.
7. Support local tobacco prevention and control programs through the Community Health Grant Program.
 8. Evaluate present substance abuse programming in the higher education system to determine existing needs, what is being addressed and which areas need further support.

B. TREATMENT

1. A work group representative of the North Dakota treatment providers, both public and private, should develop a comprehensive plan to update and communicate the addiction treatment system in North Dakota.
 - Licensure standards for treatment programs should be reviewed and revised, using the most current American Society on Addiction Medicine Patient Placement Criteria (ASAM PPC) as guidance.
 - Best practices research and possible technical assistance from the Center for Substance Abuse Treatment (CSAT) should be utilized.
 - A treatment resource guide including licensure requirements should be produced, placed on a web site, and made available in print for broad distribution in the state.
 - A standardized format for public education on signs and symptoms of addiction, referral information, and current treatment approaches should be made available to a wide variety of groups throughout the state.
 - Using available research and effective treatment models, and after exploring possible funding resources, the work group should recommend the feasibility of establishing one, and possibly two, residential treatment programs specializing in the treatment of methamphetamine addiction.
2. Form a subcommittee of the Commission consisting of federal, state and tribal representatives to examine funding of substance abuse programs and related infrastructure needs on the reservations.

3. Draft legislation to realign mandated coverage for substance abuse treatment with current best practice.
4. Explore the cost, effectiveness, and resource availability for both juvenile and adult drug courts throughout North Dakota.
5. Resources should be re-allocated to develop new (and to support existing) continuing care approaches specific to the needs of adolescents newly in recovery.
6. Treatment programming designed specifically to treat persons with co-occurring addiction and mental illness should be implemented, as resources will allow.
7. Provide coverage for the treatment of nicotine dependence under both public and private insurance. Insurance plans should include as a reimbursed benefit the counseling and pharmacotherapeutic treatments identified in the Public Health Service Clinical Practice Guidelines.
8. Establish tobacco counseling and treatment programs, such as cessation-quit lines.
9. Incorporate changes in the health care system so all health care providers track tobacco as a vital sign and offer cessation counseling.
10. The Commission should coordinate meetings with the Congressional delegation, representatives from the Indian Health Services agency and tribal representatives to examine ways to enhance treatment (for both juveniles and adults) efforts on the reservations.
11. Encourage tribal programs to pursue available Medicaid reimbursement for services.
12. Explore options to enhance the licensing or certification of more addiction counselors to work in tribal programs.

C. ENFORCEMENT

1. Require the installation of locking devices on anhydrous ammonia tanks through an administrative rule process until science shows anhydrous ammonia can be neutralized as a methamphetamine precursor chemical.
2. The Office of Attorney General should seek budget enhancements to cover the cost of employing at least two additional agents for narcotics task forces.

3. Develop a continuing education curriculum for states attorneys regarding the prosecution of methamphetamine cases, and develop a program with the U.S. Attorney's Office that allows the HIDTA prosecutor to assist with prosecutions in rural areas.
4. Prepare legislation to move the crime laboratory from the Health Department to the Office of Attorney General.
5. Prepare legislation limiting the amount of ephedrine and ephedrine-related products that may be purchased from a retail establishment.
6. Continue to encourage the retail community's participation in the *Retail Meth Watch* program, and produce a "Meth Watch" training video for distribution across the state. Disseminate a similar program to landlords, farmers and hunters.
7. Prepare legislation enhancing the penalty for possession of methamphetamine when dangerous weapons are present.
8. Establish a funding mechanism to allow specialized team from urban areas to assist rural law enforcement in raids on methamphetamine labs and other specialized forces situations.
9. Enforce the illegal possession and sales of tobacco products to underage youth. Increase the penalties assessed against retailers, clerks and youth found to be non-compliant.
10. Enforce no-smoking regulations and policies by a combined effort of law enforcement, retailers and community members working together.
11. Report youth tobacco violations to schools in the same manner as alcohol and other drug violations are reported.
12. Continue to support and facilitate cooperation between federal, state and local law enforcement entities by seeking further enhancements to help fund regional narcotics task force activities.
13. Develop a standard to hold individuals accountable for the cost of remediating toxic chemical contamination caused by the careless disposal of chemical waste associated with the manufacture of methamphetamine.
14. Amend present child endangerment laws to address the safety of children living in environments where methamphetamine is manufactured.

D. OTHER RECOMMENDATIONS

1. Enhance the state's capacity to conduct research and evaluation on youth risk behaviors to assist in state and local planning. Develop a central repository for data and data evaluation. Support the criminal justice information-sharing project and encourage continued cooperation between the courts, corrections, law enforcement, state's attorneys and the state to develop a statewide comprehensive information sharing system.
2. Coordinate efforts among the ND Commission on Drugs and Alcohol, Healthy North Dakota Initiative and other related tobacco, alcohol, and drug plans.
3. The government alone cannot solve the drug and alcohol problems facing the State of North Dakota. State agencies involved with substance abuse issues should continue to facilitate existing efforts at the local level involving schools, community coalitions, mentoring organizations (such as Big Brothers/Big Sisters), churches and other local organizations. An emphasis should be placed on developing new opportunities to expand collaborative efforts encouraging community coalitions.

Action Plan

All too often plans are developed, publicized and laid to rest on a shelf. Unique to this plan is the fact that the Commission intends to continue its work after the Legislative Session has adjourned. During the interim, Commission members will encourage legislators to adopt the legislative proposals recommended in the plan. These initiatives include:

- ? Rules requiring the installation of locking devices on all anhydrous ammonia tanks.
- ? An increase in the Office of Attorney General's appropriation to add at least two additional agents for narcotics task forces.
- ? A bill moving the crime laboratory from the Department of Health to the Office of Attorney General.
- ? A bill limiting the amount of ephedrine and ephedrine-related products that may be purchased from a retail establishment.
- ? A bill enhancing the penalty for possession of methamphetamine when dangerous weapons are present.
- ? A bill realigning mandated coverage for substance abuse treatment with current best practices.
- ? A bill establishing a funding mechanism to allow specialized teams from urban areas to assist rural law enforcement raids on methamphetamine labs and other specialized forces situations.
- ? A bill amending present child endangerment laws to address the safety of children living in environments where methamphetamine is manufactured.
- ? A bill establishing the criminal justice information sharing board and encouraging the development of a central repository for criminal justice information (SB 2041).

Once the session has adjourned the Commission will begin its second phase, which will include work on each of the remaining recommendations. Among the many items included in the next phase will be an in-depth examination of funding sources to combat substance abuse, parameters for spending and new funding opportunities. The group will also enter into discussions with tribal leaders about treatment and prevention funding options, statistical reporting and licensing of addiction counselors. In addition, the Commission will facilitate the efforts of a special work group tasked with developing a comprehensive plan to update the addiction treatment system in North Dakota.