

Methamphetamine and Child Abuse in Native America

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As the methamphetamine epidemic spreads from the West to East, states, federal agencies, and county governments have mobilized in a collaborative effort to respond to the continuing spread of methamphetamines in America. Rural communities have been particularly hard hit because of limited resources creating an ideal environment for methamphetamine production and sales. While recent precursor legislation may help to reduce small lab production of methamphetamines, sale of the drug and the resultant addictions continue to plague communities in rural, urban and suburban communities. Tribal communities have also been targeted for methamphetamine use and sales for similar reasons yet tribes do not have the same infrastructure or resources to respond to the methamphetamine crisis emerging in Native America. The chronic underfunding of law enforcement, social services, mental health and health care sets tribal communities apart as particularly vulnerable to methamphetamine use and sales. It appears tribes have been experiencing a rise in methamphetamine use over the past five years. Treatment data indicates that users are more likely to be White with a substantial proportion of Asian/Pacific Islanders users and a growing problem emerging among Native Americans.¹ As a relatively cheap stimulant methamphetamines create a sense of euphoria for users, it is not surprising methamphetamines have found a niche in tribal communities where poverty, depression, high unemployment and substance abuse issues already exist as serious challenges.

In testimony provided in April 2006 at the Oversight Hearing on The Problem of Methamphetamine in Indian Country Jefferson Keel, Vice President for the National Congress of American Indians, testified that many tribes are reporting higher incidences of child abuse and neglect related to methamphetamine use while the National Indian Child Welfare Association estimates that 80-85% of families in the child welfare system have alcohol and substance abuse problems. California Legal Services experienced in working with tribes on child abuse and neglect issues is reporting that in child abuse and neglect cases nearly every parent/s they see is somehow involved with methamphetamines.² In the Oversight Hearing witnesses provided testimony from tribal communities on methamphetamine related violence, crime, large drug busts and other incidences that have brought tribes into regional and national news.

Historically there has been very little funding available for tribes to effectively develop and sustain child abuse and neglect efforts. States are able to access funds via Title XX. Tribal governments are not eligible to receive funds from the Title XX Social Services Block Grant Program despite the fact that tribal members are utilized in determining state allocations for monies. States are not required to share or allocate Title XX funds to tribes within their states. With the methamphetamine crisis in Indian Country tribes are in a critical situation in attempting to address serious addiction challenges and increased use on an overburdened and underfunded social service system.

Since 1989 funding has been provided through the Office for Victims of Crime (OVC) to federally recognized tribes through the Children's Justice Act (CJA) Partnerships for Indian Communities grant program. These funds have been established to assist tribes to develop, establish and operate programs to improve how child abuse cases, particularly child sexual abuse cases, are handled and to reduce trauma to child victims. In three year funding cycles, approximately 10 to 13 tribes and tribal organizations propose interdisciplinary (law enforcement, medical, social services, prosecution, education) projects to address their community needs relating to serious child abuse, with the support of training and technical assistance provided through the Tribal Law and Policy Institute. These projects are expected to either end in the three years, or become sustained through another funding source. Because of increasing methamphetamine related child abuse reports, since 2003 CJA grantee tribes have requested training and technical assistance from the Tribal Law and Policy Institute grantees to understand and address methamphetamine use and child abuse in their communities.

Tribal service providers and law enforcement in the CJA grantee tribes reported families were selling their furniture, personal belongings, family heirlooms, cars, homes and even prostituting their children in order to maintain their methamphetamine addictions.³ Some tribes have reported increased and more severe levels of child abuse where methamphetamines is involved, such as the 80% of the 500 reports of child abuse at San Carlos Apache that involved drugs and alcohol abuse, including methamphetamines.⁴ An increasing number of tribes are reporting babies from their communities are testing positive for methamphetamines at birth. Some tribes have reported a dramatic increase in the number of babies being born affected by methamphetamines; on one reservation 64 of 256 babies were born last year to tribal members addicted to methamphetamine.⁵ Methamphetamines lowers inhibitions and judgment thereby increasing the risk for users to participate in unprotected sexual activity. Injecting methamphetamines and participating in unprotected sexual activity increases the risk of sexually transmitted diseases, HIV and Hepatitis B and C. In 2004 American Indians and Alaska Natives had rates of HIV of 7.9 per 100,000.⁶

Tribal Law and Policy begin responding to tribal challenges and needs, and in 2006 members of three small to medium Western tribal communities were asked to complete a survey about methamphetamine use and its impact on child maltreatment, permanency outcomes, and agency workloads. Tribal Law and Policy working with Roe Bubar, an Associate Professor in the School of Social Work & Ethnic Studies at Colorado State University sponsored this research survey to examine the perceptions of professionals regarding, *Methamphetamine Use and the Incidence of Child Abuse in Tribal Communities*. Preliminary data has been gathered and overall there appears to be a significant problem with methamphetamine use in these three tribal Western communities with serious implications for children, families and systems. Participants reported great awareness of methamphetamine use and some awareness of methamphetamine production and distribution in their communities. Participants also reported increases in the incidence of child abuse and neglect, as well as domestic violence and sexual assault. Furthermore, respondents reported strong awareness of increases in child abuse allegations and out-of-home placements that involved a methamphetamine investigation. Although the three communities differed slightly on views toward barriers to

permanency, respondents were very aware of methamphetamine involvement increasing the difficulty of family reunification. Additionally, participants reported awareness of increases in the workload of law enforcement, social services, child protection, and other agencies in tribal communities as a result of methamphetamines. There were also some indications that training is available for child welfare professionals and that agencies are beginning to work together to address methamphetamine use. Finally, there was almost no awareness of any treatment for methamphetamine users or for resources and services available to children exposed to methamphetamines.⁷

Although the scope of the research is limited, it confirms much of the anecdotal reports provided as federal-tribal workgroups begin to discuss the impacts of methamphetamines, and the testimony presented to Congress. The impact of methamphetamine on tribal children and their families is critical. Former methamphetamine addicts talk of losing their spirit, of losing their soul.⁸ As pointed out in the survey the loss is not only personal; methamphetamine creates serious challenges for families, tribal economies, health care, cultural learning and environmental impacts to tribal communities. The infiltration and devastation wreaked by methamphetamine has largely gone uninterrupted as a result of the lack of resources, jurisdictional complexities and the limited coordination with state, federal and tribal agencies. These challenges have left Indian Country and its borders vulnerable to cartels and others who deal, manufacture and sell methamphetamines. In 2005 a large drug ring operating on several reservations was busted as twenty-five people, including drug ring leader Jesus Sagaste-Cruz, were federally charged. After sentencing Sagaste-Cruz reported that he was able to sell methamphetamines on reservations in South Dakota, Montana, Wyoming and Nebraska because of loopholes in federal laws and limited law enforcement presence.⁹ During the four year investigation into the Sagaste-Cruz drug trafficking network, federal investigators estimated that more than 3 million dollars were spent by residents in one reservation on methamphetamines. As one survey participant reminds us, “People say there is something in the air here. I say that something is methamphetamine. It is in our air, water, soil; it is in our people and in our children.”

¹ Hunt, D., Kuck, S, Truitt, L. Methamphetamine Use: Lessons Learned, 2006. Washington, DC: National Institute of Justice, Office of Justice Programs, 2006. Contract No. 99-C-008.

² Testimony of Jefferson Keel First Vice President, National Congress of American Indians Before the United States Senate committee on Indian Affairs: Oversight Hearing on the Problem of Methamphetamine in Indian Country, April 5, 2006.

³ Personal communication from CJA Grantees attending the Trauma and Tribal Children’s Conference, Fallon, Nevada. June 6-9, 2006.

⁴ Testimony of Chairwoman Kathleen W. Kitcheyan of the San Carlos Apache Tribe Before the United States Senate Committee on Indian Affairs Oversight Hearing on the Problem of Methamphetamine in Indian Country, April 5, 2006.

⁵ Testimony of Karrie Azure, Grant Coordinator for the United Tribes Multi-Tribal Indian Drug and Alcohol Initiative before the United States Senate Committee on Indian Affairs Oversight Hearing on the Problem of Methamphetamine in Indian Country, April 5, 2006; Testimony of Chairwoman Kathleen W. Kitcheyan of the San Carlos Apache Tribe before the United States Senate Committee on Indian Affairs Oversight Hearing on the Problem of Methamphetamine in Indian Country, April 5, 2006.

⁶ Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2004*. Atlanta, GA: U.S. Department of Health & Human Services, September, 2005.

⁷ Bubar, Winoker & Bartlemay, 2006. *Methamphetamine Use and the Incidence of Child Abuse in Tribal Communities: Perceptions of Professionals in Three Western Tribal Communities*. In press report.

⁸ Tuba City Regional Health Care Corporation Health Promotion Program, "*G*" on the Navajo Nation, 2004.

⁹ Associated Press, *Dealer Given Life Sentence Selling Meth*, July 8, 2005.