



NEVADA LEGISLATURE
LEGISLATIVE COMMITTEE ON HEALTH CARE
SUBCOMMITTEE TO STUDY SERVICES FOR THE
TREATMENT AND PREVENTION OF SUBSTANCE ABUSE
(Assembly Bill 2 [Chapter 1, *Statutes of Nevada 2005, 22nd Special Session*])

SUMMARY MINUTES AND ACTION REPORT

The second meeting of the Nevada Legislature's Legislative Committee on Health Care Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse was held on Tuesday, March 14, 2006, at 9 a.m. in Room 2135, of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, Las Vegas, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" ([Exhibit A](#)) and other substantive exhibits, is available on the Nevada Legislature's Web site at <http://www.leg.state.nv.us/73rd/Interim>. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

SUBCOMMITTEE MEMBERS PRESENT IN CARSON CITY:

Assemblywoman Sheila Leslie, Chairwoman

SUBCOMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Joe Heck
Senator Steven A. Horsford
Assemblyman Joe Hardy

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Amber J. Joiner, Senior Research Analyst, Research Division, Legislative Counsel Bureau (LCB)
Leslie K. Hamner, Principal Deputy Legislative Counsel, Legal Division, LCB
Andrew K. Min, Deputy Legislative Counsel, Legal Division, LCB
Ricka Benum, Senior Research Secretary, Research Division, LCB

OPENING REMARKS

- Chairwoman Leslie opened the meeting and welcomed the Subcommittee members and persons in the audience to the second meeting of the Legislative Committee on Health Care Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse.

EXAMINATION OF THE ISSUES SURROUNDING METHAMPHETAMINE ABUSE IN NEVADA

(As directed by Chairwoman Leslie, this agenda item was taken out of order.)

- Kevin Quint, Executive Director, Join Together Northern Nevada, Reno, Nevada, provided statistical facts associated with use of methamphetamine use in Washoe County. Eighty to eighty-five percent of the persons sentenced to Drug Court in Washoe County have committed methamphetamine-related crimes. Thirty percent of adults seeking admission to treatment programs do so because of methamphetamine use. There are now more female adolescent users than male, and a disproportionately high number of Hispanic youths use methamphetamine. Law enforcement agencies across the country report that methamphetamine use is the nation's primary drug problem. Mr. Quint provided his prepared testimony (please refer to [Exhibit B](#)) and made the following recommendations:
 1. Close gaps in services and inefficiencies related to treatment on demand for abusers seeking help.
 2. Train all personnel, such as emergency room staff, first responders, physicians' assistants, and social workers to provide basic screenings and intervention.
 3. Direct funds to implement strategic prevention services.
 4. Enact comprehensive laws to eliminate importing and manufacturing precursor methamphetamine ingredients, increase penalties for methamphetamine-related infractions, develop statewide model drug laws, and encourage public recognition that methamphetamine is a community problem.
- Marv Teixeira, Mayor, Carson City, introduced the speakers from the Carson City Drug Abuse Coalition, and reported the results of a city-wide survey sent to Carson City residents. Sixty-six percent of the completed surveys indicated that illegal drug use and distribution is the city's number one problem and should be given priority. The Board of Supervisors funded \$100,000 during the fiscal year and formed a steering committee. The committee is comprised of members from the Carson City Chamber of Commerce, banking and press representatives, judicial associates, and 80-plus citizen volunteers. Four forums were held with over 1,000 parents in attendance, resulting in

the formation of groups to focus specifically on issues of awareness, education, enforcement, policy, and treatment.

- Kenneth T. Furlong, Sheriff, Carson City, commended the coalition's effort to broaden public information throughout the community. He reported that the Sheriff's Office implemented a single-line access system to law enforcement which enables residents to speak directly with an officer to report drug activity. Law enforcement officers face inherent dangers daily when encountering methamphetamine users, due to the unpredictability of their actions.

In addition, Sheriff Furlong listed the area's united resource agencies which include tribal law enforcement officers, the District Attorney's Office, Nevada Highway Patrol officers, parole and probation officers, and members from alternative sentencing programs. All personnel connected with law enforcement exchange information and strive to network with neighboring communities to form regional drug task forces and enforcement teams.

- Noel S. Waters, District Attorney, Carson City, discussed the importance of altering the traditional thought process of enforcement and judicial disposition to one of awareness, and education, with an emphasis on prevention. The Carson City at-risk youth surveys indicated in 2003, 6.8 percent of middle school children and 12.3 percent of high school students used methamphetamine. Statistics suggest that oftentimes methamphetamine use is an intergenerational cycle, meaning the drug is used by grandparents, parents, and then children. Adult addicts provide access, enhanced by lack of supervision. Additionally, school officials report a correlation between chronic truancy rates among elementary school students and parents who use methamphetamine.

Mr. Waters described the routine of the Carson City Drug Court which, along with five other counties, is associated with the Western Nevada Regional Drug Court. (Please refer to [Exhibit C.](#)) The Drug Court program includes a rigorous curriculum and requires the voluntary participation of substance-addicted offenders. Eligible participants must be sentenced by a district court judge and participate in the program for a duration of 18 to 24 months. Mr. Waters noted that 20 percent of the methamphetamine addicts do not complete Drug Court, even though the only alternative is a lengthy prison sentence.

- Chairwoman Leslie inquired about additional objectives of the citizen call line, and questioned whether substantial amounts of methamphetamine are imported into the United States from Mexico, or if it being is manufactured locally. She also solicited recommendations to enhance drug laws that the Subcommittee may consider.
- Sheriff Furlong explained the drug call line has treatment information readily available, but the primary function is for residents to report drug or suspicious activity.

- Mayor Teixeira stated the Carson City Coalition’s policy committee will enact local ordinances that work within current parameters of the *Nevada Revised Statutes* (NRS). Bill draft requests (BDRs) will be submitted prior to the 2007 Legislative Session, should additional laws be deemed necessary.
- Mr. Waters added that local nuisance laws are being reviewed and may be revised to discourage and prevent neighborhood drug-related activity. Also, the federal Combat Methamphetamine Act of 2005 may override many state laws. He said most local traffickers are in the country illegally and much of the methamphetamine is imported from Mexico. It is suspected that the ingredients (ephedrine and pseudoephedrine) originate in Asia, Burma, India, and Thailand. Mr. Waters encouraged pressure of federal officials for intervention to close ephedrine and pseudoephedrine factories.
- Sheriff Furlong stated that methamphetamine is coming by the truckload to northern Nevada from Mexico as well as from southern California. A major problem is that methamphetamine is readily available.
- Carol L. Chervenak, M.D., Medical Director, ABC House, Linn and Benton Counties Child Victim Assessment Center, Albany, Oregon, provided an extensive discussion of the effect of methamphetamine use. Dr. Chervenak is a family practice physician, but during the last ten years has focused on child abuse, and provides medical evaluations in situations of mistreatment. She spoke on the consequences relayed to her by drug endangered children, who have been exposed to methamphetamine users and their lifestyles. In addition, she explained the body’s complex nerve system, the transmission and release of dopamine, and the consequences of exposure to high-risk environments on the human system.
 1. Children removed from homes where methamphetamine is produced experience blurred vision, dizziness, itchy skin, and nausea. Such homes frequently have several adult methamphetamine users living in the residence at a time. Children are often taught to manufacture methamphetamine, and are exposed to the toxic odors and chemicals. Youngsters removed from these situations describe graphic domestic violence and circumstances involving weapons. The dangers for children involved in a “level one” methamphetamine laboratory include exposure to chemicals, the inherent dangers of the manufacturing process, and the lack of responsible caretakers. A “level two” methamphetamine laboratory environment additionally involves heavy use and distribution; these children experience a significant increase in abuse, neglect, and violence.
 2. The use of methamphetamine affects the human system by forcing large amounts of dopamine to the nerves which remains there far longer than the body’s own produced dopamine. The chemical properties of methamphetamine are very close to the body’s natural chemical once pseudoephedrine has been added. Law enforcement could reduce methamphetamine distribution and use if pseudoephedrine is removed from the market and made unavailable.

3. The dopamine “reward pathway” located in the center of the brain, motivates and regulates behaviors that are indispensable for survival, such as food, sexual behaviors, and social interaction. The use of an addictive drug activates and targets dopamine with a greater magnitude and duration than the natural process, and with continued use the normal system no longer produces pleasure. The methamphetamine addict experiences extreme depletion of dopamine which leads to a “crash” and depression. They become nonresponsive, sleep for days and leave children unattended for even the most basic needs.
4. The intensity of the methamphetamine addiction blinds the user to all responsibilities and joys in their lives. Tests in laboratory rats illustrate that methamphetamine significantly affects maternal behavior. The effect (high) from cocaine lasts approximately 20 to 30 minutes; methamphetamine is long-acting, and the effect lasts hours longer than other substances. As a central nervous system (CNS) stimulant, low doses increase alertness, attentiveness, and energy; at high doses it provides a sense of confident euphoria, especially attractive to teenage girls. In higher doses the drug induces hypomania and grandiosity with symptoms much the same as bipolar disorder or maniac depression. With continued CNS stimulation, users demonstrate decreased sleep, incessant talking, peculiar mannerisms, restlessness, and stereotypical behavior. The methamphetamine user can not stop moving, repeating the same movements repetitively.

Methamphetamine impacts the brain’s ability to metabolize serotonin, therefore decreasing the level, causing long-term increase in anxiety, rage, and violence. Additional methamphetamine effects could include arrhythmia, cardiomyopathy, heart attack, hyperthermia (high blood temperature), metabolic acidosis seizures, and stroke.

5. A phenomenon of the effect of methamphetamine is an increased sexual desire, but at the same time there is a decreased ability to achieve pleasure. Therefore, users experiment to find new ways to experience satisfaction. Methamphetamine homes have been found to contain large amounts of pornography, and addicts often involve their children in sexual activity seeking ways to enhance gratification. Children that have been removed from methamphetamine homes experience violent environments, and describe in detail forced sexual incidents and extreme cases of neglect.
6. The long-term effect of methamphetamine contributes to the powerful addiction of the drug. Users develop a rapid tolerance with symptoms of cravings, depression, lethargy, and suicidal thoughts. Addicts are tempted by the overwhelming urge to use the drug again and the knowledge that if they take more, the horrific symptoms will be relieved.
7. The visual changes of methamphetamine addicts are drastic and rapid; many exhibit common characteristics of extreme weight loss, sunken eyes, and body sores from

- the stereotypical body picking. Methamphetamine addicts have been known to experience tremors, uncontrolled movements, and hyper locomotion. Prolonged use of the drug causes paranoia, similar to schizophrenia, and may result in full paranoid psychosis. There is a risk that psychosis will recur or become chronic even if the methamphetamine user stops using the drug.
8. Brain scans of methamphetamine users illustrate the volume loss in different areas of the brain. Long-term consequences are documented at degrees of up to 5 percent function loss in the areas that control emotion, memory, movement, and reward. Brain tests of active methamphetamine users demonstrate that there are profound performance deficits in verbal memory and perceptual motor speed (reaction time). The most profound losses occur in the brain's executive functions, such as abstract thinking, inhibition, problem solving, and tasks that require mental flexibility.
 9. Extensive testing and current research has revealed that the neurotoxicity caused by methamphetamine use is long-term and irreversible. Studies determined that a methamphetamine abuser following one month of drug abstinence illustrates no normal occurrence of dopamine transporters (DAT) in the brain. After a 14-month abstinence, minimal amounts of DAT returned, but brain function did not improve; research studies indicate long-term damage to emotion, memory, and motor skills.
 10. Thirty-five percent of children test positive for the presence of methamphetamine in their systems when they are removed from homes where the drug is manufactured; 25 percent test positive in homes where methamphetamine is used. Children test at higher levels and rates when tested immediately following removal from a methamphetamine home, and test at varying levels in different areas of the country. Accidental ingestion by children results in adrenergic crisis, which involves agitation, inconsolable crying, irritability, rapid heart rate, and vomiting. A serious side effect is rhabdomyolysis, or muscle breakdown, resulting in kidney failure.
 11. Increased instances of child abuse are directly related to hazards and conditions of methamphetamine paraphernalia including pipes, razor blades, scales, and syringes. Children of drug-addicted parents are 2.7 percent more likely to suffer abuse and have a 4.2 percent greater chance of neglect. Examples of child negligence attributed to alcohol and drugs include lack of essential food, medical and dental treatment, personal hygienic/home conditions, and supervision, as well as inappropriate sleeping arrangements. Children removed from methamphetamine homes suffer tremendous and long-term emotional scars; they are commonly filthy, display a lack of nurturing, experience attachment disorders, developmental delays, and depression. Many have experienced chemical burns or have suffered physical abuse.

Dr. Chervenak said methamphetamine addiction may be viewed as either a mental health/medical illness or considered to be a voluntary and irresponsible criminal act, but both conditions exist and need to be treated. There are economic benefits to

drug treatment and recovery for methamphetamine users, and she emphasized that in order to save the children involved, it is necessary to spend any resources available to achieve successful recoveries. Dr. Chervenak recommended the following resource organizations and listed their Web sites:

National Alliance of Drug Endangered Children (www.natioanldec.org);

Oregon Alliance of Drug Endangered Children (www.oregonalliance.org);

Colorado Alliance of Drug Endangered Children (www.colodec.org); and

Testimony to Subcommittee on Criminal Justice, Drug Policy and Human Resources, Fighting Methamphetamine in America's Heartland: Assessing the Impact on Local Law Enforcement and Child Welfare Agencies, July 26, 2005 (www.reform.house.gov/CJDPHR/Hearings).

- Assemblyman Hardy asked which the methods for rehabilitating incarcerated adults have proved successful and which do not work.
- Dr. Chervenak explained that in order to have successful recovery, methamphetamine addicts must be in treatment for a period of 1 year to 18 months, and the drug treatment program must be specific to methamphetamine. The combination of both abstinence and treatment has verified a higher rate of success. When methamphetamine addicts receive the appropriate amount of treatment, they may experience the same rate of recovery as other drug addictions. During the first six months of withdrawal from methamphetamine, the patient has significant cognitive impairment and much of the treatment can not be mentally absorbed.
- Chairwoman Leslie asked what component is “treatment specific” to methamphetamine addiction.
- Dr. Chervenak emphasized that she is not a treatment specialist, but explained her understanding is that the cognitive impairment in the brain caused by methamphetamine needs to be repaired in order for the patient to assimilate cognitive information, process it, and then gain the ability to understand treatment conversations.
- Chairwoman Leslie commented that professionals involved in treatment for methamphetamine addiction are beginning to adjust treatment modality to be drug specific.

EXAMINATION OF THE ADEQUACY OF SERVICES AVAILABLE IN NEVADA FOR INCARCERATED PERSONS WITH SUBSTANCE ABUSE PROBLEMS

(As directed by Chairwoman Leslie, this agenda item was taken out of order.)

- Judge Jack Lehman, Senior Judge, Drug Court, Eighth Judicial District, Clark County, Nevada, discussed the establishment of the drug court in 1992. It was the fifth drug court in the nation, and had a recidivism rate of 17 percent. Judge Lehman outlined the successful statistics of the Clark County Drug Court, and noted that the number of drug courts has increased to 3,000 nationwide because they are successful. Judge Lehman said methamphetamine use and addiction is currently the greatest problem facing Clark County. He estimated that methamphetamine is the drug of choice of 75 percent of the people attending drug court. There has been universal recognition that prison is not a cure for drug addiction. The individual cost of per inmate in the Nevada State Prison system is approximately \$23,000 per year; the cost for general drug court is roughly \$2,500 for a one-year program.

Judge Lehman recommended the expansion of correctional programs like the Offenders Acting in Solidarity to Insure Sobriety (OASIS), and other closely supervised re-entry programs for inmates with drug problems. The Clark County Drug Court oversees a successful re-entry program associated with Nevada State Prison inmates. The program has a 60 to 70 percent graduation rate, and approximately 10 percent of the inmates have failed and been sent back to prison.

- Senator Horsford questioned whether correctional programs should be implemented earlier during incarceration. Secondly, he alluded to the “Going Home Prepared” program, an offender re-entry program within Nevada’s Department of Corrections (NDOC). [The program in southern Nevada utilizes a “transition-based” philosophy and was designed to provide serious and violent offenders in Nevada with prerelease and transitional services.]
- Judge Lehman said he was of the understanding that the “Going Home Prepared” program lost funding and would be discontinued. He mentioned another successful NDOC program, Casa Grande, which is a re-entry transitional center located in southern Nevada. Judge Lehman emphasized the need to expand drug treatment and re-entry programs, rather than reduce funding, and noted the successful statistics of the recidivism rate with the programs.
- Judge Peter I. Breen, Senior Judge, Drug Court, Second Judicial District, Washoe County, Nevada, discussed experiences with drug addicts and confirmed the treatment guidelines stated by Dr. Chervenak (identified on page 4). When Washoe County implemented the drug court, 60 percent of the clients were involved with methamphetamine; the figure is now 75 to 80 percent. Judge Breen considers methamphetamine users to be hard core addicts and terms the problem worse over the last ten year period. Methamphetamine addicts tend to be less connected to family and friends, experience frequent relapses, have nearly nonexistent job histories, and require more time and effort than other substance abusers to achieve sobriety. Because of more difficult clients, the court has implemented alliances with different entities throughout the community, such as halfway houses. These programs aid in reinstating basic

social skills. Judge Breen noted that clients who are recidivists are often likely to commit domestic violence.

Washoe County's success statistics mirror those of Clark County, illustrating that treatment programs within the court system are effective. Washoe County's Drug Court was recently augmented with a 6-month aftercare program, following the initial treatment period of 18 months. Although both Clark and Washoe County Drug Courts have suffered funding cuts, Judge Breen stated that the prison re-entry drug court is successful and stressed the importance to extend the program.

- Chairwoman Leslie commented that the original drug court funding came from federal sources. She stated the Subcommittee could consider recommending the NDOC form partnerships with the county drug courts.
- Mikel Holt, Deputy Chief, Las Vegas Metropolitan Police Department, Las Vegas, provided insight into the health care and detoxification services of inmates under the influence of alcohol or drugs. Deputy Holt focused on the increased management needs of individuals on methamphetamine and the importance of the correct components of medical and psychological care, which can be an asset to inmate management concerns. (Please refer to [Exhibit D](#).) Deputy Holt recommended:
 1. Additional long-term residential treatment facilities; and
 2. Drop-off detoxification units for drug users going through withdrawal.
- Assemblyman Hardy inquired if persons under arrest frequently admit to substance abuse and ask for help. Secondly, he asked what detoxification procedures are used.
- Deputy Holt indicated that quite often detainees will admit to drug abuse. He explained that key components of the booking process include a medical history, as well as medical and psychological screens. In other instances, arrestees will deny drug use on the pretense they may be released without going through detoxification. Detoxification measures include monitoring an inmate for the first 48 hours; medical staff will periodically examine them, track vital signs, and watch for signs of distress.
- Michael Haley, Undersheriff, Washoe County Sheriff's Office, Reno, Nevada, testified that two-thirds of inmates were found to be using alcohol or drugs. As is the nationwide trend, more females in Washoe County are now committing crimes related to drug activity. Undersheriff Haley stated that during the last two years, his office has received over 7,000 requests from inmates for help with substance abuse problems. Local officers and correctional personnel are primarily trained to focus on safety within the facilities. Officers are not trained above a rudimentary level to assess and respond to the special needs and medical concerns of substance abusers.

In 2005, Washoe County approved building a 265-bed, \$19 million addition to the correctional facility for women inmates to meet increased needs primarily from arrests related to substance abuse crimes. The average jail stay in a detention facility is 16.7 days, creating a challenge for officials to devise effective in-custody treatment programs. Undersheriff Haley suggested inmates be required to continue with medical care, substance abuse treatment, and counseling programs that are consistent among correctional facilities. He summarized the recent request for proposal (RFP) to establish an integrated drug program within the Washoe County detention facility; the RFP requires consolidation of substance abuse services. Undersheriff Haley recommended:

1. Integrating all detention services beginning with arrest through the adjudication process, including in-custody treatment programs through the conclusion of out-of-custody programs;
 2. Increasing the number of out-patient beds and providing additional counseling and treatment professionals to work in alliance with officers and security forces within detention facilities;
 3. Augmenting current funding levels for in-custody substance abuse care; and
 4. Shorting the amount of time for competency and court hearings relating to substance abuse cases.
- Referring to the RFP, Chairwoman Leslie inquired if the services would be for in-custody treatment.
 - Undersheriff Haley explained a contracted organization currently provides domestic violence counseling in the facility. Jail officials have been pleased with the integrated, single-provider program and want to expand the concept to substance abuse treatment within the detention facility. The providers will bid on both in-custody and out-of-custody services. The inmate will receive a continual flow of substance abuse treatment managed by the same provider. Inmates are engaged for treatment during their incarceration and furnished with contacts for treatment after release. The jail commissary fund supports the domestic violence program and will subsequently fund the in-custody substance abuse treatment program.
 - Chairwoman Leslie requested Undersheriff Haley to provide further information on the RFP and the specific cost associated with the substance abuse treatment program.
 - Assemblyman Hardy asked for an explanation of the request to expedite competency hearings.
 - Undersheriff Haley explained the difficulties encountered in obtaining timely competency assessments for inmates. There have been instances when officials were

required by mandatory regulations to discharge inmates that officers would have preferred not be released. Some delays are caused by issues of jurisdiction or uncertainties of funding channels for the competency evaluation.

- Jay Terrell, Substance Abuse Programs Director, Nevada’s Department of Corrections, Las Vegas, offered support for the in-custody programs suggested by Undersheriff Haley. Ms. Terrell furnished the Subcommittee with information requested during the previous meeting. Ninety-three percent of the inmates in the OASIS program are primarily users, and 81 percent of the prison’s general population have substance abuse problems. Ms. Terrell recommended:
 1. Funding to maintain the drug treatment program for the Northern Nevada Correctional Center. She estimated the cost to be \$500,000 a year to supply 171 treatment beds.
 2. Hiring 10 to 15 additional substance abuse counselors; currently, there is a total of 10 counselors in the prison system, each assigned to particular programs.

In addition, Ms. Terrell offered supplementary information and statistics on substance abuse and successful intervention and treatment program data. (Please refer to [Exhibit E](#) and [Exhibit E1](#).)

Ms. Terrell responded to the questions Senator Horsford posed to Judge Lehman pertaining to funding for the “Going Home Prepared” program. She explained that the transitional program was funded, minus a few of the curriculum elements.

- Senator Horsford questioned the length of the OASIS program.
- Ms. Terrell responded the program has been expanded and OASIS is now a year-long treatment course. The counselors make individual determinations whether inmates require further treatment, much the same as drug courts. Different methods of treatment are implemented during the initial period of the OASIS program. These may include art therapy, evaluations of inmates’ ability to absorb information, films, and interactive work with journals. The OASIS program includes weekly aftercare services for a one-year period.
- Senator Horsford asked whether upon release, an inmate can be required to continue substance abuse treatment as a condition of parole or probation.
- Ms. Terrell considered that any conditions would have been determined at the time of sentencing. She explained that personnel work closely with inmates to coordinate re-entry programs to ensure the inmates have contact with a halfway house. The problem is a lack of funding for transitional services and long-term treatment.

- Senator Horsford suggested it may be beneficial to contact the Chairman of the Nevada Legislative Commission’s Subcommittee to Study Sentencing and Pardons, and Parole and Probation (Assembly Concurrent Resolution No. 17 [File No. 98, *Statutes of Nevada 2005*]) for purposes of a joint recommendation. He recommended the two Subcommittees coordinate and work towards integrating transitional services, since the need has been recognized and treatment has proved beneficial.
- Chairwoman Leslie agreed with Senator Horsford and noted that she would suggest to Assemblyman William C. Horne, Chairman of the A.C.R. 17 Subcommittee, the possibility of a joint recommendation.
- Assemblyman Hardy commended Ms. Terrell on the information contained in the methamphetamine purity graph (page 5 of [Exhibit E](#)). He questioned the quality and purity of methamphetamine manufactured in Mexico.
- Ms. Terrell explained the greater the purity, the longer the effect of the drug. Fewer side effects are experienced from purer drugs and it is easier to “come down” from the effect. Also, the more pure the substance, the more it can be “watered down” or “cut” to increase the street value. According to information provided by inmates, the methamphetamine manufactured in Mexico has a purity rate of up to 99 percent.
- Ms. Terrell and Assemblyman Hardy discussed characteristics involved in inmate substance abuse treatment such as socialization and positive rewards. Ms. Terrell also mentioned other areas of treatment such as the inmate mentoring program, participation in physical and sport activities, communication with families, and inmate interaction with family members who voice the effect of drug use on the family unit. Ms. Terrell suggested that transitional services also provide counseling for the families of addicts and substance abusers.
- Dorothy B. North, Executive Director, Vitality Unlimited, Elko, Nevada, reviewed the basic theories and the statistical data of the Willing Inmates in Nevada Gaining Sobriety (WINGS) program ([Exhibit F](#)). The course began in 1998 under contract with NDOC, and all treatment provided during the 12-month curriculum is conducted by licensed and/or certified clinical staff. According to Ms. North, the program has saved the State approximately \$14.2 million per year, based on an average annual cost of \$17,700 per inmate for incarceration. She compared the total NDOC recidivism rate at seven-out-of-ten inmates to that of WINGS graduates as less than two-out-of-ten who return to prison for commission of a felony during a three-year period. She added that the State spends nearly the same amount on incarceration as it does on education. Ms. North recommended that:
 1. Funding for the WINGS program be allocated from the State General Fund, rather than from the Residential Substance Abuse Treatment of State Prisoners (RSAT) Fund, which was recently reduced.

2. The WINGS program be included under a future NDOC budget and provisions be incorporated to allow for caseload growth of substance abuse treatment programs.
- Chairwoman Leslie stated that during its final work session, the Subcommittee will discuss the recommendation to replace portions of the RSAT funds with monies from the State General Fund. In addition, recommendations for caseload growth will be discussed.

(As directed by Chairwoman Leslie, this agenda item was taken out of order.)

APPROVAL OF MINUTES OF FEBRUARY 2, 2006, MEETING

ASSEMBLYMAN HARDY MOVED FOR APPROVAL OF THE MINUTES OF THE FEBRUARY 2, 2006, MEETING OF THE LEGISLATIVE COMMITTEE ON HEALTH CARE SUBCOMMITTEE TO STUDY SERVICES FOR THE TREATMENT AND PREVENTION OF SUBSTANCE ABUSE. THE MOTION WAS SECONDED BY SENATOR HECK AND PASSED UNANIMOUSLY.

(As directed by Chairwoman Leslie, the remainder of the testimony for Agenda Item III was taken out of order.)

- Cheryl Bricker, Executive Director, Partnership of Community Resources, Douglas County's Substance Abuse Prevention Coalition, Gardnerville, Nevada, spoke on methamphetamine abuse in Nevada's rural areas. The Partnership is one of several coalitions involved statewide, and since 1992 has been funded for prevention services by the Bureau of Alcohol and Drug Abuse (BADA), Department of Health and Human Services (DHHS). Ms. Bricker provided statistics ([Exhibit G](#)) to reflect methamphetamine use in the Douglas County area. However, statistics from Churchill, Elko, Lyon, Nye, and Storey Counties indicate comparable substance abuse problems. Members of Nevada's local prevention coalitions attended a national meeting of the Community Anti-Drug Coalition of America (CADCA) and received insight on successful prevention concepts. Ms. Bricker recommended the following:
 1. Utilizing the free services offered by the National Alliance for Model State Drug Laws (NAMSAL) to provide an assessment of drug use and suggestions on needed revisions to State laws. The local coalitions would then compile the information from NAMSAL and host a statewide conference to disseminate the recommendations relating to realigning laws and policy changes.
 2. Providing support to the local coalitions for continued substance abuse prevention through the State Incentive Grant funding to continue the work of prevention throughout the state.

- Belinda Thompson, Executive Director, Goshen Community Development Coalition, Las Vegas, relayed the conclusions from the conference sponsored by the Clark County Commission. Ms. Thompson’s testimony highlighted the extensive information provided in her handout ([Exhibit H](#)). She outlined the recent series of workshops focused on methamphetamine use in the Las Vegas area which identified the trend of increased abuse, the alarming effects on children, education, families, and the workforce. Interested participants representing law enforcement personnel, child and family services agencies, and community health workers recognized the lack of unified services and took on the task of identifying needs, gaps in services, available resources, and mechanisms to implement preventative measures. Referring to page 60 of [Exhibit H](#), Ms. Thompson outlined her recommendations.

Concluding, Ms. Thompson mentioned the “Meth Watch” program sponsored by the Consumer Healthcare Products Association (CHPA). The program addresses both intervention and prevention of methamphetamine use within communities. The program includes media campaigns and other strategies community activists could use. The CHPA resource center is available at: www.methwatch.com.

- Chairwoman Leslie asked for clarification of Ms. Thompson’s recommendations.
- Ms. Thompson explained the need to encourage support of the local prevention coalitions. It is critical for citizens and public officials to take an active part in the work of the coalitions and become members, in addition to sustaining them financially.
- Assemblyman Hardy questioned the feasibility of tracking payment methods for purchases of methamphetamine ingredients, or the possibility of developing a mechanism whereby clerks could report large purchases. Further, he suggested looking into who purchases pseudoephedrine, how it is obtained, and tracking credit card records. Assemblyman Hardy requested Ms. Thompson to provide a list of the Nevada counties that are members of drug prevention coalitions.
- Ms. Thompson responded that there is no payment tracking system in place. However, there have been early stage discussions on ways to effectively follow purchases of methamphetamine ingredients. Secondly, she explained that every county in Nevada is associated with a substance abuse prevention coalition, and work has begun to reach the Latino population and Native American communities.

There was further discussion regarding the locations and information of each prevention coalition. Ms. Thompson indicated she would provide a list of all the coalition affiliations to the Subcommittee’s staff.

- Chairwoman Leslie suggested the Subcommittee’s final work session include discussion for a letter of support to encourage all members of the Nevada Legislature to become familiar with and support the prevention coalitions in their area.

- Judge John Tatro, Justice of the Peace, Justice and Municipal Court, Carson City, Nevada, not present at the meeting, submitted testimony ([Exhibit I](#)) which was entered as part of the record.
- Philip Brown, Investigator, Investigation Division, Nevada’s Department of Public Safety, Carson City, spoke on prevention coalitions within the law enforcement fields. Mr. Brown emphasized the trend of increased methamphetamine use by females and the detrimental effect on families. He suggested two items of interest relating to methamphetamine abuse.
 1. A *Frontline* investigative television report presented by the Public Broadcasting Service (PBS) titled “The Meth Epidemic,” (<http://www.pbs.org/wgbh/pages/frontline/meth/faqs>).
 2. A pamphlet produced by the Office of National Drug Control Policy titled “Cities Without Drugs,” which offers cities a detailed outline of organize skills to structure methods of eradicating methamphetamine in communities ([http://www.whitehouse.drugpolicy.gov/publications/cities wo drgs](http://www.whitehouse.drugpolicy.gov/publications/cities_wo_drugs)).
- Mark Snyder, Resident Agent in Charge, Drug Enforcement Administration (DEA), United States Department of Justice, Reno, Nevada, offered a statement of support to counterpart law enforcement agencies in Nevada. He briefly discussed the international sources for obtaining pseudoephedrine, and noted that the DEA’s International Affairs Division has agents assigned in every major capital worldwide. Agent Snyder stated the DEA does not duplicate the work of state and local law enforcement, but rather complements their efforts. The DEA utilizes its expertise and resources to work with international organizations that govern narcotic use and pharmaceuticals. Domestically, the DEA is combating methamphetamine trafficking and production through partnerships such as the Southwest Border Project, High Intensity Drug Program, and Methamphetamine Task Force.
- Assemblyman Hardy questioned Agent Snyder whether 250 tons of pseudoephedrine equates to 250 tons of methamphetamine.
- Mr. Snyder noted that his expertise is not chemistry, but that law enforcement personnel use a percentage scale, weighing in such factors as purity, quality of precursor chemicals, and sophistication of the laboratory.

EXAMINATION OF THE ISSUES CONCERNING CHILDREN RECEIVING COUNTY AND FAMILY SERVICES BECAUSE THEIR PARENTS OR GUARDIANS HAVE SUBSTANCE ABUSE PROBLEMS

- Michael Capello, Director, Division of Child and Family Services, Washoe County Department of Social Services, provided an informational handout ([Exhibit J](#)). Mr. Capello reported that an estimated 60 to 70 percent of child abuse and neglect

cases involved parental substance abuse. Incidents of parental substance abuse have increased from 49 percent in Fiscal Year (FY) 2003-2004, to a projected 55 percent from data in the first seven months of FY 2006-2007. The effects of substance abuse on child welfare systems include arranging for long-term treatment, anticipating drug relapses, providing care for newborns with the effects from alcohol or drugs, additional costs for the increase in parental rights termination cases, and drug testing/evaluations. Mr. Capello recommended:

1. Providing additional and continual support for substance abuse prevention coalitions, and encouraging their work to develop comprehensive family prevention strategies at the community level.
 2. Expanding treatment options to develop appropriate practices specific to methamphetamine abuse.
- Chairwoman Leslie requested that Mr. Capello provide statistics relating to the number of children with illicit substances in their systems that are born to Washoe County residents.
 - Susan Klein-Rothschild, Director, Clark County Department of Family Services, Las Vegas, outlined the statistics associated with child abuse or neglect relating to parental substance abuse. She emphasized that crisis situations occur due to the increased number of drug relapses and that children are not safe at home with their parents. The information provided by Ms. Klein-Rothschild ([Exhibit K](#)) illustrates the increase in case filings for criminal child abuse and neglect which impact the system. A recent methamphetamine symposium sponsored by Clark County identified the need for specific statutory changes. Ms. Klein-Rothschild offered the following recommendations:
 1. Strengthen the number and preparation of professionals by offering loan forgiveness for those entering drug treatment services at the University of Nevada, Reno and the University of Nevada, Las Vegas. Offer license reciprocity and provide licensing for treatment professionals to ensure there are enough qualified counselors and staff.
 2. Change laws to increase penalties for persons manufacturing methamphetamine and driving while under the influence of drugs, strengthen drug importation laws, make penalties for drug use equitable to penalties for alcohol use, and create penalties for Internet drug sales and instruction.
 - Chairwoman Leslie requested that Ms. Klein-Rothschild provide to the Subcommittee a written copy of her recommendations ([Exhibit K1](#)).
 - Fernando Serrano, Administrator, Division of Child and Family Services (DCFS), DHHS, recruited the rural supervisors of the Youth Community Services Agencies to

provide an accurate depiction of the impact of methamphetamine use in the rural counties.

Mr. Serrano submitted information ([Exhibit L](#)) which was requested by the Subcommittee during a previous meeting.

- Patricia J. Hedgecoth, Rural Region Manager, Youth Community Services, DCFS, DHHS, Carson City, spoke briefly on substance abuse topics common among counties. Ms. Hedgecoth mentioned concerns of adequate staff coverage, safety, available treatment options, education, prevention, and intervention programs which pose problems for rural areas. She said specific concerns relate to the complexity of needs for children entering the system and the need to fulfill specialized foster care.
- Larry J. Robb, Program Manager Northeastern Nevada, Youth Community Services, DCFS, DHHS, Elko, Nevada, summarized the programs he oversees which encompass Humboldt, Elko, Eureka, Lander, and White Pine Counties. Mr. Robb outlined the Elko County pilot program, called the DCFS Alert System. The system allows DCFS to partner with law enforcement agencies and enhance the protective capacity involving children. Information can be dispatched through a central system when families have issues with Child Protective Services, or have become involved with law enforcement. Concluding, Mr. Robb encouraged utilizing the concepts of juvenile methamphetamine courts and relayed the achievements of a family-involved court in Twin Falls, Idaho.
- Chairwoman Leslie stated that both Clark and Washoe Counties have juvenile drug courts that encourage significant family involvement and it may benefit rural officials to review their concepts.
- Paula L. Achurra, Rural Program Manager, Youth Community Services, DCFS, DHHS, Yerington, Nevada, addressed the programs serving Carson City and Churchill, Douglas, Lyon, Pershing, and Storey Counties. Ms. Achurra outlined the juvenile drug court established in Lovelock, Nevada, in June 2005. Judge Richard Wagner, Sixth Judicial District, Department 1, spearheaded the court, modeled after the system in Washoe County. The process relies heavily on community involvement with a primary focus on family support.
- Novia Anderson, Rural Program Manager, Youth Community Services, DCFS, DHHS, Pahrump, Nevada, focused her comments on the effect of methamphetamine use in Esmeralda, Lincoln, Mineral, and Nye Counties. Ms. Anderson restated the need for efforts to solve intergenerational problems of methamphetamine abuse.
- Assemblyman Hardy inquired about cases involving termination of parental rights in which grandparents are willing to work in the best interest of the child and do not want to lose their rights.

- Susan Klein-Rothschild (identified on page 16) explained that when children are removed from a home, the agency works for “first placement” to be in a relative care situation under county supervision and support. In some instances, relatives are not able to provide a permanent home for the child, but want to remain involved in the child’s life. Ms. Klein-Rothschild stated that everything possible is done to maintain family relationships and strive for relative care whenever possible.
- Mr. Capello (identified on page 16) emphasized the importance for grandparents to file with the court, intent to exercise their rights as grandparents, prior to the termination hearing in order to preserve their legal rights. Even though the parents’ rights may subsequently terminate, the grandparents must file with the court to prevent their rights from also being severed by the court. Mr. Capello stated that child welfare and service agencies are required to make diligent efforts to locate family members and relatives.
- Susan Klein-Rothschild added that many court actions include mandates for the parents to provide maternal and paternal family information.

PUBLIC TESTIMONY

There was no public testimony from Las Vegas or Carson City.

- Chairwoman Leslie reminded the members of the Subcommittee’s final work session to be held April 25, 2006, and stated her intent is to conduct the meeting in Las Vegas. In addition, Chairwoman Leslie requested the Subcommittee members to submit recommendations for items to be discussed during the work session.
- Assemblyman Hardy mentioned the concept of involving faith-based organizations and their perspectives on drug treatment.

ADJOURNMENT

There being no further business to come before the Subcommittee, Chairwoman Leslie adjourned the meeting at 1:26 p.m.

Respectfully submitted,

Ricka Benum
Senior Research Secretary

Amber J. Joiner
Senior Research Analyst

APPROVED BY:

Assemblywoman Sheila Leslie, Chairwoman

Date: _____

LIST OF EXHIBITS

[Exhibit A](#) is the “Meeting Notice and Agenda” provided by Amber J. Joiner, Senior Research Analyst, Research Division, Legislative Counsel Bureau (LCB), Carson City, Nevada.

[Exhibit B](#) is the prepared testimony of Kevin Quint, Executive Director, Join Together Northern Nevada, Reno, Nevada, which includes a document titled “Methamphetamine in Washoe County.”

[Exhibit C](#) is information prepared by Noel S. Waters, District Attorney, Carson City, titled “Consequences of a Drug Arrest.”

[Exhibit D](#) is the prepared testimony of Mikel Holt, Deputy Chief, Las Vegas Metropolitan Police Department, Las Vegas, Nevada.

[Exhibit E](#) consists of a series of documents compiled by Jay Terrell, Substance Abuse Programs Director, Nevada’s Department of Corrections, Las Vegas, Nevada, which in addition to prepared testimony, includes:

- “How Legislation Changed Meth Purity”, information provided by RAND Corporation, based on United States Drug Enforcement Administration data;
- “Year to Year Change in Total Inmate population” (January 1987 to January 2003), provided by Nevada Department of Corrections (NDOC);
- A series of diagrams illustrating “NDOC Population and US Meth Purity”; “Female NDOC Population and US Meth Purity”; and “NDOC Male Population and Meth Purity”;
- “Outline of the OASIS Therapeutic Community Substance Abuse Treatment Program”; and
- An article from the *Washington State Institute for Public Policy*, titled “Evidence-Based Adult Corrections Programs: What Works and What Does Not,” dated January 2006.

[Exhibit E1](#) is “the OASIS Therapeutic Community, Participant Manual - January 2006, Nevada Department of Corrections, Southern Desert Correctional Center, Indian Springs, Nevada.”

[Exhibit F](#) consists of three documents submitted by Dorothy B. North, Executive Director, Vitality Unlimited, Elko, Nevada, comprised of:

- A report titled “Vitality Center WINGS Therapeutic Community, Statistical Report from 10/5/98 to 2/1706”;

- A letter dated January 31, 2006, to Assemblyman Morse Arberry, Chairman, Assembly Committee on Ways and Means, Nevada Legislature, from Glen Whorton, Director, Nevada's Department of Corrections, Carson City, Nevada, the subject being a Report on Therapeutic Community Programs; and
- A letter dated February 28, 2006, to Glen Whorton, Director, Nevada's Department of Corrections (NDOC), from Dorothy B. North, Chief Executive Officer, Vitality Center, Elko, Nevada.

[Exhibit G](#) is a document titled "Examination of the Issues Surrounding Methamphetamine Abuse in Nevada, Rural Perspective," prepared by Cheryl Bricker, Executive Director, Partnership of Community Resources, Douglas County's Substance Abuse Prevention Coalition, Minden, Nevada, dated March 14, 2006.

[Exhibit H](#) is a booklet titled "Nevada and the State of Methamphetamine," prepared by Belinda Thompson, Executive Director, Goshen Community Development Coalition, Las Vegas, Nevada.

[Exhibit I](#) is a letter dated March 10, 2006, to the Members of the Legislative Committee on Health Care Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse, from Judge John Tatro, Justice of the Peace, Justice and Municipal Court, Carson City, Nevada.

[Exhibit J](#) is a document dated March 14, 2006, prepared by Michael Capello, Director, Washoe County Department of Social Services, Reno, Nevada.

[Exhibit K](#) is a document titled "Information Substance Abuse and Child Welfare Presented by Clark County," submitted by Susan Klein-Rothschild, Director, Clark County Department of Family Services, Las Vegas, Nevada.

[Exhibit K1](#) consists of recommendations titled "What We Need, As Identified at the February 17, 2006, Meth Symposium," proposed by Susan Klein-Rothschild, Director, Clark County Department of Family Services, Las Vegas, Nevada.

[Exhibit L](#) consists of information submitted by Fernando Serrano, Administrator, Division of Child and Family Services, Department of Health and Human Services, dated March 14, 2006.

This set of "Summary Minutes and Action Report" is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits, other materials distributed at the meeting, and the audio record are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library online at www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm or telephone: 775/684-6827.