



OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP)
TRIBAL METHAMPHETAMINE SUMMIT

AUGUST 1, 2007
SHERATON CRESCENT HOTEL
PHOENIX, ARIZONA

COMPILATION OF PRELIMINARY RECOMMENDATIONS, PRIORITIES AND ACTION PLANS





ONDCP Tribal Methamphetamine Summit

Convened in consultation with: Office of Justice Programs (OJP)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Bureau of Indian Affairs (BIA)
National Congress of American Indians (NCAI)
& Coordinated by: National Alliance for Model State Drug Laws



BACKGROUND

On August 1, 2007, the White House Office of National Drug Control Policy (ONDCP), in coordination with the National Alliance for Model State Drug Laws (NAMSDL), convened a Tribal Methamphetamine Summit in Phoenix, Arizona. The Summit was convened in consultation with the Office of Justice Programs (OJP), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Bureau of Indian Affairs (BIA) and the National Congress of American Indians (NCAI).

The three objectives of the Summit were to identify Tribal priorities for combating methamphetamine, to highlight key Tribal best practices and to develop specific action plans to address methamphetamine in Indian Country (see Appendix A–Agenda). Over 300 Summit participants divided into five facilitated working groups to achieve these objectives (see Appendix-B). The working group topics included: Law Enforcement and Public Safety, Courts and Corrections, Intervention and Treatment, Community Strategies/Empowerment and Youth and Children.

Each facilitated working group reported out its top four or five preliminary recommendations or priorities in a plenary session. Following the reports from the working groups, federal representatives from the Office of Justice Programs (OJP), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Bureau of Indian Affairs (BIA) and ONDCP responded to the recommendations.

This Compilation outlines those key recommendations and priorities reported out at the Summit, and the remarks of the federal agency representatives responding to the report-outs. Also included are any additional recommendations, priorities, action plans and discussion points noted by the working groups in their sessions.

The preliminary recommendations and priorities represent several hours of discussion, thought and work by those Tribal representatives present at the Summit and are intended to complement existing efforts by Tribal Nations to help their communities effectively address drug and alcohol issues. It is important to note that not all Tribal Nations were represented at the Summit and that not all decision makers within Nations were able to join their colleagues on August 1. For this reason, Tribal Nations will work with NAMSDL to establish a review process to ensure that all Nations and their decision makers have an opportunity to refine, enhance and add to the preliminary recommendations which their colleagues crafted at the Summit. NAMSDL will make available through its website any such future refinements, enhancements or additions.



WORKING GROUP 1: LAW ENFORCEMENT & PUBLIC SAFETY

TOP FIVE PRELIMINARY RECOMMENDATIONS, PRIORITIES AND ACTION PLANS

- 1. Indian Law Enforcement moved under the Department of Justice (out of the Department of Interior.) Have equal footing.**
- 2. Amend the Indian Rights Act. Increase fine to \$10,000 + 5 years. Overturn the Oliphant decision as it related to the meth issues.**
- 3. Tribal Leader education on jurisdictional issues, policy, etc. and how it relates to the meth issue.**
- 4. Create a National Law Enforcement workgroup to come together with Federal/Tribal/State agencies in order to work together on jurisdictional issues.**
- 5. Expand Tribal jurisdiction to prosecute non-natives on Indian land for meth violations (relates to #2).**

ADDITIONAL RECOMMENDATIONS, PRIORITIES AND ACTION PLANS

- Identifying Resource.
- Develop task force system and share resources.
- Develop e-learning (online) system for law enforcement and for victim advocates staff.
- Identify key stakeholders and facilitate meeting, then develop long-range action plan.
- Educate federal and other agents in cultural sensitivity.
- Look into federal policy change regarding jurisdiction issues.
- Research, resources, education regarding elders and impact on elders.
- Need guidelines/codes within the department.
- Deal with foreign nationals that marry tribal members in the U.S. rather than deporting them.
- Replicate models that are already working {IE DEA clean-up (contact DEA for training for lab clean-up at Quantico)}.
- Need the federal government to disseminate information (why is this not being done).
- Certain states are not as receptive to criminal complaints as others. U.S. Assistant Attorney General's office to assist and be held accountable for prosecution within Indian Country.

- Tribal prosecutors to become designated Special Assistant U.S. Attorneys (example: Oklahoma).
- Willingness of tribal governments to enter into cooperative agreements.
- All government agencies on Indian land need to get on the same page.
- Establish integrity based investigations so that cases will be accepted by state, tribal and federal entities.

DISCUSSION POINTS

- Develop trust. See each other outside of work, in order to see each other as people.
- Share resources such as grant writers. Partner with other tribes.
- Focus on root issues of drug and alcohol problems in Indian country.
- Identify people who are motivated to work in this area and specifically trained and supervised.
- Train Tribal leaders and members on issues/health issues on meth.
- Who will do clean up of meth labs---call DEA for meth cleanup. DEA will provide training.

Environmental problems and Housing problems.

- HIDTA - High Intensity Drug Trafficking Area.
E.g., Rich Rosky 602-664-5623.
- Have a website that is available to all tribes about federal resources and everything.
- Tribal law enforcement is seen on equal playing field as Federal law enforcement at high level meetings.
- Expand Tribal jurisdiction to prosecute non-natives who are on Indian land for meth violations.
- Overcoming barriers within departments as well as outside department-work together.
- Better technology.
- National work group for Police Chiefs (all major agencies) (Federal, Tribal, State).
- Tribal leader education.
- National workgroup of tribal police chiefs to come together and work with federal agencies on jurisdictional issues (law enforcement issues in general).
- Tribal leader education on jurisdictional issues and policy, etc.
- Be more specific on issues they want changed, or what is the obstacle and what's needed (Model legislation).
- Allocate funding to use Native American people in advertising, media, curricula.
- Other agencies have/take equal responsibility for this problem.
- That tribal law enforcement is seen on equal playing field as federal law enforcement at high level meetings.



- Need assistance from immigration officers coming into Indian country to help with illegal immigrants----for border patrol to come get detainees.
- Expand tribal jurisdiction to prosecute non-natives who are on Indian land for meth violations.
- Cross designation/deputization allowing for seizure of property across Indian land to dismantle the meth organization/on and off Indian land.
- Consistent nationwide policy from the U.S. Attorney General's office.
- More conferences for "people who are laying the ground work" to have voice heard by the federal government.
- How to better access resources for better technology in order to share information with other tribes in a more effective way.
- Strengthen information/sharing intelligence between agencies.
- Memorandums of understanding in simple legal language.
- Educate people in own language so they understand what the drug is.
- Overcoming barriers within departments as well as outside department in order to work together more effectively.



WORKING GROUP 2: COURTS AND CORRECTIONS

TOP PRELIMINARY RECOMMENDATIONS – ALL EQUAL PRIORITIES

- **Money-Block grant, money that tribes decide how to spend, maximize current dollar.**
- **Community crafted correctional/multifunctional rehabilitation facilities.**
- **Public Safety Resources are inadequate and need to be increased (fire, police, corrections and courts, justice system resources, equipment, etc.).**
- **Understand that each Indian Nation is individual and has different needs, and government should respect, honor and support each Nation.**
- **Who's responsible? Government timeline – plan would be available within six months; substantial compliance in the 09 budget.**

ADDITIONAL PRIORITIES

- Full Jurisdictional Authority: Overturn Oliphant.
- Community block funding: let community decide how to spend money.
- Maximize current money and services.
- Indian Law Enforcement moved under Department of Justice (out of Department of Interior) EQUAL FOOTING.
 - Amend the Indian Self-Determination and Educational Assistance Act to authorize Department of Justice to enter into self-determination self-government compacts or contracts.
 - Present to the Senate Select Committee on Indian Affairs (Congressman from ND is Chair) Senator Byron Dorgan.
 - Make Assistant Secretary of Indian Affairs aware. Also make the Federal Attorney General aware.
 - All tribes would need to champion this change.

- Amend the Indian Rights Act----Increase fine to \$10,000 and 5 years. Overturn Oliphant decision.
 - “Legislative fix”-sponsor for legislation and support from administrations.
 - Start with committees that have jurisdictions over tribes.
 - National Congress of American Indians (NCAI) to “champion” this issue.
 - To start working on this as it relates to the meth issue.
- Tribal leader education on jurisdictional issue and policy, etc as it relates to the meth issue.
 - Get them involved – invite the tribal leaders.
 - Present at the National Tribal Chairman’s Association-a representative from law enforcement, courts or corrections will present.
 - Develop a work group to work on expanding Tribal jurisdiction to prosecute non-natives (see below).
 - Identify key tribal leaders and present them with specific problems and to the solutions.
- National law enforcement workgroup to come together with federal, tribal, and state agencies in order to work on jurisdictional issues.
 - Leave politicians at home-this is to be for those working in the field.
 - Taken to existing organizations to further action.
- Expand Tribal jurisdiction to prosecute non-natives on Indian land for meth violations.
 - Tribal councils review and submit to BIA for approval.
 - Ultimate goal to go to Congress for change.
 - Tribes need to have their own jurisdiction to prosecute for meth violations.

BEST PRACTICES

- Native Approach to Treatment.
- Grassroots program to address specific Tribal problems.
 - E.g., life skills, mental health.
- Native evaluators/researchers.
- Outside assistance.
 - Technical, training opportunities-cultural roles.
 - Cooperation.



- Native religious practices as part of entire process.
- Language description of drug/alcohol addicted clients while obtaining counseling.
- Facilities that provide everything.
- Fatherhood Program “Meza”.
 - Proper parenting skills.
- Boys and Girls Club.
 - In the correctional facility.
 - Career Training.
 - Life Skills.
 - Credit recovery (education).
 - Funds well-being, life skills, education to our clients in need of extra assistance.
- Holistic Government.
- Request treatment in federal system.
 - E.g., R-DAP Program.
- CASA Program.
 - Tribal Youth Program.
 - Cooking Program-traditional foods.
 - Involvement of Elders.
- Evidence-based program designations.
- Community based participatory research model.
- Well funded Tribal courts.
- Precursor law.
- Family courts-handle all family matters.
- Need for coordination between various agencies that have jurisdiction.
- Incarceration as an available sanction.
- Sentenced to community treatment.
 - Rehab.
 - Community support on re-entry.
 - Jail/incarceration as a “last resort”.

- Concurrent jurisdiction and prosecution of federal cases in Tribal courts.
 - Work with U.S. Attorney and FBI but without giving up sovereignty.
- Bring services to community and family.
- Support from Tribal leaders for novel programs.
- Circle sentencing.
- 12-step programs.
- Culturally based programs.
- Restitution.
 - Building skills that allow “offender” to give back/build up community.
- Thinking out of box.
- Tribal Youth Program.
 - E.g., Teen Court.
- Laws that have impact on meth abuse.
 - E.g., Crow.
 - Consequences – Loss of per capita.
- Wellness to Healing Courts.
- Pseudoephedrine behind counters at retail outlets.
- Probation services.
- Multi-disciplinary teams.
 - Dealing with many issues on a single case.
- Detoxification.
- Cooperation amongst federal agencies and tribal officials.
 - E.g., DEA, U.S. Attorneys.
 - Coordinated efforts.
- Better support at home to enrich the training that the offender has received while in treatment.

- Identify community problems.
 - Address the real issues.
- Funding treatment detention.
 - Post treatment follow up.
- Community needs to step-up and help tribal leaders.
- Locals to drug test offenders.
- The state of Arizona's "A Plan for Action" - addressing the meth crisis in Arizona.
- Oklahoma - Tribal prosecutors can become designated as special Assistant U.S. Attorney.
- New Mexico - State certification for Tribal law enforcement.
- Navajo Nation - law enforcement personnel get certified from Arizona, Utah and New Mexico (regional certification).

GOALS AND OBJECTIVES

- Take action - Do something.
- Recognize the addiction/reduce stigmatism.
- More effective Tribal codes-housing/public nuisance.
- Family Accountability-help with treatment plans.
- Healing to Wellness court.
 - Need to restore funding to Wellness Courts: \$50 million reduced to \$10 million.
- Need Evidence Based Practices.
- Family Commitment-treatment/consequences e.g., Law Enforcement option.
- Alternative Sentencing Options.
- Historical Problem.
- Treatment.
- Empower everyone to be able to talk about it and if the family member is involved be able to report/seek proper treatment/help.
- Small group education found to be effective.
- Circle of healing
- Need for continuity and long term commitment to collaborative efforts to address meth issue.



- Need for mandatory drug testing in schools and at employment.
- Coordinated community approach to the meth problem with human infrastructure to get job done (education, cross disciplinary team).
- Education.
 - Description of problem.
 - Public awareness.
- Help from incarcerated people/addicts.
- Need community buy-in.
 - Everyone in the community.
- Mandatory drug testing.
- Need for effective sanctions.
 - Hold families more accountable.
- Mandated family involvement in programs.
- Multidisciplinary approach that “embraces” the youth addict and provides comprehensive treatment plan.
- Need for accountability for service providers.
 - Performance based programs.
- Need for competent service providers.
- Lack of wraparound and support services, particularly upon re-entry for youth.
 - High recidivism.
 - Education, child welfare, tutors, etc.
- Need for community assessments to identify causal factors.
 - Addiction is a symptom.
- Enforcement.
- Need for community based treatment programs. “Ownership”
 - Reflecting particular need of the community e.g. nutrition, behavioral health.

- Need for committed work force.
 - Respect, spirituality.
- Lack of **action**. Need for concrete steps to address known problems. “too much talk...not enough action!”
- De-stigmatize drug use.
 - Drug addiction is a disease.
- Financial support for families of meth addicts.
- Family centered and supportive programming.
- Drug courts.
 - Detention alternative to create incentive to participate in drug court.
- Juvenile detention.
- Need for adequate and effective federal investigation and prosecution.
- Need for resources (money).
- Need for education for professionals.
- Strategic planning need.
- Aggressive, proactive pursuit/strategic planning to get funding.
- Educate and empower existing staff and program providers to address meth problems even before adequate funding is available for desired programs.
- Work with Bureau of Indian Affairs (BIA) to fund courts and law enforcement.
- Recovered addict (youth) teaching other youth.
- Provide adequate program spaces in jails to provide treatment/adequate jails.
- Healing to wellness courts.
 - Grants should be re-evaluated to modify type of offender eligible for program-second offenders.
- Historical trauma and impact on meth problem.
 - Need for open and honest discussion and dialog.



- More funding for new jails in Indian country.
- Not incarcerating our community members.
 - Use of alternatives.
- Funding.
 - Clean-up.
 - Education.
 - Treatment.
- Utilize funding from agencies that are in community.
 - E.g., BIA.
- Federal funding Tribal Courts/Law Enforcement.
- Young people addressing meth problem.



WORKING GROUP 3: INTERVENTION AND TREATMENT

TOP FOUR PRELIMINARY RECOMMENDATIONS

1. Need for federal funding to help each tribe to fund all services within the American Society of Addiction Medicine (ASAM) placement criteria and the Institute of Medicine continuum of care, including but not limited to facility construction, transportation, prevention, treatment and after care.
2. Honor and respect the Native American way of life by acknowledging and incorporating spiritual and traditional healing practices as an accepted and funded modality for treatment that includes bill for service.
3. Federal funding and technical assistance to develop and sustain capacity within tribes to take ownership of multi-disciplinary data collection, assess the data and to develop the means to provide solutions from the data.
4. Make reciprocity for national credentialing for substance abuse and behavioral health professionals uniform within the United States by standardizing Credentialing services within the Substance Abuse Mental Health Services Administration (SAMHSA); the Indian Health Service (IHS) and the White House Office of National Drug Control Policy (ONDCP).

BEST PRACTICES

- “Natural Helpers”.
 - Peer groups-high school peer support groups.
- Senior citizen.
 - How to be a member in our community and culture.
 - Boys and Girls Club.
- We need continuum of care: $\frac{1}{2}$ houses; $\frac{3}{4}$ houses.
 - How can you provide treatment if you don’t have adequate treatment; “why try”.

- Funding.
 - Navajo- physical site being condemned.
- Scare tactics worst thing you can do.
- Outside box works well.
- Have universal approach.
 - Meth flavor of month; now- “cheese” heroin.
- Multi-disciplinary approach.
- Address self esteem issues.
 - 65% drop out.
 - * non-educated.
 - * meth-easy to make.
 - * making them accountable.
- Matrix Model.
- School, Social Services with youth, family.
- Partner with experts with healthy kids.
- Resources in front end equation and education.
 - Kids go to school and still feel lost-kid feels connected with a caring adult, they are lost at home.
- Intentionally focus on needs of children.
- Search Institute on web site.
- Werner Resiliency Approach.
- Need for prevention.

DISCUSSION POINTS

- Funding- \$\$\$\$\$\$\$.
 - Screening tool for meth use.
 - Treatment model (Matrix).
 - Access to care (rural areas).
 - Assessment.
 - Continuity of Care.
 - Parity between Behavioral Health and Physical Health.
 - Credentialing professionals.
 - * Federal.
 - * Standardization.
 - Enforcement Issues.
 - Data Collection Reporting.
 - * Tribal.
 - * State.
- Challenge to use of traditional healing ways (can't bill for services so can't).
- Use seized resources for benefit of treatment, prevention, education.
- Need: Detox Center in Phoenix area.
- Transportation.
- \$ for facilities
 - Repairs, new buildings.
 - Professional building.
 - Recreation center.
 - Sober living.
 - Residential treatment.
 - Detox.
 - Outpatient Treatment.
 - Senior Center.
 - Half way houses.
 - Capacity building.
 - * Staff from community.



- * Community based treatment.
- Prevention and intervention needed.
- Universal approach.
- Education.
 - Psycho educational groups most effective.
 - Scare tactics don't work.
 - Self esteem issues.
 - Peer program in middle/high schools-Support.
 - Use seniors to mentor youth.
- * Learn culture.
 - * Learn skills.
 - * Learn respect.
- Need aftercare.
- Recognize value of traditional healing.
- \$\$\$ and education.
- Partner with Matrix Model.
- Partner with youth.
- Connect child with caring adult.
- Google Search Institute.
- Risk and protection theory.
 - E.g, Hawkins, University of Washington.
- Werner Resiliency Approach.
- Reservations used by manufacturers and drug dealers.
 - Jurisdiction issues.
 - Lack of money for law enforcement.
 - Licensing.
 - * Losing experienced staff due to license requirements.
- Each case=community problem.

- Sovereignty-Create own license (tribal) credential.
- Resource Identification.
 - Not enough communication.
 - Collaboration.
 - Starts Federal Government.
- Grants cause problems versus helping.
 - Fighting amongst self.
 - Make grant process simple.
 - Quit making games.
- Address Indian Health Service (IHS).
- Community- Facilities need treatment.
- National Health Care/Universal Health Care.
- Access to Recovery.
 - Compact Tribes don't use money for what they are supposed to.
- Money for facility building.
 - Capacity.
- Training from own Native communities.
- Communication regarding what types of services.
- Community.
- Self-esteem.
 - Navajo.
 - * Educational seminar.
 - * Come in and touch.
 - * Come back-rites of passage.
 - High risk takers have high self esteem.
- Data collection-no numbers.

- Each tribe needs to collect own data. E.g, North Dakota.
- Establish rapport; have/build relationships.
 - Monthly community dinners.
 - Giveaways.
 - Feed them.
 - Casino provided money for it.
 - Peer pressure bring them back out.
 - Meals-picnic.
 - Volleyball tournament.
 - Horse shoes.
- Drug Court.
- Faith based-Money went there. Needs to be more universal.
- Lack of detox.
- What's working?
 - Wellness Court.
 - Phases 4.
 - White Bison Program.
 - Treatment group.
 - Mens talking circle.
 - Women's talking circle.
 - They are running AA group.
 - Sweat lodge.
 - Started drum group.
- Coordination between hospitals.
- Traditional way- they need to write assessment, etc. because of billing; how can that happen with limited writing skills?
- Legislative action needed!
- Credentialing.
 - Alaska has traditional counselors credentialing.
 - Traditional way; Credential-need to masters now.
 - Federal government needs national credentials, not state to state.
- Certification a big issue.

- Medicine Man taboo to be certified.
- Many things being seized in drug busts. DEA needs to do something about it.
- No jail space.
- Own sovereignty problem.
- Confrontative ways don't work with Indians.
- We talk in pictures.
- Address root causes.
- 40 developing needs.
- At risk behavior.
- Takes a village to raise a child.
- Inter-tribal of Nevada subcommittee reported back and Tribe sees safe haven for drug distribution. Supply lines-Trafficking is coming in.
- We are the hub up there: North Dakota.
- Rural=no help.
- No computer setup.
- Meth client becomes combative with 2 officers.
- Meth babies being born.
- Money a big issue.
- Manpower.
- People don't treat it as a disease. Treat it as bad behavior.
- War in Iraq-War on Drugs.
- Needs consistent funding.
- Basic funding.
- Political leads data.
- Justify data needs to be assisted.
- Don't know the number of arrests.



- Substance Abuse and Mental Health Services Administration (SAMHSA)-biggest entity.
- Indian Health Services (IHS).
- Establish National Credential.
 - Go to Congress and National standards for substance abuse.
 - Faith based-which can cover traditional healers.
 - Traditional healers.
- A challenge to use Traditional ways.



WORKING GROUP 4: COMMUNITY STRATEGIES AND EMPOWERMENT

TOP FIVE PRELIMINARY PRIORITIES

- DEVELOPING LEADERSHIP...LEAD BY EXAMPLE
- COMPREHENSIVE EDUCATION PACKAGE
- YOUTH INVOLVEMENT
- EPIDEMIOLOGICAL RESEARCH
- INCREASE FUNDING, RESOURCES AND CAPACITY BUILDING

LEADERSHIP DEVELOPMENT...LEAD BY EXAMPLE

- Produce Policies & Procedures to address anti-meth laws within tribe.
 - Governance dictated by policies of tribe.
 - This would include: ordinances, codes, resolutions, zero tolerance (non-exempt laws).
- Electoral Process---elect drug free tribal leaders, key representatives (i.e. political appointees), community leaders.
- Community engagement: leadership interface/outreach at all inter-governmental levels (public and private sectors).
- Commitment and Enforcement-walk the talk, not mixed messages.

COMPREHENSIVE EDUCATION PACKAGE: EDUCATION PACKAGE FOR LEADERS, YOUTH, CHILDREN, ELDERS, COMMUNITY AT LARGE, TRIBAL EMPLOYEES, PARENTS, INTERESTED PARTIES, EDUCATORS, HOUSING

- Pharmacology/"the science".
 - Human Manufacturing.
- Intervention-what do I do.

- Treatment (Best Practices).
- Intervention (Best Practices).
- Prevention (Best Practices).

- Legal Implications.
- Environmental Impacts.
 - Air, water, land (parks), housing, animals.
 - Cleanup, residue, costs associated.

- Data and statistics-impacts in Indian Country.
 - Extent of meth problem (prevalence).
 - * Direct impact.
 - * Overlay to other areas, i.e. housing, environment, law/ public safety.
 - Indian country wide.
 - * Region, state, tribal specific data.

YOUTH INVOLVEMENT

- Develop youth coalition.
- Incorporate a tribal youth representative to serve (e.g., Hannahville Potawatomi of MI):
 - Tribal council.
 - * At large.
 - * Ex officio.
 - * Other.
 - Tribal districts.
 - * To develop local tribal youth council to guide larger council (prevention).

- Develop incentives programs.
- Develop cultural programs in schools.
 - (enrichment, preservation) identity.

- Youth representatives to attend annual general assembly, national, state, local venues.
 - Internship, fellowship opportunities.
 - Shadow program with tribal leaders and NDN Professionals.

EPIDEMIOLOGY/RESEARCH

- Community based participatory research.
 - Community is involved/initiates/begins the process for valued research.
 - Involved in every part of the way: blesses, signs off on product.
- Develop tools for collecting behavioral health data/include collection of criminal data.
 - Need of entities with interest? Work coops, MOUs.
- Collect data to determine accurate prevalence in Indian Country.
- Hopes to coordinate/collaborate between agencies/departments for best picture of prevalence in communities/Indian Country.

INCREASE FUNDING, RESOURCES, AND CAPACITY-BUILDING

- Leadership commitment in U.S.A. re: war on meth e.g., Indian Country.
- Funding for existing programs to combat meth.
 - Department of Justice/COPS, etc.
- Leverage Federal, State, Local, and Tribal resources to combat meth.
 - MOU re: DHHS/OMH/government to government.
 - Programs, Initiatives, Intertribal.
 - Technical Assistance/Training.

BEST PRACTICES

- Pre-employment drug testing and random drug tests. This includes Tribal council.
 - E.g., Winnebago Tribe, NE.
 - IHS, government, etc.
 - Escorted to testing facility.



- Ongoing education/awareness.
 - Includes a task force with various tribal agencies.
 - * Meth can leave the system in two days.
 - * Identified marks on the arm of a 9 year old. Gave the indication that he/she was a meth user.
- Policies and procedures-codes should address all aspects.
- Anti Meth Law/ Act-found online.
 - E.g., Osagenation.com.
 - Congress.
- Zero Tolerance written into all the policies.
 - E.g., Isleta.
 - Spot checking/random testing.
- Traditional customs of our families-going back to what takes place within our ceremonies.
 - Do not isolate the individuals, embrace.
 - Home studies done on parolees, except with the native communities.....should be allowed to return home to their communities. Were able to get this issue changed through education.
- Development of extradition and IGA.
- Development of child advocacy centers.
 - E.g., Nativechildalliance.org.
 - Use of multi agency disciplinary team.
 - * Based on the national child alliance, good model, can use info to base tribal models on.
- Wellness Team-hard to start, but once it starts, it becomes deeply rooted.
 - High suicide rate within one of the Alaskan villages.
 - Became a success and came out of the need to decrease the suicide rate.

- * Develops around crisis situations, looks at where the community is at and moves towards healing and balancing.
 - * Can become very successful in combating alcoholism, bootlegging, trafficking, suicide, child sexual abuse, etc.
 - * Best practiced but not well known....helping other communities to begin their team. Only assists with helping start it but only the community can make it work for their community.
- Systems of care, circle of care, and wellness teams can be researched on the internet.
- Native American Youth Group.
 - * Presentations given to the youth, very emotional experience to hear a user's experience.
 - * Youth came together to address the problems that they experienced within their community.
 - * Been a positive experience within the community.
 - Teen Court-successfully being implemented within tribal communities. This group formed in the face of a crisis.
 - Allow the youth to be in control of the programs they develop within their communities.
 - Community empowerment is very successful.
 - Re-introduction of puberty ceremonies/rites helped reestablish identity and pride within the young people.
 - Treating all drugs the same way with treatment...however, this is not a best practice in knowing that all drugs, including alcohol, are different...this is not a reflection of a best practice.
 - In some instances, children are taking their parents to court for taking their money to use to buy drugs.
 - Diabetes education are addressing the youth on how to live a healthier lifestyle, perhaps this can be used in regards to developing meth education.
 - Youth have a seat on tribal council-Hannahville, Potawatomi tribe, Upper Peninsula Michigan.
 - The youth are the beginning to prevent. Recommendation to the 21 villages in Alaska to develop youth groups.
 - An ex-gang member is leading the way to stop the gang/drug activity within Fairbanks, Alaska.
 - Integration of cultural heritage weak within the school system. This can aid in stopping meth use among the youth.
 - Teaching math/science using traditional methods and practices. Learning how to write/tell their story.

- Service Learning, allows tribes to develop their programs using traditional ways.
 - Cns.gov
- Early college piece was developed at the Charter School in Fairbanks, Alaska.
- Charter school on Ute reservation that teaches the traditional language/ arts. The students raise money to attend various youth conferences...instills workmanship within the youth. Ute Indian Tribe Education Department. (Marilyn H).
- Call on the youth to take the steps as the next leaders. We need to focus on shaping the young minds so they can be ready to be the next leaders within our tribal nations, governments, organizations, at the congressional level.
 - Get the youth together and allow them to participate continuously.
- Federal grants require drug free environment, how many tribes know employees are drug free? Institute a drug free policy within the tribes.
- Public Awareness Campaigns.
- Prevention Services.
- Treatment Services.
- Return to Work.
- Recreation.
 - Year round activities.
- Have our own meth summit at home.
- Use current best practices such as Boys/Girls clubs.
- Sit down with current local partners to re-evaluate and develop new strategies and long range plans.
- Create/change laws that enforce behavioral change relating to addiction.
 - E.g, Osagenation.com.
- Personnel policies that encourage zero tolerance.
- Drug testing for leaders running for office.
- Reinstating traditional puberty rites.
- Financial rewards for A's and B's with goal of reducing drop out rates.
 - www.upperriouxcommunities.gov

- Tribal Studies Program as an elective in school.
 - Adult facilitator.
 - Youth maintain power to ask adult to leave.
- Cultural studies from Head Start all the way up.
- Need culturally based treatment programs (1-2 years).
- Change federally funded treatment programs (70% recidivism within 30 days).

PRIORITIES/ISSUES

- Increased child sexual abuse.
- Domestic violence.
- Community resources not communicating and/or working together.
- Valid and reliable data about behavioral health conditions in communities of prevalence (not only episodic/clinic data).
- Right length of time for treatment.
- Community members know who is selling and not communicating.
 - Fear of reprisal from neighbors.
 - Afraid to testify.
 - Their own family members.
- Outside influences.
- How is it made? Information on the ingredients, etc----information for tribal leaders and community members, elders.
- Learn to understand the impact on the environment.
 - Clean up issues.
 - Long term residue.
- Long term plan for Indian Country to address alcohol and other substance abuse and related impacts.
 - Youth-young parents-elderly.
 - Tribal leaders-community members.



- Incorporation of cultural practices.
 - Languages-teachings-values.
 - Norms-traditions-ceremonies.
 - Customs.
- Develop, encourage and share strategies to grow and develop leadership.
 - Treaty Tribes (government to government) basis as framework in advocating on meth and other substance abuse/mental health issues.
 - Encouraging coordination/collaboration with other interested parties with Indian Country e.g, legislative, budgetary, and programmatic.
- Commitments from leadership (majority and minority) at intergovernmental levels (Federal, State, etc) for advocacy of Indian affairs (e.g., meth). Mandatory legislative language and/or executive order to demonstrate this commitment.
 - White House: Native in West Wing, other agencies.
 - House/Senate leadership.
 - States (Governors, legislature, cities, counties, etc).
- Lack of knowledge among our people re: harm caused by meth to self and to family.
 - What is it, what does it look like.
 - How is it made (ingredients), how is it cooked.
- Denial-“not my son” etc.
- Lack of resources:
 - Police officers (law enforcement) funding.
 - Treatment centers and programs.
 - No access to services.
 - Child advocacy centers.
 - Dedication from leadership re: taking a focal leadership role with follow through (i.e. non-tolerance).
 - Family commitment-loyalty issues interfere.
 - Shame, embarrassment by family re: meth in family.
 - Cooperation between counties, states, tribes in rural communities lacking (no partnerships).
 - Encourage coordination and collaboration at all levels to build community based partnerships.
 - Overall (Federal, State, policy, agencies).

- Youth involvement and leadership in process/plan to address meth issues in community.
 - Positive youth leadership and recruitment, strategists.
- Impact levels-meth use.
 - Neglect and abuse of family members.
 - Education/outreach/prevention.
- Language barriers impact ability to effectively address meth and other issues.
- Diminished Federal and other agencies interaction on front lines within Indian communities.
- Money exists for training and technical assistance (RFPs).
 - Re-allocate these funds for development, implementation.



WORKING GROUP 5: YOUTH AND CHILDREN

TOP FIVE PRELIMINARY RECOMMENDATIONS

1. Rebuilding self, family and Nations and allowing forgiveness through Traditional Native American values, identity, ways of life - tribes want to be consulted about how these are being thought about (don't repeat Adam Walsh Act process).
2. Make funding resources available to identify, develop and deliver tribal specific curriculum components that include early education of drug awareness for children, education for community and family, with the emphasis on integrating youth involvement.
3. Strengthening the family through programs and services that are based on culture and practices that empower and heal families [through partnership].
4. Emphasis on Youth leadership: give youth a voice and empower them by and through all avenues, including Youth Councils, peer education, intervention and mentoring; creating leadership opportunities for youth.
5. Funding streams need to rely on tribal consultation.

BEST PRACTICES/WHAT'S WORKING

- Drug Courts.
 - "Ours Working".
 - There is denial, disbelief about the judges' involvement.
 - "Pride Survey" (public 6th-12th).
 - Osage.
 - 300 page report: bullying, alcohol, tobacco use; 1,800 -1,747 completed.
- * Average age of meth use is 6th grade/10 years.
- Collective efforts — Youth Coalition of Programs to educate elders.

- Federal Marshals, judges: those arrested in the drug bust; had them talk to everyone about their incarceration, etc.
 - Wind River Tribal Youth Program.
- In system of federal agencies, small tribes are in greater need than large tribes that have more economic development. Consortiums that are tribally initiated should be an option to address needs of small tribes.
 - Statistical analysis probably support consortium.
 - E.g., All Indian Pueblo Council as a way small tribes can leverage resources.
- Meth Task Force/community education.
 - Community march.
- TV ads-partnerships for media campaigns between state-tribes and anti-meth organizations.
- Collaboration between tribes on meth strategies and awareness events.
 - E.g, N. Cheyenne, Crow and other MT tribes.
- Meth laws/tribal codes-possession, trafficking, adulterating Urinalyses (UAs), child endangerment.
 - E.g, Navajo, Osage, Ft. Berthold, Blackfeet, Turtle MT.
- 7 Hills: remote, reservation based (MT). Inpatient treatment program at Crow; patients taken to ranch (staff has no degrees). Fast and spiritual ceremonies (sweat, sundance) stories are shared, talking circles, take patients back to traditional ways-to connect with identity. Family centered; several families at a time can go. Funding from several sources. 60-90 day stay.
- Tribal Government-all out effort for getting meth sources out of tribal communities. Banning drug dealers forever.
 - E.g, E. Cherokee.
- Getting entire community involved-get people involved that have not been involved. Putting information in local paper - pictures and stories about drug dealers on front page; public punishment and making community aware of who they are.
 - E.g, Neighborhood Watch.
- Boys and Girls Clubs.



- Meth Smart: Skills Mastery and Resistance Training.
 - * Being adapted for Indian Country.
 - * Peer education model.
 - * Involves community, parents, law enforcement.
 - * Interactive, age specific activity for home.
 - * Money available via Department of Justice through First Pic.
- Youth Council.
 - Every Tribal community needs a youth council (they feel that they are not needed) they need to feel valuable, that they have a place; hear from youth about what is important.
- Youth who are drug, alcohol free as role models.
- Child incident lead to meeting about what to do.
 - What do youth want? Called youth meeting-what adults wanted was different than what youth wanted.
 - Need to ask youth: what do you want, need?
- Practicing traditions, keeping children with the family.
 - Common threads of success, keeping families together.
 - Need to teach this way of life.
- Need to set up consortium to be a liaison for the people (assistance for smaller tribes)—need to be on same page.
 - Winnebago uses CD (Tipi means health educator).
 - Recognize signs, symptoms.
 - Started with 6th graders-they already knew what meth was; used with 4th grade.
 - Started with preschool/cartoon characters.
 - Interactive CD-using at Boys and Girls Club-7 series.
 - **Working!**
- SYDE: Stop Youth Drug Endangerment.
 - Everyone involved in horseback riding to raise awareness of meth; law enforcement, local counties, youth.
 - Grew out of a survey done by Minot State University about meth and gangs.

- Provide training opportunities (such as historical trauma, how to get to wellness).
- Employee training on meth, provided by tribal law enforcement, development of community plan of action.
 - Message at Osage: Meth will not be tolerated.
 - Want to see tribal departments put money toward prevention, intervention efforts.
- Seven Hills Program (Crow, MT).
 - Treatment program, in-patient, run by tribe.
 - 12-15 patients taken to ranch.
 - Fasting, clients dropped off around reservation.
 - Storytelling, Sundance.
- Montana public service awareness on meth.
- MT-Native Task Force.
 - Multi jurisdictional coordinated task force.
- Gila River Treatment Program.
 - Structured program-started small, now expanded, youth can participate.
 - Finding-in order to treat meth, matrix model has been adapted to community.
 - Having great success in program- Indian Health Service (IHS) is adapting matrix model in treatment program.
- There are youth groups throughout country.
 - Travel around country sharing their concerns.
 - E.g, Hotevilla Day Hopi, Yerington, NV group.
 - Colorado River group-joining youth and elders to pass on traditions.
- Osage Nation taking counselors (alcohol, DV) into public school system.
 - Tribe brought in legendary football players for school assembly—impacts many children.
 - Connected with non-Indian community to offer help (partnerships).

- SYDE Program Fort Berthold.
 - Rides involve everyone-community, youth, programs.
 - Tribal council meetings held in communities, youth invited.
- Justice, law enforcement, courts.
 - Osage-Anti Meth Act.
 - Osage-if caught with meth, can't bond out.
 - Navajo-dangerous drug statute.
 - Banishment-Salt River.
 - Gila River has drug court.
 - Gaps in sentencing in Indian Country.

PRIORITIES

- We have to know what law enforcement is doing, what treatment is doing, that we have all the tools we need to address the needs of families involved with meth. We need to know how to assess risk.
- Coordination coming from the top.
- Going into homes where instead of coffee they come out with meth/foil. This is a common thing where I come from because of that Mexican cartel in Wyoming that targeted our reservation.
- Youth leadership is critical.
- Community respect is dissipating-"Indian Way of Life".
 - Respect for all life-the people, the stones, the trees.
 - Establish curriculum that covers all of these things. Includes teaching about respect and our way of life; (grandparents taking me with them everywhere gave me an identity, a foundation that I go back to).
- Over the counter drugs are killing our people.
- Direct funding rather than passing through Bureau of Indian Affairs (BIA).
- 209 Boys and Girls Clubs in Indian Country.
 - In clubhouses are special programs (Meth Smart).
- Education and Law Enforcement
 - If we're going to educate, can't foist selves on educators, must do it ourselves.
 - Find out what other problems (drugs) exist. Where is it coming from? How is it getting to reservation? Who is distributor?
 - Engage youth. Youth feel they aren't needed.

- Need more information and to have Tribal codes stronger to really address what we are seeing.
- More coordination with social services.
- No one wants to admit that children are affected; more collaboration to make sure we are talking about kids dropping out of school.
- Come from community that is “meth capital” of reservation; dental problems.
- Long term treatment--\$\$\$\$, intervention.
- SYDE-Stop Youth Drug Endangerment.
- Identify children whose parents are using-how to know what children are affected by at home (abuse, meth).
- None of the issues (priorities) are more important than others.
- Arizona put \$5 million into drugs, prevention dollars were the least.
 - Congress (funders) need to think circular.
- 19 pueblos in New Mexico, very religious, closed communities during ceremonies. Tribal teens bringing in outsiders and participating less in ceremonies-language, ceremonies, traditions, will be lost.
- Early education-preschool-we have to work with those children to promote traditions, respect-core principle for Indian way of life.
- Opportunities to practice religion; more collaboration.
- Meth isn't stand alone-other drugs involved.
- Intervention with users to get them to stop using meth: how to do it? Using traditional leaders, parents, and others to get adults and young adults who are endangering children with meth use.
- Making sure that everyone in the community has a good understanding of historical trauma. You can have the best program in the world, but when children go home they experience all of the things going on with parents. Children are impacted by their parents. We have to address the effects of historical trauma on parenting abilities and knowledge about being role model.
- Gang resistant education (problems with Mexican gangs coming into communities).
- We really need to find out in each of our communities what is going on with meth. How deep does it run? One school did survey with parents and elementary school students and the parents didn't know what was going on-their children were being approached and the parents were in denial. We need to know what is going on to decide interventions.
- Building on the strengths of youth.
- We need to listen to the youth about what works.
- Collaboration with everyone on solutions.



- Shortage of tribal law enforcement.
 - Understaffed, under funded.
- We need funding.
- Consortium to make sure small tribes don't lose out.
- Prenatal exposure-effects of meth on children born to meth using/addicted parents.
- Showing the dangers of meth, educating about meth. If you put individual in school as a coordinator with a curriculum-take curriculum to children in 1st, 2nd grades.
- Another component needed for interaction with community: youth need to be trained as future leaders, mentoring.
- Put barriers up to help prevention.
- Because of increase of issues (suicide,.....) do we have enough funding at clinics-intervention-we have no place to send our kids.
- Tribal consultation: meth wiping us out.
- At Winnebago we are working very hard on Prevention (Best practice).
- How to identify a young person who is starting to use drugs/meth (behavior signs, changes.)
- See using meth with really young people, young parents; not really aware of how it affects children.
- Farmers may be selling anhydrous ammonia because it is more profitable than farming.
- A lot of people don't want to admit that health problems and death are due to meth use (heart problems, suicide because of meth use).
- People making meth off reservation and then the money from forfeiture should come back to reservations.
- How can we use youth who are doing well ---peer intervention, peer education.
- Strengthening the family, our families are the best education system-not just traditional families-foster families, kinship families-empowering the families. Without our families we're going to lose our kids.
- Through schools, everyone must come together.
- Self preservation, self-identity.
 - Important that users know it's alright to be how they are. Many have lost their self-identity. Can help them get back on their feet (refer to 7 Hills).
- Services for children born into meth.

FEDERAL RESPONSES TO REPORT-OUT OF PRELIMINARY RECOMMENDATIONS, PRIORITIES AND ACTION PLANS ON AUGUST 1, 2007 – ONDCP TRIBAL METHAMPHETAMINE SUMMIT

LESLIE HAGEN

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INDIAN COUNTRY SEXUAL OFFENDER SENTENCING, MONITORING,
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I'm beginning to feel like Velcro for controversy. After yesterday's Adam Walsh and now being first up. And Dennis, was there a comment you wanted to make before I started? (NOTE: Inaudible comment from audience member followed by audience applause).

Thank you. OK, I think I'm here in a couple of different capacities. As you know from yesterday, if you were here, I'm an Assistant United States Attorney from the Western District of Michigan. And when I'm in the district, I prosecute violent crimes in Indian country. Since October of 2005, I've been working in Washington D.C. wearing a couple of different hats. First, I started in the Executive Office of United States Attorneys serving as a staff liaison to the Native American Issues Subcommittee. And I want to acknowledge here the person now filling that job, Dean Burris, who's an Assistant United States Attorney from Oklahoma. And I think most of you also know Tracy Toulou, who does a lot of work in partnership with Executive Office of United States Attorneys and also with us at Office of Justice Programs on tribal issues and Tracy's an Assistant United States Attorney from Montana now Director of the Office of Tribal Justice. In looking at the suggestions that were made, you know they're, they're certainly creative and interesting and many of them as I look at it require some sort of legislative change.

As we know, Oliphant was a, a decision of the United States Supreme Court. The limitations placed on tribal governments by the Indian Civil Rights Act, obviously an act of Congress, and would require a change there. What the United States Attorneys Offices do is follow the policy directives of the Administration. And within those policy directives, there's some latitude given for what are the particular needs of a district. And the United States Attorneys Offices have recognized that methamphetamine problems in Indian country is a tremendous amount of problem, and there is tremendous need. What I would like to do is address some of the things, because I think they dovetail with the discussions that were had, in, in particular in the law enforcement group, which is obviously where the Federal U.S. Attorney response is going to be most applicable.

In October 2005, the U.S. Attorneys have a group called the Native American Issues Subcommittee. That's a group comprised of 23, 24 United States Attorneys from around the country that have significant Indian country responsibility. They meet out in the field in Indian Country 2 to 3 times a year and tackled significant issues. So one particular meeting is dedicated to a particular issue. In October of 2005, the group traveled to Coeur d'Alene, Idaho and the focus of that three day meeting was methamphetamine in Indian country, and it was billed as a tribal summit. There were approximately 100 tribal leaders from around the country. They came to that very important meeting, had an opportunity to provide testimony to the group and to many Federal partners that were there. Scott Burns was there. Bureau of Indian Affairs was represented. I believe maybe even DuWayne was there. It was a very, very good session, and the United States Attorneys were very educated by the tribal leaders on the issues that confront you all concerning methamphetamine. There was opportunity to watch the movie "G", which I'm sure most of you have seen, that really opened the eyes of many. Following that discussion with the tribal leaders, there was an opportunity, using the input from the tribal leadership, to come up with a list of suggestions, recommendations, suggestive policy for each of The United States Attorneys' Districts. And the Native American Issues Subcommittee discussed that, crafted a document, supported the document. That, in turn, went to the Attorney General's Advisory Committee. They supported it, and then these policy suggestions were disseminated to all of the United States Attorneys Offices around the country. And some of them mirror some of the discussions that you all had today. And there was a recognition that we cannot, as one of the leaders spoke quoting him "We cannot arrest our way out of this problem". That there has to be an ability to bring folks together and to share and work together.

So some of the recommendations that were discussed by the Native American Issues Subcommittee, is that federal, tribal, state and local law enforcement all must be involved in addressing this issue. And there was a suggestion that regional, multi-jurisdictional investigative task forces be formed for each United States Attorney that has Indian country responsibility within their districts. It was encouraged that tribal law enforcement and the Bureau of Indian Affairs be a part of that multi-jurisdictional task force and that there be cross designation of state and local members for each task force. That the United States Attorney reach out and meet with tribal leaders frequently to further the cause of this multi-jurisdictional task force. And that each United States Attorney should work in conjunction with the task force members to develop asset forfeiture sharing policies. When we have successes, we should have an ability to share the proceeds of those assets forfeitures with tribal law enforcement and tribal governments. Because, as we know, those of us doing this work, which is all of us in the room, that's why we're here. That a lot of the problems we have with methamphetamine come from outside of the community. And so one of the suggestions that was discussed, is that there needs to be a process developed among these task forces to coordinate intelligence between all of the different departments that are

represented, and then also to be able to communicate that law enforcement intelligence with other nearby task forces.

It was also encouraged that each United States Attorney host culturally specific training for task force members. Because if we are working collaboratively in a multi-jurisdictional manner, we're obviously going to have non-Indian law enforcement folks working on that task force. And what we don't want to have happen, is if there's a take down, a search, that there's a non-native person who's not familiar with the ways and customs of Indian people that comes in and disturbs, disturbs something that may be sacred, so we want to encourage those cultural trainings. I know one of the things that was addressed in the, the group earlier was sometimes a frustration and a feeling that perhaps, you know, the United States Attorneys Offices and the Assistant United States Attorneys don't take as many cases as you would like. One of the things that was discussed and recommended at that tribal meth summit was that districts be encouraged to reduce their thresholds. As you know in a federal system, there's often minimum quantities or threshold amounts that are looked to for prosecution. In terms of Indian country, in many districts, that's completely off the table. I know, for example, in the Western District of Michigan, we did a 2-ounce cocaine deal because it occurred on a reservation and the United State Attorney said we're ignoring the quantity thresholds. We're going to take this case because it is important to this community. Also, the recognition that many children are exposed to methamphetamine and it was encouraged that the United States Attorneys Offices initiate drug endangered children teams in their district. That also there be plans put in place for meth lab clean up and these be communicated to tribal law enforcement. And also a recognition of the greater public safety issue for those that may be meth addicted seeking medical treatment. And it was encouraged that each regional task force work with their area health care provider to develop safety plans for medical providers, patients and the public in emergency room departments. So while I have not addressed each of the five suggestions that you have put up here today, that is simply because I cannot. As I said at the beginning, some of these things where we're at now is a result of the Supreme Court, is a result of Congress. But what I can share with you is that the United State Attorneys do care deeply about this issue. They have been invested in it. They've been heavily invested in it since October of 2005. These policies, suggestions have been disseminated around the country and I know for some of you, you're seeing an increase in the number of methamphetamine cases that are being taken, the development of multi-jurisdictional task forces and an increased importance put on this issue. Thank you.

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UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

Well, good afternoon to everyone and I'm honored to be here again. And Chairman Brenner, I want to thank you for what you said because I think your message about does it really matter where the money comes from. What we really have to be, what we have to be thinking about is how do we get the relationship between us to make sure that what we are doing is creating, as we talked about, yesterday, the day before, creating safe and healthy communities. And what I worry, what I worry as I, as I think through all the recommendations between prevention, enrichment, treatment and the community strategies for empowerment and for youth and children.

As I think about how we have to operate, it really, we put up the walls amongst ourselves. We say, this is what the Department of Justice does, this is what HHS does, this what labor does. And ladies and gentlemen, I know throughout all of these sessions we have talked about the whole, it's about healing in our, in our communities. It is about health and safety in our communities. And I will tell you it is going to take all of the funding from all of our agencies to make sure we are creating that. And that is what I have heard from you all time and time again because the frustration is that you have a 12 foot wound and we continue to put a Band-Aid here and a Band-Aid there and so it becomes re-infected, so we get, the wound becomes infected again.

And what we have to do is figure out how we have the political will to cross all of those lines. Because as I think about intervention, treatment, and prevention, I, I can tell you it's going to impact what happens in justice, it's going to impact what happens with children, families, it going to impact what happens with health. And all of your recommendations you have really, you've, you've captured, partnerships are going to be key, you have captured the fact that you need a continuum of care. And I was so pleased in listening to these recommendations that we recognize what was called after care and we have really begun to support recovery support because even though we know that treatment works it is the medical intervention. What happens when people leave treatment? What happens if they cannot get safe housing, safe and sober housing? What happens if they cannot find the large one envisioning northern Arapahoe? What happens if they cannot get a job? What happens if they cannot be able to get care for their children? All of those things are going to push them right back to using again.

So it's, it, it is about the continuum of care. It is about the honor and respect of respect, of making sure that we categorize and that we accept as best practices tribal healing practices. The sweats, that are being, that are occurring in tribes across the country as a method of treatment. The whole nurturing system of grandparent and elders, the council of elders and the wisdom that is shared with our children about why they should be so proud of their culture and why, through the love of, of what as we are looking from ancestors on forward, why it is so important for them not to use meth because they have to pick up that mantle and move forward. And I'm so pleased to hear you all talk about the young people having a voice, a strong voice, not only in what goes on in the communities, but also in leadership. And, and at the Substance Abuse and Mental Health Services Administration, we will be having a tribal consultation because coming from a community that, in San Antonio that quite frankly, you, you talk about any issue, we had it. And it wasn't about people coming in and constantly doing to us and for us, but never with us. And it wasn't until the talk with us began that we actually turned our community completely around. And so it is the with us that we stand before you, because we will, we will be having a tribal consultation on actually developing new leadership conferences around the country that are by, for and with tribal youth. With them designing it and them stepping up and them picking their issues and them helping pave a way for a journey that we need to take that will help them arrive to their best person that they can be.

And I do want to be able to say, that I really believe that it is going to be incumbent upon the federal government and consultation with Indian country to sit around a table and literally remove the barriers. I know we have done this on other programs. We have done this with re-entry. We have, we have had lots of different agencies put money into one pot so that when the funds are delivered to the community, you can do any number of things. Because if you are going to address, if you are going to address substance abuse treatment, trust me, you're also going to be dealing with law enforcement issues as well. You're going to be dealing with economic issues as well. You're going to be dealing with family issues as well. You're going to be dealing with child endangerment issues as well. Child protective services as well. All of those things are going to come into play with this issue that we are dealing with, with Meth. And it is important that we work on as we talked about building capacity and leadership that the community strategies empowerment group talked about. It is about building capacity well. Because even though we are dealing with Meth, we know that right out on the horizon, right coming right behind this is cheese. That our, that young people are now engaging in. And then right behind that will be another, you know, drug of the year. And what we really have to do is build capacity within our communities to fight back whatever it is. Because it can't be about just the disease of the year, it has to be about how do we build capacity in our tribes to address whatever that issue is. How do we respect the tribal practices so it is about local people who are solving that local problem? It is about people supporting what they helped create and us putting things in place that help people create the solutions that they need.

So in my response to you all, is I certainly concur and I, and I take this as guidance back to the Substance Abuse and Mental Health Services Administration about what we need to do. But what we have to do is work harder with our, with our compadres and

our other federal agencies to make sure we figure out how to get down those walls because Chairman Brenner as you talked about, Miss Garcia as you talked about it is not about, those walls is what I think is, is hurting our country and it's not just in Indian county. It is all over our country. Because when people can't get a comprehensive child centered, family centered, community centered approach to things, what we end up doing is spending a lot of money and not accomplishing a whole lot. What we need is to really address communities aren't segmented, they're not fractioned, they're not pieces, it is a whole. And, and from tribal healing has always talked about the wholeness of the individual and the family and the community. And that's the way I believe that we, that has, that I take away from the recommendations that I heard, is that if it's about thinking of this in a different way and working to tear down those barriers between us. Figure out how we can put funding together in a comprehensive way so that when it is in fact available to tribes, you can use the funding in the way you need to use it to address the problems you need to address in the way that you need to address it. So I look forward to working with my colleagues, to be able to do that and I'm happy to take any questions or comments. And thank you very much.



DUWAYNE HONAHNI
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DEPARTMENT OF THE INTERIOR
NEW MEXICO

Thank you. Good afternoon everybody. My name's DuWayne Honahni, I am a member of the Hopi tribe from the village of Monkopi just about couple hundred miles north of here. I am a member of the Sun Clan. The comments that I want to make about the tribal, the law enforcement section is that, the only comment I want to make that we, the work group may have gone off a little bit in a different direction on what they were supposed to be kind of concentrating on and that was methamphetamine and what we can do about methamphetamine in Indian country. And there were a lot, a lot of good comments that came out, suggestions for us to, to, you know to build on.

And one of those things that I, I really would like to stress upon and, and this was brought up by, by Sgt Billy of the Navajo police department. He, he, kept stressing about policies and procedures. And I believe that that is a foundation for specifically for law enforcement and, and any other agency or program out there that to in order, to build a, a foundation and, something that is written, that you can look at, that you can go by whenever you, a problem, you are faced with a problem. And, and even, even though with, with all these recommendations that came up, you know funding, you know, yes, we need funding. That's one of the major, major things that, you know, I've been in the past, the National Alliance for Model State Drug Laws has had three of these, these conferences regionally throughout the United States. And in these three conferences they, they included Indian county but it was kind of sad to see that there was not a whole lot of Indian country participation in some areas. But the, the, the people that did show, you know, this, this was a lot of their concerns also, was funding. Funding for the three legged stool. Prevention, treatment and law enforcement. I believe that going back to the foundation of our programs, that as long as we have that foundation, we can use that with what resources we have to do what we can right now, because if we sit around and wait for the funding to come, which may never come, our, our, people are, are dying.

Our children are getting on methamphetamine. And I say this because, because it doesn't matter what position you hold in a federal government or a tribal government or whatever, state government, it doesn't matter what position you hold, every one of us is affected by methamphetamine whether we want to be or not. And I myself, have been, affected by methamphetamine personally in my family, so we need to do what we can with what resources we have in front of us. And like I said, if we wait around for the funding to come, which may never come, in the meantime, our cultures are being devastated, our, our, you know, it, it's hurting us, we're hurting ourselves if we don't take some type of action.

And prevention is, is something that we really, need to concentrate on also. I believe prevention works. The awareness program that we've, we've put out within the Bureau of Indian Affairs, as a whole I believe is working. Mr. Ragsdale made it mandatory that

all Bureau of Indian Affairs employees attend this methamphetamine awareness program that we put on, through law enforcement and Indian, Indian services for Bureau of Indian Affairs. And so far, today, approximately 4500 Bureau of Indian Affairs employees have been, have attended this training. The awareness programs out there are, you know, everybody's out there on the bandwagon doing this. And from talking to high school students out there, they're starting to see, they're starting to listen to what's going on and they're, they're, they're starting to, to make fun of people that come up and ask them hey you wanna go do some "G" with me? You know, they, they make fun of them. Say no, I don't want to do that, that's, you know, that's not good, you know, and, and, and instead of going along with them and doing it they, they make fun of it. It may not be a good thing to make fun of people, but, but at least they're not going off and taking this stuff with them and, you know, joining, you know, the peer pressure and stuff like that. But with health treatment also, I think that, you know, there's, there's another section to that and that's the after care of, of people that go through the treatment programs. We need funding for that too, to, for them to continue on to get better once they get out of the treatment programs, and I don't know if that is part of the, the health service program that they're looking at.

But, I think what this, this summit here has done and the past ones I've attended also with the National Alliance for Model State Drug Laws is that it, it's, it's given us all the opportunity to collaborate and cooperate with each other no matter what reservation we're from, no matter what tribe we're from, no matter what program we're from. That is the, I believe, the simple answer is cooperation and collaboration and working together at this instead of being territorial amongst each other and not wanting to share information, not wanting to work with each other. And, you know, as Native American people, I said this in the last, last week's IHS summit that cooperation and collaboration is part of our culture. Whenever we have ceremonies out there, do we have to go around and, and sign somebody or pay somebody to come help us with our ceremony? No we don't. It's part of our culture and we, you know, when we, when we sponsor some type of ceremony or something everybody jumps on board. You don't have to ask for help. Everybody's there for you. And that is what, I, the base, is the, is the basic thing is something that's right in front of us but we sometimes, we can't see it. So, I ask you all, to, you know, to, to work together out there and me coming from law enforcement I want to ask you to, to support your law enforcement program, and I know they are trying to do the best they can with what resources they have. So, thank you very much.

SCOTT BURNS

DEPUTY DIRECTOR, OFFICE OF STATE, LOCAL AND TRIBAL AFFAIRS

OFFICE OF NATIONAL DRUG CONTROL POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

No one ever wants to hear the last guy, everyone's already tired of enough talk. So I will try and put my thoughts succinctly together. I had a chance to go to all five groups. I had a chance to, listen to comments, insightful comments. Some of them passionate. There was a lot of good humor. There was conflict and argument and I think that's what Indian country's about. And I think that's what America is about. But, the purpose of this conference wasn't necessarily to try and address all, all of the problems within Indian country. And sometimes you can't talk about methamphetamine without talking about the families and about housing and about food and about fundamental needs and, and I understand that. But it's difficult when we're addressing the single issue of, of methamphetamine in Indian country to, to listen to the comments and which I will take back to Washington but not without making a couple of observations.

For 16 years, I was a prosecutor at One Foot altitude. Tried cases day in and day out from DUIs to speeding to three capital death penalty murder cases, that was my life. For five and a half years I've had an opportunity to be at 40,000 feet with Mr. Carnevale and, and people back in Washington that look at charts and graphs and see all, all of the numbers. And the reality is with all of the gloom and doom we talk about and the war on drugs and, and frankly I, I don't use that term. I think the war on drugs was a rallying cry from the 80's when we first started this when the President's father and others came out and said, "I hereby declare today a war on drugs". Well, we've come a long way since then. As has been stated here there is not probably, well I know there isn't, a person in this room, including me, that doesn't have a mother or father or a brother or a sister or a cousin or a friend or a loved one or somebody that they know and love and care about that has been touched by the disease of addiction, me too. I had a brother go to prison. Had another one that's an alcoholic recovering, God bless, knock wood, seven years sober. So we don't declare war on our loved ones. I, I don't like that term. We try and make the problem smaller each and every day.

Now nationally, if you look at the numbers. If you look at the national household survey that we rely to say hey, how we doing. If you look at the monitoring the future survey that we've relied on for years to say how are we doing. And, and it doesn't get as much ink because if it, if it bleeds, it leads, news that is good doesn't often, always on the front page. Drug use is down in this country. It is down substantially. Among 12 to 17 year olds almost 25% since 2001, Marijuana down. Some 840,000 fewer young people using drugs then they were in, 19, in 2001. Cocaine use is down. Methamphetamine is down. Steroid use is down. The only one that's up that this conference isn't about, but I'm sure we'll be having one, is prescription drug abuse. Vicodin, OxyContin, Insomin, Xanax. Some say we're getting the message to our young people that, it's not a good thing to stick a needle in your arm. They're getting the message about methamphetamine, and, and, and Ecstasy that fries your brain but this pill, this is a medicine. Doctors prescribe it, put the pill in your mouth. That's the emerging problem.

But back to meth. With all of the good news we hear nationwide because we clamp down on the border. Because we put pseudoephedrine behind the counter and Lori Moriarty and some others are here that were engaged in that battle in 2004. 17,500 lab incidents, meth lab incidents, 17,500. We set up a system to report these. Had to get the kinks out because sometimes there would be double and triple reporting, but 17,500. We put pseudoephedrine behind the counter. The states did that. It started in Oklahoma when a trooper got shot and killed, his wife and family marched up the steps of the State Capital and said put this behind the counter. You have to have flour to bake a cake, you've got to have pseudo to make meth, you're killing us. Iowa followed, Oregon followed and soon all, all 50 states were on their way to passing and, and, and have implemented and now the federal government came in, we put pseudoephedrine behind the counter.

And then we went to talk to the Mexicans because the pseudoephedrine then went across the border and they started cooking it in super labs there. Had discussions with the Attorney General of Mexico and others at high levels. The drugs are all also, determined there's three main countries that make pseudoephedrine. Talked to their Ambassadors and we sent people, Drug Enforcement Administration and others to the factories that make it. Where does the pseudoephedrine go? How does it reach Mexico to be cooked in a super lab to make it's way to Phoenix, Arizona? Well the result is, and again, some of us here, not me necessarily, but can slap yourself on the back, 17,500 meth lab incidents in 2004, the National Association of Counties listed it as their number one concern. Not jobs. Not water issues. Not highway traffic, methamphetamine. So far in 2007 there have been just over 1,000 lab incidents in the United States. That is tremendous progress. And we continue to make progress, that's the good news.

Now here's the bad news. The bad news is when I get with DuWayne Honahni and my friend Hope McDonald Lone Tree and others two and three years ago, we're getting killed in Indian country. You may have these great numbers out there, labs, I believe you, are going down. Drug use, I'm sure it is, I'm sure all of these tests and measure used in the United States are right. But we're not seeing it in Indian country, it's not happening. Our communities, our youth are being destroyed. They're coming across the border, they're marrying in some instances into, into families that continue to sling it from Wind River to the Augasaki Mohawk to San Carlos to Yakaman Crow and across the country. We've got to do something about it. So the White House set up a subcommittee and these recommendations will go back.

You talk about funding. I'm going to scream loud and clear that we need additional funding. But Joe Garcia our esteemed president NCAI and Jackie Johnson and others have been saying that for years. We've all been saying more funding. I'm going to be very blunt with you after listening to some of the recommendations. If you say just send us money but don't put any strings on it and don't ask us we just want the money, we will use it the way we want and promise you that it'll be used appropriately in Indian country, I'm sure that message is, has been brought before. Maybe I'm wrong, but I don't see that happening. I just don't. I see the Congress that appropriates the money saying and, and that doesn't mean we can't bypass some of the state systems that funnel it here and a bit gets chipped off there and we can make a more efficient way. But at some point somebody's going to say what are you spending it and after you spend it what difference did it make. Back there they call it performance measures, in real life it says does it make a difference and

did you spend the money wisely. So there's, there's going to have to be a plan and a basis for the recommendation. So now the bad news, with drug use going down, and I'll just use one example. We went to Navajo in Shiprock. And we sat around and tell me we didn't have everybody there that could have some impact on the issue. They said we have a methamphetamine epidemic. We had tribal prosecutors, tribal defense, we had the judges, we had tribal council members, some of them are here, we had Assistant United States Attorneys, we had state and local county attorneys, detectives, we had everybody in the room. A methamphetamine crisis. Now think about your own sphere of the world and maybe it doesn't apply to you, I think Salt River's different with assets, because, we went there later and it's a little bit different, but, Greg, you were there, a methamphetamine crisis, good. First question, alright, how many meth cases have you had in the last five years? None. None. How can you have a meth crisis and you have not had one methamphetamine case in the last five years? How can that be a crisis? Well, for a number of reasons. What? Well, first of all, we don't have a lab to take the meth to be tested to find out if it was in fact meth to prosecute the person. What do you mean you don't have a lab? Well, in New Mexico we had one but now they won't take the meth so they won't test it. Now this is New Mexico by the way and, and, no offense to that wonderful state and those of you that live there, but you want, want to talk about money, \$8 million for the High Intensity Drug Trafficking Area program. 6 states in New England get \$2.5 million, \$2.5 million. The state of New Mexico alone gets \$8 million. State of New Mexico was one of 14 I believe that got access to recovery money some \$23 million over a, what, 3 year period. Screen and intervene money went to, I think, about 10 states, millions, New Mexico got that. They have 11 drug free communities at \$100,000 a piece for over 5 years, that's \$1.1 million a year over a 5 year period to bring communities together to do what we're doing here today. But, and, and, and maybe I'm wrong, but with all this federal money coming in, a couple of things New Mexico did that drew there. One, on the drug issue. The only thing that was discussed this year is they wanted to legalize marijuana and they wanted to grow it. And they wanted to build a building so New Mexico employees could grow pot and then sell it in the state of New Mexico. And you know what, I raised a hand and said how about maybe a crime lab. For what? To test the meth that's coming from Navajo so that they could prosecute a case and put people in jail that are slingin' this poison on the reservation. You might want to use that money for that as opposed to building a building to, to grow high grade pot. So it becomes a matter not so much, I think, of money, but where are our priorities.

Once we get the crime lab, and we're working on that, and we said earlier it's each spot, each one is unique, each one has their own issues but we'll talk just a minute about Shiprock. Once we get the crime lab to test the meth, to prosecute the person and let's say we convict him, and it might take some training of prosecutors and defense attorneys and get judges and everybody back in the saddle so they remember how to do it, and let's say we do that case and prosecute somebody, there's no jail. We can't put him in jail anywhere. So if I'm the defendant I might feel pretty good about this. Because even if you convict me, and I'll make up the numbers, but it's something like 66,000, if I can remember the, the report, we got like, what, 80 beds. What's that? 69 beds. Some 60,000 are processed that doesn't mean they're all going to be incarcerated or sent to prison, but, ok, you know what, I'm thinking instead of growing the pot for a minute, maybe you can do that later, but let's just hold off and get a jail first. So after we test the meth and then we get the jail to at least scare somebody, might not even lock em up, but if we get some bad, bad people that are

drug traffickers we need to lock em up. We talked a lot today about loving people and helping people and we all want to do that.

Hawaii. Overrun by methamphetamine. Number one per capita in the United States. We went there four years ago. You gotta help us. Governor Linda Lingle who is brilliant, the Lieutenant Governor Duke Aiona, we sat down with law enforcement, we've got to do something here. On the news the night before I'm watching television, I'll make up the name it was something like Poleo Amua was arrested last night with 22 grams of methamphetamine and two firearms. It was his thirty-second felony arrest. Mr. Amua was released on his own recognizance. I'm not kidding you. So I went in the next day, they said, oh of course. I said why. Well, we don't have a jail. And what we have to do is fly people to the mainland, so I said 30 felony arrests? Look me in the eye and say I swear, I swear. Well no, you know what, this is like Iraq, we've got to start from the bottom. It's called a criminal justice system. You have prosecutors, you have defense attorneys and judges and you have a penal institution where people go that are really bad and treatment facilities and you have to, I mean, it works when it's in place but if one of them is missing, and I mean one of them from the crime lab to the correctional facility that we don't have in Navajo, it doesn't work. You do what Hawaii did, they said we're going to spend the money. We are going to lock up the worst of the worst. I was there a month ago. They are turning the corner. They arrested about 100 of the biggest, baddest, methamphetamine, gun totin' for years not worried about one thing, not even Dog the Bounty Hunter. Not worried about anything in Hawaii but slinging meth and making tons of money. And you know what, they're seeing less robberies, they're seeing people out at night in places in Oahu and Honolulu that they didn't dare walk before. Meth use is going down. They arrested some people. And maybe they call it tough love, or whatever you call it, but it's part of the criminal justice system. I, I'll, I'll, I get going but I'll sit down.

What we're trying to do in my little part of the world because one thing I do is control the HIDTA program, the High Intensity Drug Trafficking Area Program, so we asked all the HIDTAs to submit a proposal, we picked four. We picked Navajo at Shiprock, Yakama, Crow and Salt River. Part of the criminal justice system, get law enforcement people in there. Did we pick them, no I went to them hat in hand with hopefully by now, some knowledge of severity and respect and I said, I'm here to offer, you can kick me out, you can throw me out, I certainly understand, severity and, and, and come saying do you want a partner. And thank God all four of em said yes. We said you're in control, you're in charge but here's what we can bring to the table. What do you think we ought to do? Well the first thing, sorry, is you've got to clean out the trash. You gotta get rid of the people selling dope to your kids and to your family. So the first thing we are going to do is bring the High Intensity Drug Trafficking Area together and you know what that requires, federal, state, local and tribal working together. Doesn't matter what uniform you have, doesn't matter whether you're brown and good lookin' like DuWayne or a tall homely white guy, we're going to put all that aside whether you're Drug Enforcement Administration or a county sheriff or whatever and we're going to work together. Because our priority is to clean them out. That's the first thing. Then, the Substance Abuse and Mental Health Services Administration agreed to partner and Health and Human Services and others and, and when we got some money for prevention and education, what prevention and

education. We gotta do some television. Everybody has a television and radio and well, we gotta find out what works in Indian country. I think together we partnered for half a million dollars and we did focus groups, we did 'em in three different places including Alaska because we certainly recommend of the five-hundred plus, two-hundred and fifty plus are there. And sat down with children and parents and elders and drug addicts and, to form a message that will work in Indian country. And we're going to throw it out in those four areas. So we have the law enforcement, we have the prevention and education and now we gotta come through with treatment capacity. We've gotta get funding and where it's not working and those four areas, we're going to ramp it up and we're going to see if it works. And if it works, maybe it's a model that I could be back a year from now or two years from now saying hey, when you bring federal, state, local and most important of all, tribal, together with you in the leadership you saying yes, we want to do this, we'll do it our way, but understand that you have to have everything in place to, to make it work it, it, it would be a beautiful day.

I want to thank you all for, for, spending time here today. I think it's been constructive. I know sometimes it's difficult. I don't know what will be written or what will be recorded or who's going to say what about what, but I'm going to say that I met with some extremely bright and dedicated distinguished folks. I will certainly relay the funding issue. I will certainly talk about all of the things that you have said here today and if we do anything, if we do anything, at least back in Washington, where's Beverly Watts-Davis, she's in Phoenix, where's Burns, he's in Phoenix, what are they doing. It's an Indian country summit on methamphetamine and it's one more voice. Where's Tracy Toulou today or Carnevale, they know that we are paying attention to an issue that needs assistance and, and, Hope will, you've always got to have a voucher, Hope will vouch for me, this isn't come in and let's do this and have a nice day and check that Indian box we're done with that. That is not, that is not what this had been about and it's not what it is about and so we have to continue honestly working together.





APPENDIX A: Agenda



ONDCP TRIBAL METHAMPHETAMINE SUMMIT

AUGUST 1, 2007

SHERATON CRESCENT HOTEL
PHOENIX, ARIZONA

Convened by: Office of National Drug Control Policy (ONDCP)
In Consultation With: Office of Justice Programs
Substance Abuse and Mental Health Services Administration
Bureau of Indian Affairs
National Congress of American Indians
& Coordinated By: National Alliance for Model State Drug Laws

The three objectives of the Summit are to identify tribal priorities for combating methamphetamine, to highlight key tribal best practices and to develop specific action plans to address methamphetamine in Indian Country.

- 7:00 a.m. – 7:30 a.m.** Continental Breakfast
- 7:30 a.m. – 8:00 a.m.** Welcome and Overview of the Event **Crescent Ballroom**
Scott Burns, Deputy Director, Office of State, Local and Tribal Affairs, ONDCP
Jackie Johnson, Executive Director, National Congress of American Indians
Councilwoman Hope MacDonald Lone Tree, 21st Navajo Nation Council,
Chairperson, Public Safety Committee, Member, Intergovernmental Relations Committee
- 8:00 a.m. – 8:15 a.m.** Break Participants will move to their selected working group
- 8:15 a.m. – 10:30 a.m.** Facilitated Working Groups
1 – Law Enforcement & Public Safety
2 – Courts and Corrections
3 – Intervention and Treatment
4 – Community Strategies/Empowerment
5 – Youth and Children
- 10:30 a.m. – 10:45 a.m.** Break
- 10:45 a.m. – 1:00 p.m.** Working Groups Resume
- 1:00 p.m. – 1:15 p.m.** Break Participants move to plenary session for the luncheon program
- 1:15 p.m. – 2:15 p.m.** Luncheon Program **Crescent Ballroom**
NCAI Methamphetamine Task Force Representatives
Chairman Jamie Fullmer, Yavapai-Apache Nation
Jackson Brossy, Legislative Fellow, NCAI
John Carnevale, Ph.D., "2008 Financial Opportunities Available for Native Americans"
- 2:15 p.m. – 3:30 p.m.** Reports from the Working Groups **Crescent Ballroom**
Each working group's top five (5) priorities/action plans
- 3:30 p.m. – 4:30 p.m.** Federal Response to Reports **Crescent Ballroom**
Leslie Hagen, Assistant US Attorney, Western District - Michigan
Office of Justice Program's Indian Country Sexual Offender SMART Representative
Beverly Watts Davis, Senior Advisor to the Administrator
Substance Abuse and Mental Health Services Administration (SAMHSA)
DuWayne Honahni, National Drug Coordinator, Bureau of Indian Affairs
Scott Burns, Deputy Director, Office of State, Local and Tribal Affairs, ONDCP

AGENDA





APPENDIX B: List of Participants



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