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METH IN NORTH DAKOTA

SENATOR LARRY ROBINSON*

Like many states, North Dakota has experienced an outbreak in the use and manufacture of methamphetamine over the past number of years. Law enforcement throughout the state have found themselves arresting people involved in the use and/or manufacturing of methamphetamine. There have been countless busts of meth labs associated with the manufacture of this substance. The epidemic of methamphetamine has placed considerable stress on our judicial system and our Department of Corrections. Many of our courts find backlogs of cases as a result of methamphetamine. Our county and state prison facilities are bursting at the seams. Many of these facilities have or are planning expansions to accommodate the increased activity. North Dakota has had numerous deaths and murders statewide as a result of this terrible curse.

As a State Senator and a member of the Senate Appropriations Committee, I witnessed first-hand the impact that methamphetamine and other controlled substances are having throughout our system. That impact is not only felt by the Department of Corrections and the Judiciary, but also in Human Services, Education, and many other agencies throughout our government.

I toured the New England Women's Correctional Facility shortly after it opened a couple of years ago. At the time there were a total of sixty inmates. (That number is now at one hundred-twenty). I was informed that of the sixty inmates, a total of fifty-four (ninety percent) were there because of addiction problems resulting from the use of controlled substances. Of the fifty-four, ninety percent were there as a result of methamphetamine usage. That statistic caused me grave concern. In further researching the statewide picture, the same percentages or higher were true in the State Penitentiary in Bismarck and at the James River Correctional facility in Jamestown. Methamphetamine, to a large extent, was driving the budgets of these agencies.

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The ramifications of this epidemic are overwhelming. The total general fund budget for the Department of Corrections in the 1995-97 biennium was approximately \$33 million. For the 2005-2007 biennium, that number has mushroomed to just over \$100 million, largely because of the increased number of inmates as a result of methamphetamine. This is to say nothing about the impact on the budgets of other state agencies and county governments.

To complicate matters even more, we were doing very little as a state in the area of treatment. The Tompkins Unit at the North Dakota State Hospital in Jamestown has a capacity of ninety beds. These beds are divided up on a 60/30 basis. Sixty beds are for men and thirty beds for women. The Tompkins Unit is operated by staff from the State Hospital. They are under a contract with the Department of Corrections. It is almost impossible to access treatment at the Tompkins Unit unless the individual has prior prison time.

Due to the lack of treatment, in most cases, once a person is involved with the legal system for possession, etc., the offender will likely receive a deferred imposition sentence and be placed on probation. I was disturbed to find that the case workers have a fairly high expectation that the offender will likely break the terms of probation and that probation will eventually be revoked. This sometimes takes two or three appearances before the court. Many of our methamphetamine users eventually find their way into the prison system for a period of several months up to a year or more. In many instances, they are then channeled through the Tompkins Unit following discharge for a period of approximately one hundred twenty-five days.

Following the treatment program at Tompkins Unit, they are placed on a structured after-care program under the supervision of a case worker. Unfortunately, our case workers are overloaded. Some have more than eighty caseloads. This count is clearly excessive and unrealistic. The industry standard is between forty-five to fifty cases.

I became increasingly concerned about the lack of treatment for methamphetamine, the overcrowding of our prisons, and the fact that we were, in fact, creating a large number of felons in our state. We were being very reactive and not proactive. During the 2005 legislative session, I sponsored Senate Bill 2373. The intent of the legislation was to intervene early in the life of a methamphetamine user and get the user into treatment. The provisions of the bill called for treatment of these individuals before they were deep into the legal system. With methamphetamine users, the window of opportunity to intervene is very short. The original bill called for a fifty-bed facility. In the end, we were successful in getting the bill

approved for twenty beds. Due to a tight fiscal note, the program commenced in January of 2006. The program is located at Sharehouse in Fargo and it is called the Robinson Recovery Center.

The Robinson Recovery Center (RRC) represents an important first step in the treatment of methamphetamine users in an attempt to keep them out of the prison system. Plans call for expansion of the RRC during the 2007 legislative session. The RRC is one of three such programs in the nation and the only one that accepts both male and female clients. The investment of resources up front in treatment is a far better use of our resources than to send them to prison for seven to twelve months and then channel them through the Tompkins Unit. In the later scenario, we are doubling up on our expenditures. The individuals come out of the system with a prison record making it that much more difficult for them to find employment and move on with their lives.