

Governor's 2007 Strategic Approach to Reducing Methamphetamine Use in Nevada



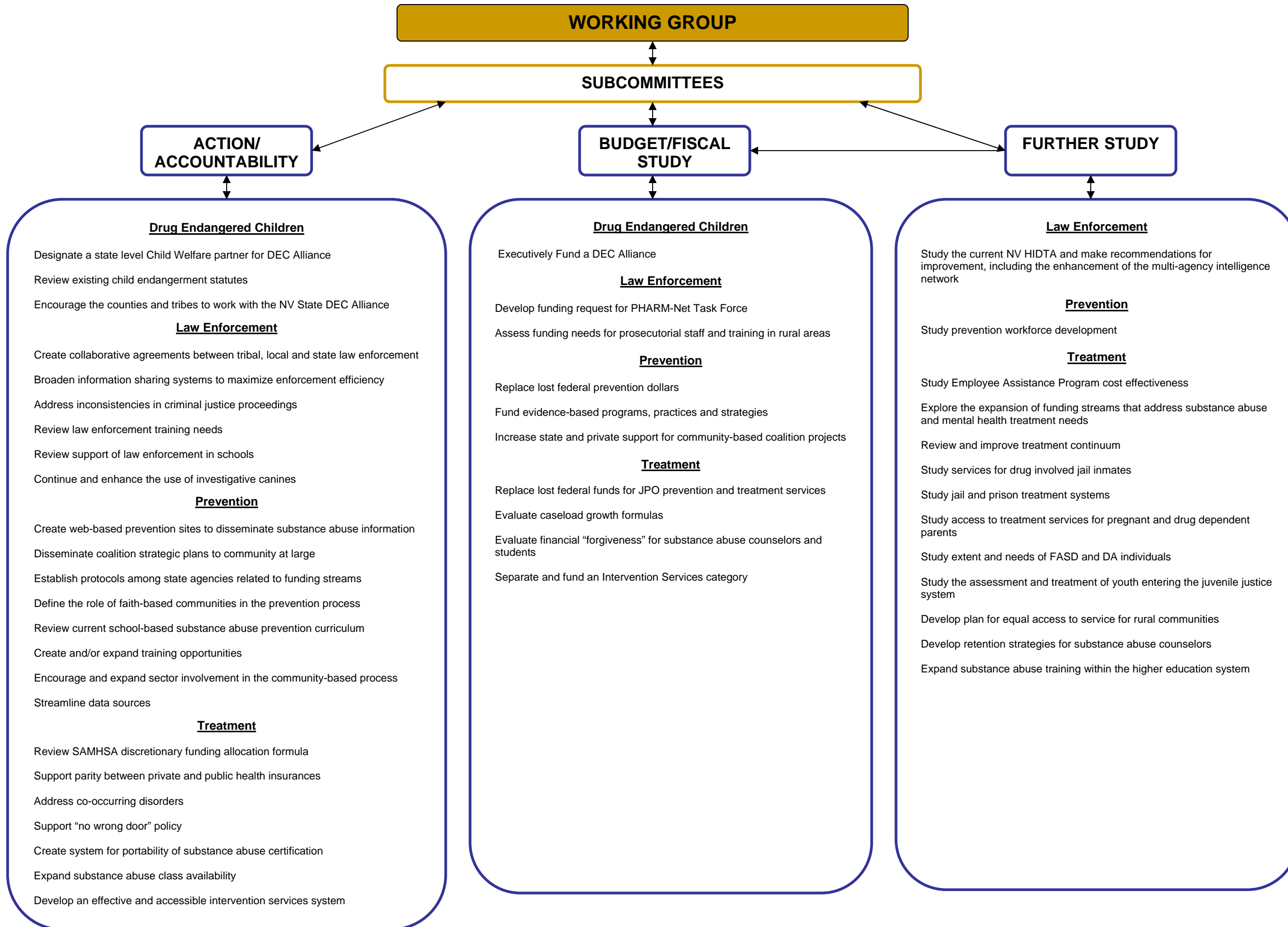
**Governor's Working Group on
Methamphetamine Use**

**Jim Gibbons
Governor**

**Catherine Cortez Masto
Attorney General
Chairwoman**

EXECUTIVE SUMMARY OF RECOMMENDATION ACTION STEPS:

All recommendations outlined in this report have been designated as needing immediate action/accountability, a budget/fiscal study, or further study that may or may not produce a fiscal impact. All supporting data and justification of these recommendation action steps can be found in the Challenges and Recommendations section of this report.



Executive Summary of Recommendations

by

The Governor's Working Group on Methamphetamine Use



Governor's 2007 Strategic Approach to Reducing Methamphetamine Use in Nevada

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Members of the Governor's Working Group on Methamphetamine Use

Governor Jim Gibbons issued an Executive Order on January 22, 2007 commissioning the Governor's Working Group on Methamphetamine Use in Nevada. The sixteen appointed members were the driving force behind the creation of this report. They dedicated many hours to fact finding and research to present a comprehensive, strategic approach to addressing the methamphetamine issues in Nevada. Their hard work and expertise is appreciated as is their commitment to Nevada's citizens in combating methamphetamine.

Catherine Cortez Masto, Attorney General of Nevada – Chairwoman

Dawn Gibbons, First Lady of Nevada

Sheila Leslie, Nevada State Assemblywoman

Dr. Joseph Heck, Nevada State Senator

Chris Giunchigliani, Commissioner, Clark County

Marv Teixeira, Mayor, Carson City

Doug Gillespie, Sheriff, Las Vegas Metropolitan Police Department

Mike Haley, Sheriff, Washoe County

Ken Furlong, Sheriff, Carson City

Mark Jackson, District Attorney, Douglas County

Phil Galeoto, Director, Nevada Department of Public Safety

Mike Willden, Director, Nevada Department of Health and Human Services

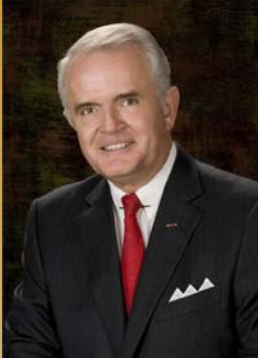
Ted Quasula, CEO, International School of Hospitality and Culinary Arts
Former Chief of Police, Las Vegas Paiute Tribe

Rhonda Zuraff, Publisher, Elko Daily Free Press

Dr. Rob Roberts, Superintendent, Nye County School District

Richard Steinberg, CEO, WestCare

A Message from the Governor of Nevada



My fellow Nevadans, enclosed is a copy of a report compiled by the Governor's Working Group on Methamphetamine Use, *Governor's 2007 Strategic Approach to Reducing Methamphetamine Use in Nevada*. On behalf of the people of Nevada and myself, I want to express my deep appreciation to the members of the Working Group for their dedication, devotion, and expertise used in successfully completing this important task. Further, I want to add my thanks and gratitude to those people on the front lines – law enforcement, substance abuse counselors, and other professionals who undertake

this important mission on our streets every day of the year. The fight against methamphetamine is one in which we must all be engaged.

Methamphetamine is a long-standing epidemic that needs immediate attention, which is why in the first days of my administration; I took two actions to support Nevada's commitment to fight this scourge on our society.

First, I placed a \$17.4 million dollar allocation in the 2008-09 Biennium budget to be used toward fighting the utilization and effects of this devastating drug. Second, in January 2007, an Executive Order was issued and signed creating the Governor's Working Group on Methamphetamine Use. This dedicated group was chaired by Attorney General Catherine Cortez Masto and comprised of law enforcement, state agencies, legislators, private citizens, and First Lady Dawn Gibbons. The group had two major tasks: 1) delivering a preliminary report outlining the scope of the problem in Nevada and recommending needed bill drafts to the 2007 Legislature to address the issues, and 2) compilation and delivery of this booklet with a final report containing information on current efforts, successes, and specific recommendations on how the state should proceed in this critical battle. The Working Group met each and every challenge of creating a blueprint for Nevada's battle against methamphetamine use, ultimately providing us with Action Steps and Recommendations for implementation.

Together we can solve this most insidious problem.

Sincerely,

JIM GIBBONS
Governor

A Message from the First Lady of Nevada



Dear Friends:

As First Lady of the State of Nevada, I have witnessed first hand the helplessness, destruction, and pain families endure as a result of methamphetamine use. As citizens we must unite to rid this deadly drug from our state. Otherwise, we may be faced with losing an entire generation of our youth – something that none of us are willing to accept.

Methamphetamine is made up of toxic chemicals that can be smoked, snorted, eaten, or injected. While easily cooked in a household setting, most of the methamphetamine distributed in Nevada comes directly from Mexico, manufactured by drug cartels that have perfected its potency and destructive effect. As a result, the number of addicts has skyrocketed, and unfortunately, there are few prospects for finding suitable means of treatment and rehabilitation.

As Nevadans, I know you are caring and compassionate people that wish to join in this important mission to eliminate methamphetamine from our society. There is much we can do. **We must stop anyone else from ever trying this drug, even once.** If we prevent one person from trying this drug for the first time, then we have saved a life and spared their family and loved ones a great deal of suffering. To that end, prevention is the most important step.

In addition, we need recovery programs for those who have become hopelessly addicted to methamphetamine. We need to be diligent in improving evidence-based treatment services so those desperate individuals can reclaim their lives and become productive citizens once again.

The Governor's Working Group on Methamphetamine Use has spent the past year identifying specific, action-oriented recommendations in an effort to effectively end the use of methamphetamine in our communities. The cause is great and requires our active participation. We need everyone's help in finding solutions that will save precious lives. Our biggest challenge is before us and we must ensure that methamphetamine is not in our homes, our schools, our communities, nor anywhere in our state. I urge you to carefully review this report and find an area you can become involved with, as a concerned and engaged citizen. The time is now for each of us to carry the responsibility of securing a better and brighter future for all.

Sincerely,

DAWN GIBBONS
First Lady of Nevada

A Message from the Attorney General



Dear Nevadans:

Methamphetamine is a highly addictive, destructive drug with high costs to every aspect of our society. It knows no boundaries: economic, social or racial. It has rooted itself in our communities and as a state, we are coming together to fight back.

To win this battle, we must look at all sides of the issue from law enforcement to treatment, to prevention, to education and to legislation. The Governor's Working Group on Methamphetamine Use recognizes that we cannot defeat the menace of methamphetamine by addressing just one of these issues. All must be addressed, simultaneously, to make an impact on methamphetamine use in our state. The Working Group has spent the past year studying these various issues.

This report to the Governor and Nevada State Legislature is just the beginning, and to truly make a difference we need to recognize that combating methamphetamine use requires long-term attention, communication and participation by everyone in our state. I encourage you to read this report thoroughly. When you have finished, ask yourself what you can do to help in your community. Together, we can put an end to methamphetamine use in Nevada.

Sincerely,

CATHERINE CORTEZ MASTO
Nevada Attorney General

**All documents referenced in this report
may be viewed at:**

**Nevada's Methamphetamine Website
www.nevadameth.nv.gov**

Executive Summary

The sixteen members of the Governor's Working Group on Methamphetamine Use, commissioned through Executive Order by Governor Jim Gibbons on January 22, 2007, have dedicated the past eleven months to studying the problems associated with methamphetamine use and developing a comprehensive response, outlined in this Final Report.

Recognizing the need for immediate action, the Governor, Legislature, and the Working Group, early on, achieved some worthy accomplishments. Governor Gibbons included General Fund support in the amount of \$17.4 million in the 2007-2009 Executive Budget to fund methamphetamine specific substance abuse prevention, education, treatment, and law enforcement activities. This funding was appropriated by the 2007 Session of the Nevada Legislature.¹ Assembly Bill 148 and Senate Bill 112 restrict access to precursors used in the production of methamphetamine, and Senate Bills 346 and 570 fund the Working Group and this important study.

Nevada has experienced other successes this past year as well. The Department of Health and Human Services received a substantial Child Welfare grant to assist young victims of methamphetamine use. The award, in the amount of \$3,742,000 over the next five years, will address the growing problem of methamphetamine addiction as it relates to child welfare issues in Clark County. Through support from Nevada's First Lady, Dawn Gibbons, a 30-minute documentary underscoring the devastation of methamphetamine use was broadcast statewide, and follow-up pamphlets were made available in all communities. The twelve Prevention Coalitions serving the seventeen Nevada counties have initiated methamphetamine specific prevention projects that address the individual needs of their communities, while collaborating with one another to create a "social norms" – a message highlighting Nevadans making healthy choices – campaign message statewide. Through aggressive and collaborative enforcement operations, federal, state and local law enforcement agencies have dramatically reduced the number of clandestine laboratory incidents by 88% between 1999 and 2006.

Despite these accomplishments, the Working Group heard presentations from experts in the field of law enforcement, prevention and treatment outlining the challenges that still exist:

- Although local methamphetamine production is down, it is brought into Nevada from Mexico and distributed by highly sophisticated drug networks.
- A lack of operational agreements between some tribal, state, and local law enforcement agencies in the state has impeded arrests and interdiction activities.

¹ During the drafting of this Final Report, Nevada's Governor announced a 4.5% reduction to the State's general fund appropriations which may have an impact on the allocation of the \$17.4 million in the 2007-2009 Executive Budget.

- As methamphetamine related arrests and treatment admissions go down, the prevalence of other drug problems such as prescription drug abuse goes up.
- The Juvenile Justice system is seeing third and fourth generation families coming into their systems with more serious problems, while federal funding for critical services has been reduced by 62.5% in the last five years.
- The adult correctional system, which is stretched to capacity due to drug-related crime, has seen a tremendous impact on recent intakes due to methamphetamine. Eighty percent of intakes in a six-week period reported regular meth use.
- Between 2002 and 2006, methamphetamine treatment admissions rose from 25.1% to 32.5%. The estimated overall unmet treatment need in Nevada is 112,034 individuals. This is complicated by the longer stay in treatment, up to three years, required for successful recovery from methamphetamine.
- There is an impending crisis in the treatment workforce as less people are entering the field, more are leaving due to age and inadequate pay, and the issue of portability of qualified people from outside the state is not addressed.
- Nevada is currently without a Drug Endangered Children (DEC) Alliance and county DEC teams, which are established to ensure the safety of children retrieved from homes where drug use threatens their safety and well-being.
- Although funding for prevention was significantly increased during the 2007 Legislative Session, current evidence-based practices are in jeopardy due to a loss in federal funds.

Cognizant of the magnitude of the presenting problems, the Working Group recommends extending the authority of the Working Group by a Governor's Executive Order beyond December 31, 2007 until June 30, 2009. Additionally, the scope of the Working Group should be expanded beyond methamphetamine to include all drugs of abuse. The Working Group has laid out an ambitious plan to improve drug prevention, treatment, and law enforcement conditions. Although specific to methamphetamine, many of the strategies presented will address all drugs of abuse.

The Working Group identified overarching recommendations in the areas of Drug Endangered Children, Law Enforcement, Prevention, and Treatment, including treatment workforce development. Each recommendation is supported with specific, action-driven strategies, or Action Steps. The Action Steps for each area are summarized on a flow chart indicating the Action Step requires immediate action/accountability, fiscal/budget study, or further study and information gathering. State and local experts should be included in the study and implementation of the Action Steps through involvement in subcommittees. The flow charts will assist the

Working Group in prioritizing future action should their authority be extended beyond December 31, 2007.

The Executive Summary of these Action Steps is provided in the front pocket as a fold out.

This report was created with the help of many Nevada citizens, and will be driven forward by the commitment to the health and safety of all Nevadans, by Nevadans.

Introduction

On January 22, 2007, Governor Jim Gibbons issued an Executive Order commissioning the Governor's Working Group on Methamphetamine Use in Nevada. The Working Group is comprised of sixteen appointed members from law enforcement, state legislature, social service agencies, local elected officials, schools, and private and public sector leadership, to study the impact of methamphetamine use in Nevada.

The Executive Order directed the Working Group to specifically evaluate and make suggestions for improvements pertaining to several areas of impact:

- impacts on law enforcement, prison, and detention resources;
- sources and manufacture of methamphetamine;
- preventative and punitive measures against methamphetamine users and suppliers;
- rehabilitation and recovery options for methamphetamine users;
- youth education and awareness programs;
- education and awareness programs for family and friends of users; and
- impact of methamphetamine use on Nevada's economy.

The Working Group was tasked with issuing a Final Report to the Governor by December 31, 2007, including recommendations addressing possible solutions and proposed legislation that will assist the state in its goal of curtailing methamphetamine use in Nevada. The Working Group met fifteen times during 2007. Additionally, three subcommittee meetings were conducted. A Preliminary Report containing the Working Group's initial recommendations was presented to the Governor and the Legislature in April, 2007. The following months were spent in information gathering, consulting with experts in the field, and the development of this Final Report.

The Final Report summarizes recent information and research describing the nature of methamphetamine and the impact on the user and the community. The Successes section describes the accomplishments of the Working Group in addition to the many successes achieved across Nevada. The section outlining Challenges and Recommendations presents a summary of the information gathered by the Working Group describing the problems presented by methamphetamine use. Recommendations addressing possible solutions with specific action steps are identified, and presented in accompanying flow charts.

This document should be viewed as a working document to guide all Nevadans committed to eradicating methamphetamine in our state.

Nature of Methamphetamine

Methamphetamine: What is it?

Methamphetamine is a highly addictive stimulant that affects the central nervous system. Although most of the methamphetamine used in this country comes from foreign or domestic super labs, the drug is easily made in small clandestine laboratories, with relatively inexpensive over-the-counter ingredients: cold medications containing ephedrine or pseudoephedrine, red phosphorus, hydrochloric acid, anhydrous ammonia, drain cleaner, battery acid, lye, lantern fuel, and antifreeze. These factors combine to make methamphetamine a drug with high potential for widespread abuse.

Methamphetamine is a Schedule I controlled substance in Nevada, which means it has a high potential for abuse and has no accepted medical use in treatment or lacks accepted safety for use in treatment under medical supervision.

Methamphetamine is referred to by many street names such as “crank,” “speed,” “meth,” “wire,” and “chalk.” Methamphetamine hydrochloride, commonly resembling chunky crystals or ice, is referred to as “ice,” “crystal,” “glass,” and “tina.”

After smoking, snorting, or injection, the user experiences an intense sensation, called a “rush” or “flash,” that lasts only a few minutes and is described as extremely pleasurable. Following the “rush,” there is typically a state of high agitation that in some individuals can lead to violent behavior. Other possible immediate effects include increased wakefulness and insomnia, decreased appetite, irritability, aggression, anxiety, nervousness, convulsions, and heart attack. As use of methamphetamine progresses, users forego food and sleep. Chronic use can cause paranoia, hallucinations, repetitive behavior (such as compulsive cleaning and taking on projects with no organization), and sensations of parasites or insects crawling under the skin, which results in obsessive scratching and picking at the skin to the point of bleeding. Toxic psychosis, extreme paranoia, strokes, and death can occur from long-term use.

Methamphetamine is easily manufactured, contributing to its widespread use. Large manufacturing operations, or “super labs,” are located throughout certain regions of Mexico. These super labs are the primary source of methamphetamine in Nevada, distributing it through a highly sophisticated drug trafficking network. Although home lab production, or “clandestine labs” exist, they tend to produce very small amounts of methamphetamine, normally intended for the producer’s own use.

The information above is taken from *“The Partnership for a Drug Free America: Facts About Meth,”* the National Institute on Drug Abuse *“Methamphetamine Abuse and Addiction,”* and Nevada Revised Statute 453.166. Documents and links can be accessed at www.nevadameth.nv.gov.

Current Efforts and Successes in Nevada

Recognition of current successes in combating substance use and abuse in Nevada is as important as recognizing what needs to be accomplished in the future. Nevada's successes to date specific to methamphetamine are impressive and many have been accomplished with very limited resources. Federal, state, and local efforts all contributed to the work that has been accomplished thus far, along with strong leadership from Nevada's elected officials. It will be important for Nevada to pull from these successes when addressing recommendations in this report, ensuring that current systems and strategies are not duplicated and that current practices are supported.

Executive Order Issued by Governor Jim Gibbons

On January 22, 2007, Governor Jim Gibbons issued an Executive Order commissioning the Governor's Working Group on Methamphetamine Use. The Working Group was directed to issue a Preliminary Report to the Governor by April 1, 2007, that included recommendations addressing possible solutions and proposed legislation that would assist the state in its goal of curtailing methamphetamine use in Nevada.

The recommendations outlined in the report titled "Preliminary Report: Governor's Working Group on Methamphetamine Use" set the framework for important legislative action and budget increases crucial to addressing Nevada's methamphetamine issues. Governor Gibbons' appointment of the sixteen Working Group members was the first step in establishing a coordinated process to strategically approach reducing methamphetamine use in Nevada. *The Executive Order and Preliminary Report can be found at www.nevadameth.nv.gov.*

2007-2009 Executive Budget Increases

Governor Gibbons included General Fund support in the amount of \$17.4 million in the 2007-2009 Executive Budget² to fund methamphetamine specific substance abuse prevention, education, treatment, and law enforcement activities. These funding allocations were the largest increase in Nevada's history for the substance abuse field. Allocation of these funds was made to the Department of Health and Human Services, Substance Abuse Prevention and Treatment Agency, and the Department of Public Safety.

- \$5.3 million - Replace lost federal funds to support community coalitions and local prevention programs;
- \$2 million - Support methamphetamine awareness and education campaigns;

² During the drafting of this Final Report, Nevada's Governor announced a 4.5% reduction to the State's general fund appropriations which may have an impact on the allocation of the \$17.4 million in the 2007-2009 Executive Budget.

- \$3.8 million - Funding to address waiting lists for treatment beds for methamphetamine addicts;
- \$3 million - Funding for a pilot program in Southern Nevada to address treatment for individuals with co-occurring disorders;
- \$3.2 million - Funding to hire additional state narcotic investigators to be placed on existing and new task forces across the state; and
- \$100,000 - Support for the Working Group.

Legislation

The 2007 Session of the Nevada Legislature adjourned on June 5, 2007, passing some important legislation related to methamphetamine. *For more information on the 2007 Session of the Nevada Legislature refer to www.nevadameth.nv.gov.*

Assembly Bill 148: Effective August 1, 2007

An act relating to controlled substances, making various changes concerning the sale, transfer or acquisition of precursors to methamphetamine, and making various changes to crimes relating to the use or manufacturing of methamphetamine and other controlled substances. This bill establishes restrictions on the sale and purchase of products that contain materials that can be used to manufacture methamphetamine and makes other various changes pertaining to methamphetamine and other controlled substances.

Senate Bill 112: Effective July 1, 2007

An act relating to controlled substances; requiring entities that sell certain products that are precursors to methamphetamine to place such products in an area to which the public does not have direct access, to limit the quantity of such products sold or transferred to the same person during any calendar day, to maintain a list of sales of such products and to ensure that certain information is entered in that list; and prohibiting a person from acquiring more than a certain amount of certain products that are precursors to methamphetamine. This bill establishes restrictions on the sale and purchase of products that contain materials that can be used to manufacture methamphetamine.

Senate Bill 346: Effective May 31, 2007

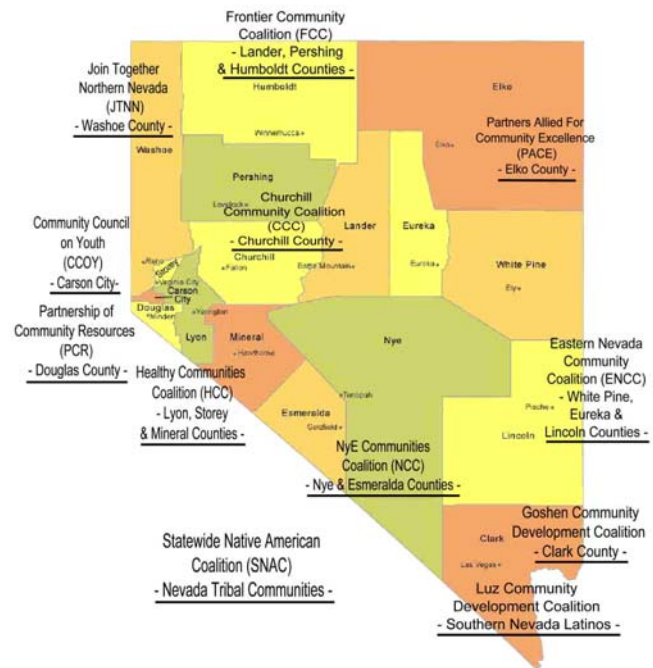
An act making an appropriation to the Office of the Director of the Department of Health and Human Services to fund a working group to study the methamphetamine problem in Nevada for the current fiscal year. This bill appropriates \$9,900 to fund a working group to study the methamphetamine problem in Nevada.

Senate Bill 570: Effective June 13, 2007

An act making an appropriation to the Office of the Director of the Department of Health and Human Services to fund a working group to study the methamphetamine problem in Nevada. This bill appropriates \$90,100 to fund a working group to study the methamphetamine problem in Nevada.

Nevada Statewide Coalition Partnership

Nevada is one of very few states to have a statewide collaborative specific to community coalitions with a focus on substance abuse prevention. The Nevada Statewide Coalition Partnership was formed in 2001 out of a need to enhance the coordination of planning, service development, and delivery of prevention services. Through the Partnership, community-based coalitions work together to address statewide issues, share information, provide up to date training, and facilitate the development of statewide strategies, while being consistent and strategic as a group. Currently, the twelve coalitions that are members of the Partnership work closely with tribal, state, and local officials to collect data specific to methamphetamine so decisions are strategic and evaluated for effectiveness. Community-level partnerships with key stakeholders drive the prioritization of evidence-based programs, practices, and strategies that are best for individual communities yet always look to the goals of the statewide partnership. Each coalition set aside a minimum of ten percent of the state allocated methamphetamine prevention dollars to collaborate on a statewide media campaign. Additionally, a common web-based data collection system was created to collect process and outcome data specific to methamphetamine prevention projects across the state.



Nevada Statewide Coalition Partnership

Coalition – Methamphetamine Specific Strategies

The two million in funding to support methamphetamine awareness and education campaigns included in the 2007-2009 Executive Budget was allocated to community coalitions to fund methamphetamine strategies specific to their Comprehensive Community Prevention Plans. By September 2007, each funded coalition had met with key stakeholders and coalition partners to prioritize these strategies, each of which is unique to the coalition area. Efforts include:

- a. Implement substance abuse prevention curriculum that impacts the initiation of substance use;

- b. Provide public education that will raise awareness and educate multiple sectors of the community about the negative ramifications of methamphetamine use and the processes to create change regarding methamphetamine use;
- c. Remove barriers and increase linkages between prevention programs and parents and children;
- d. Increase community collaborations and partnerships including key leaders such as government officials, educators, law enforcement representatives, and tribal leaders;
- e. Evaluate effectiveness of methamphetamine prevention efforts;
- f. Educate specific populations of the community that are either the most vulnerable to the damages of methamphetamine or have access to the most vulnerable;
- g. Raise awareness, educate, and provide capacity building assistance to the business and employment communities;
- h. Implement local environmental strategies highlighting the dangers of substance abuse;
- i. Promote policies that target decreased methamphetamine use; and
- j. Participation in a statewide Social Norms Media Campaign.

The ability of communities to mobilize and agree on how to allocate funds in a short period of time is one testament to the power of community collaborations. Scarce prevention dollars have been allocated throughout Nevada and will target problems unique to each community.

The “Most of Us” Social Norms Campaign

Twelve community coalitions with a focus on substance abuse have partnered to implement a statewide Social Norms Media Campaign titled “Most of Us.” The coalitions, led by Goshen Community Development Coalition, partnered with Dr. Jeffrey Linkenbach, Ed.D, a pioneer of the social norms approach to prevention. Dr. Linkenbach is the developer of the Montana Model of Social Norms Marketing, a model that contains specific protocol for conducting social norms marketing in a variety of settings. The approach involves correcting community perceptions and misperceptions of what is the norm and the development and translation of the social science into social action through radio, television, and print campaigns and other forms of media advocacy or strategic communications. The goal is to reshape health behavior by marketing positive norms practiced by the majority of the population, parting ways with more traditional methods that involve the use of scare tactics.

Listed by the New York Times Magazine as one of the most significant ideas of 2001, social norms marketing is based on the central concept of social norms theory – that much of people’s behavior is influenced by their perceptions of what is “normal” or “typical.” The problem is that we often severely misperceive the typical behaviors or attitudes of our peers.

- “Most of Us” Campaign

The coalitions are developing comprehensive and conclusive media and environmental strategies that are aligned with the identified issues of individual communities and the state of Nevada as a whole. The strategies will:

- Use a data-driven decision-making process;
- Encourage evidence-based prevention programs;
- Encourage the development of effective policy strategies and practices; and
- Employ a system for monitoring the success of the strategies implemented related to change in perception and misconception of harm within the specified populations throughout the state.

For more information on the “Most of Us” campaign visit www.nevadameth.nv.gov.

U.S. Department of Health and Human Services Funding

In September 2007, The Department of Health and Human Services, Division of Child and Family Services (DCFS) was awarded the grant, *Targeted Grants to Increase the Well-Being of and to Improve the Permanency Outcomes for Children Affected by Methamphetamine or Substance Abuse* by the U.S. Department of Health and Human Services.

The award, in the amount of \$3,742,000 over the next five years, will address the growing problem of methamphetamine addiction as it relates to child welfare issues in Clark County. DCFS collaborated on the grant with several partner agencies including the Nevada Substance Abuse Prevention and Treatment Agency, Nevada Office of the Attorney General, Nevada’s Court Improvement Project, Clark County Department of Family Services, WestCare Nevada, Clark County’s Drug Dependency Court, and the Nevada State Health Division. The funding allows for expanded treatment capacity, more timely access to appropriate substance abuse treatment, and better integration of child welfare services related to methamphetamine abuse.

2007 Nevada Prosecutors Conference

In July 2007, Ely was host to a joint strategy session with members of the Nevada Sheriffs’ and Chiefs’ Association and attendees of the 2007 Nevada Prosecutors’ Conference titled “Developing a Methamphetamine Control Strategy in Nevada.” Panel members representing the Nevada Statewide Coalition Partnership, the Nevada District Attorneys Association, and the Nevada Sheriffs’ and Chiefs’ Association presented challenges specific to their communities and professions, in both rural and urban areas of the state. Attendees divided into three groups to identify and prioritize recommendations relating to the challenges outlined. The groups reconvened and shared their main priorities and suggestions for improvement to be submitted to the Governor’s Working Group on Methamphetamine Use. The challenges and solutions identified through this joint strategy session are incorporated in this report. *Full meeting minutes and recommendations are posted at www.nevadameth.nv.gov.*

Roundtable on the States' Best Practices for Fighting the Methamphetamine Epidemic

In May 2007, Nevada Attorney General Catherine Cortez Masto took part in a roundtable discussion with attorneys general from other states related to best practices for fighting methamphetamine. States at the table included Nevada, Arkansas, Iowa, Ohio, Mississippi, North Carolina, Oklahoma, Rhode Island, and Oregon. The group shared best practices occurring in their states related to law enforcement, treatment, education, and awareness. Nevada was recognized for being proactive in tackling methamphetamine as it is acknowledged as having some of the worst problems in the nation. Nevada's strategies related to treatment and prevention, specifically the importance of working with youth and their families to prevent the cycle of addiction, were supported by the group. The main issue for the attorneys general was pseudoephedrine and Nevada addressed this issue through the passage of Senate Bill 112 and Assembly Bill 148. Even though the Working Group has been convened a very short period of time, Nevada is much farther along in aggressively attacking methamphetamine issues in the state. The attorneys general are looking to Nevada to share their strategies as a best practice to be used across the country.

Crystal Darkness

On January 9, 2007, the community of Northern Nevada fought back against methamphetamine by airing a 30-minute documentary titled "Crystal Darkness." The documentary was broadcast simultaneously on most stations. The Crystal Darkness Campaign was a collaboration between the local media, schools, law enforcement, recovery specialists, and the business community. It was spearheaded by Secret Witness, a local non-profit crime-stopping organization. On May 30, 2007, the documentary aired in Southern Nevada, reaching the largest population base in Nevada.

"Crystal Darkness" underscores the frightening truth about methamphetamine's devastating attack on our youth and their families. The program targets youth and their parents, but the message extends with conviction to the entire community. The story is

I was a 4.0 GPA student, I lost everything; my scholarship to college, I graduated at 16 – it's not worth it. Don't try it. Not even once.

- Tennille, Crystal Darkness

told through the powerful testimonies of young people who have gone through the dark and lonely depths of methamphetamine addiction. With heart wrenching and raw honesty, they speak to their generation with an unforgettable message of warning. The documentary is also available in Spanish, titled "Obscuridad Cristal."

Since the broadcast, Secret Witness has been contacted by cities throughout the nation and is offering to assist other communities in hosting their own Crystal Darkness Campaign. A blueprint has been developed that can be adapted to any community in the nation. The Oregon Crystal Darkness Campaign

aired October 9, 2007, broadcast on 25 television stations throughout the state. San Diego County broadcast the documentary on December 12, 2007 to nearly three million people. New Mexico and Arizona are planning campaigns in 2008.

Through “Crystal Darkness,” Secret Witness hopes to raise awareness of methamphetamine problems and solutions, assure methamphetamine hotline callers receive quality referrals, and create linkages to ongoing methamphetamine efforts. One of the most significant positive effects of the campaign is that it brings communities together in the fight against methamphetamine, mobilizing citizens to fight back to protect Nevada’s youth and neighborhoods. *Link to this campaign is available at www.nevadameth.nv.gov.*

No Safe Haven

This initiative established communication plans to share information between three adjoining counties regarding tips, intelligence, known cartels, and other relevant information to achieve the stated message directed to methamphetamine manufacturers, traffickers, sellers and users: in their Tri-County area, they would find “No Safe Haven.”

The District Attorneys in Carson City, Douglas County, and Lyon County determined that the best way to combat the manufacturing, trafficking, and sale of methamphetamine is to work collaboratively to defeat this common threat to the health, safety, and well-being of their communities. The key to this effort is cooperation and collaboration between all law enforcement agencies within the Tri-County area. Tri-Net is the hub of this collaborative effort. The District Attorneys established uniformity and consistency in the prosecution of methamphetamine cases. They continue to support local prevention plans, and conduct monthly briefings and regular training pertinent to the legal aspects of drug task force investigations.

DEA Partnerships

Specific to securing Nevada’s borders, Mike Flanagan, Assistant Special Agent-in-Charge of the Drug Enforcement Administration for the District of Nevada, cites the interdiction programs sponsored with the Las Vegas Metropolitan Police Department, Nevada Highway Patrol, and Nevada Department of Public Safety Investigations as very successful. The programs look at the drugs coming across our border to be utilized in Nevada and also destined to other parts of the U.S.

This is cooperative law enforcement at its best where all law enforcement agencies, state, local, and federal come together for one common goal and share information and work together on an everyday basis. The communities, cities, counties and the state of Nevada benefit from this partnership.

*- Mike Flanagan
Assistant Special Agent-in-Charge
Drug Enforcement Administration,
District of Nevada*

The major routes are out of California and Arizona. DEA’s leadership has played a pivotal role in the decline of methamphetamine labs throughout the state. During 2006, Nevada law enforcement seized 20 labs, down from 84 in 2003. In conjunction with their HIDTA counterparts, the DEA seized approximately 75 kgs of methamphetamine and over \$1 million in methamphetamine-related currency and assets in 2006.

High Intensity Drug Trafficking Areas (HIDTA)

The Law Enforcement Subcommittee to the Working Group agreed to adopt the basic guidelines of the High Intensity Drug Trafficking Areas (HIDTA) because they believe this can guide the law enforcement/criminal justice piece of their approach to dealing with methamphetamine in the state. HIDTA is not an agency or organization but a program that provides federal, state and local law enforcement agencies with a funding mechanism to pool resources and share information. The mission statement of HIDTA is “to measurably reduce drug trafficking through intelligence driven task forces, thereby reducing the impact of illicit drugs in this and other areas of the country.” The goals of HIDTA are to:

1. Reduce drug availability by disrupting and dismantling drug trafficking organizations;
2. Measurably reduce methamphetamine manufacturing and distribution;
3. Reduce the harmful consequences of drug trafficking;
4. Improve the efficiency and effectiveness of law enforcement organizations and their efforts;
5. Measurably reduce drug related crime; and
6. Establish a multi-agency drug intelligence network within the HIDTA region.

The table below outlines the positive results of the Washoe County collaborative and the Las Vegas collaborative:

Washoe County: July 1, 2006 – June 30, 2007	Las Vegas 2006 Interdiction Results
<ul style="list-style-type: none"> ▪ 67 arrests ▪ 34 asset seizures ▪ \$934,825 – value of seizures 	<ul style="list-style-type: none"> ▪ 94 arrests ▪ 14 search warrants ▪ 2 firearms seized ▪ 12 vehicles seized ▪ \$2,787,243 – U.S. Currency ▪ Ice – 25 kgs ▪ Pure meth – 14 kgs

There are eleven Nevada HIDTA enforcement and intelligence initiatives in Nevada. By taking HIDTA statewide, they have effectively begun to work on all these areas. HIDTA is a good example of how local, state, and federal agencies can work together. It allows for connectivity to adjoining states and is a great method for exchanging information. Future initiatives for law enforcement will be consistent with what HIDTA is doing.

Conference of Western Attorneys General Mexico Delegation

On September 20-21, 2007, Nevada Attorney General Catherine Cortez Masto participated in the 19th National Conference of Attorneys General of Mexico in Jiutepec, Morelos along with State Attorneys General and Assistant Attorneys General of the Western states of Arizona, New Mexico, Colorado, Idaho, North Dakota, Hawaii, and California. State attorneys general from all 31 Mexican states, the Federal District, and Mexico's Attorney General, Eduardo Medina Mora, attended the meeting.

The binational exchange during the Conference provided an opportunity for U.S. and Mexico state attorneys general to have an open exchange on critical topics of mutual importance, which included efforts to reduce methamphetamine manufacturing and trafficking. At the conference, Mexico's Attorney General provided a substantive overview of the strategic and collaborative drug interdiction efforts between Mexico and U.S. at the federal level, as well as the implementation in Mexico of regulatory controls on pseudoephedrine, a chemical used in the manufacture of methamphetamines.

On Sept. 1, 2007, Mexico began requiring prescriptions for medicines containing pseudoephedrine and blocked over-the-counter sales of the decongestant used in methamphetamine production. Methamphetamines are increasingly produced in Mexico and shipped north to the U.S., with seizures along the border increasing fivefold over five years to three tons in 2006, according to a congressional report released by the U.S. Government Accountability Office.

Participating attorneys general agreed on the importance of convening frequent exchanges to strengthen state-to-state efforts and to develop effective collaborative strategies to combat mutual challenges. As a result, Arizona Attorney General, Terry Goddard, Chair of the Conference of Western Attorneys General, offered to host the next forum in the Spring of 2008 to follow up and provide specific focus on the topics discussed.

COPS Six State Combat Methamphetamine Initiative

Nevada has been invited to collaborate with the Office of Community Oriented Policing Services (COPS) of the U.S. Department of Justice in its Six State Combat Methamphetamine Initiative. States are selected based on a commitment by the Governor's Office to lead a statewide planning and implementation process to combat methamphetamine. Other federal partners include the Substance Abuse Mental Health Services Administration (SAMHSA) and the Drug Enforcement Administration (DEA). The COPS office partners with prevention and treatment to advance community policing practices that promote collaboration, problem solving, and systems change. Nevada meets the key strategies needed to participate as outlined by COPS including: 1) a committed Governor's Office to drive change, 2) a statewide planning system inclusive of local coalition building, 3) comprehensive strategies related to prevention, treatment, and enforcement, 4) mobilization and coordination of all sectors, 5) promotion of

effective media and communication strategies, 6) provision of outcomes that reflect evidence-based strategies, and 7) data-driven planning and assessment. In 2008, the Working Group will communicate to COPS the recommendations laid out in this report and further gauge their involvement in Nevada. *More information on COPS can be found at www.nevadameth.nv.gov.*

National Council of Juvenile and Family Court Judges Community Meth Abatement Project

In May of 2006, the National Council of Juvenile and Family Court Judges (NCJFCJ) convened a focus group of national experts to discuss guidelines for community methamphetamine abatement. The Community Meth Abatement Advisory Project (CMAAP) was created to assist communities in responding to methamphetamine issues having a major impact on children. NCJFCJ, in cooperation with the Sixth Judicial District Juvenile Department and the Frontier Community Coalition, held a training in Winnemucca in June 2007 for professionals who face challenges caused by methamphetamine production, distribution, and use. Topics included the medical and psychiatric aspects of methamphetamine addiction; children exposed to methamphetamine, both perinatally and in the home; and methamphetamine labs, production, and distribution.

Challenges and Recommendations

Introduction

From January through November 2007, the Working Group heard from state and national experts who described the many challenges methamphetamine use presents to various disciplines, and recommendations for corrective action. Equally important, individuals in recovery from methamphetamine addiction shared their personal stories about how they began using methamphetamine, and how it impacted their lives. Three subcommittees of the Working Group: Law Enforcement, Treatment/Prevention, and Legislation, which included advisory members from related fields, used this information to further articulate the presenting problems and develop recommendations with specific action steps to address these concerns.

In this section under the sub headings: Drug Endangered Children, Law Enforcement, Prevention, and Treatment and Workforce Development, the challenges presented to the Working Group are summarized, followed by overarching recommendations achieved through specific action steps.

This section leads with a recommendation not specific to the three subcommittees established, but to the Working Group itself. The authority of the Working Group is to dissolve on December 31, 2007, per the Executive Order by the Governor. Members of the Working Group voted at the December 4, 2007 meeting to request an extension of the Working Group to June 30, 2009 by a new Governor's Executive Order. This will allow time for recommendations presented in this section to be addressed.

Extension of the Working Group's Authority

The success of the recommendations proposed in this section now rides on the continuation of this group. The Working Group gathered information, listened to experts, and developed solid recommendations. Extending the Working Group will ensure further actions are taken in Nevada to address methamphetamine and other substances of abuse.

- 1. Extend the authority of the Working Group beyond the December 31, 2007 deadline as outlined in the Governor's Executive Order.**
 - a. Extend the authority of the Working Group by a Governor's Executive Order through June 30, 2009.
 - b. Expand the scope of the Working Group to include all drugs of abuse.
 - c. Establish teams to conduct further studies or take action to address recommendations outlined in the Governor's 2007 Final Report.
 - d. Continue to meet as a full Working Group to address recommendations outlined in the Governor's 2007 Final Report.

Drug Endangered Children

Drug Endangered Children (DEC) programs aim to help children who suffer physical or psychological harm and neglect resulting from presence at or near sites of drug production (especially methamphetamine) or from exposure to illegal drugs or persons under the influence of illegal drugs.

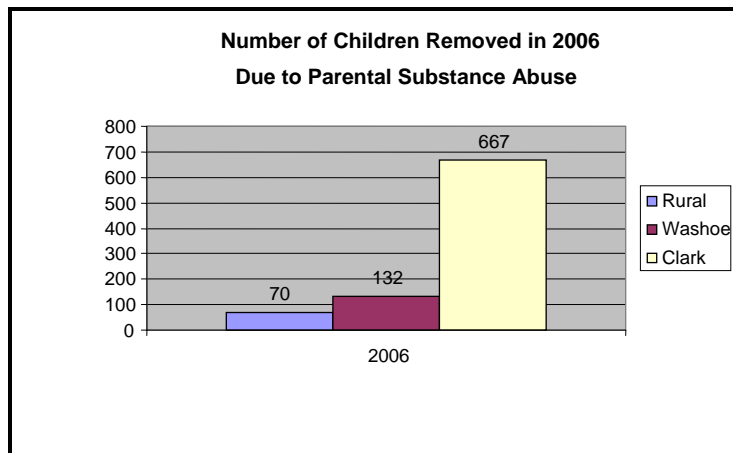
It is a very important part of this Working Group that we focus on children. The Alliance for Drug Endangered Children is about rescuing, defending, sheltering, and supporting children.

*- Mark Jackson
District Attorney, Douglas County*

The Drug Enforcement Administration (DEA) recognizes the following specific dangers faced by children who live in or visit drug-production sites or are present during drug production:

- Inhalation, absorption, or ingestion of toxic chemicals, drugs, or contaminated food or drink that may result in respiratory difficulties, nausea, chest pain, eye and tissue irritation, chemical burns, and death;
- Fires and explosions resulting from dangerous methamphetamine production processes;
- Abuse and neglect by parents who often binge on methamphetamine and traumatic consequences that result; and
- Hazardous living conditions (firearms, code violations, poor ventilation, and sanitation).

Fernando Serrano, Administrator for the Nevada Division of Child and Family Services presented this chart in his testimony to the Working Group.



Mr. Serrano provided these disturbing statistics from regions of the state:

- In the rural region, 25% of children entering foster care is due to parental substance abuse;
- From October 2006 to December 2006, 55 children entered care from the rural regions; of these, 31 were due to drug abuse (56%);
- In Clark County, 85% of mothers treated at the Bridge Treatment Center have meth as the primary drug of choice;
- 60% to 70% of Washoe County's child abuse/neglect cases involve parental substance abuse; and
- In FY 2005-06, 55% of Washoe County protective custody hearings involved substance abuse.

Mark Jackson, District Attorney in Douglas County, states the DEC program started primarily because of the methamphetamine labs and the number of children who were exposed to labs. The idea was to set up a protocol involving not only law enforcement and judiciary but also mental health, physicians, nurses, and hospitals. Ultimately, a coordinated plan will ensure the needs of these young victims are addressed.

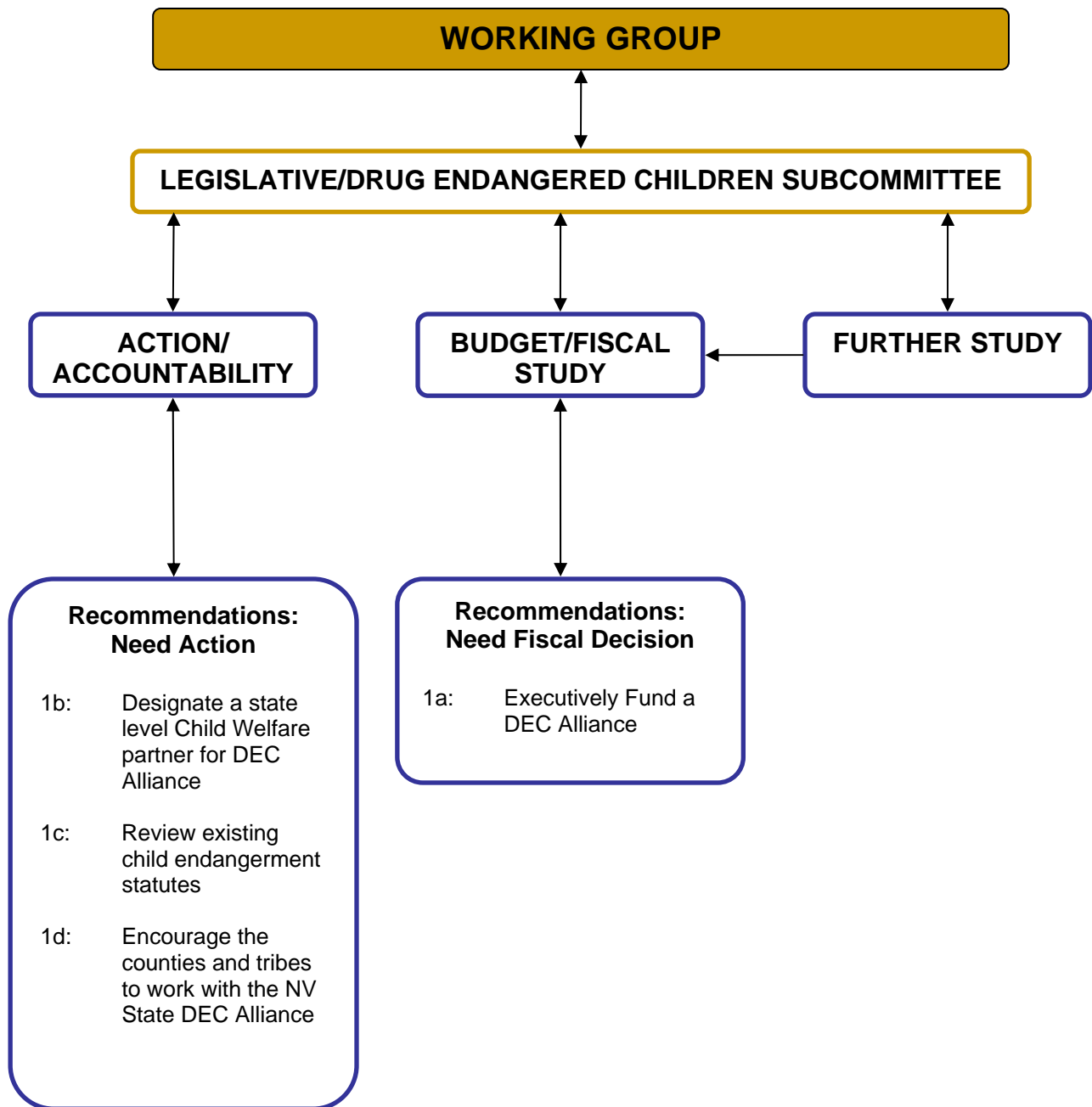
According to Chris Bayer, Director of the Court Appointed Special Advocates in Carson City, a state level DEC Alliance supports the creation of this coordinated response at the county level through training, resource gathering, and the provision of model protocols. Nevada is the only state in the Far West with no state DEC Alliance. It is the only state in the Far West without county DEC teams.

Meanwhile, according to Mr. Bayer, many county DEC teams and states across the nation are moving into a second generation, which takes the concern beyond methamphetamine labs. They are creating new child welfare statutes and risk assessment practices, such as the use of environmental swabs. They are developing guidelines for the involvement of child welfare in law enforcement interventions, and visa versa. *Supporting DEC information and Mr. Bayer's full report can be obtained at www.nevadameth.nv.gov.*

DRUG ENDANGERED CHILDREN RECOMMENDATIONS

- 1. Develop a Nevada DEC Alliance - a state-level system to protect and serve Drug Endangered Children (DEC).**
 - a. Executively fund a Nevada DEC Alliance, initially consisting of an Executive Director and support staff plus operating expenses. Initial responsibilities of the DEC Alliance will include creating county contacts, develop comprehensive training and training resources for county DEC Teams, collect available related DEC data, develop an on-going DEC tracking system, create an advisory board, engage in strategic planning, and create a DEC program evaluation system.

- b. Designate a state level Child Welfare partner - an individual at a state policy level within the Division of Child and Family Services (DCFS) to work with the DEC Alliance.
- c. Review existing statutes to determine if changes are needed regarding child endangerment.
- d. Encourage counties and tribes to work with the Nevada State DEC Alliance, outlining the need for DEC protocols.



Law Enforcement

The federal Drug Enforcement Administration (DEA) state and local Nevada intelligence has identified large scale Mexican distribution and smuggling organizations based in Mexico as the main source of methamphetamine in Nevada. The methamphetamine is not only destined for Nevada, but Nevada is a transition point for bulk methamphetamine shipments destined for other parts of the United States. *Link to DEA trafficking maps is available on www.nevadameth.nv.gov.*

Over the past six years, there has been a reduction in clandestine lab seizures in Nevada due not only to effective enforcement operations, but to the available supply of methamphetamine from Mexico. During 2006, Nevada law enforcement seized 31 labs, down from 84 in 2003.

There are twenty-seven tribes in Nevada. In their testimony to the Working Group, Judge Mitch Wright, Chief Justice of the Mojave Tribe and Judge F. Woodside Wright, Chief Judge of the Fallon and Walker River Tribal Courts, emphasized the need for Memorandums of Understanding between jurisdictions to facilitate arrests and interdiction operations. For example, tribal courts do not maintain criminal jurisdiction over non-Indians in tribal land. Therefore, a non-Indian who is trafficking methamphetamine in Indian country cannot be criminally prosecuted by a tribal court. This gets jurisdictionally confusing and law enforcement officers typically do not have time to find out who is the primary, secondary, and tertiary party. "The access to the reservation is such that there is nothing that would prevent it. They have a free flow of traffic back and forth across jurisdictional lines polluting both the communities with a drug they don't want out there" (Judge M. Wright).

As a law enforcement leader, I recognize that methamphetamine use is more than just a crime with legal ramifications; it is a societal epidemic which destroys lives, tears families apart, and devastates communities. Only by joining forces as a community can any true progress be made in stemming this devastation.

***- Sheriff Mike Haley
Washoe County Sheriff's Office***

A concern of law enforcement is the need for better coordination between tribal, state, and local law enforcement agencies. In areas where Memorandums of Understanding are in place, such as Douglas County and Carson City, these problems are not as severe. Ted Quasula, former Chief of Police for the Las Vegas Paiute Tribe, indicated that "tribes, federal law enforcement, state law enforcement, and sheriffs of Indian tribes need to discuss criminal jurisdiction, discuss resources, liabilities, and develop a formal working relationship between tribes and off reservation enforcement."

Currently, the Nevada Department of Public Safety reports that methamphetamine is the primary drug of choice throughout Nevada, comprising 60 to 70 percent of all narcotics cases in Rural Nevada Task Forces. Through aggressive law enforcement operations, and cooperation from the Mexican government in limiting the importation of

pseudoephedrine, the availability of methamphetamine has been reduced. Unfortunately, the demand for mind-altering substances has not. As methamphetamine supplies go down, other drug use increases, specifically marijuana, cocaine, heroin, and prescription drugs. Non medical use of prescriptions is the second largest form of illicit drug abuse, which presents a new set of enforcement concerns and challenges. Phil Galeoto, Director for the Nevada Department of Public Safety, reported that operations which disrupt the illegal distribution of prescription drugs is critical and should be expanded to stay ahead of this potentially disastrous problem.

Sergeant Jeff Hammack, Las Vegas Metropolitan Police Department, identifies interdiction as an effective practice in curtailing trafficking of methamphetamine. In 2006, their interdiction teams seized 85 pounds of methamphetamine with a street value of over three million off of the highways. Future enforcement efforts need to be multifaceted and multidimensional, crossing counties, states, and borders. A Nevada Department of Public Safety Captain, Karen Lorenzo, reported that best practices for law enforcement include fluid and flexible investigative techniques, communication, rural vs. urban operations, coordination of efforts between local jurisdictions and state, investigative and prosecutorial coordination, community involvement, and involvement of the courts. *Link to full presentation is available at www.nevadameth.nv.gov.*

LAW ENFORCEMENT RECOMMENDATIONS

- 1. Measurably reduce methamphetamine manufacturing, trafficking, and distribution networks, and related criminal activity.**
 - a. Nevada state and local law enforcement will continue engagement in the High Intensity Drug Trafficking Area Initiative (HIDTA) as the foundation of methamphetamine and other drug criminal activity reduction.
 - b. Expand a multi-agency drug intelligence network within the HIDTA region.
 - c. Address jurisdictional restraints from enforcement across tribal, county and, municipal lines, creating a “statewide” methamphetamine abatement law enforcement initiative.
 - d. The Director of the Department of Public Safety will develop specific funding request for PHARM-Net Task Force to control the abuse of prescription drugs.
 - e. Continue and enhance the use of investigative canines to support the interdiction of drug trafficking.

- 2. Develop collaborative agreements and practices addressing enforcement barriers between tribal, state, and local jurisdictions.**
 - a. Create a plan to address issues on tribal lands that would include the development of Memorandums of Understanding with tribal, local, state, and federal law enforcement agencies for a better understanding of criminal jurisdictions.
 - b. Develop a precise protocol for the safety and well-being of the tribal communities from alcohol and other drug (AOD) issues on and off tribal lands and expand standing federal funding to support state and tribal law enforcement and human resources.

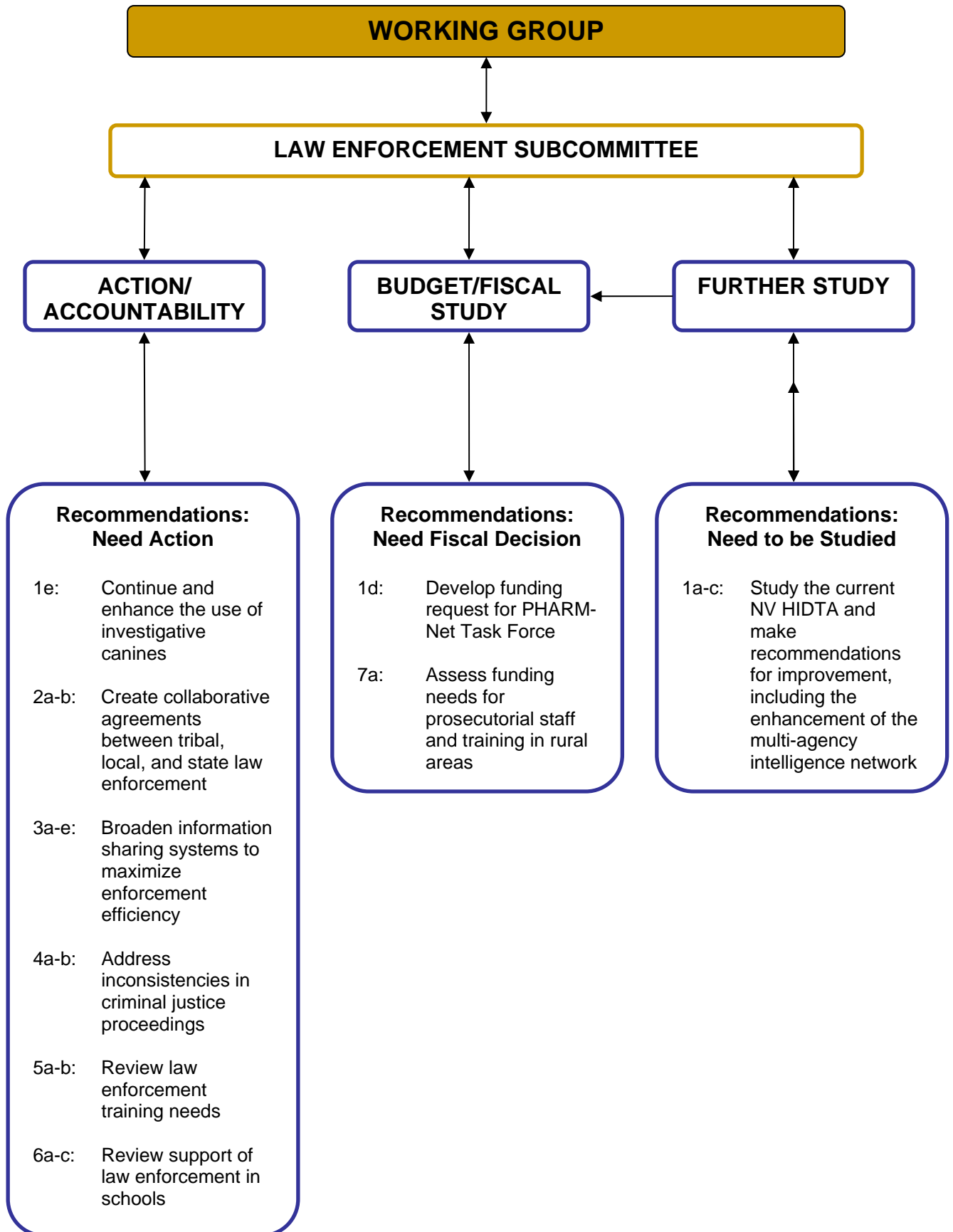
- 3. Continue and broaden information sharing systems between state, local, and tribal agencies, and expand to allow accessing information from other outside agencies affected by drug crime that may be valuable in the enforcement operations.**
 - a. Develop and share jurisdictions/references, such as Deskbook.
 - b. Review pre-sentence investigation (PSI) reports prepared by the Division of Parole and Probation for information on the drug users and abusers such as demographics, what precipitated their methamphetamine use, their patterns of use, and how and where they obtained their drugs.
 - c. Ensure participation by law enforcement in the drug courts to avoid drug traffickers from being allowed into that process.
 - d. Implement an “all crimes/all hazards” approach to information sharing by enhancing and expanding the three Fusion Centers.
 - e. Develop information sharing protocol involving not only law and judiciary enforcement, but also mental health, physicians, nurses, and hospitals.

- 4. Ensure consistency of operational procedures across law enforcement and criminal justice disciplines.**
 - a. Encourage investigative and prosecutorial coordination through combined training and ongoing communication.
 - b. Address inconsistencies in the spectrum of criminal justice proceedings, from arrest through sentencing, in addition to the lack of coordination between the different courts, even when processing the same offender.

- 5. Provide ongoing education and instruction on current drugs of abuse and their effects on law enforcement agencies.**
 - a. Peace Officer's Standards and Training (P.O.S.T.) will offer curriculum in methamphetamine-specific instruction, as well as other substance abuse issues affecting law enforcement, to ensure law enforcement officers have current information.
 - b. Ensure law enforcement has the appropriate knowledge and skills in interdiction programs, with an emphasis in the rural areas as well as all security personnel working in or around airports.

- 6. Law enforcement agencies should be proactive participants in local drug prevention coalitions, and engage in community drug education activities as appropriate.**
 - a. Encourage law enforcement to participate in civic presentations, such as the Nevada Narcotics Officers Association.
 - b. Encourage local law enforcement to support the revised Drug Abuse Resistance Education (D.A.R.E.) II program in their schools.
 - c. Provide support for training materials to local law enforcement to enable them to provide local training.

- 7. Support the development of rural facilities that are proportional to the problem in a geographic area.**
 - a. Adequately staff and train rural prosecutor offices to address the direct effects and the collateral effects of the methamphetamine problem, both criminally and civilly.



Prevention

Prevention program strategies should act like a layer of filters. There is no "one size fits all." If a child doesn't relate to one approach, they may try another. We have to try everything to catch them before they fall into trouble.

***- Dee Wirth, Lead Counselor's Tech
WestCare's Women and Children's Campus,
and recovering methamphetamine addict***

On November 8, 2007, the Working Group heard from a panel of recovering methamphetamine users who were asked the question, "What would have deterred you from ever using methamphetamine and what would you recommend communities and law enforcement do to keep young people from ever trying methamphetamine?" Overwhelmingly, the response was education and

prevention. One panelist stated education would have deterred her by seeing the dirty and ugly side of methamphetamine at a young age. Another panelist responded that education would have deterred her from using because she would have learned that methamphetamine is a different drug than marijuana and it causes different behaviors. A third panelist recommended education for parents. Specific recommendations for how to educate the community included using visuals, enlisting those in recovery to speak to groups, reaching youth at a very young age, and mandating drug education as part of school curriculum.

An overriding theme throughout the Working Group presentations focused on prevention as key to eradicating the problem of methamphetamine abuse in Nevada. Nearly every presentation heard by the Working group, from law enforcement, corrections, treatment, judges, prosecutors, tribes, coalitions, and recovering addicts, referenced prevention as the means to reducing many of Nevada's issues related to methamphetamine. Michael Flanagan, Assistant Special Agent-in-Charge of the Drug Enforcement Administration for the District of Nevada, said the most important thing needed to secure Nevada's borders is to work together and participate in the prevention/education side, such as educating people about products sold to produce methamphetamine. At the Roundtable on the States' Best Practices for Fighting the Methamphetamine Epidemic, Attorney Generals in attendance stressed the importance of prevention, particularly working with youth and their families to prevent the cycle of addiction. Prevention today must be broad based, evidenced-based, and reach across multiple sectors with multiple strategies.

In calendar year 1999, Metro closed 362 meth labs. In calendar year 2006, HIDTA seized 137 pounds (62 kgs) of meth. We will not arrest and incarcerate our way out of this problem. Education and prevention of its use are our best tools.

***- Sheriff Doug Gillespie
Las Vegas Metropolitan
Police Department***

Even though Nevada recognizes prevention as important, prior to the last legislative session, the state committed a total of \$42,000 to prevention efforts. This represented one of the lowest commitments from any state in the nation to the prevention field. In

the 2007 legislative session, Governor Gibbons included General Fund support in the amount of \$7.3 million in the 2007-2009 Executive Budget³ to fund prevention efforts. Two million is specific to methamphetamine and \$5.3 million replaces lost federal funds to support community coalitions and local prevention programs. This is the largest increase to prevention in Nevada history but, unfortunately, it falls short of what other states commit to the field.

In Nevada, community substance abuse prevention coalitions are an integral part of prevention efforts. Currently, twelve community coalitions are funded to implement methamphetamine strategies by the Nevada Department of Health and Human Services, Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency (SAPTA). These twelve coalitions represent geographic areas in all seventeen Nevada counties. The *February 2007 President's National Drug Control Strategy* states, "By supporting the development of local drug-free community coalitions, the Administration is working to achieve long-term sustainable success in preventing drug use by youth and enlisting parents in achieving these goals. These coalitions bring together community leaders: professionals in health care, law enforcement, and education, the clergy, and others to provide grassroots solutions to substance abuse. Coalitions work to identify local drug problems and then establish partnerships to bring the community together to combat them. Some communities may find that prescription drug abuse is on the rise, while others may target marijuana use. The flexibility and locally driven nature of community coalitions allow a range of successful responses to local problems."

Major General Arthur Dean, CEO, Community Anti-Drug Coalitions of America (CADCA), presented to the Working Group in October 2007 on current evidence-based practices in methamphetamine prevention and strategies being implemented at the community level. The Drug Free Communities Support Program currently provides funding to seven community coalitions in Nevada in the amount of \$100,000 per year for a maximum of ten years. Four of these coalitions will age out of this funding by fiscal year 2009. Major General Dean supports the Working Group's move to addressing substance abuse in its totality. CADCA defines substance abuse as underage drinking, illicit drug use, and most recently the abuse and misuse of prescription medicines to include over-the-counter. He stressed the importance of training community partners in evidence-based strategies and, even more important, the necessity of getting buy-in and ownership at the community level as to the magnitude of the problem and the solutions needed.

For prevention to be most effective, it must be strategic, evidence-based, and focus on strategies that address youth prior to first use. Maria Canfield, Chief, SAPTA, provided a *Methamphetamine Briefing* to the Working Group that outlined prevention best practices. Key components of effective substance abuse prevention must:

³ During the drafting of this Final Report, Nevada's Governor announced a 4.5% reduction to the State's general fund appropriations which may have an impact on the allocation of the \$17.4 million in the 2007-2009 Executive Budget.

- Touch not only the individual but the whole community (comprehensive broad-based approaches that focus on multiple strategies across multiple sectors);
- Be a balance of early primary prevention and intervention to stop the progression of addiction in all populations before it starts;
- Cut across disciplines and across categories of youth; and
- Focus on high-risk behaviors and groups, community norms, and casual factors that increase vulnerability to initiating methamphetamine use.

There are six evidence-based prevention strategies that are promoted by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for the Application of Prevention Technologies (CAPT) as being effective and are being used by the twelve community coalitions in implementing their methamphetamine strategies.

<u>Strategy</u>	<u>Definition</u>
Information Dissemination	This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
Education	This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.
Alternatives	This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to--or otherwise meet the needs usually filled by--alcohol and drugs and would, therefore, minimize or obviate resort to the latter.
Problem Identification and Referral	This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education.
Community-Based Process	This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.
Environmental	This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

Ms. Canfield's presentation and a link to SAMHSA and CAPT can be found at www.nevadameth.nv.gov.

Data collection to track prevention efforts is a continuing challenge in Nevada and across the nation. Individual funding entities each require specific reporting, often using different outcome measures for tracking data. Community coalitions and prevention providers must balance the desire to provide effective, efficient programming to the communities with the necessity of meeting burdensome reporting requirements. Nevada's systems must be analyzed to ensure the delivery of evidence-based prevention practices is effective both fiscally and programmatically, ensuring that data is

The percent of youth who have used methamphetamine one or more times during their lifetime is decreasing, yet Nevada's use rates remain consistently higher than the Nation.

	<u>2003</u>	<u>2005</u>	<u>2007</u>
U.S.	7.6	6.2	<i>not available</i>
Nevada	12.5	11.7	7.4

- Nevada Youth Risk Behavior Survey

available and accessible. One example is the change in questions to the 2007 Nevada Youth Risk Behavior Survey (YRBS), a valuable tool to community coalitions in collecting data from youth as it is the only survey conducted within the school system across the entire state. Changes to the format of questions do not allow for consistent data collection from year to year. This is the only current data source that tracks core measures needed for reporting at the federal level.

When analyzing systems related to prevention, the Nevada school system cannot be overlooked. Nevada's site-based management of schools does not offer continuity and consistency in prevention programming. Dr. Rob Roberts, Superintendent, Nye County School District, reported that the state of Nevada requires students to take a Health class usually in the 10th grade. Substance abuse is discussed and part of this is methamphetamine. Some students receive the Drug Abuse Resistance Education (D.A.R.E.) program in 5th grade, but this is not offered at every school. Prevention efforts are dependent upon the individual school administration. Clark County Commissioner Chris Giunchigliani stressed a need for preparing teachers in activities to watch for and new lingo related to methamphetamine. Much is being done in individual communities across the state to train professionals, yet there is no system to ensure that every teacher receives the information. According to Mike Fitzgerald, Education Consultant for the Nevada Department of Education, school-based prevention education needs to be "comprehensive and multifaceted along a continuum both vertically and horizontally, K-12 and wellness to aftercare." Nevada's current school-based substance abuse prevention curriculum needs to be reviewed and minimum requirements established for comprehensive K-12 prevention education, while encouraging collaboration with local community partners.

Substance abuse prevention efforts specific to methamphetamine are recognizing the need to provide education to all populations in a community. Judge John Tatro, Carson City Justice of the Peace, spoke to generational abuse associated with methamphetamine. He states "until the users stop using new people will begin to use and it's evident by the parents, the grandparents, and the kids in court day in and day out. It's a cycle that they have to stop." He stated that education and awareness are

10% of the population that try alcohol for the first time become addicted. 90% of people who use meth for the first time become addicted. The younger a person is when they are exposed to a drug the more likely they are to become addicted. The education and awareness of the kids is extremely important.

*- Judge John Tatro
Carson City*

extremely important. “The younger a person is when he is exposed to a drug the more likely he is to become addicted. We can beat this monster with education, awareness, and treatment as priorities. The main thing is to bring everyone together, law enforcement, the courts, treatment providers, and those offering education and awareness.”

Don Helling, Director of Operations, Nevada Department of Corrections, spoke to the social costs of methamphetamine as it

relates to families and intergenerational abuse. Incarcerated family members leave spouses and children to fend for themselves or depend on welfare or disability systems. The corrections system is currently working with fourth generation methamphetamine-infested families, becoming the caretaker for these multiple-generational offenders. Prevention is the key, as it is sometimes too late once they enter the prison system.

PREVENTION RECOMMENDATIONS

- 1. Ensure that all prevention strategies are broad-based, cover multiple drugs, and are available to local communities.**
 - a. Maintain substance abuse prevention strategies through community coalitions to reach all populations and geographic areas of the state by replacing lost federal dollars to coalitions.
 - b. Work with the Nevada Statewide Coalition Partnership and the Substance Abuse Prevention and Treatment Agency (SAPTA) to establish and market web-based sites to disseminate substance use and abuse information efficiently to adults; and involve the Nevada’s Youth Prevention Teams to create a site specific to youth, funding web-based strategies, interventions, and publications.
 - c. Continue to support and fund evidence-based prevention programs, practices, and strategies across multiple sectors through the funding of recommendations outlined in the community coalitions’ Comprehensive Community Prevention Plans.
 - d. Make community coalition strategic plans available to the community at large, funders and key stakeholders to encourage broad-based support and involvement in the implementation of strategies. Dissemination may include posting the plans on state, county, and city websites and supporting other marketing techniques created by the community coalitions.

2. **Analyze all systems related to prevention to ensure the delivery of evidence-based prevention practices is effective both fiscally and programmatically.**
 - a. Establish protocols among state agencies; specifically the Substance Abuse Prevention and Treatment Agency, the Department of Education, and the Juvenile Justice Programs Office, to ensure equitable, effective and accessible prevention funding streams.
 - b. Define the role of faith-based communities in the prevention process and their involvement at the state level.
 - c. Review current school-based substance abuse prevention curriculum and use thereof, and establish minimum requirements for comprehensive K-12 prevention education, while encouraging collaboration with local community partners.
3. **Support substance abuse training opportunities for those directly working with youth and families.**
 - a. Create and/or expand substance abuse training specific to methamphetamine to first responders (i.e. law enforcement, child protective services).
 - b. Train “gatekeepers” to identify potential risk factors including signs and symptoms, prevention techniques, and referral processes.
 - c. Collaborate with the judicial system to provide methamphetamine specific training to judges, defense attorneys, and prosecutors by supporting a training partnership between the community coalitions and the juvenile justice systems and/or the judicial colleges.
 - d. Be inclusive of youth, who are vital to the community-based model, to conduct and participate in substance abuse prevention trainings.
4. **Continue to support the community-based coalition process to ensure effective prevention programs, practices, and strategies exist in each of the seventeen counties and to avoid duplication of efforts and services.**
 - a. Support increased funding, both private and state, for collaborative projects engaging multiple community sectors related to methamphetamine and other substances.
 - b. Increase State support of a statewide social norm media campaign implemented by the local coalitions to change perceptions, norms, attitudes, and acceptance toward methamphetamine use.

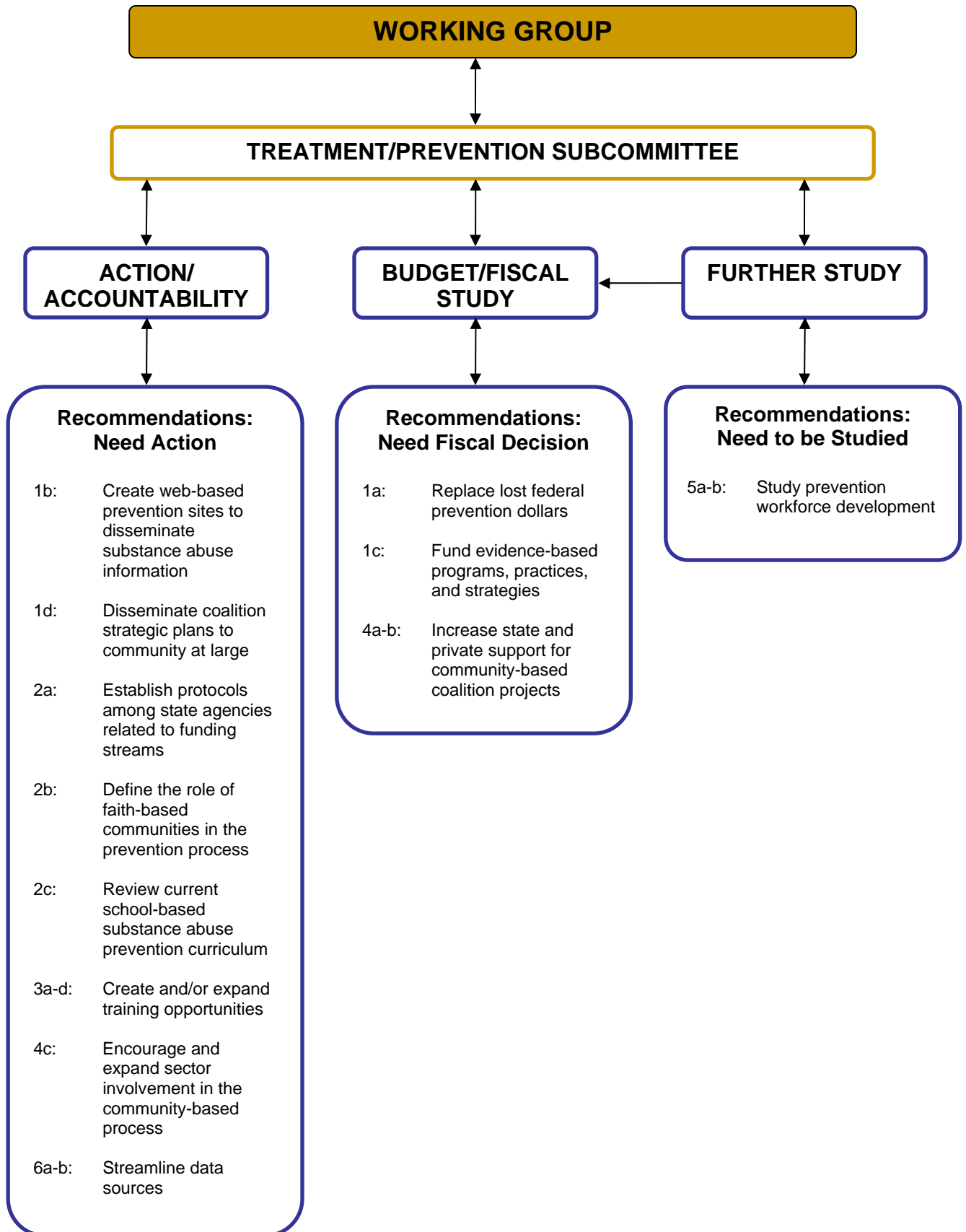
- c. Encourage and expand the involvement of all sectors in the community-based prevention process, utilizing this cross collaboration to make local level prevention funding decisions.

5. Develop strategies to support prevention workforce development.

- a. Engage in a study to define the role of prevention specialists and necessary training requirements to support increased salaries and materials in the field.
- b. Support the development of local, community-based prevention training opportunities for prevention professionals, especially in the rurals, through access to training resources and materials. Work with providers and coalitions to determine community-specific training needs, creating a system for providers to earn continuing education units. Create a mobile training bureau comprised of prevention experts from the community, state, and federal levels.

6. Ensure that data is available and accessible to the public.

- a. Consolidate existing information systems into a shared database (data warehouse).
- b. Support the database system developed by the Nevada Statewide Coalition Partnership to track and evaluate prevention programs, practices, and strategies.



Treatment and Workforce Development

Treatment: Service Agencies

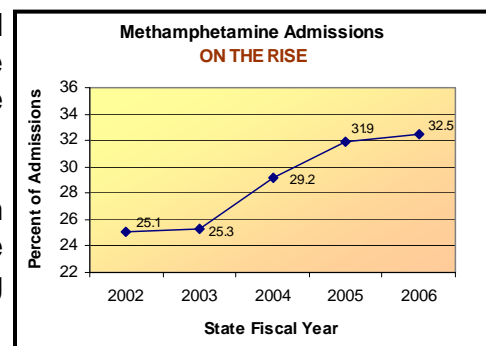
As evidenced by the issues presented in the following sub sections, outlining the scope of the problem created by methamphetamine use in Nevada, it is clear that for the most part, corrective action depends on the availability of treatment. Effective law enforcement and enhanced education in problem identification has created a critical need for additional treatment services.

In her presentation to the Working Group, Dr. Melissa Piasecki, Associate Professor Psychiatry, University of Nevada School of Medicine, stated that many believe methamphetamine addiction is untreatable because:

- Many of the geographic regions impacted by methamphetamine do not have adequate and effective treatment systems available;
- The medical and psychiatric needs of methamphetamine addicts exceed program capabilities;
- The high rate of use by women and the needs of their children can be overwhelming, and
- Staff report feeling unprepared for the issues presented by these patients.

Dr. Piasecki went on to say that there is hope for methamphetamine addicts when the treatment is available and evidenced-based practices such as the Matrix Model, Cognitive Behavioral Models, and Contingency Management are used.

Maria Canfield, Chief, Nevada Substance Abuse and Treatment Agency (SAPTA), presented this table demonstrating the rise in methamphetamine admissions to SAPTA funded treatment agencies:



Using the 2006 data collected by SAPTA from treatment providers, Ms. Canfield was able to provide the following profile of methamphetamine using clients:

- 52% males and 48% females
- 36% living independently, 35% homeless living with others, 6.2% on the streets
- 19% married or with “significant other,” 54% never married, 25% divorced, separated, or widowed
- 84% white, 5% black, 5% Alaskan Native or Native American, 2% Asian, 4% “other”
- Average client age was 30 years, median age was 29
- 80% had no health insurance, 48% no source of income, and 52% employed
- Vast majority were admitted for poly-drug abuse

I have worked in the treatment field since 1976. In that time I have never seen anything like we are seeing with methamphetamine. The heroin problems in the 1960's and 1970's created their challenges. The cocaine problem in the 1980's definitely challenged our knowledge, abilities, and resources. But the methamphetamine problem is definitely the greatest issue we have faced in our field to date.

*- Kevin Quint, Director
Join Together Northern Nevada*

SAPTA collects treatment admissions data from sixty-one SAPTA treatment sites statewide. This information subtracted from the calculation of total treatment needs gives Nevada insight into the unmet treatment needs. However, the Agency does not collect data from treatment providers not required to report to SAPTA such as tribal providers, private for-profit and federally supported services such as veterans programs; therefore, estimates are often low.

The following table summarizes state estimates of substance abuse treatment needs using statistically reliable data from the Federal Substance Abuse and Mental Health Services Administration, and SAPTA's records on treatment services provided to them. *Full calculations and further breakdowns in treatment are available via link at www.nevadameth.nv.gov.*

Age	2006 population estimate	Needing Treatment (estimated)	Range of Treatment Need Met (estimated)*	Range of Unmet Treatment Need (estimated)
12 - 17	209,728	18,000	1,860 – 3,720	14,280 – 16,140
18 +	1,884,899	162,000	32,123 – 64,246	97,754 – 129,877
Total	2,094,627	180,000	33,983 – 67,966	112,034 – 146,017

*The figures in this column were arrived at by using numbers reported to SAPTA for the lower number. The higher number was calculated by doubling the number reported to compensate for services that may have been provided, but not reported to SAPTA.

Further complicating treatment for substance abuse is the increase in the identification of individuals with co-occurring mental health and addictive disorders. In the past, there has been confusion over which health issue needed to be addressed first. This has resulted in people with co-occurring disorders being referred back and forth between substance abuse treatment centers and mental health services, and eventually becoming lost in the shuffle, often ending up in correctional centers or homeless. As suggested by Mike Willden, Director of the Nevada Department of Health and Human Services, "We have entered a time when we can no longer talk about co-occurring disorders. We must create co-occurring systems of care." This can be accomplished by integrating service delivery systems, and adequately screening for both substance abuse and mental health problems regardless of the primary presenting problem.

Treatment: Juvenile Justice

Teenagers are frequently detained in our center after having used substantial amounts of methamphetamine. These youth report being without sleep for days, having sexual relations with multiple partners (sometimes coerced), and going without food for much of this period. They sleep for much of the first 2-3 days in detention. Methamphetamine-using youth report severe depression, hopelessness, and intense thoughts about suicide. They can experience hallucinations in the form of seeing and hearing things, and delusions that most often involve paranoia. These children frequently pick at their skin on their face, arms, and legs to the point of bleeding in addition to using their fingernails or contraband to self mutilate as a means of reducing stress or numbing pain associated with past traumas.

*- Mike Pomi
Director, Washoe County
Juvenile Justice Services*

On behalf of the Nevada Association of Juvenile Justice Administrators, Association President Michael Pomi provided testimony to the Working Group on the burden methamphetamine use among children and adolescents has placed on the juvenile justice statewide system. He stated that 2006 reports from the Department of Health and Human Services Center for Disease Control and Prevention, Youth Risk Behavior Surveillance studies indicate that 11.7 percent of youth surveyed in Nevada’s (grades 9–12) report using methamphetamine one or more times during their lives. This is almost twice the national average of 6.2 percent. These figures are especially alarming given that serious psychiatric and addictive symptoms can arise after a one-time use of methamphetamine. Additionally, when methamphetamine use begins in childhood, the potential for lifelong chronic use patterns increases dramatically.

Methamphetamine use by juvenile offenders has increased the already overwhelming need for secure treatment centers that serve youth with severe mental health and substance abuse problems using a co-occurring disorders approach. Unfortunately, this upward trend in demand for services comes at a time when federal funding that provides support for these programs is dramatically reduced, and the crisis is exacerbated by population growth, as illustrated in the table below

Nevada Data	2001	2006	Change
K-12 Student Population	340,706	408,259	+ 67,553 (+16.6%)
Office of Juvenile Justice and Delinquency Prevention federal funding amounts	\$2,983,000	\$1,117,750	-\$1,865,000 (-62.5%)

In her presentation to the Working Group, Maria Canfield, Chief, Nevada Substance Abuse Prevention and Treatment Agency, stated the estimated unmet need for methamphetamine treatment in the juvenile justice population in 2006 was 2,500. Only 438 accessed services, leaving 2,062 adolescents in the Nevada juvenile justice system

with unmet treatment needs. Regrettably, this number may be lower than the actual need, due to the lack of data available from some of the jurisdictions. According to Mr. Pomi, the figure of 2,500 youth is based on substance abuse evaluations over one year and does not include youth already in the system that have not been evaluated in the given year. He estimates the cost for outpatient treatment for methamphetamine abusing youth is \$2,700 per client, which would bring the total required for 2,500 juveniles to \$6,750,000. This figure would be significantly higher if needed residential services were included. Within the current state funding system for substance abuse treatment, there is no funding stream specifically designated for this critical population.

We are seeing 15 and 16 years olds coming in and their bodies are already shot. They have permanent heart damage, kidney failure, scarring, and teeth rotting out, all from methamphetamine use. It is sickening. They're just kids.

**- Larry Carter
Assistant Director
Clark County Juvenile Services**

Treatment: Adult Corrections

Substance abuse is the primary contributing problem resulting in adult incarceration in Nevada's prisons. In particular, methamphetamine has a tremendous impact on prison intakes. Don Helling, Director of Operations for the Nevada Department of Corrections, presented these troubling inmate statistics to the Working Group that demonstrate not only the impact on the correctional system, but the law enforcement agencies that dealt with the arrests, and the court systems that processed the cases.

The following represents a six-week period from April and May 2007 when 368 new intakes into the Northern Nevada Correctional Center, the receiving institution for Northern Nevada, were recorded:

- 258 (70%) report first using methamphetamine at age 14 or under
- 184 (50%) report that they committed all their crimes while under the influence of methamphetamine
- 94 (80%) reported regular methamphetamine use
- Of the 294, 98 (one third) are incarcerated for trafficking
- 31 (12%) reported regular intravenous methamphetamine use
- 100% of new intakes who are HIV positive report regular methamphetamine use
- 71% of women admitted in 2006 reported methamphetamine use

Mr. Helling went on to report the typical sentencing for these individuals:

- First time possession of methamphetamine: 1 – 3 years
- First time trafficking of methamphetamines: 1 – 4 years
- Conviction of possession and/or trafficking large amounts of methamphetamine: 10 – 25 years, or a life sentence
- The Nevada Department of Corrections is currently working on the fourth generation of methamphetamine-infested families, thereby becoming the caretaker for these multiple-generational offenders

I've tried crack cocaine, but when I tried meth it was like the sun rising in my soul. I was immediately hooked.

***- Inmate
Northern Nevada Correctional Center,
previously a long distance trucker***

In addition to the sheer increase in the number of inmates due to methamphetamine, the lengthy sentences increase the number of inmates incarcerated and compound the costs of housing and medical care. For example, the Northern Nevada Correctional Center dental personnel

estimate that up to thirty-five percent of all intakes have significant dental problems as a direct result of methamphetamine use.

Richard Steinberg, CEO of WestCare, stated Nevada houses over 8,000 inmates with substance abuse issues. However, intensive substance abuse services are only provided to 450 inmates.

Mr. Steinberg indicated that, according to the Department of Corrections, the current cost of new construction for a secure prison is \$200,000 to \$250,000 per inmate bed. This cost increases at twelve percent annually. If the funding for just one prison were diverted to appropriate, in-custody treatment services and continuing care services upon release, the result would be a reduction in the growing prison population and the need for costly new prisons.

According to a National Institute for Drug Abuse report, "*Principles of Drug Abuse Treatment for Criminal Justice Populations*," in 2002 it was estimated that the cost to society of drug abuse was \$180.9 billion (Office of National Drug Control Policy, 2004), a substantial portion of which, \$107.8 billion, is associated with drug-related crime, including criminal justice system costs and costs borne by victims of crime. The cost of treating drug abuse (including research, training and prevention efforts) was estimated to be \$15.8 billion, a fraction of the overall societal costs. See [link to NIDA report at www.nevadameth.nv.gov](http://www.nevadameth.nv.gov).

The methamphetamine problem will be with us for a long time. This price will have to be paid. It is up to us how, when and where it will be paid. The Nevada Department of Corrections has the unique opportunity and skills to make a difference in the lives of these inmates, their families, and ultimately our community.

***- Don Helling
Director of Programs
Nevada Department of Corrections***

Although Nevada ranks among the top states in the nation for methamphetamine use, according to the Department of Corrections, Nevada is among the lowest in the nation in corrections program expenditures.

Workforce Development

In her presentation to the Working Group, Nancy Roget, the Director of the Center for the Application of Substance Abuse Technologies, brought to light a serious concern; as the need for substance abuse and mental health treatment services continues to stay critically high and is exacerbated by methamphetamine users, the treatment field in Nevada is beginning to see the advent of a serious shortage of qualified staff.

According to Ms. Roget, the treatment professional shortage appears to be the result of:

- An aging workforce: 77% are over 41 years old;
- Professionals leaving the field due to low pay and minimal benefits: The average annual salary for substance abuse counselors is \$31,300, ranking as the sixth most underpaid job in the United States;
- Few young professionals are entering the field: Only 6% of current substance abuse counselors are under 30;
- High rates of turnover: 50.8% reported being in their current position five years or less. Programs report an average twenty-five percent staff turnover annually and there is a fifty-three percent turnover rate among program directors. Twenty-five percent of health care employees leave within the first ninety days. Replacing an employee can cost 150 % of the employee's salary; and
- Nevada has not adequately addressed the issue of portability of certified and licensed counselors applying from outside the state.

Given the current demographics of treatment providers compared to the demographics of the current client population, the question arises whether or not counselors are able to adequately relate to their clients:

	Age	Gender	Caucasian	Hispanic
Treatment staff	77% over 41 6% under 30	66% female	91%	5%
Clients	60% 18 - 40	62% male	68%	15%

As of the end of 2006, there are currently only 702 licensed substance abuse counselors, 68 certified counselors, and 261 interns for a total treatment workforce of 1,031. Only 274 are working in the SAPTA funded agencies, staffing 61 treatment facilities statewide. The current shortage will only become worse, with thirty-eight percent of current substance abuse counselors reporting they don't plan on practicing in five years. Ms. Roget presented innovative and effective strategies for recruitment, training and retention that are critical in reversing this impending shortage in the workforce.

TREATMENT RECOMMENDATIONS

- 1. Identify and improve funding resources to meet the treatment needs of all Nevadans.**
 - a. Encourage the Substance Abuse and Mental Health Services Administration (SAMHSA) to allocate discretionary funding on a per capita formula as opposed to a competitive basis.
 - b. Replace federal funding lost by the Nevada Juvenile Justice Programs Office over the past five years for critical substance abuse intervention and substance abuse and mental health treatment services.
 - c. Support parity between public and private health insurances for substance abuse treatment.
 - d. Study the cost effectiveness of providing incentives to businesses that provide Employee Assistance Programs and drug treatment services for their employees.
 - e. Build caseload growth formulas into the Department of Health and Human Services (DHHS) budget so the Nevada substance abuse treatment and mental health systems can grow with the population and the need.
 - f. Explore the expansion of funding streams that address specific community based substance abuse and mental health treatment needs (i.e. high per capita of methamphetamine use or other emerging drug use).

- 2. Improve treatment access and comprehensive case management considering that not all individuals with substance abuse problems are easily identified, and may require multiple services for successful recovery.**
 - a. Replace discussions of co-occurring disorders with discussions of co-occurring systems to ensure substance abuse and mental health treatment needs of methamphetamine users (as well as other individuals with dual diagnosis) receive services for both issues, simultaneously. Consider enhanced funding to meet the treatment needs of individuals with co-occurring disorders in the discussion.
 - b. Support the state's "no wrong door" policy by initiating intensive service coordination provided by multiple agencies for youth and their families to create a unified plan of care. Study the development of a central intake and case management system to encourage treatment providers to work together, and become more creative in serving more people. Consider providing incentives to treatment agencies that submit cost effective, collaborative grant applications.

3. **Increase the treatment infrastructure capacity across the continuum of services to address a broad scope of current and possible future substances of abuse, ensuring treatment for poly drug users and co-occurring disorders.**
 - a. Ensure medically modified detoxification services are readily available to substance abusers, particularly those with methamphetamine addictions.
 - b. Make available pre-treatment services to individuals assessed as needing treatment, to thereby avoid jeopardizing their eventual entry into treatment.
 - c. Infuse science and research through continued use of evidence-based practices across the treatment continuum: Matrix model, cognitive behavioral therapy, and contingency management for treatment of methamphetamine use.
 - d. Budget for longer lengths of treatment stays for methamphetamine users, as it is encouraged and expected.
 - e. Ensure Intensive Outpatient services are available to assist individuals in treatment needing to maintain connectivity to school, work, and home life.
 - f. Provide Recovery Support Services addressing emotional and cognitive impairment as an essential component of the treatment continuum for all alcohol and other drug (AOD) addictions, specifically methamphetamine addiction.
 - g. Make available medical providers, such as Physician's Assistants, to assist across the treatment continuum.
4. **Ensure evidence-based, appropriate treatment services along the full continuum of care (as outlined in Treatment Recommendation #3) are readily available for client populations with unique and specific needs.**
 - a. Address the needs of drug-involved inmates in county/city jails.
 - b. Make evidence-based treatment available for offenders in prison facilities, addressing related criminal thinking behaviors, and ensure services continue when released on probation or paroled. Conduct a thorough evaluation of the fiscal impact and cost effectiveness of a systems-wide substance abuse/mental health treatment structure within Nevada's prison system, to include post release and reentry services. The evaluation should include long-term cost savings analysis.

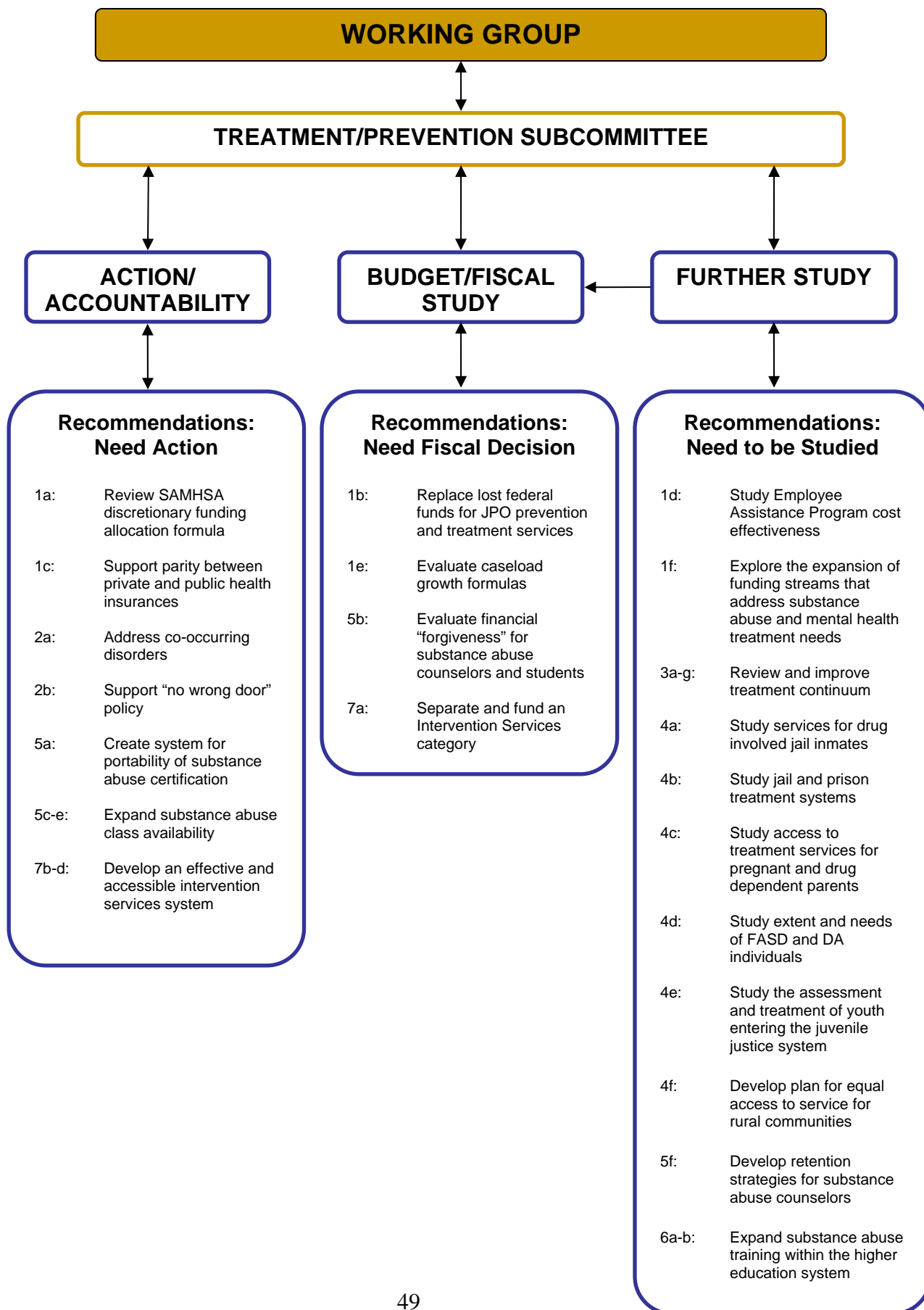
- c. Provide pregnant and parenting women and parents whose children are involved in child abuse cases due to unmet substance abuse treatment needs with immediate and comprehensive services.
- d. Assess the prevalence of individuals affected by fetal alcohol spectrum disorder and drug affected behaviors, and ensure they are provided treatment for addiction as well as other needed remediation.
- e. Increase funding and support for treatment providers statewide to address the specific needs of youth at risk of entering the juvenile justice system, as well as youth within the system to include the full continuum of care. Make available screening and assessment services to “gatekeepers” such as social workers, juvenile probation officers, local law enforcement, and school counselors, who are in contact with children and adolescents exhibiting a need for these services.
- f. Explore various strategies to guarantee rural communities have equal access to the full continuum of services, including transportation alternatives to nearby services.

5. Develop strategies to increase the treatment workforce to address the growing treatment needs through recruitment and retention strategies.

- a. Support efforts to create a process for the portability of certification and licensure of substance abuse counselors.
- b. Evaluate the fiscal efficacy of loan forgiveness and/or loan repayment programs as well as tuition waivers for current substance abuse counselors and students in substance abuse counseling classes.
- c. Enhance mentoring, internship, and clinical training programs for students in the substance abuse counseling field.
- d. Create more substance abuse classes in the community colleges to create a “feeder” into university counseling programs, or consider a full certification program through the community college system, with appropriate changes in licensure requirements.
- e. Increase video and Internet based class offerings accessible from rural community colleges.
- f. Develop retention strategies designed to keep counselors in the field such as increased salaries, benefits through other systems such as the state or university, and opportunities for career advancement without leaving the substance abuse treatment field.

- 6. Extend substance abuse awareness and treatment classes into other related professions within higher education.**
 - a. Explore adopting a substance abuse treatment curriculum within the medical residency rotations.
 - b. Strongly recommend classes in substance abuse signs and symptoms be infused within related fields such as social workers, school employees, juvenile justice, and law enforcement.

- 7. Make funding available for early intervention services using an overarching systemic approach.**
 - a. Create a separate category for intervention services, and make funding available for the provision of evidence-based intervention strategies, beginning with juvenile probation departments addressing the needs of the juvenile offender population with alcohol and other drug (AOD) related offenses.
 - b. Develop a “whole family” system of prevention and intervention through the creation of an “environmental” approach to working with children and families, addressing generational drug use in families and making funding available for training, and family assessments in the intervention process.
 - c. Ensure “front-end” prevention and intervention services are available to address risk factors presented by youth and families outside of the juvenile justice system.
 - d. Support and fund the development of community-based early identification and referral systems for first-time juvenile and adult offenders, prior to adjudication.



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